Conditions Reportable to Public Health

Alaska Department of Health and Social Services
Division of Public Health

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Conditions Reportable to Public Health in Alaska

No health department, state or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring.

Public Health Reports, 1946

For decades, reporting of certain health conditions and diseases has been mandated to the Alaska Division of Public Health. These reports have allowed the Division to rapidly investigate and institute control measures to prevent additional morbidity and mortality, and to track disease trends statewide. Within the Division, reports must be made to one of three Sections: Chronic Disease Prevention and Health Promotion (cancer); Women's, Children's and Family Health (birth defects and hearing loss); and Epidemiology (all other conditions).

This manual incorporates updates to information on health conditions and disease reporting as of November 2018 and is intended to help health care providers and laboratories comply with reporting requirements.

For most conditions, the basic information requested on the applicable report form is all that is necessary for reporting. For some situations, Division staff will contact the reporting health care provider or laboratory to discuss the case and obtain more detailed or missing information. Additionally, providers or laboratories may wish to contact the Division for further assistance with certain issues including:

- Epidemiologic investigation;
- Infectious disease consultation;
- Consultation on diseases related to occupational or environmental exposure to a toxic or hazardous substance;
- Partner notification for patients with a sexually transmitted disease, including human immunodeficiency virus (HIV) infection, chlamydia, gonorrhea and syphilis;
- Information on, and assistance in, obtaining diagnostic laboratory tests; and
- Information on, and assistance with, electronic methods of reporting.

Data for each reportable condition category are regularly analyzed by Division staff and summary data reports are generally made available at least on an annual basis. Questions about specific report content for each category should be directed to the contacts listed for that specific program on the subsequent pages.

Overview of Reportable Conditions and Reporting Methods — Health Care Providers

The following table summarizes the reporting requirements for health care providers by detailing timeframes and acceptable methods. Additional reporting details can be found on subsequent pages for each category of conditions.

HEALTH CARE PROVIDERS must report:

Condition	Timeframe	Acceptable Report Methods
Public health emergencies (page 6)	Immediate	Phone*
Infectious diseases (page 6) • Sexually transmitted diseases or HIV (page 8) • All other infectious diseases (pages 6-7)	Within 2 days	Phone*, Fax, Mail
Firearm injuries (page 12)	Within 5 days	Phone*, Fax
Occupational disease and injury (page 12)	Within 5 days	Phone*, Fax
Blood lead levels (page 13)	Within 1 week	Phone*, Fax, Mail
Toxic or hazardous exposures (including heavy metals) (page 13)	Within 1 day	Phone*, Fax
Healthcare-associated infections required to be reported to federal authorities (page 14)	Follow NHSN practice	NHSN
Immunization administration data (page 15)	Within 14 days	VacTrAK
Cancer (page 16)	Within 6 months	Fax, Direct Secure Messaging, Web Plus
Birth defects (page 17)	Semi-annually	Fax, Direct Secure Messaging, Web Plus
Newborn hearing loss (page 18)	At least monthly	Electronic database

*Prior to calling, please consult the relevant report form to know what data elements will be requested.

A Frequently Asked Questions for health care providers about reporting infectious diseases is available at: http://dhss.alaska.gov/dph/Epi/Documents/pubs/conditions/ReportingFAQ.pdf

Reporting of syndromic surveillance information is not mandated; however, Alaska participates in the national National Syndromic Surveillance Program and encourages eligible hospitals to submit syndromic surveillance data. Visit the Syndromic Surveillance website for more information: http://dhss.alaska.gov/dph/Epi/id/Pages/synd_surv/default.aspx

Many of the same conditions are reportable by both health care providers and laboratories. Sometimes reports are not made because each party responsible for reporting assumes that the other has already reported. Health care providers are not relieved of their obligation to report by virtue of the condition also being reportable by laboratories (and vice versa).

Overview of Reportable Conditions and Reporting Methods — Laboratories

The following table summarizes the reporting requirements for laboratories by detailing timeframes, acceptable methods, and a link to report forms. Additional reporting details can be found on subsequent pages for each category of conditions.

LABORATORIES must report:

Condition	Timeframe	Acceptable Report Methods
Public health emergencies (page 6)	Immediate	Phone*
Infectious diseases (page 6) • Sexually transmitted diseases or HIV (page 8) • All other infectious diseases (pages 9-10)	Within 2 days	Phone*, Fax, Mail, Electronic**
Required submission of isolates (page 11)	Within 2 weeks	Mail to ASPHL
Blood lead testing (any level) (page 13)	Within 4 weeks	Phone*, Fax, Mail, Electronic**
Heavy metal analyses (any level) (page 13)	Within 4 weeks	Phone*, Fax, Mail, Electronic**

*Prior to calling, please consult the relevant report form to know what data elements will be requested.
**Hospital or commercial laboratories interested in establishing electronic mechanisms for reporting should contact the Section of Epidemiology for technical assistance (also, see page 5 regarding the Alaska Health Information Exchange).

Many of the same conditions are reportable by both laboratories and health care providers. Sometimes reports are not made because each party responsible for reporting assumes that the other has already reported. Laboratories are not relieved of their obligation to report by virtue of the condition also being reportable by health care providers (and vice versa).

Meaningful Use and Public Health Reporting

Meaningful Use is using certified Electronic Health Record (EHR) technology to:

- Improve quality, safety, efficiency, and reduce health disparities
- Engage patients and families in their health care
- Improve care coordination
- Improve population and public health
- Maintaining privacy and security

The America Recovery and Reinvestment Act (ARRA) Meaningful Use incentive funds are available through the Centers for Medicare and Medicaid Services for eligible professionals and eligible hospitals. More information is available at: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/

Stage 2 Meaningful Use — Public Health Data Systems

Some Stage 2 Meaningful Use measures involve participating in one or more of the following public health information systems: the Immunization Information System, Electronic Laboratory Reporting, Syndromic Surveillance, and the Cancer Registry. Eligible professionals and eligible hospitals are required to submit Registration of Intent documentation to participate in these public health measures; more information about the registration process is available at: http://dhss.alaska.gov/HIT/Pages/Default.aspx

Transmitting Public Health Data via the Health Information Exchange

Health Information Exchanges (HIEs) have become increasingly important for moving clinical information among disparate health care information systems, while maintaining the meaning of the information being exchanged. This includes transmission of public health data to the Alaska Department of Health and Social Services, such as immunization data, reportable laboratory results, syndromic surveillance data, and cancer case data.

Alaska's HIE went into production in June 2013. For more information on participation with the HIE and healtheConnect Alaska, please visit: http://www.healtheconnectak.org

Infectious Diseases Reportable by Health Care Providers

Immediate Reporting:

Anthrax

Botulism

Diphtheria

Glanders

Hemorrhagic fever, including dengue fever

Influenza, suspected novel strains

Measles

Melioidosis

Meningococcal invasive disease

Paralytic shellfish poisoning

Plague

Poliomyelitis

Rabies in a human or an animal

Rubella

Severe Acute Respiratory Syndrome (SARS)

Smallpox

Tetanus

Tularemia

Yellow fever

An outbreak or unusual number or clustering of diseases or other conditions of public health importance

Diseases shown in bold are public health emergencies; if you suspect or diagnose a disease that represents a public health emergency, immediately call 1-907-269-8000 during business hours or 1-800-478-0084 after hours.

To report a public health emergency:
Business hours — 1-907-269-8000
After hours — 1-800-478-0084

Routine Reporting (within 2 working days):

Acquired immune deficiency syndrome (AIDS)

Amnestic shellfish (domoic acid) intoxication

Antibiotic-resistant organisms of national significance, including vancomycin-resistant Staphylococcus aureus and carbapenemase-producing Enterobacteriaceae

Arboviral neuroinvasive and nonneuroinvasive disease, including West Nile virus infection

Brucellosis

Campylobacteriosis

Chancroid

Chlamydia trachomatis infection

Ciguatera fish poisoning

Cryptosporidiosis

Cyclosporiasis

Cysticercosis

Diphyllobothriasis

Echinococcosis

Giardiasis

Gonorrhea

Haemophilus influenzae invasive disease

Hantavirus pulmonary syndrome

Hemolytic uremic syndrome (HUS)

Hepatitis (type A, B, or C)

Human immunodeficiency virus (HIV) infection

Influenza death, laboratory-confirmed by any testing methodology

Legionellosis (Legionnaires' disease or Pontiac fever)

Leptospirosis

Leprosy (Hansen's disease)

Listeriosis

Lyme disease

Malaria

Mumps

Pertussis (whooping cough)

Pregnancy in a person known to be infected with hepatitis B, human immunodeficiency virus (HIV), or syphilis

Prion diseases, including Creutzfeldt-Jakob disease (CJD)

Psittacosis

Q fever

Rheumatic fever

Salmonellosis

Scombroid fish poisoning

Shiga-toxin producing Escherichia coli (STEC) infection, including O157:H7

Shigellosis

Streptococcus agalactiae (Group B streptococcus), invasive disease

Streptococcus pneumoniae (pneumococcus), invasive disease

Streptococcus pyogenes (Group A streptococcus), invasive disease and streptococcal toxic shock syndrome, including necrotizing fasciitis

Syphilis

Trichinosis (trichinellosis)

Tuberculosis

Typhoid fever

Varicella (chickenpox)

Vibrio infection, including cholera

Yersiniosis

Reports must be made within 2 working days after being suspected or diagnosed. Please call the Section of Epidemiology at 907-269-8000, or complete the appropriate report form found at the links below and fax to 907-561-4239.

Infectious Disease Report Form: http://dhss.alaska.gov/dph/Epi/Documents/pubs/conditions/frmInfect.pdf

HIV/STD Report Form: http://dhss.alaska.gov/dph/Epi/Documents/pubs/conditions/frmSTD.pdf

Contact: Section of Epidemiology, Infectious Disease Program
Telephone: 907-269-8000
Fax: 907-561-4239
Website: http://dhss.alaska.gov/dph/Epi/id/Pages/default.aspx
Mail: 3601 C St, Suite 540
Anchorage, AK 99503

Reporting Sexually Transmitted Diseases, HIV Infection and AIDS

Reportable sexually transmitted diseases (STD) include chlamydia (Chlamydia trachomatis), gonorrhea (Neisseria gonorrhoeae), syphilis (Treponema pallidum), and chancroid (Haemophilus ducreyi). Human immunodeficiency virus (HIV) infection and Acquired Immunodeficiency Virus (AIDS) infection are two distinct reportable conditions (e.g., providers must report a new diagnosis of AIDS in a patient who has already been reported as HIV-positive).

Suspected or confirmed cases should be reported as rapidly as possible, but no later than 2 working days after the condition is first diagnosed/suspected.

- The preferred method for reporting is by faxing the Sexually Transmitted Diseases Report Form found at the link below; however, reporting via phone or mail are also acceptable.
- HIV/STD Program personnel will follow-up with the reporting health care provider if treatment information is insufficient or inconsistent with current Centers for Disease Control and Prevention (CDC) Sexually Transmitted Disease Treatment Guidelines.
- Providers should report all diagnosed or suspected cases of HIV in patients who are new to their care.

As of December 29, 2013, health care providers must also include in their reports the pregnancy status of women who are suspected or confirmed to be infected with HIV or a reportable STD. Any new pregnancy in a woman known to be infected with HIV or syphilis is also reportable.

Timely partner identification, notification, diagnosis, and treatment are critical activities to limit HIV/STD transmission. All patients should be interviewed for sexual partners. Identified partners should be notified of their exposure and offered timely testing and treatment. HIV/STD Program personnel are available to assist with this process.

HIV/STD Report Form: http://dhss.alaska.gov/dph/Epi/Documents/pubs/conditions/frmSTD.pdf

Contact:	Section of Epidemiology, HIV/STD Program
Telephone:	907-269-8000
Fax:	907-561-4239
Website:	http://dhss.alaska.gov/dph/Epi/hivstd/Pages/default.aspx
Mail:	3601 C St, Suite 540 Anchorage, AK 99503

Infectious Disease Pathogens Reportable by Laboratories

All medical laboratories are required to notify the Division of Public Health if test results indicate evidence of human infection caused by certain infectious disease pathogens. The list of infectious pathogens reportable by laboratories is very similar to the list of diseases reportable by health care providers; however, both laboratorians AND health care providers are still obligated to report.

Immediate Reporting:

Bacillus anthracis

Burkholderia mallei

Burkholderia pseudomallei

Clostridium botulinum or botulinum toxin

Corynebacterium diphtheriae

Francisella tularensis

Hemorrhagic fever viruses, including dengue

Influenza virus, suspected novel strains

Neisseria meningitidis

Poliovirus

Rabies virus

Rubella virus

Rubeola (measles) virus

Severe Acute Respiratory Syndrome (SARS) coronavirus

Variola (smallpox) virus

Yellow fever virus

Yersinia pestis

Diseases shown in bold are public health emergencies; if you suspect or diagnose a disease that represents a public health emergency, immediately call 1-907-269-8000 during business hours or 1-800-478-0084 after hours.

To report a public health emergency:
Business hours — 1-907-269-8000
After hours — 1-800-478-0084

Routine Reporting (within 2 working days):

Antibiotic-resistant organisms of national significance, including vancomycin-resistant Staphylococcus aureus and carbapenemase-producing Enterobacteriaceae

Arboviruses, including West Nile virus

Bordetella pertussis

Borrelia burgdorferi

Brucella species

Campylobacter species

Chlamydophila psittaci

Chlamydia trachomatis

Coxiella burnetii

Cryptosporidium species

Cyclospora

Diphyllobothrium species

Shiga-toxin producing Escherichia coli (STEC)

Echinococcus species

Giardia species

Haemophilus ducreyi

Haemophilus influenzae from normally sterile body

fluid or site

Hantavirus

Hepatitis A, B, or C virus

Human immunodeficiency virus (HIV) tests that shall be reported include

(A) tests confirming human immunodeficiency virus infection

(B) tests used to establish the presence of human immunodeficiency virus, including serologic, virologic, nucleic acid (DNA or RNA), or other viral load detection test results, both detectable and undetectable

(C) Genotype results and associated HIV nucleotide sequence data; and

(D) CD4+ (T4) lymphocyte counts and CD4+ (T4) percent of total lymphocytes results of any value

Influenza virus

Legionella species

Leptospira species

Listeria monocytogenes

Mumps virus

Mycobacterium leprae

Mycobacterium tuberculosis

Neisseria gonorrhoeae

Plasmodium species

Prions

Salmonella species

Shigella species

Streptococcus agalactiae from normally sterile body fluid or site

Streptococcus pneumoniae from normally sterile body fluid or site

Streptococcus pyogenes from normally sterile body fluid or site

Taenia species

Treponema pallidum

Trichinella species

Varicella virus

Vibrio species

Yersinia enterocolitica or Yersinia pseudotuberculosis

Reports must be made within 2 working days after being suspected or diagnosed. Please call the Section of Epidemiology at 907-269-8000, or complete the appropriate report form found at the links below and fax to 907-561-4239.

Infectious Disease Report Form: http://dhss.alaska.gov/dph/Epi/Documents/pubs/conditions/frmInfect.pdf

HIV/STD Report Form: http://dhss.alaska.gov/dph/Epi/Documents/pubs/conditions/frmSTD.pdf

Contact: Section of Epidemiology, Infectious Disease Program
Telephone: 907-269-8000
Fax: 907-561-4239
Website: http://dhss.alaska.gov/dph/Epi/id/Pages/default.aspx
Mail: 3601 C St, Suite 540
Anchorage, AK 99503
General Inquiry: InfDisease@alaska.gov

Submission of Isolates or Source Material — Laboratories

Per 7 AAC 27.007(e), certain isolates or original source material must be submitted to the Alaska State Public Health Laboratory (ASPHL). The purpose for this requirement is to ensure that additional characterization of isolates can be performed for public health purposes such as pulsed-field gel electrophoresis or antibiotic resistance testing. These assays can assist in detection of an outbreak and monitoring of specific pathogen strains.

A laboratory that confirms one of the pathogens in the following list shall submit isolates or aliquots of original specimens to the ASPHL:

Bacillus anthracis

Brucella species

Burkholderia mallei

Burkholderia pseudomallei

Campylobacter species

Clostridium botulinum, the laboratory shall provide a sample of the organism and, if available, a serum, stool, emesis, food, or environmental sample

Clostridium tetani

Corynebacterium diphtheriae

Escherichia coli, shiga-like toxin producing

Francisella tularensis

Haemophilus ducreyi

Haemophilus influenzae from normally sterile body fluid or site

Listeria monocytogenes

Mycobacterium leprae

Mycobacterium tuberculosis

Neisseria gonorrhoeae

Neisseria meningitidis from normally sterile body fluid or site

Salmonella species

Shigella species

Streptococcus agalactiae from normally sterile body fluid or site

Streptococcus pneumoniae from normally sterile body fluid or site

Streptococcus pyogenes from normally sterile body fluid or site

Vibrio species

Yersinia species

Additionally, if the Division of Public Health suspects or determines the existence of a situation of public health importance, including an unusual disease or outbreak, a laboratory shall submit clinical material upon request.

Isolates or aliquots of original specimens should be submitted to the ASPHL within 2 weeks of being identified.

Contact:	Section of Laboratories
Telephone:	907-334-2100
Emergency Calls After Hours:	1-855-222-9918
Fax:	907-334-2161
Website:	http://dhss.alaska.gov/dph/Labs/Pages/publications/default.aspx
Mail:	PO Box 196093 Anchorage, AK 99519-6093

Firearm Injuries

Hospitals and health care providers are required to report all injuries caused by a firearm to the Section of Epidemiology, Division of Public Health. Reports must be made within 5 working days of the date of diagnosis. Note that firearm injuries are also required to be reported to other entities, e.g., law enforcement.

