



**Alaska Section of Epidemiology  
Confidentiality Policies and Procedures and  
Data Release Protocols  
Updated January 2017**

**Table of Contents**

	<u>Page #</u>
<b>I. Confidentiality Policies and Procedures .....</b>	<b>2</b>
A. State Laws and Regulations .....	2
B. Definitions.....	2
C. Responsibility to Safeguard Confidentiality .....	4
D. Release of Summary Public Health Data in Reports .....	4
E. Release of Information for Public Records Request.....	5
F. Release of Confidential Data to Health Care Providers, Health Officials, and Patients .....	5
G. Release of a Limited Data Set.....	6
H. Release of Secondary Data .....	7
I. Transmission of Confidential Data .....	7
J. On-Site Security .....	9
K. Off-Site Security .....	10
L. Disposal of Confidential Data.....	11
M. Notification of Breaches of Confidential Information.....	11
<b>II. Summary Data Release Protocol .....</b>	<b>14</b>
 <b>Attachments:</b>	
1. Section of Epidemiology – Confidentiality Agreement.....	20
2. Selected Alaska Statutes and Regulations .....	21
3. Section of Epidemiology Data Request and Utilization Agreement Form.....	50
4. DHSS Request for Access to PHI Form .....	53

## **I. Confidentiality Policies and Procedures**

Confidentiality procedures in the Section of Epidemiology (SOE) are intended to protect the privacy of patients and the facilities reporting these patients to SOE, to ensure the integrity of data, and to comply with confidentiality-protecting legislation and administrative rules. All Programs within SOE must adhere to these policies and procedures; additional more stringent policies may be developed by individual Programs that are tailored to their specific needs.

### **A. State Laws and Regulations**

Alaska state law directs the Department of Health and Social Services (DHSS) to promulgate regulations for the control of communicable diseases and other reportable conditions (Attachment 2). Alaska statutes (AS) authorize the Department to (among other activities) collect confidential information, provide for certain laboratory testing, and respond to public health threats. Alaska regulations operationalize that authority by mandating reporting to the Division of Public Health of certain conditions of public health importance and setting forth recommended investigatory and follow-up practices.

Statutes and regulations also specify conditions for handling confidential information received by the Division and make misuse of confidential information by a public employee a misdemeanor.

### **B. Definitions**

1. *Authorized Personnel*—Any SOE staff including full- or part-time employees, contractors, and federal assignees who require access to confidential information to conduct their duties. Other persons may also be authorized access to confidential information as described below.
2. *Confidential Data*—For the purposes of this document, confidential data is synonymous with protected health information or other protected information (defined in #10 below).
3. *Confidentiality*—The obligations of individuals and institutions to use information under their control appropriately once it has been disclosed to them. One observes rules of confidentiality out of respect for, and to protect and preserve, the privacy of others.
4. *Department Security Officer (DSO)*—Staff person in DHSS assign to develop, implement and oversee security policies. Reachable at [hss-security@alaska.gov](mailto:hss-security@alaska.gov)
5. *External Report*—Any report written by SOE staff that will be shared with an outside agency or person.
6. *Limited Data Set*—Protected health information from which certain specified direct identifiers of individuals and their relatives, household members, and employers have been removed.
7. *Other Authorized Persons*—Other persons who are not SOE employees (e.g., trainees, students, volunteers, interns, etc.) may under certain circumstances be authorized to access

confidential information for a specific project or purpose. All requests for such persons to be authorized must be approved by the Section Chief.

8. *Overall Responsible Party (ORP)*—The Overall Responsible Party (ORP) for the Section of Epidemiology is the Section Chief, who is responsible for the security of public health data Section Programs collect and maintain.
9. *Program Manager*—Program Managers are employees who report directly to the Section Chief and are responsible for overseeing one or more of the Section's programs.
10. *Protected Health Information (PHI)*—Any information held by a covered entity about health status, provision of health care, payment for health care, or other protected information that can be linked to an individual. Identifiable health information is defined by Alaska Statute (see page 31, AS 18.15.395(13)). For the purposes of the Section of Epidemiology Confidentiality Policy, PHI refers not only to data that are explicitly linked to a particular individual (i.e., identifier information), but also includes health information with data items which reasonably could be expected to allow individual identification. The U.S. Health Insurance Portability and Accountability Act (HIPAA) of 1996 lists the following 18 identifiers:
  - a. Names;
  - b. All geographical subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code, if according to the current publicly available data from the Bureau of the Census: (1) the geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and (2) the initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000.
  - c. Dates (except year) directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
  - d. Phone numbers;
  - e. Fax numbers;
  - f. Electronic mail addresses;
  - g. Social Security numbers (SSN);
  - h. Medical record numbers;
  - i. Health plan beneficiary numbers;
  - j. Account numbers;
  - k. Certificate/license numbers;
  - l. Vehicle identifiers and serial numbers, including license plate numbers;
  - m. Device identifiers and serial numbers;
  - n. Web Universal Resource Locators (URLs);
  - o. Internet Protocol (IP) address numbers;
  - p. Biometric identifiers, including finger, retinal and voice prints;
  - q. Full face photographic images and any comparable images; and
  - r. Any other unique identifying number, characteristic, or code (note this does not mean the unique code assigned by the investigator to code the data).

11. *Additional Protected Information*—For the purposes of the Alaska Violent Death Reporting System, the following personal information should be treated in the same manner as PHI. Personal information documents include, but are not limited to, employer records (e.g., training, accident reports), law enforcement reports, public safety records, court records, first responder records, military investigation reports, occupational regulatory documents, vital statistic certificates, autopsy reports/records, or other federal notification/investigative documents (e.g., NTSB, OSHA).
12. *Secondary Data*—Data that have been collected by an agency other than the SOE and provided to the SOE for use are considered secondary data. Examples of secondary data include population census data, vital statistics data, and school enrollment data. Secondary data may or may not contain confidential information.
13. *Syndromic Surveillance Data*—Data that are part of the BioSense application that stream to a cloud-housed system to which SOE grants access. Data represent individual patient encounters with health care facilities that populate the Alaska Health Information Exchange.
14. *Summary Data*—Data provided by the SOE may include summary information grouped by age, sex, or geographic area and displayed so that individual patients, physicians or institutions are not identifiable.

### **C. Responsibility to Safeguard Confidentiality**

Every person working in the Section of Epidemiology (SOE) has an ethical and legal obligation to protect the privacy of the persons whose records the SOE maintains.

1. *Personal Identifiers*—No information which identifies a specific individual, health care provider, or hospital is to be shared with anyone except as delineated by these policies and procedures. If an outside agency, institution or individual (e.g., news media) possesses confidential information, SOE staff will neither confirm nor deny the accuracy of the confidential information held outside the SOE, except as necessary for the performance of their duties as described in Section E below. The obligation to protect confidential information extends indefinitely, even after the death of the patient or termination of employment in the Section, Department, or State.
2. *Signed Agreement*—All SOE staff and any other authorized person as defined above **must** sign a confidentiality agreement **prior** to being allowed access to confidential data (see Attachment 1). In addition, all staff will be provided a copy of this policy and have an opportunity to ask questions and have them answered. Failure to observe the confidentiality policies will be grounds for immediate disciplinary action and could constitute grounds for immediate termination and criminal proceedings. Program Managers must ensure that their staff are aware of updates or changes to SOE's Confidentiality Policies and Procedures.
3. *Human Subjects Training*—The Section Chief will determine which program managers and program staff should successfully complete the CITI (Collaborative Institution Training Initiative) Program research ethics course every 3 years.

4. *HIPAA Training*—All staff will be required to successfully complete on-line DHSS HIPAA training on an annual basis, or more frequently if mandated.

5. *Data Security and Confidentiality Training*—All staff with access to data that contains PHI will be required to review SOE data security and confidentiality training annually or more frequently if policies are substantially updated in the interim.

