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

Public Health Reports, 1946

Infectious disease reporting in Alaska has resulted in the identification of many outbreaks. Rapid investigation and institution of control measures prevents additional morbidity and mortality.

This booklet updates information on disease reporting as a result of regulations passed in December 2006. It is intended to help health care providers and laboratories comply with public health reporting requirements. These requirements include reporting of:

- birth defects
- blood lead ≥10 µg/dL
- cancer
- certain infectious diseases
- disease due to occupational exposure
- firearm injuries

The Section of Epidemiology of the Alaska Division of Public Health uses a Rapid Telephonic Reporting (RTR) System for most reportable conditions. All health care providers are encouraged to use the RTR System for routine reporting. Certain conditions are reported via other methods. Reports are reviewed by medical and nurse epidemiologists, and other program staff. Electronic reporting is encouraged if it is convenient for providers. Technical assistance is available from the Section of Epidemiology.

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

The RTR System may be reached 24/7 by calling:
Anchorage area — 1-907-561-4234
Outside Anchorage — 1-800-478-1700

To report any problems with using the RTR System:
1-907-269-8000
### Overview of Reportable Conditions and Reporting Methods

Reportable diseases and conditions should be reported by one of the methods listed in the table.

<table>
<thead>
<tr>
<th>Condition</th>
<th>RTR</th>
<th>Fax</th>
<th>Phone</th>
<th>Mail</th>
<th>Electronic***</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public Health Emergencies</strong></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Infectious Diseases</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Any unusual incidence of infectious disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Laboratory reporting</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Blood Lead ≥10 µg/dL</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Firearm Injuries</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth Defects**</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Disease due to occupational exposure</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

*Detailed instructions for cancer reporting are available in ACR Procedure Manual for Reporting Sources from Section of Chronic Disease Prevention and Health Promotion, 1-907-269-2020.
**Birth defects should be reported to the Section of Women’s, Children’s and Family Health, 1-907-269-8097.
***Electronic reporting is now available. Call the Section of Epidemiology, 1-907-269-8000.
1. Health care providers may wish to designate a staff member (e.g., a nurse, office manager, or infection control practitioner) to coordinate disease reporting. The reporting coordinator should phone in the report to the RTR system as soon as possible and certainly within five working days after the case is suspected or diagnosed. Delay in reporting cases of reportable communicable disease may put others at unnecessary risk of infection. The RTR System operates 24 hours a day, 365 days a year.

2. When a reportable condition is suspected or diagnosed, the health care provider routes the patient's medical record directly to the reporting coordinator. The reporting coordinator transfers the necessary data from the medical record to either an infectious disease report form or other appropriate report form; the reporting coordinator obtains as much of the reportable information from the medical record as possible. Within five working days, the coordinator telephones the report to the RTR System.

3. An answering machine in the Section of Epidemiology answers each call. Your report will be recorded. A pause lasting longer than five seconds at any one time will disconnect the call. Make the report as brief as possible by following the format of the applicable report form.

4. **When reporting to the RTR System, the reporting coordinator should:**
   - Speak clearly and slowly.
   - Report by patient name and spell the patient’s full name.
   - Report information in the same order as it appears on the report form.

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

6. All disease reports are reviewed by public health epidemiologists. Health care providers may be contacted to obtain additional information and to arrange for specific diagnostic tests. Appropriate disease control measures will be implemented.