Firearm Injury Report Form: http://dhss.alaska.gov/dph/Epi/Documents/pubs/conditions/frmFirearms.pdf

Contact:	Section of Epidemiology, Injury Surveillance Program
Telephone:	907-269-8000
Fax:	907-269-2041
Website:	http://dhss.alaska.gov/dph/Epi/injury/Pages/programs.aspx
Mail:	3601 C St, Suite 540 Anchorage, AK 99503
General Inquiry:	Epi-Injury@alaska.gov

Occupational Disease and Injuries

A health care provider must report patients with a disease, injury, or other condition of public health importance that is known or suspected to be a result of the person's occupation or work activities. Diseases and injuries that are known or suspected to be due to a person's occupation include pneumoconiosis requiring hospitalization, and work-related injuries requiring hospitalization, including a thermal, electrical, or penetrating injury and urgent care for amputation (7 AAC 27.017). Reports must be made within 5 working days of the date of diagnosis.

Occupational Disease/Injury Report Form:
http://dhss.alaska.gov/dph/Epi/Documents/pubs/conditions/frmOccIllness.pdf

Contact:	Section of Epidemiology, Injury Surveillance Program
Telephone:	907-269-8000
Fax:	907-269-2041
Website:	http://dhss.alaska.gov/dph/Epi/injury/Pages/programs.aspx
Mail:	3601 C St, Suite 540 Anchorage, AK 99503
General Inquiry:	Epi-Injury@alaska.gov

Blood Lead Level Testing

Under 7 AAC 27.014, health care providers are required to report blood lead level test results no later than 7 days after performing the test if the reported blood lead test result is ≥5 µg/dL. A public, private, military, hospital, other laboratory, or health care provider performing blood lead analyses in the state shall report all results regardless of level no later than 28 days after performing the test.

Reports must include the name and address of the health care provider that requested or performed the test; and the patient's name, date of birth, sex, race, ethnicity, community of residence (or physical address), the test result (in micrograms per deciliter), the date of the test, and the type of blood sample (venous or capillary).

Blood Lead Level Testing Report Form:
http://dhss.alaska.gov/dph/Epi/eph/Documents/lead/frmHeavyMetals.pdf

Contact:	Section of Epidemiology, Environmental Public Health Program, Lead Surveillance Program
Telephone:	907-269-8000
Fax:	907-562-7802
Website:	http://dhss.alaska.gov/dph/Epi/eph/Pages/lead/default.aspx
Mail:	3601 C St, Suite 540 Anchorage, AK 99503
General Inquiry:	Eph@alaska.gov

Toxic or Hazardous Exposures

Under 7 AAC 27.018, a health care provider that cares for an individual hospitalized as a result of an outbreak or unusual incidence of a disease or condition known or suspected to be related to exposure to an environmental contaminant shall report the disease or other condition to the department orally, electronically, or on a department-provided form within 24 hours after first discovering or suspecting the existence of the disease or other condition. Additionally, a public, private, military, hospital, or other laboratory performing heavy metal analyses shall report test results, regardless of level, no later than 28 days after performing the test.

Toxic or Hazardous Exposure Report Form:
http://dhss.alaska.gov/dph/Epi/eph/Documents/lead/frmHeavyMetals.pdf

Contact:	Section of Epidemiology, Environmental Public Health Program
Telephone:	907-269-8000
Fax:	907-562-7802
Website:	http://dhss.alaska.gov/dph/Epi/eph/Pages/default.aspx
Mail:	3601 C St, Suite 540 Anchorage, AK 99503
General Inquiry:	Eph@alaska.gov

Healthcare-Associated Infections Reporting via NHSN

Following regulation changes made at the end of 2013 to 7 AAC 27.019, the Alaska Section of Epidemiology (SOE) will have the right to view reports made by facilities bound by Centers for Medicaid and Medicare rules concerning certain healthcare-associated infections (HAIs). Facilities are required to use the National Healthcare Safety Network (NHSN) to report HAIs.

Hospitals do not need to report HAIs to SOE. Hospitals, infection preventionists, and associated staff are expected to continue to follow NHSN rules and conventions. Hospitals should work with SOE staff to confer viewing rights.

Contact:	Section of Epidemiology, Infectious Disease Program, Healthcare-Associated Infections Program
Telephone:	907-269-8000
Fax:	907-562-7802
Website:	http://dhss.alaska.gov/dph/Epi/id/Pages/hai/default.aspx
Mail:	3601 C St, Suite 540 Anchorage, AK 99503
General Inquiry:	InfDisease@alaska.gov

Immunization Administration Data via VacTrAK

Effective December 29, 2013, ALL health care providers must report immunizations to VacTrAK within 14 days of vaccine administration per (7 AAC 27.650).

VacTrAK is a statewide immunization information system that stores electronic immunization records for Alaska health care providers and for the public. VacTrAK combines immunizations a person has received into a single record, even if the vaccines were given by different health care providers in the state. VacTrAK helps make sure Alaskans get the right vaccines at the right time.

The web-based application is available to participating health care providers and public health agencies to look up immunization histories and view recommended vaccinations. Timely reporting will ensure patient's records are complete and up-to-date.

Reporting is required for ALL administered vaccines (state-supplied and privately purchased) and ALL patient ages (children and adults). Minimum reporting requirements:

Patient (name, address, gender, race, date of birth)

Vaccine (type, administration date, dose amount, lot number, manufacturer, funding source, and dose-level eligibility status for children and adults)

Vaccine administration reporting is accomplished via direct data entry into the VacTrAK application. Reporting vaccine administration by electronic data exchange between electronic health record systems and VacTrAK may be approved if all requirements and data quality measures can consistently be met.

Contact:	Section of Epidemiology, Immunization Program, VacTrAK
Telephone:	907-269-0312
Toll Free:	1-866-702-8725
Fax:	907-562-7802
Website:	https://vactrak.alaska.gov/iweb/
Mail:	3601 C St, Suite 540 Anchorage, AK 99503
General Inquiry:	VacTrAK@alaska.gov

Cancer

In order to produce accurate data on the burden, types and changing patterns of cancer among residents in our State, all health care providers (physicians, surgeons, urologists, dermatologists, family practice, PAs, NPs, etc.) or any health care facilities (hospitals, surgical centers, long-term care, etc.) that have diagnosed or provided treatment for an active cancer patient in the state, are obligated under 7 AAC 27.011 to report this information to the Alaska Cancer Registry (ACR) within 6 months of the date of diagnosis, screening, staging procedures, or treatment.

All types of active cancers, as well as benign brain diagnoses, are reportable except for basal or squamous cell skin cancer and cervical cancer in-situ.

Although the majority of cancer cases are diagnosed and treated in a hospital setting, more cases are now being diagnosed and treated outside of the hospital setting, therefore it becomes the responsibility of the primary health care provider to report the cancer cases who will not be inpatients at a hospital or cancer cases that choose to obtain evaluation or treatment in another state.

Hospitals and other health care facilities should report using the information and instructions from the "ACR Procedure Manual for Reporting Sources" which is available from the Section of Chronic Disease and Health Promotion. Copies may be obtained by calling 907-269-2020 or by going to the following web site: http://dhss.alaska.gov/dph/Chronic/Pages/Cancer/registry.aspx

Any health care provider that has or will report more than 25 cases per year must report electronically. ACR has established a secure electronic transmission process called Web Plus for health care providers and small health care facilities. Instructions on using this program are on the following website: http://dhss.alaska.gov/dph/Chronic/Pages/Cancer/webplus.aspx

Cancer Report Form for less than 25 cases per year:
http://dhss.alaska.gov/dph/Chronic/Documents/Cancer/assets/ProviderCancerForm.pdf

Melanoma Report Form for less than 25 cases per year:
http://dhss.alaska.gov/dph/Chronic/Documents/Cancer/assets/Melanoma.pdf

Along with these forms, please also send any pathology reports available.

Contact:	Section of Chronic Disease Prevention and Health Promotion, Cancer Prevention and Control, Alaska Cancer Registry
Telephone:	907-269-2020
Fax:	907-561-1896
Website:	http://dhss.alaska.gov/dph/Chronic/Pages/Cancer/registry.aspx
Mail:	3601 C St, Suite 722 Anchorage, AK 99503

Birth Defects

Any organization operating in Alaska that provides health services (hospitals, health clinics, physician groups), or collects, or maintains records of services (private or public health insurance organizations, diagnostic laboratories) must report birth defects listed in the reporting guide (7 AAC 27.012) for children less than 3 years of age.

Reports should be submitted semiannually and should include the following information: medical facility name; date of encounter, office visit or discharge; patient first, middle and last names; patient date of birth; sex; medical record, number; ICD-10 code; and description of anomaly, mother's first, middle and last names, and mother's date of birth. Reporting agencies do not need to report continued treatment for a prior-reported child and specified diagnosis code. However, if a new diagnosis is made that is reportable, that condition must be reported. The ICD-10 code and diagnosis description should be specific.

If you have never reported before, the Alaska Birth Defects Registry (ABDR) staff can answer any questions you may have. You may submit an electronic worksheet (see link below) using your HIPAA compliant email method or by using the State's Direct Secure Messaging (DSM) system. Contact Alaska Health Information Exchange about acquiring a DSM account. This is the preferred method. For fewer than five reports, information may be submitted on a Birth Defects Reporting Form (see link below). Please fill one form out for each child being reported. Use the most specific ICD-10 codes available and write out a diagnosis description, along with the diagnosis date.

The Birth Defect Guide and Report Form are available at:
http://dhss.alaska.gov/dph/wcfh/Pages/mchepi/abdr/default.aspx

Contact:	Section of Women's, Children's and Family Health, Maternal and Child Health Epidemiology Unit, Alaska Birth Defects Registry
Telephone:	907-269-8097
Fax:	907-269-4907
DSM address:	dph.abdr@hss.soa.directak.net
Website:	http://dhss.alaska.gov/dph/wcfh/Pages/mchepi/abdr/default.aspx
General Inquiry:	hssbirthdefreg@alaska.gov

Newborn Hearing Loss

Under AS 47.20.320, audiologists are required to report audiological confirmatory evaluation and diagnostic services for newborns and infants whose hearing was screened under AS 47.20.310. Confirmatory evaluation and diagnostic services must be reported at least monthly into eSP, OZ-Systems, the web-based database designated by the Early Hearing Detection and Intervention (EHDI) Program for reporting new cases of permanent hearing loss. Reporting must include the following information: name of the child; child's date of birth and gender; name of the audiologist who provided the services; date and results of the audiology assessment; and recommendations for follow-up care, including any referrals for early intervention services.

Contact:	Section of Women's, Children's and Family Health, Perinatal and Early Childhood Health Unit, Early Hearing Detection and Intervention Program
Telephone:	907-334-2273
Fax:	907-754-3456
Website:	http://dhss.alaska.gov/dph/wcfh/Pages/newborn/default.aspx
Mail:	3601 C St, Suite 322 Anchorage, AK 99503

Alaska Statutes and Regulations

The following statutes and regulations relate to activities conducted by the Alaska Division of Public Health, including, but not limited to, mandatory reporting from certain parties, requirements for certain testing, and approved uses and disclosures for protected health information. The following statutes and regulations are current as of July 2016. A complete set of Alaska statutes and regulations may be found at: http://www.legis.state.ak.us/basis/folio.asp.

STATUTES

AS 09.65.161. Immunity for disclosure of required health care data.
A person who reports health care data required to be reported under AS 18.05 and regulations adopted under that chapter for conditions or diseases of public health importance may not be held liable for the disclosure to the Department of Health and Social Services or for the use of the data by the department.

AS 18.05.042. Access to health care records.
(a) The department may, during reasonable business hours, inspect health care records maintained by physicians and other health care professionals, hospitals, out-patient clinics, nursing homes, and other facilities or agencies providing health care services to patients that would identify patients or establish characteristics of an identified patient with cancer required to be reported under 42 U.S.C. 280e - 280e-4, or a birth defect or infectious disease required to be reported to protect the public health under this chapter and regulations adopted under this chapter. Disclosure of these health care records to the department does not constitute a breach of patient confidentiality.
(b) The department may conduct research using health care data reported under (a) of this section. The department may provide data obtained under (a) of this section to other persons for clinical, epidemiological, or other public health research.
(c) Data obtained or a record inspected under this section that identifies a particular individual
(1) is confidential;
(2) may not be further disclosed to other persons except by the department under (b) of this section; and
(3) is not subject to inspection or copying under AS 40.25.110 - 40.25.125.

AS 18.15.150. Taking of blood sample.
Each licensed physician and in the absence of a licensed physician each licensed graduate nurse who attends a pregnant woman for conditions relating to the pregnancy during the period of gestation or at delivery shall take, or have taken, a sample of the blood of the woman at the time of the woman's first professional visit or within 10 days after the visit, unless the serological test is contrary to the tenets or practice of the religious creed of which the woman is an adherent. The blood specimen shall be submitted to an approved laboratory or clinic for a standard serological test of syphilis. Any other person permitted by law to attend pregnant women but not permitted by law to take blood samples shall have a sample of blood taken by a licensed physician, or on order of a licensed physician, and shall submit the sample to an approved laboratory or clinic for a standard serological test for syphilis.

AS 18.15.160. Test for syphilis.
For the purposes of AS 18.15.150 - 18.15.180 a standard serological test is a test for syphilis approved by the department and shall be performed in a laboratory or clinic approved by the department. On request the laboratory test required by AS 18.15.150 - 18.15.180 shall be performed without charge at the laboratories of the department.

AS 18.15.170. Report of birth.
In reporting a birth and stillbirth, the physician and other person required to make the report shall state on the certificate whether a serological test for syphilis has been made upon a specimen of blood taken from the woman who bore the child and the approximate date when the specimen was taken. A birth certificate may not state the result of the test.

AS 18.15.180. Penalty.
A licensed physician or licensed nurse attending a pregnant woman during the period of gestation or at delivery, or a representative of a laboratory or clinic who violates AS 18.15.150 - 18.15.180 is guilty of a misdemeanor and, upon conviction, is punishable by a fine of not more than $500. However, a person attending a pregnant woman during the period of gestation or at delivery, who requests the specimen in accordance with AS 18.15.150, and whose request is refused, is not guilty of a misdemeanor.

AS 18.15.190. Phenylketonuria (PKU) and other heritable diseases.
Repealed or Renumbered

AS 18.15.200. Screening for phenylketonuria.
(a) A physician who attends a newborn child shall cause this child to be tested for phenylketonuria (PKU). If the mother is delivered in the absence of a physician, the nurse who first visits the child shall cause this test to be performed.
(b) The department shall adopt regulations regarding the method used and the time or times of testing as accepted medical practice indicates.

(c) The necessary laboratory tests and the test materials, reporting forms, and mailing cartons shall be provided by the department.
(d) All tests considered positive by the screening method shall be reported by the screening laboratory to the physician and to the department. The department shall provide services for the performance of a quantitative blood phenylalanine test or its equivalent for diagnostic purposes. A confirmed diagnosis of phenylketonuria shall be reported to the physician and to the department. The department shall provide services for treatment and clinical follow-up of any diagnosed case.
(e) When presumptive positive screening tests have been reported to the department, it shall provide, on request, either the true blood phenylalanine test or subsidize the performance of this test at an approved laboratory.
(f) A licensed physician or licensed nurse attending a newborn or infant who violates this section is guilty of a misdemeanor and, upon conviction, is punishable by a fine of not more than $500. However, a person attending a newborn or infant whose request for appropriate specimens from the newborn or infant is denied by the parent or guardian is not guilty of a misdemeanor. The fact that a child has not been subjected to the test because a request for appropriate specimens has been denied by the parents or guardian shall be reported to the department.
(g) In this section, "physician" means a doctor of medicine licensed to practice medicine in this state, or an officer in the regular medical service of the armed forces of the United States or the United States Public Health Service assigned to duty in this state.

AS 18.15.205. Screening for congenital heart disease.
(a) A provider of birthing services who attends a birth in the state shall ensure that, as close to 24 hours after the birth as feasible, screening for congenital heart defects through pulse oximetry equipment and methods appropriate for use on a newborn is performed on the newborn, unless screening is refused under (d) of this section.
(b) A provider of birthing services who attends a birth in the state shall, as soon as possible after screening conducted under (a) of this section, make a referral for confirmatory testing on a newborn whose pulse oximetry results are abnormal and provide advice to the parent or legal guardian regarding the need for appropriate interventions.
(c) The provider who performs pulse oximetry screening under (a) of this section shall report to the parents and attending physicians of the newborn and to the department the results of screening.
(d) Before performing screening for congenital heart disease under (a) of this section, a provider of birthing services shall provide to a parent or legal guardian of a newborn information on the screening and the option to refuse the screening.
(e) The department shall establish procedures for submitting reports of newborn screening results to the department and for summarizing reported data.
(f) In this section, "provider of birthing services" means a physician, midwife, nurse, or other qualified professional who attends the delivery of a newborn in the course of the provider's practice.

AS 18.15.210. Testing for certain other heritable diseases.
The department shall administer and provide services for testing for other heritable diseases that lead to intellectual disabilities, developmental disabilities, or both, and physical disabilities as screening programs accepted by current medical practice and as developed.

AS 18.15.250. Hepatitis B testing and vaccination program for volunteer emergency personnel.
(a) The department shall establish a program under which hepatitis B testing and vaccination is reasonably accessible at no charge to all volunteer emergency medical and rescue personnel in the state who provide an emergency medical or rescue service primarily within an unincorporated community or within a municipality that does not provide funding for the service.
(b) A municipality that has the power to do so shall establish a program under which hepatitis B testing and vaccination is reasonably accessible at no charge to all law enforcement officers and all volunteer or employed emergency medical and rescue personnel who provide service to the public within the municipality. The department shall, upon request, assist a municipality in establishing a program required under this subsection.
(c) The Department of Public Safety shall establish a program under which hepatitis B testing and vaccination is reasonably accessible at no charge to all officers of the state troopers. The Department of Health and Social Services shall, upon request, assist the Department of Public Safety in establishing a program required under this subsection.
(d) In this section,
(1) "emergency medical and rescue personnel" means a trauma technician, emergency medical technician, rescuer, or mobile intensive care paramedic;
(2) "employed" means that the person is a paid employee of a first responder service, a rescue service, an ambulance service, or a fire department that provides emergency medical or rescue services as part of its duties;
(3) "law enforcement officer" means a member of the police force of a municipality;
(4) "volunteer" means that the person is an active volunteer of a first responder service, a rescue service, an ambulance service, or a fire department that provides emergency medical or rescue services as part of its duties.