6. *Requirements for Contractors and Grantees*—Appropriate language reflecting DHSS confidentiality policy and practices must be incorporated into all contracts and grants awarded by SOE for which there will be sharing of PHI by the recipient. These additions should include information about how to report breaches and potential consequences.

#### **D. Release of Summary Public Health Data in Reports**

Published data, e.g., data published in an *Epidemiology Bulletin* or as a fact sheet that was previously publicly available, can be released by any SOE employee. Release of data or reports that were previously available to a limited group of stakeholders should be considered on a case-by-case basis in consultation with the Program Manager and Section Chief. SOE staff are required to obtain review by Program Managers of all reports to be released externally to ensure that confidentiality has been maintained.

Release of summary data to other parties wishing to perform analyses is addressed in Section II. All requests for data release will be reviewed by the appropriate Program Manager, and then subsequently by the Section Chief for final approval. Requests for data should be submitted on an SOE Summary Data Request and Utilization Agreement Form (see Attachment 3).

#### **E. Release of Information for Public Records Request**

Before releasing any reports and documents containing medical information pursuant to a public records request, Program Managers should:

- Redact or withhold any information that contains PHI or additional protected information;
- Release the materials as a public record unless another Public Records Law exemption prohibits the release; and
- Ensure that staff from the Attorney General’s Office are aware of the request and have provided guidance on what can be legally released.

#### **F. Release of Confidential Data to Health Care Providers, Health Officials, and Patients**

Staff must protect the identity of patients while working with external organizations. In some instances, non-confidential information may be used to identify individual patients or institutions through indirect means (e.g., combinations of variables might be enough to specifically identify an individual living in a small community). Great caution must be exercised in the use of such data because of the potential to breach confidentiality. The following guidelines apply to the release of confidential SOE data to hospitals, health care providers, and other state or federal agencies that provide or oversee direct health-care services.

1. *Release of Data to Hospitals, Health Care Providers, and Public Health Officials*—Certain SOE Programs (e.g., HIV/STD, TB/Infectious Disease) must confer with health care providers and hospitals to determine the final diagnosis and need for further investigation. As such, SOE staff will need to discuss confidential information with appropriate health care and public health workers. Release of confidential data to hospitals or health care providers is dependent on the type of information and program. Staff within Programs should check with appropriate Program Managers for policies regarding routine releases. For unusual release requests or situations, Program Managers should confer with the Section Chief prior to releasing data.

2. *Request from Patients for Data Related to Them*—Staff should review *DHSS Policy and Procedure #709*, which describes patient right of access to records held by DHSS Programs. All requests for access to information by a patient or a patient representative must be in writing, using the *DHSS Request for Access to PHI Form* (Attachment 4). SOE will respond to such requests within the required time frame of 30 days. Request for access by a patient or authorized representative will generally be granted, although a number of exceptions exist and are described in detail in *DHSS Policy and Procedure #709*. SOE staff will at all times prevent inadvertent release of information about patients who have not authorized that confidential data be released. Again, for unusual release requests or situations, Program Managers should confer with the Section Chief prior to releasing data.

3. *Releases and Requests Specific to an Immunization Information System*—The intent of an Immunization Information System (IIS), i.e., VacTrAK in Alaska, is to collate immunization data for individuals and allow access to that information by authorized health care providers and patients, and other entities covered under permitted disclosures [see 7 AAC 27.893(b)]. Agreements and policies covering these specific incidences should be referred to the Alaska Immunization Program Manager.

4. *Releases and Requests Specific to Syndromic Surveillance Data*—Syndromic surveillance data that are accessible to the Section of Epidemiology originate from health care facilities statewide and are collated by external partners, e.g., the Alaska Health Information Exchange, and ASTHO (Association of State and Territorial Health Officials). Data requests should be made with the standard Data Request and Utilization Agreement Form; however, releases may be subject to additional provisions specific to attributes of syndromic surveillance.

### **G. Release of a Limited Data Set**

A limited data set (LDS) may be used and disclosed for research, health care operations, and public health purposes. The LDS must lack 16 of the 18 identifiers itemized by the Privacy Rule; specifically, an LDS must **NOT** include the following identifiers:

- Name
- Postal address information, other than town or city, State, and zip codes;
- Telephone numbers;
- Fax numbers;
- Electronic mail addresses;
- Social security numbers;
- Medical record numbers;

- Health plan beneficiary numbers;
- Account numbers;
- Certificate/license numbers;
- Vehicle identifiers and serial numbers, including license plate numbers;
- Device identifiers and serial numbers;
- Web Universal Resource Locators (URLs);
- Internet Protocol (IP) address numbers;
- Biometric identifiers, including finger and voice prints; and
- Full face photographic images and any comparable images.

The difference between an LDS and de-identified information is that an LDS can contain dates and certain geographic information associated with an individual that are absent from de-identified information. An LDS can contain, for example:

- Dates of birth
- Dates of death
- Dates of service
- Town or city
- State
- Zip code

Requests for data should be submitted on an SOE Summary Data Request and Utilization Agreement Form (see Attachment 3). All requests for limited data set release will be reviewed by the appropriate Program Manager, and then subsequently by the Section Chief for final approval. Prior to release of the data set, a data use agreement promising specified safeguards for the PHI or additional protected information within the LDS must be approved by the Section Chief. Program Managers are responsible for maintaining records of data requests and subsequent data releases.

## **H. Release of Secondary Data**

Except as pertaining to VacTrAK Alaska's immunization information system and BioSense (syndromic surveillance data), SOE does not release original, individual-level data that were collected by another agency and then reported to SOE. Persons requesting data from SOE that did not originate in SOE should be referred to the agency or institution with primary responsibility for collecting the data.

## **I. Transmission of Confidential Data**

After assuring that the requirements described in Sections C and F have been met, authorized SOE staff may transmit confidential information.

1. *Transmission via Telephone*—When transmitting confidential information by telephone, staff members must:

- Verify the identity of all requestors seeking the disclosure of confidential information over the telephone by obtaining a written request for data if the party or agency is unknown to SOE staff members.

- Whether using landlines, cellular telephones, or public telephones, disclose confidential information by telephone only from a secure or private area.
- Never leave messages with confidential information on voicemail, answering machines or with individuals other than the data subject or their personal representative *unless* the voicemail/answering system is known to be protected (e.g., that of a public health nurse). Information left in messages shall be generic in nature and not indicate the services being performed or the provider of such services, unless the data subject has directly requested otherwise and this is documented in the data subject’s record. An example of a generic message is, “My name is Emily Smith. Please return my call at 907.269.8000.”

2. *Transmission via Mail*—When sending confidential information by U.S. mail, SOE staff must:

- Verify that the correct confidential information is being mailed to the correct individual(s);
- Send the information in a security envelope marked “Confidential;”
- Include the sender’s name and a return address;
- To the extent possible, verify that the recipient’s address is correct; and
- Whenever feasible, send the information by registered or certified mail, or another method that provides delivery tracking.

3. *Transmission via Delivery or Courier Service*—When sending confidential information by hand delivery or courier service, SOE staff must:

- Verify that the correct confidential information is being delivered to the correct individual(s);
- Verify the name and address of the intended recipient;
- Seal the information under protective cover (e.g., a folder or envelope) and mark the package “Confidential;”
- Use a reputable courier service known to the Division;
- Request identification from the courier, record the courier’s name and time of pick-up; and
- If possible, retain a tracking number so that in the event the intended recipient informs you that the package was not received, you are able to track the item with the delivery service.