---

**To report a public health emergency:**

Business hours — 1-907-269-8000  
After hours — 1-800-478-0084

**The RTR System may be reached 24/7 by calling:**

Anchorage area — 1-907-561-4234  
Outside Anchorage — 1-800-478-1700

**To report any problems with using the RTR System:**

1-907-269-8000
Infectious Diseases Reportable by Health Care Providers

- **Acquired immunodeficiency syndrome (AIDS)**
- **Anthrax**
- **Botulism**
- **Brucellosis**
- **Campylobacteriosis**
- **Chancroid**
- **Chlamydia trachomatis infection**
- **Cholera (see Vibrio)**
- **Cryptosporidiosis**
- **Cyclosporiasis**
- **Diphtheria**
- **Echinococcosis**
- **Escherichia coli O157:H7 infection**
- **Giardiasis**
- **Gonorrhea**
- **Haemophilus influenzae invasive disease**
- **Hemorrhagic fever**
- **Hepatitis** (type A, B, or C)
- **Human immunodeficiency virus (HIV) infection**
- **Legionellosis (Legionnaires’ disease or Pontiac Fever)**
- **Leprosy (Hansen Disease)**
- **Listeriosis**
- **Lyme disease**
- **Malaria**
- **Measles**
- **Meningococcal invasive disease**
- **Mumps**
- **Paralytic shellfish poisoning**
- **Pertussis (whooping cough)**
- **Plague**
- **Poliomyelitis**
- **Prion diseases**
- **Psittacosis**
- **Q fever**
- **Rabies**
- **Rheumatic fever**
- **Rubella**
- **Salmonellosis**
- **Severe acute respiratory syndrome (SARS)**
- **Shigellosis**
- **Smallpox**
- **Streptococcus agalactiae** (Group B streptococcus), invasive disease
- **Streptococcus pneumoniae** (pneumococcus), invasive disease
- **Streptococcus pyogenes** (Group A streptococcus), invasive disease and streptococcal toxic shock syndrome
- **Suspected novel strains of influenza virus**
- **Syphilis**
- **Tetanus**
- **Trichinosis (trichinellosis)**
- **Tuberculosis**
- **Tularemia**
- **Typhoid fever**
- **Varicella (chickenpox)**
- **Vibrio infection, including cholera**
- **West Nile virus infection**
- **Yellow fever**
- **Yersiniosis**

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

Reports should be made as soon as possible and must be made within five working days after first discovering or suspecting the existence of the disease. Call the Rapid Telephonic Reporting System at 1-907-561-4234 (Anchorage) or 1-800-478-1700 (statewide).

Diseases shown in bold are public health emergencies that, if suspected or diagnosed, must be reported immediately by calling 1-907-269-8000 during business hours or 1-800-478-0084 after hours.
Infectious Disease Report Form

Health care providers may find the following format useful for making infectious disease reports to the RTR System or by fax. This page may be copied so that a new form may be completed for each report. This form is also available online at http://www.epi.hss.state.ak.us/pubs/conditions/crForms.htm#infect.

| 1. Name of reportable disease ______________________________________________________________ |
| 2. Patient's name ________________________________________________________ (last) (first) |
| 3. Date of birth ____/____/_____       Sex: Male ☐ Female ☐ (mm/dd/yyyy) |
| 4. Address __________________________________________________________________________ |
| 5. City _______________________________________________________________________________ |
| 6. Telephone number ___________________________ |
| 7. Race: Alaska Native/American Indian ☐ Asian ☐ Black ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Unknown ☐ Other ☐ ________________ |
| 8. Is patient of Hispanic ethnicity?   Yes ☐ No ☐ Unknown ☐ |
| 9. Was the diagnosis laboratory confirmed? Yes ☐ No ☐ Unknown ☐ Date ____/____/_____ (mm/dd/yyyy) |
| 10. Specimen date ____/____/_____ (mm/dd/yyyy) |
| 11. Attending health care provider ___________________________________________ Phone ______________________ |
| 12. Institutional affiliation, if any ___________________________________________ (e.g., Alaska Native Medical Center, Bassett Army Hospital) |
| 13. Reported by _______________________________ Date Reported ____/____/_____ (mm/dd/yyyy) |

For reports of chlamydial infection, gonorrhea, or syphilis only.

Was treatment prescribed?   Yes ☐ No ☐ Unknown ☐ Date ____/____/_____ (mm/dd/yyyy) 
If yes, medication and dosage: _____________________________________________________ 
Was medication administered via DOT? Yes ☐ No ☐ Unknown ☐ Date ____/____/_____ (mm/dd/yyyy) 
Was PID diagnosed?   Yes ☐ No ☐ Unknown ☐ 
Is patient pregnant? Yes ☐ No ☐ Unknown ☐

Anchorage area — Phone: 1-907-561-4234 • Outside Anchorage — Phone: 1-800-478-1700 Fax: 1-907-561-4239
Multiple Cases Report Form

You may use this form to report multiple cases of the same disease.