AS 18.15.270. Testing procedures.
(a) The department shall make available on a statewide basis the best current testing method available to detect gonorrhea and chlamydia.
(b) The department shall use the best current testing method available for diagnosis of gonorrhea and chlamydia.

AS 18.15.300. Order for blood test; disclosure of results.
(a) A defendant charged in a criminal complaint, indictment, presentment, or information filed with a magistrate or court with a violation of AS 11.41.410 - 11.41.450 that includes sexual penetration as an element of the offense, or a minor with respect to whom a petition has been filed in a juvenile court alleging a violation of AS 11.41.410 - 11.41.450 that

includes sexual penetration as an element of the offense, may be ordered by a court having jurisdiction of the complaint, indictment, information, presentment, or juvenile petition to submit to testing as provided in AS 18.15.300 - 18.15.320.
(b) An alleged victim listed in the complaint, indictment, information, presentment, or juvenile petition, the parent or guardian of an alleged victim who is a minor or incompetent, or the prosecuting attorney on the behalf of an alleged victim, may petition the court for an order authorized under this section.
(c) Upon receipt of a petition filed under (b) of this section, the court shall determine if (1) probable cause exists to believe that a crime for which a test may be ordered under (a) of this section has been committed, and (2) probable cause exists to believe that sexual penetration took place between the defendant or minor and the alleged victim in an act for which the defendant or minor is charged under (a) of this section. In making the determination, the court may rely exclusively on the evidence presented at a grand jury proceeding or preliminary hearing.
(d) If the court finds probable cause exists to believe that (1) a crime for which a test may be ordered under (a) of this section has been committed, and (2) sexual penetration described in (c)(2) of this section took place, the court shall order that the defendant or minor provide two specimens of blood for testing as provided in AS 18.15.300 - 18.15.320.
(e) Copies of the blood test results shall be provided to the defendant or minor, each requesting victim, the victim's designee or, if the victim is a minor or incompetent, the victim's parents or legal guardian. If the defendant or minor is being incarcerated or detained at the time of the blood test or thereafter, the blood test results shall be provided to the officer in charge and the chief medical officer of the facility in which the defendant or minor is incarcerated or detained, including an incarceration or detention ordered as a result of conviction or judgment of delinquency or child in need of aid for an act for which the defendant or minor is charged under (a) of this section.
(f) A court may not order a test under this section
(1) before seven days after the defendant or minor's arrest;
(2) after the entry of a disposition favorable to a defendant; or
(3) if the defendant is convicted or adjudicated delinquent or in need of aid, after 90 days after the issuance of the judgment and sentence or of the judgment in a juvenile action.
(g) In this section,
(1) "disposition favorable to the defendant" means an adjudication by a court other than a conviction, or if the defendant is a minor not being prosecuted as an adult, that the minor is not adjudicated delinquent or a child in need of aid, for an offense for which a blood test could be ordered under this section;
(2) "sexual penetration" has the meaning given in AS 11.81.900(b).

AS 18.15.310. Testing; test results.
(a) The withdrawal of blood for a test under AS 18.15.300 - 18.15.320 shall be performed in a medically approved manner. Only a physician or physician assistant licensed under AS 08.64, registered nurse, licensed practical nurse, or certified emergency medical technician may withdraw blood specimens for the purposes of AS 18.15.300 - 18.15.320.
(b) The court shall order that the blood specimens withdrawn under AS 18.15.300 - 18.15.320 be transmitted to a licensed medical laboratory and that tests be conducted on them for medically accepted indications of exposure to or infection by the human immunodeficiency virus (HIV) and other sexually transmitted diseases for which medically approved testing is readily and economically available as determined by the court.
(c) Copies of test results that indicate exposure to or infection by HIV or other sexually transmitted diseases shall also be transmitted to the department.
(d) The test results shall be provided to the designated recipients with the following disclaimer: "The tests were conducted in a medically approved manner but tests cannot determine exposure to or infection by HIV or other sexually transmitted diseases with absolute accuracy. Persons receiving this test result should continue to monitor their own health and should consult a physician as appropriate."
(e) The court shall order all persons, other than the test subject, who receive test results under AS 18.15.300 - 18.15.320 to maintain the confidentiality of personal identifying data relating to the test results except for disclosures by the victim, or if the victim is a minor or incompetent by the victim's parents or legal guardian, as
(1) is necessary to obtain medical or psychological care or advice or to ensure the health of the victim's spouse, immediate family, persons occupying the same household as the victim, or a person in a dating, courtship, or engagement relationship with the victim;
(2) is necessary to pursue civil remedies against the test subject; or
(3) otherwise permitted by the court.
(f) The specimens and the results of tests ordered under AS 18.15.300 - 18.15.320 are not admissible evidence in a criminal or juvenile proceeding.
(g) A person performing testing, transmitting test results, or disclosing information under AS 18.15.300 - 18.15.320 is immune from civil liability for an act or omission under authority of AS 18.15.300 - 18.15.320. However, this subsection does not preclude liability for a grossly negligent or intentional violation of a provision of AS 18.15.300 - 18.15.320.
(h) If the results of a blood test conducted under AS 18.15.300 indicate exposure to or infection by HIV or other sexually transmitted diseases for which testing was conducted, the department shall provide (1) free counseling and free testing to a victim for HIV and other sexually transmitted diseases reasonably communicable through the offense; and (2) counseling to the alleged perpetrator or defendant upon request of the alleged perpetrator or defendant. The department shall provide referral to appropriate health care facilities and support services at the request of the victim.
(i) In this section,
(1) "AIDS" means acquired immunodeficiency syndrome or HIV symptomatic disease;
(2) "counseling" means providing a person with information and explanations relating to AIDS and HIV that are medically appropriate for that person, including all or part of the

following:
(A) accurate information regarding AIDS and HIV;
(B) an explanation of behaviors that reduce the risk of transmitting AIDS and HIV;
(C) an explanation of the confidentiality of information relating to AIDS diagnoses and HIV tests;
(D) an explanation of information regarding both social and medical implications of HIV tests;
(E) disclosure of commonly recognized treatment or treatments of AIDS and HIV;
(3) "HIV" means the human immunodeficiency virus.

AS 18.15.320. Cost of performing test; reimbursement.
(a) The cost of performing a blood test under AS 18.15.300 shall be paid by the department.
(b) If a defendant for whom a blood test has been ordered under AS 18.15.300 is convicted of an offense for which the defendant was charged, and for which a blood test could be ordered under AS 18.15.300, the court shall order the defendant to reimburse the department for the cost of the test and may order the Department of Corrections to deduct the amount of the test from any pay the inmate receives under AS 33.30.201.

AS 18.15.350. SARS control program authorization.
Repealed or Renumbered

AS 18.15.355. Prevention and control of conditions of public health importance.
(a) The department may use the powers and provisions set out in AS 18.15.355 - 18.15.395 to prevent, control, or ameliorate conditions of public health importance or accomplish other essential public health services and functions.
(b) In performing its duties under AS 18.15.355 - 18.15.395, the department may
(1) establish standards
(A) for the prevention, control, or amelioration of conditions of public health importance;
(B) to accomplish other essential public health services and functions; and
(2) adopt regulations to implement and interpret AS 18.15.355 - 18.15.395.

AS 18.15.360. Data collection.
(a) The department is authorized to collect, analyze, and maintain databases of information related to
(1) risk factors identified for conditions of public health importance;
(2) morbidity and mortality rates for conditions of public health importance;
(3) community indicators relevant to conditions of public health importance;
(4) longitudinal data on traumatic or acquired brain injury from the registry established under AS 47.80.500(c)(1); and
(5) any other data needed to accomplish or further the mission or goals of public health or provide essential public health services and functions.
(b) The department is authorized to obtain information from federal, state, and local governmental agencies, Alaska Native organizations, health care providers, pre-hospital emergency medical services, or other private and public organizations operating in the state. The department may also use information available from other governmental and private sources, reports of hospital discharge data, information included in death certificates, other vital statistics, environmental data, and public information. The department may request information from and inspect health care records maintained by health care providers that identify individuals or characteristics of individuals with reportable diseases or other conditions of public health importance.
(c) The department may collect information to establish and maintain a comprehensive vaccination registry to aid, coordinate, and promote effective and cost-efficient disease prevention and control efforts in the state.
(d) The department may not acquire identifiable health information under this section without complying with the provisions of AS 18.15.355 - 18.15.395 and regulations adopted under those statutes.

AS 18.15.362. Acquisition and use of identifiable health information; public health purpose.
The department may acquire and use identifiable health information collected under AS 18.15.355 - 18.15.395 only if the
(1) acquisition and use of the information relates directly to a public health purpose;
(2) acquisition and use of the information is reasonably likely to contribute to the achievement of a public health purpose; and
(3) public health purpose cannot otherwise be achieved at least as well with nonidentifiable health information.

AS 18.15.365. Information security safeguards.
(a) The department shall acquire, use, disclose, and store identifiable health information collected under AS 18.15.355 - 18.15.395 in a confidential manner that safeguards the security of the information, and maintain the information in a physically and technologically secure environment.
(b) The department shall expunge, in a confidential manner, identifiable health information collected under AS 18.15.355 - 18.15.395 when the use of the information by the department no longer furthers the public health purpose for which it is required.
(c) A person who knowingly discloses identifiable health information in violation of this section or a regulation adopted under this section is guilty of a class B misdemeanor. In this subsection, "knowingly" has the meaning given in AS 11.81.900(a).
(d) A person who intentionally discloses identifiable health information in violation of this section or a regulation adopted under this section is guilty of a class A misdemeanor. In this subsection, "intentionally" has the meaning given in AS 11.81.900(a).

AS 18.15.370. Reportable disease list.
The department shall maintain a list of reportable diseases or other conditions of public health importance that must be reported to the department. The list may include birth defects, cancers, injuries, and diseases or other conditions caused by exposure to microorganisms; pathogens; or environmental, toxic, or other hazardous substances. The department shall regularly maintain and may revise the list.

The department may also establish registries for diseases and conditions that must be reported to the department.

AS 18.15.375. Epidemiological investigation.
(a) The department may investigate conditions of public health importance in the state through methods of epidemiological investigation. The department may also ascertain the existence of cases of illness or other conditions of public health importance, investigate potential sources of exposure or infection and ensure that they are subject to proper control measures, and determine the extent of the disease outbreak, epidemic, risk to health and safety, or disaster.
(b) Investigations under this section may include identification of individuals who have been or may have been exposed to or affected by a condition of public health importance, interviewing and testing those individuals, examining facilities or materials that may pose a threat to the public health, and interviewing other individuals. In conducting the investigations the department may
(1) identify all individuals thought to have been exposed to any agent that may be a potential cause of the disease outbreak, epidemic, or disaster;
(2) interview, test, examine, or screen an individual where needed to assist in the positive identification of those exposed or affected or to develop information relating to the source or spread of the disease or other condition of public health importance; and
(3) inspect health care records maintained by a health care provider.
(c) When testing, screening, or examining an individual under this section, the department shall adhere to the following requirements:
(1) the department may not require the testing, examination, or screening of an individual without the consent of the individual or the individual's legal guardian, except as otherwise provided in this section or other law;
(2) the department may require testing, examination, or screening of a nonconsenting individual only upon an order of a state medical officer, and only upon a finding that the individual has or may have been exposed to a contagious disease that poses a significant risk to the public health; the order must be personally served on the person to be tested, examined, or screened within a reasonable period of time before the testing, examination, or screening is to take place;
(3) the department shall obtain an ex parte order in accordance with (d) of this section if the individual to be tested, examined, or screened objects to the state medical officer's order;
(4) a health care practitioner shall perform an examination under this section; the individual to be examined may, under conditions specified by the state medical officer, choose the health care practitioner who will perform the examination;
(5) a testing, examination, or screening program shall be conducted for the sole purpose of identifying a condition of public health importance that poses a threat to the public health and may be avoided, cured, alleviated, or made less contagious through safe and effective treatment, modifications in individual behavior, or public health intervention;
(6) before testing, examination, or screening, the department shall explain to the individual or individual's legal representative the nature, scope, purposes, benefits, risks, and possible results of the testing, examination, or screening;
(7) in conjunction with or directly after the dissemination of the results of the testing, examination, or screening, the department shall fully inform the individual or individual's legal representative of the results of the testing, examination, or screening.
(d) A judicial officer may issue an ex parte order for testing, examination, or screening upon a showing of probable cause, supported by oath or affirmation, that the individual has or may have been exposed to a contagious disease that poses a significant risk to the public health. The court shall specify the duration of the ex parte order for a period not to exceed five days. To conduct the testing, examination, or screening of an individual who is not being detained under an order of isolation or quarantine, the court may order a peace officer to take the individual into protective custody until a hearing is held on the ex parte petition if a hearing is requested.
(e) The individual subject to the ex parte order must be given, with the petition and order, a form to request a hearing to vacate the ex parte order. If a hearing is requested to vacate the ex parte order, the court shall hold the hearing within three working days after the date the request is filed with the court. The public shall be excluded from a hearing under this subsection unless the individual subject to the ex parte order elects to have the hearing open.

AS 18.15.380. Medical treatment.
(a) A health care practitioner or public health agent who examines or treats an individual who has or may have been exposed to a contagious disease shall instruct the individual about the measures for preventing transmission of the disease and the need for treatment.
(b) The department may administer medication or other medical treatment, including the use of directly observed therapy where appropriate, to a consenting individual who has or may have been exposed to a contagious disease.
(c) An individual has the right to refuse treatment and may not be required to submit to involuntary treatment as long as the individual is willing to take steps outlined by the state medical officer to prevent the spread of a communicable disease to others. However, an individual who exercises the right to refuse treatment under this subsection may be responsible for paying all costs incurred by the state in seeking and implementing a quarantine or isolation order made necessary by a refusal of treatment by the individual. The department shall notify an individual who refuses treatment under this subsection that the refusal may result in an indefinite period of quarantine or isolation and that the individual may be responsible for payment of the costs of the quarantine or isolation.

AS 18.15.385. Isolation and quarantine.
(a) The department may isolate or quarantine an individual or group of individuals if isolation or quarantine is the least restrictive alternative necessary to prevent the spread of a contagious or possibly contagious disease to others in

accordance with regulations adopted by the department consistent with the provisions of this section and other law.
(b) The department shall adhere to the following conditions and standards when isolating or quarantining an individual or group of individuals:
(1) isolation and quarantine shall be by the least restrictive means necessary to prevent the spread of a contagious or possibly contagious disease that poses a significant risk to public health; isolation and quarantine may include confinement to private homes or other private and public premises; absent exceptional circumstances that would jeopardize public health, a person shall be allowed to choose confinement in the person's home;
(2) isolated individuals shall be confined separately from quarantined individuals;
(3) the health status of an isolated or quarantined individual shall be monitored regularly to determine whether the individual continues to require isolation or quarantine;
(4) if a quarantined individual subsequently becomes infected or is reasonably believed to have become infected with a contagious or possibly contagious disease, the individual shall promptly be removed to isolation;
(5) the department shall immediately terminate an isolation and quarantine order when an individual poses no substantial risk of transmitting a contagious or possibly contagious disease to others.
(c) The department may authorize a health care practitioner, public health agent, or another person access to an individual in isolation or quarantine as necessary to meet the needs of the isolated or quarantined individual. An individual who enters isolation or quarantine premises with or without authorization of the department may be isolated or quarantined if needed to protect the public health.
(d) Before quarantining or isolating an individual, the department shall obtain a written order from the superior court authorizing the isolation or quarantine, unless the individual consents to the quarantine or isolation. The department shall file a petition for a written order under this subsection. The petition must
(1) allege
(A) the identity of each individual proposed to be quarantined or isolated;
(B) the premises subject to isolation or quarantine;
(C) the date and time the isolation or quarantine is to begin;
(D) the suspected contagious disease;
(E) that the individual poses a significant risk to public health;
(F) whether testing, screening, examination, treatment, or related procedures are necessary;
(G) that the individual is unable or unwilling to behave so as not to expose other individuals to danger of infection; and
(H) that the department is complying or will comply with (b) of this section; and
(2) be accompanied by an affidavit signed by a state medical officer attesting to the facts asserted in the petition, including specific facts supporting the allegations required by (1)(D) and (G) of this subsection; the petition shall be personally served according to court rules, along with notice of the time and place of the hearing under (f) of this section.
(e) Notwithstanding (d) of this section, when the department has probable cause to believe that the delay involved in seeking a court order imposing isolation or quarantine would pose a clear and immediate threat to the public health and isolation or quarantine is the least restrictive alternative and is necessary to prevent the spread of a contagious or possibly contagious disease, a state medical officer in the department may issue an emergency administrative order to temporarily isolate or quarantine an individual or group of individuals. An emergency administrative order of temporary quarantine or isolation by a state medical officer is enforceable by any peace officer in the state. Within 24 hours after implementation of the emergency administrative order, the department shall notify the superior court by filing a petition under (d) of this section that also alleges that the emergency action was necessary to prevent or limit the transmission of a contagious or possibly contagious disease to others that would pose an immediate threat to the public health. The petition must be signed by a state medical officer.
(f) An individual served with a petition under (d) of this section or an emergency administrative order to temporarily isolate or quarantine under (e) of this section has the right to a court hearing. The court shall hold a hearing within 48 hours after a petition is filed. The department may request a continuance of the hearing for up to five days. The court may grant the continuance for good cause shown and in extraordinary circumstances, giving due regard to the rights of the affected individuals, the protection of the public health, the severity of the need for isolation or quarantine, and other evidence. During a continuance, an isolated or quarantined individual shall remain in isolation or quarantine. The court may order the consolidation of individual claims into group claims if the number of individuals affected is so large as to render individual participation impractical, there are questions of law or fact common to the individual claims or rights to be determined, the group claims or rights are typical of the affected individuals' claims or rights, and the entire group can be adequately represented. The public shall be excluded from a hearing under this section unless the individual elects to have the hearing open under (g)(2) of this section.
(g) During the hearing, the individual has the right to
(1) view and copy all petitions and reports in the court file of the individual's case;
(2) elect to have the hearing open to the public;
(3) have the rules of evidence and civil procedure applied so as to provide for the informal but efficient presentation of evidence;
(4) have an interpreter if the individual does not understand English;
(5) present evidence on the individual's behalf;
(6) cross-examine witnesses who testify against the individual;
(7) call experts and other witnesses to testify on the individual's behalf; and
(8) participate in the hearing; under this paragraph, participation may be by telephone if the individual presents a substantial risk of transmitting a contagious or possibly contagious disease to others.
(h) At the conclusion of the hearing, the court may commit the individual to isolation or quarantine for not more than 30