4. *Transmission via Facsimile (Fax)*—When sending confidential information by facsimile machine, staff members must:

- Verify the fax number of the intended recipient;
- Aside from faxes to routine/known recipients (e.g., public health centers), telephone the recipient to alert him/her that a fax containing confidential information is to be transmitted;
- Transmit the fax using a SOE-specific cover sheet that contains a confidentiality statement and instructions directing the unauthorized recipient of a misdirected fax to contact the sender. In the event of a misdirected fax, the unauthorized recipient should be directed to immediately destroy the fax or return the information to the sender, as directed by the sender.



- For faxes to non-routine recipients, if the recipient does not confirm receipt within a reasonable period of time, call the recipient to confirm receipt.
- Remove the faxed documents from the vicinity of the fax machine, including the fax activity confirmation sheet after transmission. Keep fax activity confirmation sheets with original documents.
- Locate fax machines in a secure, lockable area to which only authorized SOE staff have access.

5. *Transmission via Electronic Mail (E-mail)*—Standard electronic mail must **not** be used directly to send or receive confidential data, regardless of whether an email is sent to an outside party or to another SOE staff member. However, as approved by the Department, selected software products that can encrypt messages (such as Direct Securing Messaging) are acceptable for transferring PHI or additional protected information. Program Managers must ensure that staff are aware of and adhere to the Department policies governing the use of encryption products. Program Managers will work with staff to request outside agencies who communicate confidential information to SOE not to include any identifying information on electronic mail messages. Other agencies may have their own encryption software for electronic mail (e.g., Providence Hospital, Alaska Native Medical Center); check with the DSO about whether that use is acceptable on a case-by-case basis.

6. *Transmission via Scanner*—Hard copy data that contains PHI may sometimes need to be transformed to an electronic format to be saved or archived. The DHSS policy is to temporarily assume the risk involved with scanning a document and delivering it to a state email address. However, SOE policy is more restrictive in that all documents with PHI should be scanned only to a secure encrypted jump drive and then saved to a secure network location or attached to an e-mail using previously described secure methods (see #5 above).

7. *Exemption for Transmission of Employment Records*—Employment records held by a covered entity in its role as employer may be transmitted electronically via e-mail or scanner (45 CFR 160.103).

## **J. On-Site Security**

All SOE employees are responsible for data security. There are many aspects to securing data and it is critical to have several levels of data security to ensure the confidentiality of patients as well as to ensure data integrity.

1. *Workstation Security*—To minimize the opportunity for SOE staff or worksite visitors to inadvertently view confidential health information to which they should not have access, SOE staff shall adhere to the following guidelines at all times:

- Workstations at which confidential data are handled are to be located in secure areas of SOE or Department property.
- Computer monitors should be turned so that they are not facing hallways or other heavily trafficked areas. If a monitor must be placed facing the hallway, a security screen should be used.

- When creating passwords, SOE staff should select at least an 8-character alphanumeric combination. Obvious choices such as children’s names, repeating numbers, birthdays, and telephone numbers should not be used.
- Passwords must not be shared.
- No one should use a computer while it is operating under another person’s password.
- Passwords should not be displayed in the work area.
- Documents containing confidential information should be turned face-down when the workstation is unattended during work hours; these documents should be stored in a locked file cabinet before leaving the workspace at the end of the day.
- SOE staff must log off or lock their computers when stepping away from their desks for an extended period or leaving at the end of the day.
- Work should not be saved to individual computer hard drives (i.e., C:drive) but rather to shared secured network drives.

2. *Office Access*—The main SOE office (Frontier Building) is secured with outer doors with suitable locks to prevent access by unauthorized personnel. During the work day, public entrance to SOE is limited to access only through Suite 540; other hallway doors will be secured at all times. The Administrative Officer and Administrative Assistant are responsible for maintaining door codes and changing codes, if necessary. All guests must sign in at the front desk and wear a visitor badge that is clearly visible. The Immunization Depot is secured with outer doors with suitable locks to prevent access by unauthorized personnel. Clerical staff at the entrance assure that only authorized personnel may enter.

Non-state employees, interns, volunteers or contractors must be instructed by their SOE sponsor as to which offices and work spaces they may access during business hours. If outside normal business hours, such persons must be escorted and monitored by a state employee the entire time they are in the SOE offices.

3. *Internal Access to Offices*—Program Managers or their designees are responsible to ensure the security of staff work areas. When not in use by authorized personnel, program offices where confidential data are stored will be locked. Keyed office access will be limited to those individuals designated by the Program Managers.

4. *Paper-Based Confidential Information*—SOE staff must properly store on-site paper-based files as follows:

- Store paper-based confidential information in a locked file cabinet;
- Position file cabinets or other storage sites away from public areas, preferably in low-traffic areas, and if possible closest to staff who will be regularly accessing the data stored within;
- Store file cabinets without locks in rooms that can be locked or otherwise secured; limit access to rooms with unlocked cabinets based on need-to-know, role-based access.
- Staff should immediately retrieve papers that contain confidential information from printers and copy machines.

5. *Electronic Confidential Information*—Electronic confidential information shall be maintained by the data custodian in a manner that protects the confidentiality, integrity, and availability of the information.

- A computer from which confidential information is accessed must be password-protected and configured to adhere to the current DHSS standard of encryption technology.
- Confidential information stored on any removable media (e.g., thumb drives) must be saved using encryption technology that meets DHSS standards.
- Confidential information stored on any portable devices (e.g., laptops) must be saved using encryption technology that meets DHSS standards.
- Program Managers should ensure that staff members have been trained on the appropriate use of the various SOE network drives.
- Workforce members shall not circumvent prescribed access rights by sharing their passwords or utilizing another workforce member's password to access confidential information beyond the scope of their authority.

6. *Records Retention*—Records, whether electronic or in hard copy, must be retained per the SOE's Records Retention Schedule that was last updated in 2012. Schedule available at: [http://archives.alaska.gov/pdfs/records\\_management/schedules/hss/public\\_health/06-214.pdf](http://archives.alaska.gov/pdfs/records_management/schedules/hss/public_health/06-214.pdf)

7. *Changes to Employment Status*—When an SOE staff member resigns, retires, is terminated or transferred, SOE administrative staff must ensure that the appropriate steps have been taken to restrict future access of the non-employee to SOE offices. Specifically, the SOE Administrative Officer will ensure that:

- The individual passcodes to locked doors are inactivated centrally; and
- DHSS Information Technology staff (IT) are immediately notified to immediately terminate former employees rights and access.

## **K. Off-Site Security**

SOE staff shall not remove confidential information, including paper or electronic information, from the work site unless it is required for a field visit, meeting, or otherwise necessary for work-related purposes and only if authorized by the Program Manager. Appropriate measures shall be taken in each instance to ensure that confidential information removed from the worksite is secured from unauthorized access and not left unattended in an unsecured area or container.

1. *Data Collection Using Portable Computers*—Laptop computers, PDAs, and other portable devices on which confidential information is stored should be protected at all times and should not be left unattended. While in automobiles, laptops, PDAs, and other portable devices should be kept out of sight (e.g, in a trunk or hidden under a seat) and locked when the car is unattended. Laptops, PDAs, and other portable devices on which confidential information is stored should not be loaned to any unauthorized person, including family members.

SOE staff may collect data in the field onto a state-issued laptop (portable) computer outfitted with appropriate encryption software. Each staff member will be responsible for securing the data collected to prevent access by unauthorized personnel. If air travel is involved, laptop computers, PDAs, and other portable electronic devices will be handled as carry-on luggage.

When not in use, the computer, PDAs, and other portable devices will be kept in a secure area. PHI data should not be viewed on laptops or other devices when the screens cannot be secured in a public space, e.g., while working on an airplane.

Upon returning from the field, staff will bring the portable computers and any backup portable storage devices to the SOE office and data will be transferred to the employee's desktop computer and stored on a secure hard drive. PHI data will then be permanently deleted from the portable computers and any backup portable storage devices. Alternatively, the backup portable storage devices may be secured (locked) in an archive file and retained according to the State retention schedule.