<table>
<thead>
<tr>
<th>Name of reportable disease:</th>
<th>________________________________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reported by:</td>
<td>_______________________________  Institution: _____________________</td>
</tr>
<tr>
<td>Date reported:</td>
<td><strong><strong>/</strong></strong>/____  (mm/dd/yyyy)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td>_______________________________  Date of birth: <strong><strong>/</strong></strong>/____</td>
</tr>
<tr>
<td></td>
<td>(mm/dd/yyyy)</td>
</tr>
<tr>
<td>Race:</td>
<td>Alaska Native/American Indian  Asian  Black  Native Hawaiian/Pacific Islander  White  Unknown  Other  __________</td>
</tr>
<tr>
<td></td>
<td>Hispanic  Non-Hispanic  Unknown  Other  __________________</td>
</tr>
<tr>
<td>Specimen date (mm/dd/yyyy):</td>
<td><strong><strong>/</strong></strong>/____  Lab confirmed: Yes  No</td>
</tr>
</tbody>
</table>

Anchorage area — Phone: 1-907-561-4234 • Outside Anchorage — Phone: 1-800-478-1700
Fax: 1-907-561-4239
All medical laboratories are required to notify the Division of Public Health if evidence of human infection caused by certain infectious disease pathogens is found. The list of infectious diseases reportable by health care providers is similar to the list of pathogens reportable by laboratories. Paralytic shellfish poisoning and rheumatic fever are reportable by health care providers, but not by laboratories. Reporting is required by both health care providers and laboratories for most reportable diseases.

Laboratorians are not relieved of their obligation to report by virtue of the disease or condition also being reportable by health care providers.

In addition to infectious disease reporting, laboratories are required to report any blood lead level ≥10 micrograms per deciliter (µg/dL).

Electronic laboratory reporting (ELR) via modem, computer disk, or other media is becoming an increasingly convenient method for disease reporting. Laboratorians interested in ELR should contact the Section of Epidemiology (1-907-269-8000) for technical assistance.

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

The RTR System may be reached 24/7 by calling:
| Anchorage area — 1-907-561-4234 |
| Outside Anchorage — 1-800-478-1700 |

To report any problems with using the RTR System:
1-907-269-8000
**Infectious Disease Pathogens Reportable by Laboratories**