days if the court finds, by clear and convincing evidence, that the isolation or quarantine is necessary to prevent or limit the transmission to others of a disease that poses a significant risk to the public health. The court may issue other orders as necessary. Orders are enforceable by a peace officer of this state. The order must
(1) identify the isolated or quarantined individual or group of individuals by name or shared or similar characteristics or circumstances;
(2) specify factual findings warranting isolation or quarantine under this section;
(3) include any conditions necessary to ensure that isolation or quarantine is carried out within the stated purposes and restrictions of this section; and
(4) be served on the affected individual or group of individuals in accordance with existing court rules.
(i) Before the expiration of an order issued under (h) of this section, the court may continue isolation or quarantine for additional periods not to exceed 30 days upon a showing by the department by clear and convincing evidence that the action is necessary to prevent or limit the transmission to others of a disease that poses a significant risk to the public health.
(j) An isolated or quarantined individual or group of individuals may apply to the court for an order to show cause why isolation or quarantine should not be terminated. The court shall rule on the application to show cause within 48 hours after filing. An isolated or quarantined individual or group of individuals may request a hearing in the court for remedies regarding breaches of the conditions of isolation or quarantine. A request for a hearing may not stay or enjoin an isolation or quarantine order. Where extraordinary circumstances justify the immediate granting of relief, the court shall fix a date for hearing on the alleged matters within 24 hours after receipt of the request. Otherwise, the court shall fix a date for hearing on the alleged matters within five days after receipt of a request.
(k) The provisions of this section apply to minors. All notices required to be served on an individual shall also be served on the parents or guardians of an individual who is an unemancipated minor.
(l) The department shall adopt regulations to protect, as much as possible, the privacy rights of individuals subject to isolation or quarantine under this section.
(m) The department may quarantine or isolate individuals who have been exposed to hazardous materials that can cause serious illness or injury by transmission of the hazardous material to others. The provisions of this section concerning isolation and quarantine of individuals to prevent the spread of contagious or possibly contagious diseases shall apply to isolation or quarantine of individuals who have been exposed to hazardous materials.
(n) A person who knowingly violates this section or a regulation adopted under this section is guilty of a class B misdemeanor. In this subsection, "knowingly" has the meaning given in AS 11.81.900(a).
(o) A person who intentionally violates this section or a regulation adopted under this section is guilty of a class A misdemeanor. In this subsection, "intentionally" has the meaning given in AS 11.81.900(a).

AS 18.15.390. Powers of the department in a public health disaster.
If the governor declares a condition of disaster emergency under AS 26.23.020(c) due to an outbreak of disease or a credible threat of an imminent outbreak of disease, the department, in coordination with the Department of Military and Veterans' Affairs, may
(1) close, direct, and compel the evacuation of, or decontaminate or cause to be decontaminated, any facility if there is reasonable cause to believe that the facility may endanger the public health;
(2) decontaminate or cause to be decontaminated or destroy any material if there is reasonable cause to believe that the material may endanger the public health;
(3) inspect, control, restrict, and regulate, by rationing and using quotas, prohibitions on shipments, allocation, or other means, the use, sale, dispensing, distribution, or transportation of food, fuel, clothing, medicines, and other commodities, as may be reasonable and necessary to respond to the disaster;
(4) adopt and enforce measures to provide for the safe disposal of infectious waste or contaminated material as may be reasonable and necessary to respond to the disaster; these measures may include the collection, storage, handling, destruction, treatment, transportation, or disposal of infectious waste or contaminated material;
(5) require all bags, boxes, or other containers of infectious waste or contaminated material to be clearly identified as containing infectious waste or contaminated material and, if known, the type of infectious waste or contaminated material;
(6) adopt and enforce measures to provide for the safe disposal of human remains as may be reasonable and necessary to respond to the disaster; these measures may include the embalming, burial, cremation, interment, disinterment, transportation, or disposal of human remains;
(7) take possession or control of any human remains, require clear labeling of human remains before disposal with all available information to identify the decedent and the circumstances of death, and require that the human remains of a deceased individual with a contagious disease or transmissible agent have an external, clearly visible tag indicating that the human remains are infected and, if known, the contagious disease or transmissible agent;
(8) require persons in charge of disposing of any human remains to maintain and promptly deliver to the department a written or electronic record of each set of human remains, the disposal of the remains, and all available information to identify the decedent, including fingerprints, photographs, dental information, and a deoxyribonucleic acid (DNA) specimen of the human remains;
(9) order the disposal of the human remains of an individual who has died of a contagious disease or transmissible agent through burial or cremation within 24 hours after death, taking into account the religious, cultural, family, and individual beliefs of the deceased individual and the individual's family;
(10) require any business or facility holding a funeral establishment permit issued under AS 08.42.100 to accept human remains, to provide the use of the business or facility as is reasonable and necessary to respond to the

disaster, and, if necessary, to transfer the management and supervision of the business or facility to the state during the course of the disaster;
(11) procure, by condemnation or otherwise, a business or facility authorized to embalm, bury, cremate, inter, disinter, transport, and dispose of human remains under the laws of this state as may be reasonable and necessary to respond to the disaster, with the right to take immediate possession of the facilities;
(12) appoint and prescribe the duties of emergency assistant medical examiners as may be required for the proper performance of the duties of the office; the appointment of emergency assistant medical examiners may not exceed the termination of the declaration of a state of disaster; the department may terminate an emergency appointment made under this paragraph for any reason.

AS 18.15.392. Representation; guardian ad litem.
An individual who is the respondent in proceedings under AS 18.15.375(e) or 18.15.385 has the right to be represented by counsel in the proceedings. If the individual cannot afford an attorney, the court shall direct the Public Defender Agency to provide an attorney. The court may, on its own motion or upon request of the individual's attorney or a party, direct the office of public advocacy to provide a guardian ad litem for the individual.

AS 18.15.393. Report to legislature.
The department shall annually report to the legislature the activities conducted by the department under AS 18.15.355 - 18.15.395, including information pertaining to the number of individuals quarantined, the purpose for the quarantine, and the length of the quarantine.

AS 18.15.395. Definitions.
In AS 18.15.355 - 18.15.395, unless the context otherwise requires,
(1) "Alaska Native organization" means an organization recognized by the United States Indian Health Service to provide health-related services;
(2) "condition of public health importance" means a disease, syndrome, symptom, injury, or other threat to health that is identifiable on an individual or community level and can reasonably be expected to lead to adverse health effects in the community;
(3) "contagious disease" means an infectious disease that can be transmitted from individual to individual;
(4) "contaminated material" means wastes or other materials exposed to or tainted by chemical, radiological, or biological substances or agents;
(5) "court" means a court of competent jurisdiction under state law;
(6) "decontaminate" means to remove or neutralize chemical, radiological, or biological substances or residues from individuals, buildings, objects, or areas;
(7) "directly observed therapy" means a technique used to ensure that an infectious individual complies with the individual's treatment regimen, whereby a health worker observes the individual to ensure the ingestion of the individual's medication for each dose the individual is required to take over the course of the individual's treatment;
(8) "disease outbreak" means the sudden and rapid increase in the number of cases of a disease or other condition of public health importance in a population;
(9) "epidemic" means the occurrence in a community or region of a group of similar conditions of public health importance that are in excess of normal expectancy and derived from a common or propagated source;
(10) "essential public health services and functions" mean services and functions to
(A) monitor health status to identify and solve community health problems;
(B) investigate and diagnose health problems and health hazards in the community;
(C) inform and educate individuals about and empower them to deal with health issues;
(D) mobilize public and private sector collaboration and action to identify and solve health problems;
(E) develop policies, plans, and programs that support individual and community health efforts;
(F) enforce statutes and regulations of this state that protect health and ensure safety;
(G) link individuals to needed health services and facilitate the provision of health care when otherwise unavailable;
(H) ensure a competent public health workforce;
(I) evaluate effectiveness, accessibility, and quality of personal and population-based health services; or
(J) research for new insights and innovative solutions to health problems;
(11) "health care practitioner" means a physician, nurse practitioner, or physician assistant authorized to practice their respective professions in this state;
(12) "health care provider" means any person that provides health care services; "health care provider" includes a hospital, medical clinic or office, special care facility, medical laboratory, physician, pharmacist, dentist, physician assistant, nurse, paramedic, emergency medical or laboratory technician, community health worker, and ambulance and emergency medical worker;
(13) "identifiable health information" means any information, whether oral, written, electronic, visual, pictorial, physical, or any other form, that relates to an individual's past, present, or future physical or mental health status, condition, treatment, service, products purchased, or provisions of care and
(A) that reveals the identity of the individual whose health care is the subject of the information; or
(B) regarding which there is a reasonable basis to believe that the information could be used, either alone or with other information that is, or should reasonably be known to be, available to predictable recipients of the information, to reveal the identity of that individual;
(14) "infectious disease" means a disease caused by a living organism or other pathogen, including a fungus, bacteria, parasite, protozoan, or virus; an infectious disease may be transmissible from individual to individual, animal to individual, or insect to individual;
(15) "infectious waste" means
(A) biological waste, including blood and blood products, excretions, exudates, secretions, suctioning and other body fluids, and waste materials saturated with blood or body fluids;

(B) cultures and stocks, including
(i) etiologic agents and associated biologicals;
(ii) specimen cultures and dishes and devices used to transfer, inoculate, and mix cultures;
(iii) wastes from production of biologicals and serums; and
(iv) discarded, killed, or attenuated vaccines;
(C) except for teeth or formaldehyde or other preservative agents, pathological waste, including
(i) biopsy materials and all human tissues;
(ii) anatomical parts that emanate from surgery, obstetrical procedures, necropsy or autopsy, and laboratory procedures; and
(iii) animal carcasses exposed to pathogens in research and the bedding and other waste from those animals; and
(D) sharps, including needles, intravenous tubing with needles attached, scalpel blades, lancets, breakable glass tubes, and syringes that have been removed from their original sterile containers;
(16) "isolation" means the physical separation and confinement of an individual who is, or group of individuals who are, infected or reasonably believed to be infected with a contagious or possibly contagious disease from nonisolated individuals, to prevent or limit the transmission of the disease to nonisolated individuals;
(17) "least restrictive" means the policy or practice that least infringes on the rights or interests of others;
(18) "public health agent" means an official or employee of the department who is authorized to carry out provisions of AS 18.15.355 - 18.15.395;
(19) "public health purpose" means the prevention, control, or amelioration of a condition of public health importance, including an analysis or evaluation of a condition of public health importance and an evaluation of a public health program;
(20) "public information" means information that is generally open to inspection or review by the public;
(21) "quarantine" means the physical separation and confinement of an individual or group of individuals who are or may have been exposed to a contagious or possibly contagious disease and who do not show signs or symptoms of a contagious disease from nonquarantined individuals to prevent or limit the transmission of the disease to nonquarantined individuals;
(22) "screening" means the systematic application of a testing or examination to a defined population;
(23) "specimen" means blood; sputum; urine; stool; or other bodily fluids, wastes, tissues, and cultures necessary to perform required tests;
(24) "state medical officer" means a physician licensed to practice medicine by this state and employed by the department, with responsibilities for public health matters;
(25) "testing" means any diagnostic or investigative analysis or medical procedure that determines the presence or absence of or exposure to a condition of public health importance, or its precursor, in an individual;
(26) "transmissible agent" means a biological substance capable of causing disease or infection through individual to individual, animal to individual, or other modes of transmission;
(27) "vaccination" means a suspension of attenuated or noninfectious microorganisms or derivative antigens administered to stimulate antibody production or cellular immunity against a pathogen for the purpose of preventing, ameliorating, or treating an infectious disease.

REGULATIONS

7 AAC 27.005. Reporting by health care providers
(a) A disease or other condition of public health importance listed in this subsection constitutes a public health emergency requiring immediate reporting. A health care provider who first diagnoses or suspects a diagnosis of the disease or other condition shall immediately report the disease or other condition by telephone directly to a public health agent in the department. The following diseases or other conditions must be reported under this subsection:
(1) anthrax;
(2) botulism;
(3) diphtheria;
(4) glanders;
(5) hemorrhagic fever, including dengue fever;
(6) influenza, suspected novel strains;
(7) measles;
(8) melioidosis;
(9) meningococcal invasive disease;
(10) paralytic shellfish poisoning;
(11) plague;
(12) poliomyelitis;
(13) rabies in a human or an animal;
(14) rubella;
(15) severe acute respiratory syndrome (SARS);
(16) smallpox;
(17) tetanus;
(18) tularemia;
(19) yellow fever;
(20) an outbreak or an unusual number or clustering of diseases or other conditions of public health importance.
(b) In addition to the immediate reporting requirement of (a) of this section, a health care provider shall submit a report to the department orally, electronically, or on a department-provided form not later than five working days after first discovering or suspecting the existence of the following diseases or conditions:
(1) acquired immune deficiency syndrome (AIDS);
(2) amnestic shellfish (domoic acid) intoxication;
(3) antibiotic-resistant organisms of national significance, including vancomycin-resistant Staphylococcus aureus and carbapenemase-producing Enterobacteriaceae;
(4) arboviral neuroinvasive and nonneuroinvasive disease, including West Nile virus infection;
(5) brucellosis;
(6) campylobacteriosis;
(7) chancroid;

(8) Chlamydia trachomatis infection;
(9) ciguatera fish poisoning;
(10) cryptosporidiosis;
(11) cyclosporosis;
(12) cysticercosis;
(13) diphyllobothriasis;
(14) echinococcosis;
(15) giardiasis;
(16) gonorrhea;
(17) Haemophilus influenzae invasive disease;
(18) hantavirus pulmonary syndrome;
(19) hemolytic uremic syndrome (HUS);
(20) hepatitis (type A, B, or C);
(21) human immunodeficiency virus (HIV) infection;
(22) influenza death, laboratory-confirmed by any testing methodology;
(23) legionellosis (Legionnaires' disease or Pontiac fever);
(23) leptospirosis;
(25) leprosy (Hansen's disease);
(26) listeriosis;
(27) Lyme disease;
(28) malaria;
(29) mumps;
(30) pertussis (whooping cough);
(31) pregnancy in a person known to be infected with hepatitis B, human immunodeficiency virus (HIV), or syphilis;
(32) prion diseases, including Creutzfeldt-Jakob disease (CJD);
(33) psittacosis;
(34) Q fever;
(35) rheumatic fever;
(36) salmonellosis;
(37) scombroid fish poisoning;
(38) Shiga-toxin producing Escherichia coli (STEC) infection, including OI57:H7;
(39) shigellosis;
(40) Streptococcus agalactiae (Group B streptococcus), invasive disease;
(41) Streptococcus pneumoniae (pneumococcus), invasive disease;
(42) Streptococcus pyogenes (Group A streptococcus), invasive disease and streptococcal toxic shock syndrome, including necrotizing fasciitis;
(43) syphilis;
(44) trichinosis (trichinellosis);
(45) tuberculosis;
(46) typhoid fever;
(47) varicella (chickenpox);
(48) Vibrio infection, including cholera;
(49) yersiniosis.
(c) Each report must give the name, address, date of birth, sex, ethnicity, and race of the person diagnosed as having the reported disease or other condition, whether that person is pregnant, whether the diagnosis is laboratory-confirmed, and the name and address of the health care provider reporting the disease or other condition. For certain conditions, the department may require a health care provider to submit additional data elements if essential for adequate public health response, including medications provided.
History: Eff. 8/21/74, Register 51; am 9/20/75, Register 55; am 3/28/84, Register 89; am 1/19/96, Register 137; am 2/10/99, Register 149; am 5/30/2003, Register 166; am 8/22/2003, Register 167; am 12/29/2006, Register 180; am 5/3/2007, Register 182; am 12/29/2013, Register 208
Authority: AS 18.05.010, AS 18.05.040, AS 18.15.355, AS 18.15.362, AS 18.15.370