2. *Data Collection [Using Other Methods]*—When SOE staff collect data in the field that are hard copies in the form of medical records, forms, handwritten abstracts or other paper materials, these data will be secured by each individual staff member to prevent access by unauthorized personnel. If air travel is involved, the case will be handled as carry-on luggage. When not in the staff member's possession, it will be kept in a secure area. Hard copy data should not be left unattended in automobiles. Upon returning from the field, staff will bring the hard copy data to the SOE office and secure it in a locked filing cabinet until the collected data can be transferred to another media. All hard copy data will be retained according to the State retention schedule.

3. *Off-Site Data Storage of Electronic Data Files*—Confidential electronic data stored in an off-site facility must be transported and stored according to current Alaska DHSS IT security standards.

4. *Alternate Work-Sites*—In the event of an emergency, SOE may need to relocate staff and computers to an alternate work site location. Temporary work stations will be set-up according to Alaska DHSS IT security standards. The general principles of measures to protect the confidentiality of data will be in effect, although may need to be adapted to the current circumstances, i.e., no locking offices, therefore records may need to be stored in locking portable filing cabinets.

#### **L. Disposal of Confidential Data**

Confidential data that are no longer needed shall be destroyed or archived, in accordance with the Department's record retention and disposal policies. Data will be destroyed as follows:

- Hard copy data will be shredded on-site prior to disposal.
- Confidential data stored on fixed and removable electronic media must be destroyed so that it cannot practicably be read or reconstructed. Data destruction techniques and procedures are made official by the DHSS Security Officer.
- Only after the above steps have occurred will material be placed in general office waste.

#### **M. Notification of Breaches of Confidential Information**

A breach of confidential data is the use of or disclosure of confidential data in violation of the SOE's Confidentiality Policy and Procedures. A workforce member who is responsible for a breach of confidentiality or who is aware of such a breach must immediately report it to his or

her supervisor. The supervisor must report the breach to the SOE Section Chief (or ORP) who will notify the DSO. Failure to report a breach of confidentiality of which SOE staff has knowledge may result in disciplinary action. SOE staff who make a report in good faith of a suspected or actual violation will not be retaliated against for making the report. However, reporting a breach of confidentiality in bad faith or for malicious reasons is grounds for disciplinary action.

Sub-grantees or contractors of SOE must also be required to report breaches; conditions of reporting must be included in all contracts/grantee documents.

There are three categories of breaches:

1. *Level I Breach*: The unintentional or careless violation of the SOE Confidentiality Policy and Procedures. Examples include, but are not limited to unintentionally:

- Discussing confidential information in public areas;
- Leaving a copy of client confidential data in a public area;
- Inadvertently faxing confidential data to the wrong fax number; and
- Leaving a computer unattended in a publicly accessible area with confidential data unsecured.

2. *Level II Breach*: The intentional access to or disclosure of confidential data that is inconsistent with the SOE Confidentiality Policy and Procedures but not for personal gain. Examples include, but are not limited to:

- Looking up the birth dates or addresses of friends or relatives;
- Disclosing confidential data to someone known to be without appropriate authorization;
- Reviewing a public personality's confidential data; and
- Accessing and reviewing confidential data out of curiosity or concern.

3. *Level III Breach*: Access to, review, or disclosure of confidential data for personal gain or malicious intent. Examples include, but are not limited to:

- Using or disclosing confidential data for commercial advantage or to improve one's position; and
- Using or disclosing confidential data for harassment or to spread gossip.

The nature of a breach will be formally documented in writing and may be placed in an employee's personnel file after review by the Program Manager and Section Chief. Breaches may be grounds for dismissal.

The State will take legal action for suspected or confirmed releases of data or PHI or additional protected information by former employees.

## II. Summary Data Release Protocol

Requests for Alaska Section of Epidemiology (SOE) data should be submitted on an SOE Summary Data Request and Utilization Agreement Form (see Attachment 3).

The purpose of this protocol is to protect the confidentiality of patient information when SOE releases public health data to external stakeholders. Summary data are information grouped by age, sex, geographic area, or other variables and displayed so that individual patients cannot be directly identified. Summary data may be presented as a table, figure, diagram, chart, narrative, line list, or other similar format. Examples of summary data are the annual infectious disease reports, the sexually-transmitted disease summaries, and the HIV and AIDS summaries routinely published in the *Epidemiology Bulletin*. Summary data also may be produced on an *ad hoc* basis for various agencies and entities upon request.

In general, data will be reported to requestors in counts and not as rates. Rates may be requested; however, depending on the counts involved and the purpose for the data, the Section Chief may decide that rate reporting is not appropriate for certain situations. If researchers or other stakeholders would like more specific information about incident cases of a reportable condition than the rule of ones allows, such requests will be reviewed on a case-by-case basis, in consultation with the Epidemiology Section Chief, taking into consideration the potential risks and benefits of such disclosure.

Although summary data do not include confidential data such as a patient's name, summary data may lead to *de facto* identification of a particular person if the combination of age, sex, place of residence, or other variable(s) defines only one person — this is particularly important for communities with a relatively small population. Both numerators and denominators should be considered when releasing data; it is never acceptable to release summary data that could reasonably be expected to lead to the identification of an individual patient through indirect means. Because of this potential for a breach of confidentiality, great caution must be exercised in the distribution and use of such data.

*Before summary data are released, SOE program managers must carefully review and approve the data format to ensure that the release is consistent with the guidelines in this protocol.* If there is a question as to whether the release is consistent with the guidelines in this protocol, program managers should consult with the Section Chief prior to granting approval. In some circumstances, the guidelines might not be sufficiently restrictive to prevent identification of individuals because of the distribution of the health condition or the population affected. In those instances, parameters more restrictive than the general guidelines should be instituted before data can be released. Program Managers are responsible for maintaining records of data requests and subsequent data releases.

In certain situations, a limited data set (LDS) may be requested and subsequently released by SOE following review and approval by both the appropriate Program Manager and the Section Chief. See Section G of the SOE Confidentiality Policies and Procedures document for more information about LDS. Record-level data involving personal identifiers will not generally be released except by formal application and approval by the Section Chief. Such data will be released to researchers or public health partners only for approved research and surveillance

activities with a signed data sharing agreement and/or a signed memorandum of understanding, per the Section Chief’s discretion.

### Overview of General Algorithm/Process

1. Apply the scoring schema from Table 1, Alaska “Rule of Ones” (see below).
  - Adjust variables as appropriate to obtain a score  $\geq 1$ .
2. Ensure that all cells with a numerator value  $< 5$  are evaluated for possible confidentiality concerns. Suppress data in these cells or aggregate to generate larger cell sizes as appropriate.
3. Ensure that all cells with a denominator of  $< 500$  people are evaluated for possible confidentiality concerns.
  - Avoid sub-stratification if cell denominators are  $< 250$  people.
4. Review final data to be released to ensure that users cannot derive confidential information through a process of subtraction.
5. Ensure that standard caveats about the limitations or generalizability of the data accompany the data to the requestor, including caveats regarding stability of rates calculated with small numbers, etc.

### Alaska “Rule of Ones”

Table 1 is adapted from the New Hampshire Division of Public Health Services<sup>1</sup> and involves the “Rule of Ones” for six different characteristics or variables described below. Each characteristic is given a value; the product of the six values must be  $\geq 1$  to allow for acceptable release of data. Details are given about what constitutes a value of one, and how to adjust that value up or down based on the granularity of the characteristic. In addition, regardless of adjustments, minimum and maximum values are given for each characteristic.