<table>
<thead>
<tr>
<th>Pathogen</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bacillus anthracis</strong></td>
</tr>
<tr>
<td>Bordetella pertussis</td>
</tr>
<tr>
<td>Borrelia burgdorferi</td>
</tr>
<tr>
<td>Brucella species</td>
</tr>
<tr>
<td>Campylobacter species</td>
</tr>
<tr>
<td>Chlamydia psittaci</td>
</tr>
<tr>
<td>Chlamydia trachomatis</td>
</tr>
<tr>
<td><strong>Clostridium botulinum or botulinum toxin</strong></td>
</tr>
<tr>
<td>Clostridium tetani</td>
</tr>
<tr>
<td>Corynebacterium diphtheriae</td>
</tr>
<tr>
<td>Coxiella burnetii</td>
</tr>
<tr>
<td>Cryptosporidium species</td>
</tr>
<tr>
<td>Cyclospora</td>
</tr>
<tr>
<td>Echinococcus species</td>
</tr>
<tr>
<td>Escherichia coli O157:H7</td>
</tr>
<tr>
<td><strong>Francisella tularensis</strong></td>
</tr>
<tr>
<td>Giardia lamblia</td>
</tr>
<tr>
<td>Haemophilus ducreyi</td>
</tr>
<tr>
<td>Haemophilus influenzae from normally sterile</td>
</tr>
<tr>
<td>body fluid or site</td>
</tr>
<tr>
<td><strong>Hemorrhagic fever viruses</strong></td>
</tr>
<tr>
<td>Hepatitis A, B, or C virus</td>
</tr>
<tr>
<td>Human immunodeficiency virus (HIV)</td>
</tr>
<tr>
<td>Influenza virus</td>
</tr>
<tr>
<td>Legionella species</td>
</tr>
<tr>
<td>Listeria monocytogenes</td>
</tr>
<tr>
<td><strong>Measles (rubeola) virus</strong></td>
</tr>
<tr>
<td>Mumps virus</td>
</tr>
<tr>
<td>Mycobacterium leprae</td>
</tr>
<tr>
<td>Mycobacterium tuberculosis</td>
</tr>
<tr>
<td>Neisseria gonorrhoeae</td>
</tr>
<tr>
<td><strong>Neisseria meningitidis</strong></td>
</tr>
<tr>
<td>Plasmodium species</td>
</tr>
<tr>
<td>Poliovirus</td>
</tr>
<tr>
<td>Prions</td>
</tr>
<tr>
<td>Rabies virus</td>
</tr>
<tr>
<td>Rubella virus</td>
</tr>
<tr>
<td>Salmonella species</td>
</tr>
<tr>
<td>SARS-associated coronavirus</td>
</tr>
<tr>
<td>Shigella species</td>
</tr>
<tr>
<td>Smallpox (variola) virus</td>
</tr>
<tr>
<td>Streptococcus agalactiae from normally sterile</td>
</tr>
<tr>
<td>body fluid or site</td>
</tr>
<tr>
<td>Streptococcus pneumoniae from normally sterile</td>
</tr>
<tr>
<td>sterile body fluid or site</td>
</tr>
<tr>
<td>Streptococcus pyogenes from normally sterile</td>
</tr>
<tr>
<td>body fluid or site</td>
</tr>
<tr>
<td><strong>Suspected novel strains of influenza virus</strong></td>
</tr>
<tr>
<td>Treponema pallidum</td>
</tr>
<tr>
<td>Trichinella species</td>
</tr>
<tr>
<td>Varicella virus</td>
</tr>
<tr>
<td>Vibrio species</td>
</tr>
<tr>
<td>West Nile virus</td>
</tr>
<tr>
<td>Yellow fever virus</td>
</tr>
<tr>
<td>Yersinia enterocolitica or</td>
</tr>
<tr>
<td>Y. pseudotuberculosis</td>
</tr>
<tr>
<td><strong>Yersinia pestis</strong></td>
</tr>
</tbody>
</table>

Reports should be made as soon as possible and must be made within five working days after first discovering or suspecting the existence of the pathogen. Call the Rapid Telephonic Reporting System at 1-907-561-4234 (Anchorage) or 1-800-478-1700 (statewide).

Pathogens shown in bold are public health emergencies that, if suspected or diagnosed, must be reported immediately by calling 1-907-269-8000 during business hours or 1-800-478-0084 after hours.
Common reportable sexually transmitted diseases (STD) include chlamydia (*Chlamydia trachomatis*), gonorrhea (*Neisseria gonorrhoeae*), and syphilis (*Treponema pallidum*). Chancroid (*Haemophilus ducreyi*), rare in Alaska, was made a reportable condition in December 2006. Human immunodeficiency virus (HIV) infection and acquired immunodeficiency syndrome (AIDS) are each separately reportable conditions.

**Sexually Transmitted Diseases** should be reported as rapidly as possible, but no later than five working days after the condition is first diagnosed/suspected. Reports may be made over the Rapid Telephonic Reporting (RTR) system, by confidential fax or mail using the Infectious Disease Report Form (page 6) included in this manual or on a similar form that includes the requested information, or through the Electronic Laboratory Reporting system established between the facility and the Section of Epidemiology. Telephone reports may be accepted by Epidemiology personnel for syphilis, when the provider prefers, or if the other reporting mechanisms are unavailable. HIV/STD Program personnel will follow up with the provider when STD treatment information is insufficient or inconsistent with current Centers for Disease Control and Prevention (CDC) Sexually Transmitted Disease Treatment Guidelines.

Timely partner identification, notification, diagnosis, and treatment are critical activities to limit STD transmission and complications. All patients should be interviewed for sexual partners, and these partners notified of their exposure and offered timely testing and treatment. HIV/STD Program personnel are available to assist with this process for all diagnosed/suspected cases of syphilis (1-907-269-8000, please specify STD partner services). Providers may request assistance with this process for chlamydia and gonorrhea, and public health personnel will respond as resources permit.