7 AAC 27.007. Reporting by laboratories
(a) An infectious agent listed in this subsection constitutes a public health emergency requiring immediate reporting. A public, private, military, hospital, or other laboratory performing serologic, immunologic, microscopic, biochemical, or cultural examinations or tests in this state or on samples obtained within this state shall immediately report evidence of human infection caused by the following agents by telephone directly to a public health agent in the department when the infectious agent is identified or suspected by the laboratory. The following infectious agents shall be reported under this section:
(1) Bacillus anthracis;
(2) Burkholderia mallei;
(3) Burkholderia pseudomallei;
(4) Clostridium botulinum or botulinum toxin;
(5) Corynebacterium diphtheriae;
(6) Francisella tularensis;
(7) hemorrhagic fever viruses, including dengue;
(8) influenza virus, suspected novel strains;
(9) Neisseria meningitidis;
(10) poliovirus;
(11) rabies virus;
(12) rubella virus;
(13) rubeola (measles) virus;
(14) severe acute respiratory syndrome (SARS) coronavirus;
(15) variola (smallpox) virus;
(16) yellow fever virus;
(17) Yersinia pestis.
(b) In addition to the immediate reporting requirements of (a) of this section, a public, private, military, hospital, or other laboratory performing serologic, immunologic, microscopic, biochemical, or cultural examinations or tests in this state or on samples obtained within this state shall report evidence of human infection caused by the following agents to the department not later than five working days after the examination or test is performed:
(1) antibiotic-resistant organisms of national significance, including vancomycin-resistant Staphylococcus aureus and carbapenemase-producing Enterobacteriaceae;
(2) arboviruses, including West Nile virus;
(3) Bordetella pertussis;
(4) Borrelia burgdorferi;
(5) Brucella species;
(6) Campylobacter species;
(7) Chlamydophila psittaci;
(8) Chlamydia trachomatis;
(9) Coxiella burnetii;
(10) Cryptosporidium species;
(11) Cyclospora;
(12) Diphyllobothrium species;
(13) Shiga-toxin producing Escherichia coli (STEC);
(14) Echinococcus species;
(15) Giardia species

(16) Haemophilus ducreyi;
(17) Haemophilus influenzae from normally sterile body fluid or site;
(18) Hantavirus;
(19) hepatitis A, B, or C virus;
(20) human immunodeficiency virus (HIV); tests that shall be reported include
(A) tests confirming human immunodeficiency virus infection;
(B) tests used to establish the presence of human immunodeficiency virus, including serologic, virologic, nucleic acid (DNA or RNA), or other viral load detection test results, both detectable and undetectable; and
(C) CD4+ (T4) lymphocyte counts and CD4+ (T4) percent of total lymphocytes results of any value;
(21) influenza virus;
(22) Legionella species;
(23) Leptospira species;
(24) Listeria monocytogenes;
(25) mumps virus;
(26) Mycobacterium leprae;
(27) Mycobacterium tuberculosis;
(28) Neisseria gonorrhoeae;
(29) Plasmodium species;
(30) prions;
(31) Salmonella species;
(32) Shigella species;
(33) Streptococcus agalactiae from normally sterile body fluid or site;
(34) Streptococcus pneumoniae from normally sterile body fluid or site;
(35) Streptococcus pyogenes from normally sterile body fluid or site;
(36) Taenia species;
(37) Treponema pallidum;
(38) Trichinella species;
(39) varicella virus;
(40) Vibrio species;
(41) Yersinia enterocolitica or Yersinia pseudotuberculosis.
(c) Each report must give
(1) the date and result of the examination or test performed;
(2) the name or identification code sufficient to identify the patient to the health care provider; and
(3) the date of birth, sex, race, and ethnicity of the patient from whom the specimen was obtained and the name and address of the health care provider for whom the examination or test was performed.
(d) When acting on the basis of information received from a report made under this section, the public health agent shall first attempt to contact the health care provider for whom the examination or test was performed before contacting the patient directly.
(e) A laboratory that confirms one of the pathogens in the following list shall submit isolates or aliquots of original specimens to the state public health laboratory:
(1) Bacillus anthracis;
(2) Brucella species;
(3) Burkholderia mallei;
(4) Burkholderia pseudomallei;
(5) Campylobacter species;
(6) Clostridium botulinum, the laboratory shall provide a sample of the organism and, if available, a serum, stool, emesis, food, or environmental sample;
(7) Clostridium tetani;
(8) Corynebacterium diphtheriae;
(9) Escherichia coli, shiga-like toxin producing;
(10) Francisella tularensis;
(11) Haemophilis ducreyi;
(12) Haemophilus influenzae from normally sterile body fluid or site;
(13) Listeria monocytogenes;
(14) Mycobacterium leprae;
(15) Mycobacterium tuberculosis;
(16) Neisseria gonorrhoeae;
(17) Neisseria meningitidis; from normally sterile body fluid or site;
(18) Salmonella species;
(19) Shigella species;
(20) Streptococcus agalactiae from normally sterile body fluid or site;
(21) Streptococcus pneumoniae from normally sterile body fluid or site;
(22) Streptococcus pyogenes from normally sterile body fluid or site;
(23) Vibrio species;
(24) Yersinia species.
(f) Upon the request of the division of the department that oversees public health, a laboratory shall submit clinical material related to an outbreak or other unusual disease not identified in this section.
History: Eff. 8/21/74, Register 51; am 9/20/75, Register 55; am 3/28/84, Register 89; am 1/19/96, Register 137; am 2/10/99, Register 149; am 5/30/2003, Register 166; am 8/22/2003, Register 167; am 12/29/2006, Register 180; am 5/3/2007, Register 182; am 12/29/2013, Register 208
Authority: AS 18.05.040, AS 18.15.355, AS 18.15.362, AS 18.15.370

7 AAC 27.008. Reporting by hospitals
Repealed.
History: Eff. 9/20/75, Register 55; repealed 1/19/96, Register 137

7 AAC 27.010. Control of Communicable Diseases Manual
(a) The provisions on methods of control of communicable diseases outlined in the Control of Communicable Diseases Manual, 19th Edition 2008, American Public Health Association, as revised from time to time, are adopted by reference as the regulations governing "Preventive measures," "Control of patient, contacts and the immediate environment," "Epidemic measures," and "Measures in case of deliberate use."
(b) Repealed 12/29/2013.
History: Eff. 6/10/62, Register 6; am 8/21/74, Register 51; am 3/28/84, Register 89; am 1/19/96, Register 137; am 2/10/99, Register 149; am 12/29/2006, Register 180; am 12/29/2013, Register 208
Authority: AS 18.05.040, AS 18.15.370, AS 44.62.245, AS 47.05.012
Editor's note: The Control of Communicable Diseases Manual, 19th Edition 2008, is available from the American

Public Health Association, 800 I Street, NW, Washington, DC 20001 - 3710; phone: (202) 777-2742.

7 AAC 27.011. Reporting of cancer and brain tumors
(a) A hospital, physician, surgeon, or other health care facility or health care provider diagnosing, screening, or providing treatment for a cancer patient in this state shall report the information specified in (b) of this section to the division, within six months of the date of diagnosis, screening, or treatment.
(b) The following must be provided for each form of in-situ and invasive cancer, with the exception of basal cell and squamous cell carcinoma of the skin and in-situ carcinoma of the cervix uteri, and must be provided for each brain-related tumor, whether malignant or benign, occurring in the brain, the meninges, the spinal cord, the cauda equina, a cranial nerve, the pituitary gland, the pineal gland, the craniopharyngeal duct, or any other part of the central nervous system:
(1) information about the patient, including as a minimum, name, date of birth, sex, race, ethnicity, community of residence, date of diagnosis, primary site, and name of attending or admitting health care provider;
(2) pathological data characterizing the cancer, including the cancer site, stage of disease, and type of treatment.
History: Eff 1/19/96, Register 137; am 2/10/99, Register 149; am 2/21/2004, Register 170; readopt 12/29/2006, Register 180
Authority: AS 18.05.030, AS 18.05.040, AS 18.05.042, AS 18.15.370
Editor's note: Effective 12/29/2006, Register 180, the Department of Health and Social Services readopted 7 AAC 27.011 without change, to affirm the validity of that section under current statutory authority.

7 AAC 27.012. Birth defects registry
(a) A hospital, physician, surgeon, or other health care facility or health care provider diagnosing, screening, or providing treatment to a patient shall report to the department, within three months of the date of diagnosis, screening, or treatment, information about the patient, including name, date of birth, place of birth, sex, race, ethnicity, community of residence, date of diagnosis, and specific type of each birth defect diagnosed or treated for a child less than six years old with a birth defect or other congenital condition listed in (b) of this section.
(b) The following birth defects identified in the International Classification of Diseases - 9th Revision, Clinical Modification, 2007 (ICD-9-CM), as amended from time to time, and adopted by reference, must be reported under (a) of this section:

ICD-9 Code	Condition
237.7 - 237.72	Neurofibromatosis
243	Congenital hypothyroidism
255.2	Adrenogenital disorders
270.0 - 270.9	All amino acid metabolic disorders
271.0 - 271.1	Glycogenosis and galactosemia
277.0 - 277.9	Other and unspecified disorders of metabolism
279.0 - 279.9	Disorders involving the immune mechanism
282.0 - 282.9	Hereditary hemolytic anemias
284.0	Constitutional aplastic anemia
331.3 - 331.9	Other cerebral degenerations
334.0 - 334.9	Spinocerebellar disease
335.0 - 335.9	Anterior horn cell disease
343.0 - 343.9	Infantile cerebral palsy
359.0 - 359.9	Muscular dystrophies and other myopathies
362.74	Pigmentary retinal dystrophy
389.0	Conductive hearing loss
389.1	Sensorineural hearing loss
389.2	Mixed conductive and sensorineural hearing loss
389.7	Deaf mutism (non-speaking)
389.8	Other specified forms of hearing loss
389.9	Unspecified hearing loss
740.0 - 740.2	Anencephalus and similar anomalies
741.0 - 741.9	Spina bifida
742.0 - 742.9	Other congenital anomalies of nervous system
743.0 - 743.9	Congenital anomalies of eye
744.0 - 744.9	Congenital anomalies of ear, face, and neck
745.0 - 745.9	Bulbus cordis anomalies and anomalies of cardiac septal closure
746.0 - 746.9	Other congenital anomalies of heart
747.0 - 747.9	Other congenital anomalies of circulatory system
748.0 - 748.9	Congenital anomalies of respiratory system
749.0 - 749.25	Cleft palate and cleft lip
750.0 - 750.9	Other congenital anomalies of upper alimentary tract
751.0 - 751.9	Other congenital anomalies of digestive system
752.0 - 752.9	Congenital anomalies of genital organs
753.0 - 753.9	Congenital anomalies of urinary system
754.0 - 754.89	Certain congenital musculoskeletal deformities
755.0 - 755.9	Other congenital anomalies of limbs
756.0 - 756.9	Other congenital musculoskeletal anomalies
757.0 - 757.9	Congenital anomalies of the integument
758.0 - 258.9	Chromosomal anomalies
759.0 - 759.9	Other and unspecified congenital anomalies
760.0 - 760.9	Fetus or newborn affected by maternal conditions which may be unrelated to present pregnancy
760.71	Alcohol - Fetal alcohol syndrome

History: Eff. 1/19/96, Register 137; am 11/8/98, Register 148; am 2/10/99, Register 149; readopt 12/24/2004, Register 172; am 12/24/2006, Register 180; readopt 12/29/2006, Register 180
Authority: AS 18.05.030, AS 18.05.040, AS 18.15.370, AS 47.05.012

Editor's note: Effective 12/29/2006, Register 180, the Department of Health and Social Services readopted 7 AAC 27.012 without change, to affirm the validity of that section under current statutory authority. The International Classification of Diseases - 9th Revision, Clinical Modification, 2007 (ICD-9-CM) may be obtained by writing to the American Medical Association, Order Department, 515 N. State Street, Chicago, IL 60610. The manual is also available for inspection at the Department of Health and Social Services, Division of Public Health, Section of Women's, Children and Family Health, 4701 Business Park Blvd. Suite 20 Bldg. J, Anchorage, AK 99503-7123. Effective 12/24/2004, Register 172, the Department of Health and Social Services readopted 7 AAC 27.012 without change, to affirm the validity of that section under current statutory authority. As of Register 183 (October 2007), the regulations attorney made technical revisions under AS 44.62.125 (b)(6), to 7 AAC 27.012(b). On October 2, 2007, as required by AS 44.62.245 and AS 47.05.012, the department gave notice that the following amended version of material, previously adopted by reference in 7 AAC 27.012, would be in effect on October 1, 2007: the 2008 version of the American Medical Association's International Classification of Diseases - 9th Revision, Clinical Modification, (ICD-9-CM). The amended version may be reviewed at the Department of Health and Social Services, Division of Public Health, Section of Epidemiology, 3601 "C" Street, Suite 540, Anchorage, Alaska. On October 10, 2008, as required by AS 44.62.245 and AS 47.05.012, the department gave notice that the following amended version of material, previously adopted by reference in 7 AAC 27.012, would be in effect on October 1, 2008: the 2009 version of the American Medical Association's International Classification of Diseases - 9th Revision, Clinical Modification, (ICD-9-CM). The amended version may be reviewed at the Department of Health and Social Services, Division of Public Health, Section of Epidemiology, 3601 "C" Street, Suite 540, Anchorage, Alaska. On October 3, 2009, as required by AS 44.62.245 and AS 47.05.012, the department gave notice that the following amended version of material, previously adopted by reference in 7 AAC 27.012, would be in effect on October 1, 2009: the 2010 version of the American Medical Association's International Classification of Diseases - 9th Revision, Clinical Modification, (ICD-9-CM). The amended version may be reviewed at the Department of Health and Social Services, Division of Public Health, Section of Epidemiology, 3601 "C" Street, Suite 540, Anchorage, Alaska. On October 5, 2010, as required by AS 44.62.245 and AS 47.05.012, the department gave notice that the following amended version of material, previously adopted by reference in 7 AAC 27.012, would be in effect on October 1, 2010: the 2011 version of the American Medical Association's International Classification of Diseases - 9th Revision, Clinical Modification, (ICD-9-CM). The amended version may be reviewed at the Department of Health and Social Services, Division of Public Health, Section of Epidemiology, 3601 "C" Street, Suite 540, Anchorage, Alaska. On October 4, 2011, as required by AS 44.62.245 and AS 47.05.012, the department gave notice that the following amended version of material, previously adopted by reference in 7 AAC 27.012, would be in effect on October 1, 2011: the 2012 version of the American Medical Association's International Classification of Diseases - 9th Revision, Clinical Modification, (ICD-9-CM). The amended version may be reviewed at the Department of Health and Social Services, Division of Public Health, Section of Epidemiology, 3601 "C" Street, Suite 540, Anchorage, Alaska. On October 12, 2012, as required by AS 44.62.245 and AS 47.05.012, the department gave notice that the following amended version of material, previously adopted by reference in 7 AAC 27.012, would be in effect on October 1, 2012: the 2013 version of the American Medical Association's International Classification of Diseases - 9th Revision, Clinical Modification, (ICD-9-CM). The amended version may be reviewed at the Department of Health and Social Services, Division of Public Health, Section of Epidemiology, 3601 "C" Street, Suite 540, Anchorage, Alaska. On September 19, 2013, as required by AS 44.62.245 and AS 47.05.012, the department gave notice that the following amended version of material, previously adopted by reference in 7 AAC 27.012, would be in effect on October 1, 2013: the 2014 version of the American Medical Association's International Classification of Diseases - 9th Revision, Clinical Modification, (ICD-9-CM). The amended version may be reviewed at the Department of Health and Social Services, Division of Public Health, Section of Epidemiology, 3601 "C" Street, Suite 540, Anchorage, Alaska.

7 AAC 27.013. Reporting firearm injuries

Not later than five working days after the date of diagnosis or treatment, a health care provider diagnosing or providing treatment for a patient with an injury caused by a firearm shall report to the department

(1) the name and telephone number of the health care provider;

(2) information about the patient, including the patient's name, date of birth, sex, race, ethnicity, and community of residence;

(3) the date and time of the injury;

(4) the community in the state where the shooting occurred, or the community closest to the geographic site of the injury, or whether the injury occurred outside of the state;

(5) whether the patient was at work or working when the injury occurred;

(6) the setting where the injury occurred;

(7) the type of firearm used;

(8) whether the injury resulted from a suicide, an attempted suicide, an assault, an accident, or a shooting by a peace officer;

(9) the relationship between the patient and the shooter, or whether the patient was the shooter;

(10) the circumstance under which the injury occurred;

(11) whether the patient is suspected or proven to have been under the influence of alcohol or drugs when the injury occurred, and the results of any test of the patient's blood alcohol content (BAC);

(12) the location on the patient's body of the injury; and

(13) the disposition of the patient's case, including whether the patient

(A) was hospitalized, and if the patient was hospitalized, the dates of admission and discharge;

(B) was treated in the emergency room;
(C) was treated on an outpatient basis;
(D) died; or
(E) was transferred to another medical facility; the health care provider shall specifv the facility to which the patient was transferred.
History: Eff. 1/19/96, Register 137; am 2/10/99, Register 149; readopt 12/24/2004, Register 172; readopt 12/29/2006, Register 180; am 12/29/2013, Register 208
Authority: AS 18.05.030, AS 18.05.040, AS 18.15.370
Editor's note: Effective 12/29/2006, Register 180, the Department of Health and Social Services readopted 7 AAC 27.013 without change, to affirm the validity of that section under current statutory authority. Effective 12/24/2004, the Department of Health and Social Services readopted 7 AAC 27.013 without change, to affirm the validity of that section under current statutory authority.