#### **Notes:**

- For *annual* state-wide reports of common diseases, sex, race, and age-group (5-year intervals) will usually be given and may be given for certain rare diseases.
  - The “Rules of Ones” applies mainly to counts of disease; however, the general guidelines also apply to the subsequent calculation of rates, i.e., avoiding calculation when the numerator is  $< 5$  or the denominator is  $< 500$ .
- a. **Incidence rate:** What is the disease of interest? More common diseases (e.g., chlamydia) are assigned a value of 1; less common diseases (e.g., botulism) may be discounted, per the discretion of the Section Chief. As a general rule of thumb, if the incidence of the disease is  $< 5$  cases per 100,000 population per year, use  $1/2$ .
- Minimum value:*       $1/2$       *Maximum value:*       $1$

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<sup>1</sup>New Hampshire Division of Public Health Services, Health Statistics and Data Management Section. Guidelines for the Public Release of Public Health Data. September 2008. Available at: <http://www.dhhs.nh.gov/dphs/hsdm/documents/publichealthdata.pdf>.

- b. **Population size:** In what region or population strata will the data be provided (total denominator across all age and sex groups)? A population or strata of 5,000 is assigned a value of 1; therefore, populations/strata of 10,000 have a value of 2 and populations/strata with 2,500 have a value of 1/2.
- Use the current Alaska Population Overview as the reference for the population size in a region <http://live.laborstats.alaska.gov/pop/popestpub.cfm>. Note that the size of boroughs and census areas range from <500 to ~300,000 people.
  - Community sizes should be rounded down to the nearest 500.
  - See #3 in the overview above for communities with populations <500 people.
- Minimum value: 1/10 Maximum value: 50, for any population 250,000+*
- c. **Time interval of data:** In what unit of time, months or years, will the data be provided? A year is assigned a value of 1; a single month has a value of 1/12. Data will not be provided in intervals smaller than 1 month.
- Minimum value: 1/12 Maximum value: 5, for any interval ≥5 years*
- d. **Age-group:** In what number of years will age-groups be provided? A 5-year age-group is assigned a value of 1; therefore, a 10-year age-group has a value of 2. Note that data with age-groupings of less than 5 years will generally not be provided. Age-grouping must be divisible by five; and map to standard intervals if possible, i.e., 0–4 years of age instead of 1–5 years of age.
- Minimum value: 1 Maximum value: 5, for ≥25-year age-groups*
- e. **Sex distribution:** Will data be stratified by sex? If data are not stratified by sex, a value of 1 is assigned. If data are stratified by sex, a value of 1/2 is assigned.
- Minimum value: 1/2 Maximum value: 1*
- f. **Race distribution:** Will data be stratified by race? If data are not stratified by race, a value of 1 is assigned. If data are stratified by all four race groupings (e.g., white, American Indian/Alaska Native [AI/AN], black, Asian/Pacific Islander), value of 1/8 is assigned. If data are stratified by AI/AN and non-AI/AN only, a value of 1/5 is assigned.
- Minimum value: 1/8 Maximum value: 1*

**Table 1. Scoring of Criteria Used to Evaluate Acceptable Summary Data Releases.**

Characteristic	Standard Denomination	Score
a. Incidence rate	Common	1
b. Population size	5,000	1
c. Time interval	1 year	1
d. Age-group	5-year	1
e. Sex distribution	All	1
f. Race distribution	All	1
<b>Product (a)(b)(c)(d)(e)(f)</b>	<b>=</b>	<b>1</b>



**Example A.** Is it acceptable to release 2008 data for chlamydia in Palmer (2009 population 5,500) by 5-year age-groups?

Characteristic	Standard Denomination	Score	Example A
a. Incidence rate	Common	1	Chlamydia = 1
b. Population size	5,000	1	Palmer = 1
c. Time interval	1 year	1	2008 = 1
d. Age-group	5-year	1	5-year = 1
e. Sex distribution	All	1	All = 1
f. Race distribution	All	1	All = 1
<b>Product (a)(b)(c)(d)(e)(f)</b>		<b>=</b>	<b>1</b>

*Answer:* Score  $\geq 1$ ; this is acceptable.

**Example B.** Is it acceptable to release 2008 data for chlamydia in Palmer (2009 population 5,500) by 5-year age-group and by sex?

Characteristic	Standard Denomination	Standard Score	Example B
a. Incidence rate	Common	1	Chlamydia = 1
b. Population size	5,000	1	Palmer = 1
c. Time interval	1 year	1	2008 = 1
d. Age-group	5-year	1	5-year = 1
e. Sex distribution	All	1	M vs. F = 1/2
f. Race distribution	All	1	All = 1
<b>Product (a)(b)(c)(d)(e)(f)</b>		<b>=</b>	<b>1/2</b>

*Answer:* Score  $< 1$ ; this is not acceptable.

**Example C.** But, what if age-group was aggregated to be 10-year increments?

Characteristic	Standard Denomination	Standard Score	Example C
a. Incidence rate	Common	1	Chlamydia = 1
b. Population size	5,000	1	Palmer = 1
c. Time interval	1 year	1	2008 = 1
d. Age-group	5-year	1	10-year = 2
e. Sex distribution	All	1	M vs F = 1/2
f. Race distribution	All	1	All = 1
<b>Product (a)(b)(c)(d)(e)(f)</b>		<b>=</b>	<b>1</b>

*Answer:* Score  $\geq 1$ ; this is acceptable.

**Example D.** Is it acceptable to release 2008 data for botulism by sex, race, and 5-year age-group for the entire state?

Characteristic	Standard Denomination	Standard Score	Example D
a. Incidence rate	Common	1	Botulism = 1/2
b. Population size	5,000	1	AK = 50
c. Time interval	1 year	1	2008 = 1
d. Age-group	5-year	1	5-year = 1
e. Sex distribution	All	1	M vs F = 1/2
f. Race distribution	All	1	4 groups = 1/8
<b>Product (a)(b)(c)(d)(e)(f)</b>		<b>=</b>	<b>50/32 (1.6)</b>

*Answer: Score  $\geq 1$ ; this is acceptable.*

**Example E.** Is it acceptable to release 2008 data for gonorrhea by sex, race, and 5-year age-group for Palmer (2009 population 5,500)?

Characteristic	Standard Denomination	Standard Score	Example D
a. Incidence rate	Common	1	Gonorrhea = 1
b. Population size	5,000	1	Palmer = 1
c. Time interval	1 year	1	2008 = 1
d. Age-group	5-year	1	5-year = 1
e. Sex distribution	All	1	M vs. F = 1/2
f. Race distribution	All	1	4 races = 1/8
<b>Product (a)(b)(c)(d)(e)(f)</b>		<b>=</b>	<b>1/16</b>

*Answer: Score  $< 1$ ; this is not acceptable.*

**Example F.** Is it acceptable to release data for gonorrhea by sex, AI/AN race for Palmer by increasing age-group to 10-year increments and looking for 5 years of data?

Characteristic	Standard Denomination	Standard Score	Example D
a. Incidence rate	Common	1	Gonorrhea = 1
b. Population size	5,000	1	Palmer = 1
c. Time interval	1 year	1	2006-10 = 5
d. Age-group	5-year	1	10-year = 2
e. Sex distribution	All	1	M vs F = 1/2
f. Race distribution	All	1	AI/AN vs non = 1/5
<b>Product (a)(b)(c)(d)(e)(f)</b>		<b>=</b>	<b>1</b>

*Answer: Score  $\geq 1$ ; this is acceptable.*

**Example G.** How many variables could you release for gonorrhea cases in a small community, i.e., Fort Yukon (2009 population 585)?