7 AAC 27.014. Reporting of blood lead test results
(a) Not later than one week after receiving the results of a blood lead test of a person described in (b) of this section, a health care provider shall report to the department
(1) the name and address of the health care provider that requested the test; and
(2) the person's
(A) name;
(B) date of birth;
(C) sex;
(D) race;
(E) ethnicity;
(F) community of residence; and
(G) test results in micrograms per deciliter, including the date of the test.
(b) The blood lead test report described in (a) of this section is required for a person
(1) younger than 18 years of age if the reported blood lead test result is greater than or equal to five micrograms per deciliter; and
(2) 18 years of age or older if the reported blood lead test result is greater than or equal to 10 micrograms per deciliter.
(c) A public, private, military, hospital, or other laboratory performing blood lead analyses in this state or on samples obtained in this state shall report, not later than four weeks after performing the test,
(1) the name, date of birth, sex, race, ethnicity, and community of residence of the person tested;
(2) the test result in micrograms per deciliter, including the date of the test; and
(3) the name and address of the health care provider that ordered the test.
History: Eff. 1/19/96, Register 137; am 2/10/99, Register 149; readopt 12/24/2004, Register 172; readopt 12/29/2006, Register 180; am 12/29/2013, Register 208
Authority: AS 18.05.030, AS 18.05.040, AS 18.15.370
Editor's note: Effective 12/29/2006, Register 180, the Department of Health and Social Services readopted 7 AAC 27.014 without change, to affirm the validity of that section under current statutory authority. Effective 12/24/2004, Register 172, the Department of Health and Social Services readopted 7 AAC 27.014 without change, to affirm the validity of that section under current statutory authority. As of Register 183 (October 2007), the regulations attorney made technical revisions under AS 44.62.125
(b)(6), to 7 AAC 27.014.

7 AAC 27.015. Occupational health duties
The department may investigate places of employment and study conditions in a workplace in which one or more workers may have been exposed to an infectious agent or exposed to a disease or other condition of public health importance.
History: Eff. 3/28/84, Register 89; am 12/29/2006, Register 180; am 12/29/2013, Register 208
Authority: AS 18.05.010, AS 18.05.040, AS 18.15.375

7 AAC 27.016. Epidemiological investigations; right of inspection
A public health agent may conduct an administrative inspection of any establishment and examine the records of any establishment that may involve a threat to public health in the conduct of an epidemiological investigation. An epidemiological investigation may include the examination of health care records maintained by a health care provider, the inspection of an establishment in which people or animals may have been exposed to diseases or other conditions of public health importance, and the evaluation of facilities in which people or animals are being kept in quarantine or isolation.
History: Eff. 3/28/84, Register 89; am 12/29/2006, Register 180
Authority: AS 18.05.010, AS 18.05.040, AS 18.05.042, AS 18.15.360, AS 18.15.375

7 AAC 27.017. Reporting of occupational disease and injury
(a) A health care provider who attends to a person with a disease, injury, or other condition of public health importance that is known or suspected to be a result of the person's occupation or work activities shall report the disease, injury, or other condition to the department. Diseases and injuries that are known or suspected to be due to a person's occupation include
(1) Pneumoconiosis requiring hospitalization; and
(2) work-related injuries requiring hospitalization, including a thermal, electrical, or penetrating injury and urgent care for amputation.
(b) To meet the reporting requirements of (a) of this section, a health care provider shall submit a report to the department orally, electronically, or on a department-provided form not later than five working days after first discovering or suspecting the existence of the disease, injury, or other condition. Each report must give the name, address, date of birth, sex, ethnicity, and race of the person diagnosed as having the reported disease, injury, or other condition and the name and address of the health care provider reporting the disease, injury, or other condition.
(c) In this section,
(1) "hospitalization" means any admission to a health care facility for treatment, excluding admission only for observation purposes; in this paragraph, "health care facility" has the meaning given in AS 18.07.011;

(2) "penetrating injury" does not include an injury from a needle stick;
(3) "work activity"
(A) means a job that a person does using physical or mental effort, for money or wages, as a volunteer, or for something of value other than money or wages, including bartered reciprocation, work experience, and on-the-job training;
(B) includes full- or part-time employment in the public or private sector, self-employment, seasonal employment, apprenticeships, and internships.
History: Eff. 3/28/84, Register 89; am 12/29/2006, Register 180; am 5/3/2007, Register 182; am 12/29/2013, Register 208
Authority: AS 18.05.010, AS 18.05.040, AS 18.15.355, AS 18.15.362

7 AAC 27.018. Reporting of toxic or hazardous exposures
(a) A health care provider that attends an individual hospitalized as a result of an outbreak or unusual incidence of a disease or condition known or suspected to be related to exposure to an environmental contaminant shall report the disease or other condition to the department orally, electronically, or on a department-provided form not later than 24 hours after first discovering or suspecting the existence of the disease or other condition. A reportable condition may result from acute exposure to an environmental contaminant, including a spill, leak, or explosion that involves acid, solvents, pesticides, methamphetamine production chemicals, paint, heavy metals, methane, hydrogen sulfide, formaldehyde, benzene, or other toxic or hazardous substances.
(b) Each report must give
(1) the time and location of the toxic or hazardous exposure;
(2) the toxic agent involved;
(3) the name, address, date of birth, sex, ethnicity, and race of the person diagnosed as having the reported disease or other condition; and
(4) the name and address of the health care provider reporting the disease or other condition.
(c) In addition to information required under (b) of this section, the department may require a health care provider to submit additional data elements if essential for the department's response.
(d) A public, private, military, hospital, or other laboratory performing heavy metal analyses in this state or on samples obtained in this state shall report, not later than four weeks after performing the test, the name, date of birth, sex, race, ethnicity, and community of residence of the person tested, the actual test result, and the name and address of the health care provider that ordered the test. For purposes of this subsection, heavy metal analyses include analyses for
(1) arsenic, total and inorganic;
(2) cadmium;
(3) cobalt; and
(4) mercury.
(e) In this section, "hospitalized" has the meaning given "hospitalization" in 7 AAC 27.017.
History: Eff. 12/29/2013, Register 208
Authority: AS 18.05.040, AS 18.15.355, AS 18.15.362, AS 18.15.370

7 AAC 27.019. Reporting of health care-associated infections
(a) A facility or entity that is required under federal law to report health care-associated infection data to the United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), shall grant the department access to the following reported information:
(1) the name of the facility or entity;
(2) all health care-associated infection information submitted to the Centers for Disease Control and Prevention through the National Healthcare Safety Network (NHSN), as required by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) for that facility or entity type.
(b) The information obtained by the department under (a) of this section may be used by the department for surveillance and prevention purposes.
(c) The department may issue reports to the public regarding health care-associated infections in aggregate data form, and identify individual facilities or entities. In the state-issued reports, the department will use a methodology that is consistent with the Centers for Disease Control and Prevention's requirements for national reporting of health care-associated infections.
History: Eff. 12/29/2013, Register 208
Authority: AS 18.05.040, AS 18.15.355, AS 18.15.362, AS 18.15.370

7 AAC 27.020. Control of animal diseases transmissible to humans
(a) The standards for animal disease quarantine are
(1) if a case of rabies or other animal disease dangerous to the health of individuals is reported as existing in an area, the department may, independently or in cooperation with federal and other state agencies, investigate to determine whether the disease exists and to identify the probable area of the state in which an individual or animal is endangered by it; if the department finds that the disease exists, a quarantine may be declared against all of those animals that are designated in the quarantine order within the area specified in the order, if the quarantine is for the purpose of preventing the spread of rabies or other animal disease dangerous to the health of individuals;
(2) following the order of quarantine, the department may make an investigation as to the extent of the disease, the probable number of individuals and animals exposed, and the area found to be involved, if the department determines that a thorough investigation is necessary to ascertain the extent of the disease; as part of an investigation, the department may order euthanasia of one or more exposed animals if the department makes a determination that samples are required for testing and cannot otherwise be obtained;
(3) during the period for which any quarantine order is in force, all peace officers are empowered to euthanize, or, in their discretion, to capture and hold for further action by the department all animals in a quarantined area not held in restraint in facilities or on private premises;
(4) for the purposes of this subsection, "quarantine" means

the strict confinement upon the owners' private premises, in a veterinarian's office or animal hospital, in an animal shelter or pound, or at other locations approved by the department, and under restraint by leash, chain, closed cage, or paddock of all animals specified by the order; "quarantine" may also include limiting access to or egress from an area that is suspected to contain or be a source of a contaminated material that could transmit the disease.
(b) An animal that is required to be vaccinated against rabies is subject to the vaccination standards set out at 7 AAC 27.022. An animal that is suspected to have been exposed to the rabies virus is subject to the rabies quarantine standards set out at 7 AAC 27.022.
(c) If the department determines that an animal may be carrying a disease that may be transmissible to humans and that euthanasia is necessary to conduct an investigation, the animal may be euthanized immediately.
History: Eff. 6/10/62, Register 6; am 8/21/74, Register 51; am 6/21/78, Register 66; am 3/28/84, Register 89; am 1/19/96, Register 137; am 2/10/99, Register 149; am 9/29/2002, Register 163; am 12/29/2006, Register 180; am 5/3/2007, Register 182
Authority: AS 18.05.010, AS 18.05.040, AS 18.15.355

7 AAC 27.022. Rabies vaccination and quarantine
(a) The standards for animal rabies vaccination are the following:
(1) the United States Department of Health and Human Services, Centers for Disease Control and Prevention, Compendium of Animal Rabies Prevention and Control, 2011, prepared by the National Association of State Public Health Veterinarians, Inc. as amended from time to time is adopted by reference to govern the use of animal rabies vaccines;
(2) the rabies vaccination certificate developed by the National Association of State Public Health Veterinarians, Inc. is adopted as the only valid rabies vaccination certificate; these certificates are available from the department; computer-generated certificates may be used if they contain all of the information required in the certificate developed by the National Association of State Public Health Veterinarians, Inc. and the certificate is signed by a veterinarian licensed in this state or by a lay vaccinator approved by the department;
(3) rabies vaccination of dogs, cats, and ferrets is required in accordance with schedules in the Compendium of Animal Rabies Prevention and Control, 2011, as adopted by reference in (1) of this subsection; evidence of such a vaccination is to be recorded on the rabies vaccination certificate specified in (2) of this subsection; at the time of vaccination, the owner or keeper of a vaccinated dog must be given a metal tag bearing a number and the year of the vaccination as it is recorded on the rabies vaccination certificate; the owner or keeper of a dog must affix the tag to a collar or harness that must be worn by the dog for which the certificate is issued, except that the dog need not wear the tag while harnessed in a dog team or while participating in organized training or competition;
(4) a rabies vaccination is valid only when performed by or under the direct supervision of a veterinarian licensed in this state or by a lay vaccinator approved by the department as qualified to administer the vaccine and for whom the department determines, in its discretion, that approval is in the best interests of the state in carrying out the purposes of this section and 7 AAC 27.030; the availability of a veterinarian licensed in this state does not of itself preclude this approval;
(5) sale of rabies vaccine to any person or entity other than a veterinarian licensed in this state, veterinary biologic supply firm, or public agency is prohibited;
(6) any dog, cat, or ferret not vaccinated in compliance with this subsection may be confiscated and either vaccinated or euthanized; owners of confiscated animals are subject to payment of costs of confiscation, boarding, and vaccination, as well as any other penalties established by a municipality under AS 29.35.
(b) An order for quarantine for the purpose of preventing the spread of rabies will contain a warning to the owners of animals within the quarantined area to confine on the owner's premises or tie down all animals so as to prevent biting; after such an order is issued, any animal found running at large in the quarantined area or known to have been removed from or to have escaped from the area may be destroyed by a peace officer or by a person designated by the department.
(c) The standards for impounding or euthanizing animals that may be rabid are the following:
(1) a dog, cat, or ferret vaccinated or rabies in accordance with (a)(3) of this section that bites an individual must be placed under observation for 10 days, except that a clinically ill or stray animal that does so may be euthanized immediately and submitted to the department or to a laboratory designated by it for rabies testing;
(2) a dog, cat, or ferret not vaccinated for rabies in accordance with (a)(3) of this section that bites an individual may be euthanized immediately and submitted to the department or to a laboratory designated by it for rabies testing;
(3) a bat or a free-ranging carnivorous wild animal that bites an individual must be euthanized immediately and submitted to the department or to a laboratory designated by the department for rabies testing;
(4) an unvaccinated dog, cat, or ferret bitten by a known or suspected rabid animal may be euthanized immediately; if the bitten animal has a current rabies vaccination, as defined in the Compendium of Animal Rabies Prevention and Control, 2011, adopted by reference in (a)(1) of this section, the animal must be immediately revaccinated and confined a minimum of 45 days;
(5) a prior rabies vaccination of an animal does not preclude the necessity for euthanasia and testing if the vaccine was not administered in accordance with its label specifications or the vaccine is not licensed for that species.
History: Eff. 12/29/2006, Register 180; am 12/29/2013, Register 208
Authority: AS 18.05.010, AS 18.05.040, AS 18.15.355, AS 44.62.245, AS 47.05.012
Editor's note: The Compendium of Animal Rabies Prevention and Control, 2011, is available from the section of epidemiology, division of public health, Department of Health and Social Services, State of Alaska, 3601 C Street, Suite 540, Anchorage, Alaska 99503.

7 AAC 27.030. Export and intrastate transportation of animals
(a) Areas of Infection. Whenever the commissioner of health and social services finds that animals of any kind in a specific area are afflicted with a disease contagious to man and are liable to spread that disease from that area so as to endanger the public health he will, in his discretion, declare it an area of infection. No person may, after the date of that declaration, transport or offer for transportation into or within the State of Alaska any such animal from the area described in the declaration, except with the permission of, and in accordance with precautions against the spread of the disease specified by, the Department of Health and Social Services.
(b) Repealed 12/29/2006.
History: Eff. 6/10/62, Register 6; am 8/21/74, Register 51; am 6/21/78, Register 66; am 9/29/2002, Register 163; am 12/29/2006, Register 180
Authority: AS 18.05.040

7 AAC 27.040. Importation of dogs
Repealed.
History: Eff. 6/10/62, Register 6; am 8/21/74, Register 51; repealed 3/25/99, Register 149

7 AAC 27.050. Possession of animal a crime
Repealed.
History: 8/21/74, Register 51

7 AAC 27.060. General right of visitation
Repealed.
History: Eff. 6/10/62, Register 6; am 8/21/74, Register 51; repealed 12/29/2006, Register 180

7 AAC 27.070. The importation and intrastate transportation of psittacine birds in Alaska
Repealed.
History: Eff. 6/10/62, Register 6; am 8/21/74, Register 51; repealed 1/19/96, Register 137

7 AAC 27.075. Importation and sale of turtles
Repealed.
History: Eff. 8/21/74, Register 51; repealed 1/19/96, Register 137

7 AAC 27.080. Quarantine of aviaries or pet shops
Repealed.
History: Eff. 6/10/62, Register 6; am 8/21/74, Register 51; repealed 2/10/99, Register 149

7 AAC 27.110. Prophylactic treatment of newborns' eyes
Repealed 8/21/74.

7 AAC 27.111. Prophylactic treatment of newborns' eyes
(a) Each infant born in this state must have administered to the infant by a physician, nurse, or certified direct-entry midwife, one of the following prophylactic measures within two hours after birth onto the inside surface of the infant's lower eyelids:
(1) repealed 9/18/2009;
(2) repealed 9/18/2009;
(3) erythromycin ophthalmic ointment;
(4) a department-approved alternative prophylactic ophthalmic agent as recommended by the Centers for Disease Control and Prevention for the prevention of ophthalmia neonatorum in the newborn.
(b) Prophylaxis is not required
(1) if the infant is receiving parenteral antibiotics; or
(2) if the infant's delivery occurs at an unplanned time when prophylactic measures are unavailable.
(c) A physician, nurse, or certified direct-entry midwife who detects gonorrhea infection of the eye in a newborn infant shall report the infant's name, birth date, extent of infection, and place of residence to the Section of Epidemiology within the department.
History: Eff. 5/3/80, Register 74; am 1/17/2008, Register 185; am 9/18/2009, Register 192
Authority: AS 18.05.040
Editor's note: Information about the department-approved alternative prophylactic ophthalmic agents referred to in 7 AAC 27.111(a) may be obtained from the Department of Health and Social Services, Division of Public Health, Section of Women's, Children's and Family Health, 3601 C Street, Ste. 756, Anchorage, Alaska 99503; Phone: (907) 269-3400; Internet address: http://www.hss.state.ak.us/dph/.