Characteristic	Standard Denomination	Standard Score	Example D
a. Incidence rate	Common	1	Gonorrhea = 1
b. Population size	5,000	1	Fort Yukon = 1/10
c. Time interval	1 year	1	2001-5 = 5
d. Age-group	5-year	1	10-year = 2
e. Sex distribution	All	1	All = 1
f. Race distribution	All	1	All = 1
<b>Product (a)(b)(c)(d)(e)(f)</b>		<b>=</b>	<b>1</b>

*Answer: To have an acceptable release of data for a common disease in Fort Yukon, you would need to use a 5-year period and release age data in 10 year intervals. Stratification by sex would only be possible if the age-group interval was expanded to ALL (product score =25/20). Stratification by race would not be possible.*

**ATTACHMENT 1 – Section of Epidemiology Confidentiality Agreement**

By signing this Confidentiality Agreement, I state the following to be true:

1. I have read the current Section of Epidemiology’s (SOE) Confidentiality Policies and Procedures and fully understand my responsibility to implement SOE’s confidentiality policies and procedures regarding confidential information.
2. I agree to observe the confidentiality policies and procedures of the Section of Epidemiology.
3. I realize I have both an ethical and legal obligation to protect the right of privacy of the persons whose records the Section maintains.
4. I will not relate or discuss any information which identifies a specific patient, physician or hospital with anyone other than – Section staff, the source from which the information originated, health care providers involved in the patient's care, or other persons as needed to carry out the Section's responsibilities.
5. I understand that any confidential information I receive in the course of my employment in the Section will remain confidential after I terminate employment in the Section.
6. I understand that the misuse of confidential information could be the basis for an ethics violation under AS 39.52.140 or a criminal prosecution under AS 11.56.860.
7. I understand that failure to observe these confidentiality policies will be grounds for immediate disciplinary action and could constitute justification for termination.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 complete set of Alaska statutes and regulations may be found at <http://www.legis.state.ak.us/basis/folio.asp>.

## **STATUTES**

### **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.

### **18.05.010. Administration of laws by department.**

- (a) The department shall administer the statutes and regulations relating to the promotion and protection of the public health as provided by law.
- (b) In performing its duties under this chapter, [AS 18.09](#), and [AS 18.15.355](#) - [18.15.395](#), the department may
- (1) flexibly use the broad range of powers set out in this title assigned to the department to protect and promote the public health;
  - (2) provide public health information programs or messages to the public that promote healthy behaviors or lifestyles or educate individuals about health issues;
  - (3) promote efforts among public and private sector partners to develop and finance programs or initiatives that identify and ameliorate health problems;
  - (4) establish, finance, provide, or endorse performance management standards for the public health system;
  - (5) develop, adopt, and implement
    - (A) a statewide health plan under [AS 18.09](#) based on recommendations of the Alaska Health Care Commission established in [AS 18.09.010](#); and
    - (B) public health plans and formal policies through regulations adopted under [AS 44.62](#) or collaborative recommendations that guide or support individual and community public health efforts;
  - (6) establish formal or informal relationships with public or private sector partners within the public health system;
  - (7) identify, assess, prevent, and ameliorate conditions of public health importance through surveillance; epidemiological tracking, program evaluation, and monitoring; testing and screening programs; treatment; administrative inspections; or other techniques;
  - (8) promote the availability and accessibility of quality health care services through health care facilities or providers;
  - (9) promote availability of and access to preventive and primary health care when not otherwise available through the private sector, including acute and episodic care, prenatal and postpartum care, child health, family planning, school health, chronic disease prevention, child and adult immunization, testing and screening services, dental health, nutrition, and health education and promotion services;
  - (10) systematically and regularly review the public health system and recommend modifications in its structure or

other features to improve public health outcomes; and (11) collaborate with public and private sector partners, including municipalities, Alaska Native organizations, health care providers, and health insurers, within the public health system to achieve the mission of public health.

### **18.05.020. Department to report activities.**

The department shall prepare an annual report of its activities and notify the legislature not later than 10 days after it convenes that the report is available.

### **18.05.030. Cooperation with federal government.**

The department shall

- (1) cooperate with the federal government in matters of mutual concern pertaining to public health, the control of communicable diseases, maternal and child health and crippled children, and other matters within the scope of this title;
- (2) make reports, in the form and containing the information the federal government requires;
- (3) cooperate with the federal government, its agencies or instrumentalities in establishing, extending, and strengthening services for the protection of the public health, and receive and expend funds and receive, utilize, and maintain equipment and facilities made available to the department by a department or agency of the federal government, the government of the state or its political subdivisions, and a person or nonofficial agency.

### **18.05.040. Regulations.**

- (a) The commissioner shall adopt regulations consistent with existing law for
- (1) the time, manner, information to be reported, and persons responsible for reporting for each disease or other condition of public health importance on the list developed under [AS 18.15.370](#);
  - (2) cooperation with local boards of health and health officers;
  - (3) protection and promotion of the public health and prevention of disability and mortality;
  - (4) the transportation of dead bodies, except that the commissioner may not require that a dead body be embalmed unless the body is known to carry a communicable disease or embalment is otherwise required for the protection of the public health or for compliance with federal law;
  - (5) carrying out the purposes of this chapter;
  - (6) the conduct of its business and for carrying out the provisions of laws of the United States and the state relating to public health;
  - (7) establishing the divisions and local offices and advisory groups necessary or considered expedient to carry out or

assist in carrying out a duty or power assigned to it;  
(8) the voluntary certification of laboratories to perform diagnostic, quality control, or enforcement analyses or examinations based on recognized or tentative standards of performance relating to analysis and examination of food, including seafood, milk, water, and specimens from human beings submitted by licensed physicians and nurses for analysis;

(9) the regulation of quality and purity of commercially compressed oxygen sold for human respiration;

(10) establishing confidentiality and security standards for information and records received under AS 18.15.355 - 18.15.395.

(b) A regulation may not be adopted under (a) of this section that duplicates, conflicts with, or is inconsistent with AS 18.60.705 - 18.60.740.

**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.

**18.09.200. Statewide immunization program established; commissioner's duties.**

(a) In addition to health promotion and vaccine registration activities of the department, a statewide immunization program is established in the department for the purpose of monitoring, purchasing, and distributing included vaccines to providers approved by the department who agree to provide the included vaccines to state residents under terms consistent with the program and state and federal law.

(b) The commissioner shall

(1) establish a procedure to phase in the program over a three-year period that provides for participation by an assessable entity;

(2) maintain a list of recommended vaccines for inclusion in

the program;

(3) for each included vaccine, establish the initial vaccine assessment for the first year of the program and thereafter make annual assessments based on the determinations made by the council established under AS 18.09.210;

(4) notify assessable entities and other program participants of the annual vaccine assessment for each vaccine included in the program;

(5) devise a method for crediting to assessable entities and other program participants overpayments of vaccine assessments made for reasons related to administrative error, program termination, or lower than anticipated actual usage of the program by covered individuals;

(6) coordinate collective purchases of included vaccines;

(7) establish a procedure for statewide distributions of vaccines purchased under the program; and

(8) review vaccine assessment appeals for error.

**18.09.210. State Vaccine Assessment Council; members; duties.**

(a) The State Vaccine Assessment Council is established in the department for the purpose of determining the amount of vaccine assessments made by the commissioner to be paid by assessable entities and other program participants in the state under procedures established by the council.

(b) The council consists of eight members appointed by the commissioner as follows:

(1) the department's chief medical officer for public health or the chief medical officer's designee, who shall serve as chair;

(2) two health care providers licensed in the state, one of whom must be a pediatrician;

(3) three members representing health care insurers licensed in the state under AS 21.54, one of whom must be a plan administrator; each insurer must represent a different organization in the state;

(4) a representative of a tribal or public health insurance plan;

(5) the director of the division of insurance or the director's designee.

(c) A member appointed to the council under (b)(2) - (4) of this section serves without compensation and reimbursement of expenses for a term of three years or until a successor is appointed. A member may not serve more than two consecutive terms.

(d) The council shall meet at the call of the chair and conduct business by majority vote.

(e) The department shall provide staff and other assistance to the council.

(f) The council shall

(1) establish and implement a plan of operation to

(A) determine the amount of the annual vaccine assessment, subject to review by the commissioner, for each included vaccine for each covered individual following the initial vaccine assessment amounts determined by the commissioner;

(B) use a method for determining the vaccine assessment amount that attributes to each assessable entity and other

program participant the proportionate costs of included vaccines for covered individuals;

(C) establish procedures for the collection and deposit of the vaccine assessment;

(D) establish procedures for collecting and updating data from assessable entities and other program participants as necessary for the operation of the program and the determination of the annual vaccine assessment; the data collected must include the number of covered individuals by each assessable entity and other program participant and the annual vaccine program usage by each covered individual;

(E) devise a system for reducing surplus payments made by an assessable entity and other program participant by crediting past overpayments to current year vaccine assessments;

(2) submit to the commissioner and to the legislature, not later than July 1 of each year, an annual financial report, including assessment determinations and overall costs of the program, in a form acceptable to the commissioner and the legislature;

(3) monitor compliance with the program requirements and vaccine assessments and submit a periodic noncompliance report to the commissioner and the director of insurance that lists assessable entities and other program participants that failed to

(A) remit vaccine assessments as determined by the council and approved by the commissioner; or

(B) comply with a reporting or auditing requirement under the program after notice from the council.

#### **18.09.220. Vaccine assessment and reporting requirements.**

(a) An assessable entity and other program participant shall, after being phased into the program under procedures approved by the commissioner,

(1) pay to the department the annual combined vaccine assessments as determined under the program for the included vaccines covered by the assessable entity or other program participant for each covered individual on a schedule adopted by the council;

(2) provide information requested by the council to determine the number of covered individuals, actual vaccine usage under the program, and other data necessary to calculate and monitor compliance with the vaccine assessment; and

(3) provide audited financial statements upon request of the council.

(b) A vaccine assessment must include a reasonable contribution toward support of the program and appropriate reserve funds, as determined by the council. A vaccine assessment may not include a provider fee for the administration of the vaccine.

(c) A vaccine assessment shall be construed as a medical expense of the assessable entity or other program participant.

(d) An assessable entity or other program participant may appeal a determination of a vaccine assessment made by the

council to the commissioner within 10 days after receiving notification of the assessment. The commissioner shall review the appeal and all materials relevant to the assessment that is the subject of the appeal and shall modify the assessment if the commissioner finds substantial evidence of an error.

(e) An assessable entity may opt out of the program during the three-year phase-in period under procedures approved by the commissioner.

#### **18.09.225. Other program participants.**

(a) A health care provider or group of providers may opt into the program if approved by the commissioner under regulations adopted by the department.

(b) An assessable entity may not deny a claim for coverage by a health care provider of vaccines not distributed under the program.

(c) A health care provider may not bill a payor for or resell a vaccine distributed under the program.

#### **18.09.230. Vaccine assessment account; creation.**

(a) The vaccine assessment account is created as an account in the general fund. The legislature may appropriate to the account program receipts attributable to vaccine assessments under [AS 18.09.220](#), money from other sources, and interest earned on money in the account. Appropriations to the account do not lapse.

(b) The legislature may make appropriations from the vaccine assessment account for the purchase of included vaccines for the benefit of state residents in an amount requested by the department and for other purposes of the program.

#### **18.09.240. Penalties.**

An assessable entity or other program participant that fails to pay a required annual vaccine assessment after notification of the assessment or fails to comply with a request for information necessary for determination of the assessment may be assessed an additional noncompliance fee as determined by the commissioner under regulations adopted by the department.

#### **18.09.900. Regulations.**

The department may adopt regulations under [AS 44.62](#) (Administrative Procedure Act) to carry out the purposes of this chapter.

#### **18.09.990. Definitions.**

In this chapter,

(1) "assessable entity" means

(A) a health care insurer as defined in [AS 21.54.500](#);

(B) an entity that provides the state health care plan described in [AS 39.30.090](#) and 39.30.091;

(C) a public or private entity that offers a publicly funded plan in the state, to the extent participation in the program is authorized by law;

(D) a third-party administrator as defined in [AS 21.97.900](#);

(2) "commission" means the Alaska Health Care Commission established in [AS 18.09.010](#);

- (3) "commissioner" means the commissioner of health and social services;
- (4) "council" means the State Vaccine Assessment Council;
- (5) "covered individual" means an adult or child who resides in the state and who is provided insurance coverage for an included vaccine by an assessable entity or who is a patient of another program participant;
- (6) "department" means the Department of Health and Social Services.
- (7) "included vaccine" means a vaccine recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, United States Department of Health and Human Services, and included on a list maintained by the commissioner for inclusion in the program;
- (8) "other program participant" and "another program participant" mean a health care provider or group of providers who have opted into the program under AS 18.09.225 to both purchase vaccines for and administer vaccinations to residents of the state;
- (9) "program" means the statewide immunization program;
- (10) "provider" means a person licensed or certified by the state to administer vaccines or provide health care services or a partnership, corporation, or other entity made up of persons licensed or certified to administer vaccines or provide health care services;
- (11) "vaccine" means a preparation of killed microorganisms, living attenuated organisms, living fully virulent organisms, or other substances that are administered to humans for the purpose of producing or artificially increasing specific immunity to life-threatening and disabling diseases.

**18.15.010. - 18.15.050| Infectious and contagious diseases.**

**[Repealed, Sec. 2 ch 63 SLA 1972].**

Repealed or Renumbered

**18.15.060. - 18.15.110| Physical examination of nonresident employees. [Repealed, Sec. 1 ch 130 SLA 1976].**

Repealed or Renumbered

**18.15.120. - 18.15.137| Tuberculosis. [Repealed, Sec. 12 ch 54 SLA 2005].**

Repealed or Renumbered

**18.15.138. Penalty. [Repealed, Sec. 13 ch 73 SLA 1995].**

Repealed or Renumbered

**18.15.139. - 18.15.149| Court authorization of detention; title to and inventory of equipment allotted to private institutions; religious treatment for tuberculosis; screening of school employees; limited immunity; definitions. [Repealed, Sec. 12 ch 54 SLA 2005].**

Repealed or Renumbered

**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.

**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.

**Sec. 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.

**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.

**18.15.190. Phenylketonuria (PKU) and other heritable diseases.**

Renumbered as AS 18.15.900

**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.

**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.

**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.

**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.

**Sec. 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.

**Sec. 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).

**Sec. 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.

**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.

**18.15.350. SARS control program authorization. [Repealed, Sec. 12 ch 54 SLA 2005].**

Repealed or Renumbered

**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.

**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.

**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.

**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).

**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.

**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.

**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.

**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\(a\)](#).

#### **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.

#### **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.

#### **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.

#### **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, advanced practice registered nurse, or physician assistant licensed or otherwise 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) amnesic 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) cyclosporiasis;
- (12) cysticercosis;
- (13) diphyllbothriasis;

- (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); (24) 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 O157: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) *Chlamydomphila 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) *Haemophilus 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 specify 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.

**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 - 7 AAC 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 27.660. Reporting of discharge data; noncompliance**

(a) The department will request that a health care facility submit discharge data, including data for all discharges from inpatient services, emergency room services, and outpatient services. If a health care facility is subject to licensure under AS 47.32 and 7 AAC 12 or is a provider of Medicaid services that is subject to 7 AAC 105 - 7 AAC 160, the health care

facility shall provide the requested discharge data in accordance with (b) of this section.

(b) If a health care facility is required under (a) of this section to submit discharge data, the health care facility shall submit the data in a format and with data elements described in the Official UB-04 Data Specifications Manual 2015, adopted by reference. The health care facility shall submit the data on a quarterly basis, and not later than 60 days after the end of each calendar quarter.