7 AAC 27.210. Eligibility for examination
Repealed 9/2/82.

7 AAC 27.213. Tuberculosis screening of school children
(a) Each public school district and nonpublic school offering pre-elementary education through the 12th grade, or a combination of these grades, shall assess the tuberculosis status of each child not later than 90 days after school enrollment. The department will inform each public school district and each nonpublic school about the appropriate tuberculosis screening strategy that the district or school shall employ. The strategy may consist of annual health surveys upon registration, PPD skin tests, alternative laboratory-approved methods for assessing tuberculosis status, or a combination of two or more of those approaches. The department will use one or more of the following criteria to determine the required screening strategy for a public school district or nonpublic school:
(1) evidence that prior PPD skin testing of school children in a community served by the district or school demonstrates tuberculosis transmission;
(2) evidence that tuberculosis disease is occurring in a community served by the district or school;
(3) evidence that a community served by the district or school has a history of high rates of tuberculosis when compared to rates of tuberculosis for the United States or this state;
(4) evidence that children from populations having a high risk of tuberculosis are enrolled in the district or school; in this paragraph, "populations having a high risk" includes groups that historically have been medically underserved, homeless persons, foreign-born persons from countries

with high rates of tuberculosis, and persons with immune deficiency conditions.
(b) If the results of a health survey indicate an elevated risk for tuberculosis, or if a PPD skin test or other laboratory screening test is positive for tuberculosis, including a test result provided under (e) of this section, the public school district or nonpublic school shall refer the child to a health care provider and notify the department at the department's office in Anchorage.
(c) The public school district or nonpublic school shall record the result of a health survey, PPD skin test, or other laboratory test administered under this section in the permanent health record of the child.
(d) The public school district or nonpublic school shall suspend a child under AS 14.30.045 (4) if
(1) the district or school has not screened the child for tuberculosis; or
(2) the child or a person acting on behalf of the child fails to provide the district or school, within 30 days after referral under (b) of this section, a written and signed statement of a health care provider stating that the child is not infectious from tuberculosis to others.
(e) Notwithstanding (a) - (d) of this section, a PPD skin test or alternative laboratory-approved method for assessing tuberculosis status is not required under this section if the child or a person acting on behalf of the child provides the public school district or nonpublic school with documentation showing a
(1) negative result of a PPD skin test administered within the preceding six months;
(2) negative result from an alternative laboratory-approved method administered within the preceding six months for assessing tuberculosis status; or
(3) positive result at any time on the PPD skin test or other alternative laboratory-approved method for assessing tuberculosis status.
(f) A student whose tuberculosis screening outcome obtained under (a) of this section has a positive result shall have a health evaluation by a health care provider. The health care provider shall report the case to the section of epidemiology in the department.
History: Eff. 9/2/82, Register 83; am 2/10/99, Register 149; am 12/29/2013, Register 208
Authority: AS 14.30.045, AS 14.30.065, AS 18.05.040, AS 44.29.020

7 AAC 27.215. Tuberculosis screening of school employees
Repealed.
History: Eff. 7/17/87, Register 103; repealed 12/29/2006, Register 180

7 AAC 27.510. Uniform standards
(a) The screening of newborn children for metabolic disorders under 7 AAC 27.510 - 7 AAC 27.580 must be performed at a single laboratory designated by the department. The screening must be performed on a specimen of the newborn child's blood collected as specified in 7 AAC 27.530. The screening must include tests for phenylketonuria, hypothyroidism, galactosemia, and congenital adrenal hyperplasia. Other conditions may be tested for if the designated laboratory has a test method suitable to the department.
(b) Unless the parent or guardian denies a request for specimens as described in AS 18.15.210 , screening under 7 AAC 27.510 - 7 AAC 27.580 is required for a newborn child in the state. A newborn child who has not been screened must be reported to the department as prescribed in 7 AAC 27.530(c) and (d).
History: Eff. 12/30/77, Register 64; am 2/3/88, Register 105; am 7/13/94, Register 131; am 7/16/2011, Register 199
Authority: AS 18.05.040, AS 18.15.200, AS 18.15.210

7 AAC 27.520. Persons required to collect specimens
(a) Responsibility for collection and submission of specimens resides with the physician or certified nurse midwife under AS 18.15.200 , or certified direct-entry midwife under 12 AAC 14.530 attending the newborn child. A newborn child who is not attended by one of these health care providers should be presented by the newborn child's parent or guardian as early as possible within the newborn child's first week of life to a physician or public health nurse for the required testing as described in 7 AAC 27.530.
(b) If a newborn child is receiving care in a medical facility or is admitted to a medical facility within 48 hours of age, the blood specimen required in 7 AAC 27.510 must be collected before that child's discharge or transfer to another medical facility.
History: Eff. 12/30/77, Register 64; am 2/3/88, Register 105; am 7/13/94, Register 131; am 7/16/2011, Register 199
Authority: AS 18.05.040, AS 18.15.200, AS 18.15.210

7 AAC 27.530. Collection of blood specimen; refusal of collection
(a) The minimum blood specimen collection requirements for the screening described in 7 AAC 27.510 are
(1) one specimen if the child was born alive, but died before the child reached 48 hours of age, and a post-mortem blood specimen can be obtained;
(2) two specimens as follows:
(A) the initial specimen must be collected before the newborn child is 48 hours of age; the second specimen must be collected after 10 days of age of the child and before 30 days of age of the child; or
(B) if the screening of the initial specimen has shown a borderline result for one or more of the tested conditions or the specimen was contaminated, spoiled, or otherwise not adequate for screening, a second specimen must be collected within 30 days of age of the child; or
(3) three specimens if the newborn child was born prematurely, had a low birth weight, and is living; the first specimen must be collected upon admission to the neonatal intensive care unit, and the second specimen must be collected at 48 - 72 hours of age of the child; a third specimen must be collected at 28 days of age of the child if the newborn child is still hospitalized or at the time of discharge per the neonatal intensive care unit's screening guidelines.
(b) The blood specimen must be collected using the procedure described on the test form for the screening provided by the department. The specimen must be submitted on the absorbent card provided by the department. All information requested on the test form must be provided by the

attending physician, certified nurse midwife, or certified direct-entry midwife. The specimen must be mailed with the required form to a designated laboratory within 24 hours of the time the specimen is collected.
(c) Each week a medical facility or service shall provide a list of live births to the section of women's, children's and family health in the department. The list must contain the newborn child's surname or family name, date of birth, birth weight, and sex. If a newborn child is not tested for any reason, including the refusal of specimen collection by a parent or guardian, the non-testing of that child must also be noted on the list. The department will match the list of live births against the designated laboratory's list of specimens received. The department will notify the medical facility or service regarding a newborn child whose blood specimen was reported collected, but had not been received by the designated laboratory.
(d) A parent or guardian of a newborn child who refuses to permit collection of a specimen should affirm that refusal by signing the "refusal for testing statement" on the back of the newborn child screening card provided by the department or on a copy of the card with complete information provided. The information on the front of the card must be completed by the medical facility or service and the card sent to the designated laboratory.
History: Eff. 12/30/77, Register 64; am 10/31/82, Register 84; am 2/3/88, Register 105; am 7/13/94, Register 131; am 12/13/97, Register 144; am 7/16/2011, Register 199
Authority: AS 18.05.040, AS 18.15.200, AS 18.15.210
Editor's note: The address for the Department of Health and Social Services, division of public health, section of women's, children's, and family health, is 3601 C Street, Suite 322, Anchorage, AK 99503.

7 AAC 27.540. Specimen collection materials
The department will provide a physician, certified nurse midwife, or certified direct-entry midwife with specimen collection materials, test forms, and mailing containers when ordered through the program manager for the newborn metabolic screening (NBMS) program. A request for these materials, forms, and containers must be directed to the NBMS program.
History: Eff. 12/30/77, Register 64; am 10/31/82, Register 84; am 12/6/86, Register 100; am 2/3/88, Register 105; am 7/13/94, Register 131; am 7/16/2011, Register 199
Authority: AS 18.05.040, AS 18.15.200, AS 18.15.210
Editor's note: The address for the newborn metabolic screening program in the department is the Department of Health and Social Services, division of public health, section of women's, children's, and family health, 3601 C Street, Suite 322, Anchorage, AK 99503.

7 AAC 27.550. Results of screening test
(a) Screening test results must be returned to the physician, certified nurse midwife, or certified direct-entry midwife as indicated on the return address portion of the screening test form.
(b) Screening test results must indicate whether the specimen was negative, positive, or in any way abnormal, for each test performed. If a borderline positive initial screening test result is followed by a second screening test result that is normal, the test result must be classified as a normal screening result.
(c) The designated laboratory shall report to the health care provider by telephone any positive or abnormal results requiring action. This same information must be reported to the department by telephone. Normal results must be reported by mail to the health care provider described in (a) of this section within 30 days.
History: Eff. 12/30/77, Register 64; am 2/3/88, Register 105; am 7/13/94, Register 131
Authority: AS 18.05.040, AS 18.15.200
Editor's note: The address for reporting the information described in 7 AAC 27.550(c) is the Department of Health and Social Services, division of public health, section of women's, children's, and family health, 3601 C Street, Suite 322, Anchorage, AK 99503. The telephone number is (907) 269-3400.

7 AAC 27.560. Confirmation
(a) Diagnostic confirmatory testing must be conducted on a newborn child with abnormal screening test results after two screening specimens have been processed. A newborn child with an abnormal result shall be referred to a physician for the diagnostic confirmatory testing by the practitioner who ordered the screening test under 7 AAC 27.530.
(b) A blood specimen must be obtained for the diagnostic confirmatory testing. The diagnostic confirmatory testing of the specimen sent to the designated laboratory must be performed at no charge to the family or physician. The physician may choose to use a diagnostic laboratory other than the designated laboratory for diagnostic confirmatory testing of the specimen. The department will not pay for costs incurred by use of a non-designated laboratory for the testing.
(c) If diagnostic confirmatory testing is done through a laboratory other than a designated laboratory, the physician shall report, in writing, the results of the diagnostic confirmatory testing to the newborn metabolic screening program in the department, within five days after the date of receipt of results of the abnormal specimen.
(d) When a newborn child has an abnormal screening test result and a diagnostic confirmatory report is not received by the department from the designated laboratory, the department will contact the child's health care provider.
(e) The department will provide the child's health care provider with a consultation with an appropriate medical specialist for a newborn child with a confirmed diagnosis of a disabling, or potentially disabling, metabolic disorder.
History: Eff. 12/30/77, Register 64; am 2/3/88, Register 105; am 7/13/94, Register 131; am 7/16/2011, register 199
Authority: AS 18.05.040, AS 18.15.200
Editor's note: The address for the newborn metabolic screening program in the department is the Department of Health and Social Services, division of public health, section of women's, children's, and family health, 3601 C Street, Suite 322, Anchorage, Alaska 99503.

7 AAC 27.570. Annual review and report
The department will appoint a committee to annually review the results of the newborn child metabolic disorder

screening program, consider addition or deletion of tests based on experience in this state and on newly developed tests recommended by the American Academy of Pediatrics, Committee on Genetics, and report to health care providers and the public on these matters.
History: Eff. 2/3/88, Register 105; am 7/13/94, Register 131
Authority: AS 18.05.040, AS 18.15.200
Editor's note: Information on newly developed metabolic screening tests recommended by the American Academy of Pediatrics may be obtained by contacting the American Academy of Pediatrics, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, Illinois 60009-0927.

7 AAC 27.575. Confidentiality
Repealed.
History: Eff. 7/13/94, Register 131; repealed 12/29/2006, Register 180

7 AAC 27.580. Reporting non-compliance
If the department has information that leads it to believe that a hospital, birthing center, home birth service, physician, certified nurse midwife, or certified direct entry midwife is not complying with 7 AAC 27.510 - 7AAC 27.570 or 12 AAC 14.530, the department will report the information to appropriate state officials and to the appropriate licensing or accreditation agency.
History: Eff. 2/3/88, Register 105; am 7/13/94, Register 131
Authority: AS 18.05.040, AS 18.15.200

7 AAC 27.590. Definitions
In 7 AAC 27.510 - 7 AAC 27.590
(1) "designated laboratory" means a laboratory designated by the department to perform screening of blood specimens for metabolic disorders;
(2) "department" means the Department of Health and Social Services;
(3) "medical facility or service" means a hospital, birthing center, or home birth services.
History: Eff. 7/13/94, Register 131
Authority: AS 18.05.040, AS 18.15.200

7 AAC 27.600. Transfers of newborns to hospitals
If a newborn is transferred to a hospital before a hearing screening occurs, the transferring hospital shall ensure that the department is notified of the transfer.
History: Eff. 1/17/2008, Register 185
Authority: AS 18.05.040, AS 47.20.300, AS 47.20.310, AS 47.20.320

7 AAC 27.610. Screening protocols
(a) The protocol for the hearing screening required under AS 47.20.310 includes
(1) a list of the staff for the screening program, and a summary of the responsibilities of each staff member;
(2) if a hospital technician or hospital volunteer performs the screening, a description of the training and supervision of that individual by a
(A) physician described in (b)(1) of this section;
(B) registered nurse described in (b)(3) of this section; or
(C) physician assistant described in (b)(4) of this section;
(3) at least one or more of the physiologic technologies listed in AS 47.20.310 (e);
(4) a description of the methods and equipment to be used to conduct the screening, including readily available backup equipment in the event of an equipment malfunction;
(5) a description of infection control procedures;
(6) samples of information to be provided to a parent about screening, including information about screening procedures, the potential risks of hearing loss, and the benefits of early detection and intervention;
(7) the procedures for documenting the results of the screening;
(8) the procedure for communicating to the parent and primary care provider and reporting to the department
(A) a determination by screening that the newborn or infant may have a hearing impairment;
(B) an unsuccessful screening; or
(C) a missed screening;
(9) a description of the training and supervision of individuals responsible for informing a parent of the screening results;
(10) the procedure for ensuring that a newborn or infant who had an unsuccessful screening or who missed a screening will receive a screening; and
(11) if a newborn or infant, as determined by screening, may have a hearing impairment, the procedure for ensuring that the parent receives information about follow-up care and a referral for confirmatory diagnostic evaluation to be completed before the newborn or infant is 90 days of age.
(b) Any of the following individuals may perform a hearing screening using the protocol in (a) of this section:
(1) a physician licensed under AS 08.64;
(2) an audiologist licensed under AS 08.11;
(3) a registered nurse licensed under AS 08.68 and trained to perform hearing screening;
(4) a physician assistant licensed under AS 08.64;
(5) a hospital technician or hospital volunteer, if that individual
(A) is trained by a physician described in (1) of this subsection, a registered nurse described in (3) of this subsection, or a physician assistant described in (4) of this subsection to perform hearing screening; and
(B) performs hearing screening under the supervision of a physician described in (1) of this subsection, a registered nurse described in (3) of this subsection, or a physician assistant described in (4) of this subsection;
(6) a federal employee working in a tribal health facility that is exempt from state licensure and who is a health care provider authorized to perform hearing screening; in this paragraph, "tribal health facility" means a facility owned and operated by the United States Department of Health and Human Services, Indian Health Service, or a facility owned and operated by a tribal organization, as defined in 25 U.S.C. 450b(l), under a funding agreement under 25 U.S.C. 458aaa-4 (Indian Self-Determination and Education Assistance Act and Tribal Self-Governance Amendments of 2000).
History: Eff. 1/17/2008, Register 185
Authority: AS 18.05.040, AS 47.20.300, AS 47.20.310

7 AAC 27.620. Reporting requirements
(a) The information that is required to be reported under AS

47.20.320, with respect to a hearing screening,
(1) must be reported at least weekly, using the reporting and tracking system developed by the department; and
(2) includes
(A) the name of the child;
(B) the child's date of birth and gender;
(C) the identifier for the facility where the child was born;
(D) the identifier for the facility where the child was screened, if that facility is not the facility where the child was born;
(E) the name of the child's mother;
(F) the name of the primary care provider;
(G) demographic information;
(H) the child's risk factors for hearing loss;
(I) the results of the hearing screening;
(J) if the hearing screening was not completed, the status of the screening; if the parent objected to the screening as provided under AS 47.20.310 (g), a copy of the signed statement of refusal must be included; and
(K) any additional information that the department considers necessary to match the results or status of newborn metabolic disorder screening conducted under 7 AAC 27.510 - 7 AAC 27.580 with the appropriate child reported under the newborn hearing screening program.
(b) The information that is required to be reported under AS 47.20.320, with respect to audiological confirmatory evaluation and diagnostic services for newborns and infants whose hearing was screened under AS 47.20.310,
(1) must be reported at least monthly, using the reporting and tracking system developed by the department; and
(2) includes
(A) the name of the child;
(B) the child's date of birth and gender;
(C) the name of the audiologist who provided the services;
(D) the date and results of the audiology assessment; and
(E) recommendations for follow-up care, including any referral for early intervention services.
History: Eff. 1/17/2008, Register 185
Authority: AS 18.05.040, AS 47.20.300, AS 47.20.310, AS 47.20.320

7 AAC 27.629. Definition
In 7 AAC 27.600 - 7 AAC 27.629, "primary care provider" means a licensed physician, advanced nurse practitioner, or physician assistant who is the primary source of health care for the infant, or a primary community health aide who is the primary source of health care for the infant. In this section, "primary community health aide" has the meaning given in AS 18.28.100.
History: Eff. 1/17/2008, Register 185
Authority: AS 18.05.040, AS 47.20.300, AS 47.20.310, AS 47.20.320

7 AAC 27.650. Health care provider disclosure to the immunization information system
(a) Not later than 14 days after administering an immunization, a health care provider shall report information concerning the patient and the immunization in accordance with this section to the immunization information system maintained by the department. A health care provider shall disclose participation in the immunization information system to patients.
(b) A health care provider, public health agent, or designee may report demographic and immunization data, and other pertinent information, permitted under AS 18.15.360 (c), to the immunization information system.
(c) A health care provider shall submit vaccine information to the immunization information system either through electronic or manual entry in a format approved by the department, and shall include the following data elements:
(1) if not already submitted by the state registrar under 7 AAC 05.931, the name, address, sex, race, and date of birth of a patient;
(2) the date of administration of the vaccine;
(3) the lot number of the vaccine;
(4) the dose amount and manufacturer of the vaccine;
(5) the dose-level vaccine eligibility code;
(6) other data elements as specified by the department, if essential for adequate public health response.
(d) A health care provider who administers state-supplied vaccine shall utilize
(1) the ordering module of the immunization information system for ordering state-supplied vaccines; and
(2) the inventory module of the immunization information system for tracking public or public and private vaccine supply.
(e) Data in the immunization information system may be used for the following purposes:
(1) any use permitted under 7 AAC 27.892 and 7 AAC 27.893;
(2) to ensure necessary immunizations are provided and over-immunization is avoided;
(3) to assess immunization coverage rates and determine areas of under-immunization;
(4) to assist individuals or entities in the evaluation of immunization data for the purpose of disease management, care management, case management, or quality management programs.
(f) An immunization record provided by the immunization information system is an official certificate of immunization, as required under AS 14.30.125 and 4 AAC 06.055 for attendance at a school, under 7 AAC 50.455 for a child in care in a foster home or residential child care facility, and under 7 AAC 57.550 for admission to a child care facility.
History: Eff. 12/29/2013, Register 208
Authority: AS 18.05.010, AS 18.05.040, AS 18.15.355, AS 18.15.360, AS 18.15.362

7 AAC 27.655. Data from the immunization information system
(a) A request for patient-specific data from the immunization information system maintained by the department will be responded to only if made by an authorized health care provider for information about a patient under its care, by a public health authority for patients within its jurisdiction, or as otherwise allowed under 7 AAC 27.893(b). Except as described in 7 AAC 27.893(b), a request from a person other than an authorized health care provider, from an authorized health care provider for data beyond that of a specific patient under its care, or from a public health authority for data beyond that of patients within the public health authority's jurisdiction will be considered on a case-by-case basis

in the interest of public health practice and will be responded to only with aggregate or de-identified data.
(b) To cover the cost of reproduction, printing, mailing, and distribution of data from the immunization information system, the department will charge a fee of $10 per patient for each patient-specific immunization data request. However the department will not charge a fee to
(1) a health care provider that is an individual;
(2) a clinic;
(3) a hospital;
(4) a school; or
(5) a program under the department.
(c) In this section, "public health authority" has the meaning given in 45 C.F.R. 164.501.
History: Eff. 12/29/2013, Register 208
Authority: AS 18.05.010, AS 18.05.040, AS 18.15.355, AS 18.15.360, AS 18.15.362, AS 44.29.022

7 AAC 27.670. Informal review of state medical officer orders' orders
(a) As soon as possible after a state medical officer issues an order for testing, examination, or screening under AS 18.15.375 , a public health agent shall explain the order to the individual who is subject to the order, or the individual's legal representative, to satisfy the requirement of AS 18.15.375 (c)(6). At the same time, the public health agent shall notify the individual of the right to request an informal review of the medical order as provided by this section.
(b) If, following the explanation required by (a) of this section, the individual objects to the order, the individual may request an informal review of the order by the department. Not later than 48 hours after the explanation required under (a) of this section, the individual may request informal review, orally or in writing, through the telephone number or address provided on the order. The department will, not later than three calendar days after receiving the request for review, offer an opportunity for an informal hearing, either in person or, if the department believes that an in-person hearing could unreasonably endanger others, by telephone and will accept written evidence and arguments submitted by the individual subject to the order and medical staff of the department. The department will issue a written determination not later than three calendar days after the informal hearing. In the determination, the department may uphold the original medical order, revise the terms of the original medical order, or terminate the original medical order.
(c) Informal review under this section is not available if, in the opinion of the state medical officer who issued the order under AS 18.15.375, the delay caused by the informal review would pose a clear and immediate threat to the public health. Orders issued in such circumstances shall state that they are not subject to informal review.
(d) Nothing in this section prohibits a state medical officer from seeking an ex parte order from a judicial officer under AS 18.15.375 (d).
(e) Informal review under (a) of this section is not available after the court has issued an ex parte order under AS 18.15.375 (d).
History: Eff. 12/29/2006, Register 180; am 12/29/2013, Register 208
Authority: AS 18.05.010, AS 18.05.040, AS 18.15.375

7 AAC 27.675. Informal review of isolation or quarantine orders
(a) An individual who is subject to an isolation or quarantine order issued by the superior court under AS 18.15.385 (d) may seek to terminate the isolation or quarantine order by requesting an informal review by the department. The individual may seek informal review, no sooner than 15 days after the court issues the order of quarantine or isolation, unless the court order specifies an alternative date.
(b) An individual may initiate an informal review by contacting the department, telephonically or in writing, and providing the reasons the individual believes that the individual poses no substantial risk of transmitting a contagious or possibly contagious disease to others. The department will, not later than 48 hours after receiving the request for informal review, offer an opportunity for an informal telephonic hearing and will accept written evidence and arguments submitted by the individual subject to the order and medical staff of the department. Not later than 48 hours after the informal hearing, the department will issue a written determination terminating the isolation or quarantine order or setting out the reasons that the order cannot be terminated.
(c) A court order for isolation or quarantine remains in effect throughout the period of an informal review sought under this section.
(d) Nothing in this section prohibits an individual subject to an isolation or quarantine order from applying for an order to show cause why the isolation or quarantine order should not be terminated under AS 18.15.385 (j). However, if an individual applies for an order to show cause while an informal review is pending, the department will stay or terminate the informal review process.
History: Eff. 12/29/2006, Register 180; am 12/29/2013, Register 208
Authority: AS 18.05.010, AS 18.05.040, AS 18.15.375

7 AAC 27.890. Confidentiality of required reports and medical records; applicability
(a) A report to the department required under this chapter and all information received by the department while exercising its authority under AS 18.05 or AS 18.15 are considered medical and related public health records for purposes of AS 40.25.120 (a)(3) and are not public information subject to the public records requirements of AS 40.25.110 .
(b) All reports, information, and medically related public health records acquired by the department while exercising its authority under AS 18.05 or AS 18.15 are subject to the confidentiality and privacy safeguards in 7 AAC 27.890 - 7 AAC 27.899.
History: Eff. 1/19/96, Register 137; am 12/29/2006, Register 180; am 12/29/2013, Register 208
Authority: AS 18.05.040, AS 18.15.355, AS 18.15.360, AS 18.15.362

7 AAC 27.891. Identifiable health information
(a) All identifiable health information collected and maintained by the department under its authority in AS 18.05 or AS 18.15 shall be safeguarded as confidential and may only

be acquired, used, and stored for a public health purpose and in a manner consistent with 7 AAC 27.890 - 7 AAC 27.899.
(b) Identifiable health information may not be disclosed or released without the written consent of the individual who is the subject of the information except as specified in 7 AAC 27.890 - 7 AAC 27.899.
(c) A public health agent in the department is authorized to use identifiable health information to accomplish a public health purpose in a manner consistent with 7 AAC 27.892. A public health agent is permitted to disclose identifiable health information only for purposes and in a manner consistent with 7 AAC 27.893.
History: Eff. 12/29/2006, Register 180
Authority: AS 18.05.040, AS 18.15.355, AS 18.15.360, AS 18.15.362

7 AAC 27.892. Authorized uses of identifiable health information
(a) The department shall use identifiable health information collected and maintained by the department under AS 18.05 or AS 18.15 to accomplish the essential public health services and functions for which the information was originally acquired. These uses include
(1) maintaining lists and registries of immunizations and conditions of public health importance;
(2) conducting epidemiological investigations;
(3) providing public health nursing services; and
(4) taking emergency actions and legal measures to protect individuals and the general public from adverse effects of diseases or other conditions of public health importance.
(b) A public health agent may provide identifiable health information to the state medical examiner's office to assist in determining a deceased individual's cause or manner of death.
(c) A public health agent who is using identifiable health information shall use the minimum amount of information reasonably believed to be necessary to accomplish the public health purpose.
History: Eff. 12/29/2006, Register 180
Authority: AS 18.05.040, AS 18.15.355, AS 18.15.360, AS 18.15.362, AS 18.15.375

7 AAC 27.893. Permitted disclosures
(a) The department may disclose identifiable health information that the department collects and maintains under AS 18.05 or AS 18.15 when the individual who is the subject of the information provides written consent to the disclosure as set out in 7 AAC 27.896 and under the circumstances set out in this section.
(b) The department may disclose identifiable health information without written consent
(1) directly to the individual;
(2) to a federal public health agency, health oversight agency, or law enforcement authority as required by federal or state law;
(3) to a peace officer to facilitate a criminal investigation in response to a search warrant or court order that is issued in accordance with (e) of this section;
(4) to a school or licensed child care facility that has been designated as a limited public health authority to provide information concerning tuberculosis screening test results and immunizations to promote effective and cost-efficient disease prevention and control in schools and child care facilities within the state;
(5) to a public health official or a health care practitioner for the purpose of examining, testing, or providing treatment or health counseling to the subject of the identifiable health information; and
(6) to a health care provider to the extent necessary to protect the life or health of the individual who is the subject of the information;
(7) to another state agency, a municipality, or a local government entity for the purpose of human immunodeficiency virus (HIV) prevention, care of persons with human immunodeficiency virus, or disease surveillance, and only as necessary to administer the program for which the information is collected or to administer a program within the other agency; identifiable health information disclosed to another state agency, a municipality, or a local government entity under this paragraph must remain confidential, and may not be rereleased by the other state agency, the municipality, or the local government entity; and
(8) to a third-party payor, if the identifiable health information consists only of information listed under this paragraph from the immunization information system maintained by the department, if the individual whose identifiable health information is being disclosed is a currently enrolled member of the third-party payor's health plan, and if the disclosed information is for health care operations that promote public health, including outcomes evaluation, outreach, surveillance, and intervention; under this paragraph, the department may disclose only the following immunization information system data:
(A) the individual's name;
(B) the individual's date of birth;
(C) the medical record number;
(D) the date of immunization service;
(E) the vaccine administered.
(c) A public health agent may disclose the identity of an individual who has violated an order of a state medical officer under AS 18.15.375 or an emergency administrative order issued under AS 18.15.385 to the operator or manager of a public conveyance or accommodation to prevent the spread of a contagious or possibly contagious disease. When disclosing information under the conditions of this subsection, a public health agent shall disclose only the minimum information reasonably necessary to accomplish the public health purpose.
(d) The department may disclose identifiable health information concerning a deceased individual without written consent when necessary to
(1) identify the deceased individual;
(2) complete a death certificate, autopsy report, or a related document;
(3) provide information to a state-appointed medical examiner to assist in a determination of a deceased individual's cause or manner of death;
(4) provide information about a deceased individual who is a donor or prospective donor of an anatomical gift;
(5) advise a mortician or other person involved in the preparation of human remains of the presence of a communica-

ble disease that could constitute a threat to health; or
(6) meet the department's obligations under AS 12.65.015 , 12.65.020, and 12.65.120 in medical death investigations and child fatality review teams.
(e) The department will not disclose identifiable health information in the course of legal discovery, subpoena, or compelled testimony of a public health agent, in any civil, criminal, administrative, or other legal proceeding, except
(1) in a legal proceeding initiated by a public health agent for quarantine or isolation of the person who is the subject of the health information to be disclosed, whether the proceeding is open or closed to the public; or
(2) when a court orders the disclosure after having been fully advised of
(A) the statutes and regulations limiting disclosure;
(B) the public policy supporting the protection of identifiable health information; and
(C) the facts that support the closing of the proceeding or the sealing of the records containing identifiable health information.
History: Eff. 12/29/2006, Register 180; am 5/3/2007, Register 182; am 12/29/2013, Register 208
Authority: AS 18.05.030, AS 18.05.040, AS 18.15.355, AS 18.15.360, AS 18.15.362

7 AAC 27.894. Scope of disclosures; secondary disclosures
(a) When the department makes a permitted disclosure, it shall disclose the minimum identifiable health information reasonably necessary to accomplish the purpose for which the disclosure is requested or required.
(b) A person who receives identifiable health information from the department as a permitted disclosure under 7 AAC 27.893(a) may not disclose the information to another person except for a purpose authorized in the written consent.
History: Eff. 12/29/2006, Register 180
Authority: AS 18.05.040, AS 18.15.355, AS 18.15.360, AS 18.15.362

7 AAC 27.895. Individuals subject to medical orders
(a) The department shall protect the privacy of an individual subject to a medical order or court order issued under the authority of AS 18.15.375 and 18.15.385 to the maximum extent possible consistent with this chapter.
(b) A public health agent shall reveal only the minimum information necessary to prevent the spread of a contagious or possibly contagious disease when an individual or group of individuals subject to isolation or quarantine chooses confinement in a home or homes.
(c) When isolation or quarantine includes confinement to public premises, the department shall assure that confidential information is revealed only to those individuals who have a direct role in the management of the area of confinement and only to the extent necessary for the reasonable management of the public premises to prevent the spread of a contagious disease.
(d) A determination issued by the department following an informal review of a medical order issued under AS 18.15.375 or an isolation or quarantine order issued under AS 18.15.385 is confidential and may only be released as a public document
(1) upon written request of the individual who is the subject of the determination; or
(2) if the determination can be redacted so that it contains no identifiable health information.
History: Eff. 12/29/2006, Register 180; am 12/29/2013, Register 208
Authority: AS 18.05.040, AS 18.15.355, AS 18.15.375, AS 18.15.385

7 AAC 27.896. Written consent to disclosure
(a) A written consent to the disclosure of identifiable health information shall bear a date and shall specify the nature of the information to be disclosed, the persons to whom the disclosure is authorized, the general purpose of the disclosure, and an expiration date or event. The written consent shall also bear a statement acknowledging that the individual authorizing the disclosure is informed the right to refuse to sign the consent without negative consequences to treatment or payment and of the right to revoke the consent at any time.
(b) An individual may revoke the consent in writing at any time. The individual shall deliver the written revocation to the department and inform the person who originally received the authorization of the revocation.
(c) If the consent does not state an expiration date, it automatically expires six months after the date it is signed if it is not revoked before that date.
(d) When the individual who is the subject of the identifiable health information is not competent or legally able to give informed consent to the disclosure of identifiable health information, a person lawfully authorized to make health care decisions for the individual may provide written authorization as set out in this section.
History: Eff. 12/29/2006, Register 180
Authority: AS 18.05.040, AS 18.15.355, AS 18.15.360, AS 18.15.365

7 AAC 27.897. Disclosures of nonidentifiable health information
(a) The department may compile information based on records containing identifiable health information to create a report or summary of nonidentifiable health information to fulfill legal reporting requirements and to accomplish its public health purpose. The department may disclose or distribute a report or summary of health information in a nonidentifiable form to the public to achieve a public health purpose.
(b) The department may not create a summary or report based on identifiable health information or related medical records for a commercial purpose or any other purpose unrelated to its public health purpose.
(c) A report to the legislature required under AS 18.05.020 and AS 18.15.393 must contain only nonidentifiable health information.
History: Eff. 12/29/2006, Register 180
Authority: AS 18.05.040, AS 18.15.365, AS 18.15.393

7 AAC 27.898. Disposal of identifiable health information
(a) The department shall permanently destroy, delete, or

make nonidentifiable all information and documentation related to identifiable health information when the retention of that information no longer serves a public health purpose.
(b) The department may retain all reports, summaries, and extracts related to expunged identifiable health information only if the retained material contains only nonidentifiable health information.
History: Eff. 12/29/2006, Register 180
Authority: AS 18.05.040, AS 18.15.355, AS 18.15.362, AS 18.15.365

7 AAC 27.899. Security safeguards
(a) A public health agent and other person with access to identifiable health information used or disclosed by the department, other than the individual who is the subject of the information, shall keep the information confidential. The disclosure of identifiable health information received from the department in a manner not permitted by state statute or regulation may be subject to criminal prosecution under AS 18.15.365 (c) or (d).
(b) To provide adequate safeguards to protect the security of identifiable health information, the department shall
(1) maintain such information in a physically secure environment, by
(A) minimizing the physical places in which identifiable health information is used or stored; and
(B) prohibiting the use or storage of identifiable health information in places where the security of the information may likely be breached or is otherwise significantly at risk;
(2) maintain identifiable health information in a technologically secure environment;
(3) identify and limit the persons with access to identifiable health information to those who have a demonstrable need to access the information;
(4) limit the length of time that identifiable health information is used or stored to the time necessary for use of the information;
(5) eliminate unnecessary physical or electronic transfers of identifiable health information;
(6) expunge unnecessary copies of identifiable health information;
(7) assign personal responsibility for preserving the security of identifiable health information to persons who acquire, use, disclose, or store the information;
(8) provide security training to all department employees who acquire, use, disclose, or store identifiable health information;
(9) thoroughly investigate any potential or actual breaches of security concerning identifiable health information; and
(10) impose appropriate disciplinary sanctions for any breaches of security related to identifiable health information.
(c) All department employees authorized to access, acquire, use, disclose, or store identifiable health information shall execute a confidentiality statement stating that the employee has had the opportunity to read and ask questions about the provisions of AS 18.15.365 and 7 AAC 27.899 and understands their personal responsibility for preserving the security of identifiable health information.
History: Eff. 12/29/2006, Register 180
Authority: AS 18.05.040, AS 18.15.355, AS 18.15.365

7 AAC 27.900. Definitions
In this chapter, unless the context requires otherwise,
(1) "department" means the Department of Health and Social Services;
(2) "health care-associated infection" means a localized or systemic patient condition resulting from an infectious agent that was not present or incubating at the time of admission to a facility or entity unless the condition was related to a previous admission or procedure, including central line insertion or other surgical procedure;
(3) "health care practitioner" has the meaning given in AS 18.15.395 ;
(4) "health care provider" has the meaning given in AS 18.15.395 ;
(5) "health oversight agency" means a public agency or entity acting under a grant of authority from a public agency, including an employee or agent of the public agency or its contractors, that is authorized by law to oversee a health care system or government program in which health information is necessary to determine eligibility or compliance, or to enforce civil rights laws for which health information is relevant;
(6) "identifiable health information" has the meaning given in AS 18.15.395 ;
(7) "immunization information system" means a confidential, population-based, computerized database that records all immunization doses administered by participating providers to persons residing within this state or a given geographical area of this state;
(8) "infectious disease" has the meaning given in AS 18.15.395 ;
(9) "known rabid animal" means an animal with a positive laboratory test for rabies virus;
(10) "National Healthcare Safety Network" means the Internet-based surveillance system managed by the United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of Healthcare Quality Promotion (DHQP);
(11) "PPD skin test" means an intradermal purified protein derivative skin test for tuberculosis;
(12) "public health agent" means an official or employee of the department who is in the division of public health or who has oversight over the division responsible for carrying out the provisions of AS 18.05 and AS 18.15;
(13) "public health official" means an employee or appointee of a local government or political subdivision of the state who is employed or appointed to fulfill public health responsibilities;
(14) "state medical officer" has the meaning given in AS 18.15.395 ;
(15) "working day" means a day other than Saturday, Sunday, or a state or federal holiday.
History: Eff. 1/19/96, Register 137; am 2/10/99, Register 149; am 12/29/2006, Register 180; am 12/29/2013, Register 208
Authority: AS 18.05.040, AS 18.15.355, AS 18.15.395