(c) If a health care facility is required under (a) of this section to submit discharge data, fails to submit the data as required under this section, and is

(1) subject to licensure under AS 47.32 and 7 AAC 12, the department may impose sanctions available under AS 47.32 and 7 AAC 10.9600 - 7 AAC 10.9620;

(2) a Medicaid provider under 7 AAC 105 - 7 AAC 160, the department may impose sanctions available under 7 AAC 105.400 - 7 AAC 105.490.

(d) In this section, "health care facility" (1) means

- (A) a private, municipal, state, or federal hospital;
- (B) a hospital operated by an Alaska Native organization;
- (C) a psychiatric hospital;
- (D) an independent diagnostic testing facility within the meaning given in 7 AAC 07.900;
- (E) a residential psychiatric treatment center;
- (F) a skilled nursing facility;
- (G) an intermediate care facility; or (H) an ambulatory surgical facility;

(2) does not include

- (A) a tuberculosis hospital;
- (B) a kidney disease treatment center;
- (C) an Alaska Pioneers' Home or Alaska Veterans' Home administered by the department under AS 47.55; or
- (D) an office of a private physician or dentist in an individual or group practice.

**History:** Eff. 12/13/2014, Register 212

**Authority:** AS 18.05.040, AS 18.15.355, AS 18.15.360

**Editor's note:** The Official UB-04 Data Specifications Manual 2015, adopted by reference in 7 AAC 27.660, may be reviewed at the Department of Health and Social Services, Division of Public Health, Health Planning and Systems Development, 350 Main Street, Suite 530, Juneau, Alaska.

#### **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;

(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 payer, 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 communicable 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



## **ATTACHMENT 3 – Section of Epidemiology Summary Data or Limited Data Set Request and Utilization Agreement Form**

**(Note: Form is truncated for display purposes only as part of this larger document. A stand-alone fillable form is available for making actual requests.**

**See SOE Confidentiality and Privacy Protection webpage available at:**

**<http://dhss.alaska.gov/dph/Epi/Pages/confidentiality/default.aspx>**)

Please complete the following form to request summary data or a limited data set (LDS) from the Alaska Section of Epidemiology (SOE). Depending on the details of the request, SOE may need to aggregate data according to the “Rule of Ones” (see page 14 of the SOE Confidentiality Policy and Procedures, available at the website listed above).

- I. Project Title:**
- II. Short Description/Purpose:**

*Please include...*

1. A brief description of the purpose of the analysis and the information being requested;
2. A description of your plan to protect the identifiers from improper use and disclosure;
3. A description of when and how you plan to destroy the identifiers;
4. Whether the project/proposal has been presented to an institutional review board (IRB) and any decisions made by an IRB (attach approved proposal if applicable);
5. Explanation of why this analysis could not practicably be conducted without having access to the requested protected health information; and
6. Proposed outputs for the analyses, e.g., *Epidemiology Bulletin*, journal articles, etc. and an estimated timeframe for the project.

- III. Data Requested:**  
**Years or time period of interest:**  
**Disease or condition of interest:**  
**Geographic unit requested:**  
**Specific demographic or other data fields requested:**

## Utilization Agreement Statement

This agreement (“Agreement”) is entered into by the Alaska Section of Epidemiology (SOE), and \_\_\_\_\_, hereinafter referred to as the Researcher.

The Researcher is engaged in research outlined in the SOE Data Request Form and specifically described as follows: \_\_\_\_\_

The Researcher agrees and acknowledges that patient confidentiality is of the utmost importance in the use of the Data and in the manner in which all research results are presented and/or published. “Ownership” of the data file remains with the SOE. Under HIPAA, the patient is the “owner” of his/her data; all others have limited rights of use. Accordingly, in consideration of his/her receipt of the Data from SOE, the Researcher agrees as follows:

1. The Researcher agrees to treat the Data received from SOE as private, non-public health information. The Data will never be used as a basis for legal, administrative or other adverse actions that can directly affect any individual about whom personal and/or medical information is included in the Data. All prevailing laws and regulations relating to the protection of patient-identifiable information will be followed (this includes HIPAA privacy regulations).
2. The Researcher understands and agrees that any and all Data which may lead to the identity of any patient, research subject, physician, other person, or reporting facility is strictly privileged and confidential and agrees to keep all Data strictly confidential at all times. Access to the data file will be protected by a password-protected security system.
3. The Researcher agrees that all data exchanged under the provisions of this Agreement may only be used for the purpose specified in the Data Request Form. Acceptable purposes for data use include public health research, public health program evaluation, or public health planning purposes. Any other or additional use of the data may result in immediate termination of the Agreement by SOE.
4. The Researcher agrees to notify SOE in writing within forty-eight (48) hours of his/her becoming aware of any violation of this Agreement, including full details of the violation and corrective action to be taken by the Researcher. The Researcher understands that failure to report violations of the Agreement may result in civil or criminal penalties and termination of access to current and future Data.
5. The Researcher agrees that all data exchanged under the provisions of this Agreement shall remain the sole property of SOE and may not be copied or reproduced in any form or manner. The Researcher agrees to destroy the Data at the end of this project or upon termination of this Agreement.
6. The Researcher agrees that any and all reports or analysis of the Data prepared by the Researcher shall contain only aggregate data. The Researcher further agrees that at no time will he/she publish any individual names or other personally identifying information or information which could lead to the identification of any Data subject.
7. To the fullest extent permitted by law, the Researcher shall indemnify, defend, and hold harmless the SOE and its administrators, officers, officials, agents, employees, volunteers, and servants from any and all claims or actions for injuries or damages sustained by any person or property arising directly from the Researcher’s conduct under this Agreement. It is specifically agreed between the parties executing this agreement that it is not intended by any of the provisions of this agreement to create in

the public or any member thereof a third-party benefit thereunder, or to authorize anyone not a party to this Agreement to maintain a suit for personal injuries or property damage pursuant to the terms of provisions of this Agreement.

8. The Researcher will not discuss in any manner, with any unauthorized person, information that would lead to identification of individuals described in the Data furnished by SOE. Also, Researcher will not provide to any unauthorized person any computer password or file access that protects the Data. Should Researcher become aware of any unauthorized access or disclosure of the Data to other persons, the Researcher will report it immediately to SOE.
9. The Researcher will allow the SOE a pre-publication review of conclusions based upon data. This is to ensure correct interpretation of the contents of the database and to ensure that privacy of the subjects of the Data is maintained. If disagreement exists, the recipient will allow the SOE the opportunity to include comment within the published document. Acknowledgement is to be given to the SOE as the source of data in any publications, articles or studies that are prepared or published. Publications include peer-reviewed articles, but also any other informal communication (i.e., newsletter) in which portions of the Data may be described. In no event, however, shall Researcher publish identifiable case information without the written consent of SOE.
10. If a longer-term project, the Researcher shall submit to SOE an annual report regarding the progress of the Research Project, all publications resulting from the Research Project, changes in the Research Project protocol or personnel, and any other information requested by SOE.
11. Either party may terminate this Agreement for cause or without cause:
  - a) For Cause: SOE may terminate this Agreement upon breach by Researcher of any material provision of the Agreement.
  - b) Without Cause: Either party may terminate this Agreement without cause by giving the other party at least thirty (30) days' advance written notice thereof.
12. The terms of this Agreement shall be binding upon Researcher, his/her agents, assistants and employees.
13. Agreement Period: This agreement begins upon the date it is fully executed and ends upon completion of the work outlined in the Research Proposal or upon termination of the Agreement by either of the parties.

This Agreement shall be governed by and interpreted under the laws of the State of Alaska.

I have read and agree to the above conditions of use for data from the Alaska Section of Epidemiology. By signing, I also agree to observe HIPAA and state of Alaska privacy and confidentiality rules and regulations.

**Signature:** \_\_\_\_\_ **Date Requested:** \_\_\_\_\_  
**(Print name):**

**Accepted (Section Chief):** \_\_\_\_\_ **Date Approved:** \_\_\_\_\_