**HIV Infection and AIDS** should be reported as rapidly as possible, but no later than five working days after the condition is first diagnosed/suspected. Reports may be made by calling Section of Epidemiology personnel (please specify HIV reporting), by confidential fax or mail using the form included in this manual or on a similar form, or over the RTR. Providers should report diagnosed/suspected cases of HIV in patients new to their care, regardless of whether they think the individual may have been previously reported by another provider.

Timely partner identification, notification, and diagnosis are critical to limit further HIV transmission. HIV/STD Program personnel are available to assist with or guide patient interviewing and notification/testing of sexual and needle-sharing partners of individuals with HIV infection (1-907-269-8000, please specify HIV partner services).

Instructions for Reporting Sexually Transmitted Diseases, HIV Infection and AIDS

---

Anchorage Area RTR — Telephone: 1-907-561-4234
Outside Anchorage RTR — Telephone: 1-800-478-1700
Fax: 1-907-561-4239
Section of Epidemiology — 1-907-269-8000
Health care providers and laboratories are required to report any blood lead test result ≥10 micrograms per deciliter (µg/dL). However, we highly encourage reporting of ALL blood lead test results, regardless of the lead level measured. Reports must be made within four weeks of receiving the result.

**Blood Lead Level Report Form**

1. Name of person making report ________________________________
2. Institutional affiliation, if any ________________________________________________________________
3. Telephone number of person making report ________________________________
4. Name of health care provider ________________________________
5. Name of patient ________________________________________________________________
6. Date of birth ____/____/______ (mm/dd/yyyy)
7. Sex: Male ☐ Female ☐
8. Race: Alaska Native/American Indian ☐ Asian ☐ Black ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Unknown ☐ Other ☐ __________
9. Hispanic: Yes ☐ No ☐ Unknown ☐
10. Community of residence ______________________________________________________________
11. Date of Test ____/____/______ (mm/dd/yyyy) Test Result ___________________( µg/dL)

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

**The RTR System may be reached 24/7 by calling:**
Anchorage area — 1-907-561-4234
Outside Anchorage — 1-800-478-1700

**To report any problems with using the RTR System:**
1-907-269-8000
Firearm Injury Reporting

Hospitals and health care providers are required to report all injuries caused by a firearm to the Division of Public Health. Reports must be made within five working days of the date of diagnosis.

Firearm Injury Report Form

1. Name of person making report _____________________________________________________

2. Institutional affiliation, if any _______________________________________________________

3. Telephone number of person making report __________________________________________

4. Name of health care provider ______________________________________________________

5. Name of patient _________________________________________________________________

6. Date of birth _____/_____/_____
   (mm/dd/yyyy)

7. Date of injury _____/_____/_____
   (mm/dd/yyyy)

8. Sex:  Male □  Female □

9. Race:  Alaska Native/American Indian □  Asian □  Black □
   Native Hawaiian/Pacific Islander □  White □  Unknown □  Other □ ____________

10. Hispanic:  Yes □  No □  Unknown □

11. Community of residence___________________________________________________________

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

The RTR System may be reached 24/7 by calling:
   Anchorage area — 1-907-561-4234
   Outside Anchorage — 1-800-478-1700

To report any problems with using the RTR System:
   1-907-269-8000
In order to produce accurate data on the burden, types and changing patterns of cancer among residents in our State, all health care providers (physicians, surgeons, urologists, dermatologists, family practice physicians, PAs, NPs, etc.) or any health care facilities (hospitals, long-term care) who have diagnosed, screened or provided treatment for an active cancer patient in the state, are obligated under (7 AAC 27.011) to report this information to the Alaska Cancer Registry (ACR) within six months of the date of diagnosis, screening, or treatment.

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

All types of active cancers are reportable except for basal or squamous cell skin cancers, cervical cancer in-situ (CIS), intraepithelial neoplasia (CIN III) and prostatic intraepithelial neoplasia (PIN III). In 2004, benign brain diagnoses also became reportable to the Division of Public Health, Alaska Cancer Registry (ACR) within six months of the date of diagnosis or treatment.

Hospitals and other health care facilities should report using the information and instructions from the “ACR Procedure Manual for Reporting Sources” that is available from the Section of Chronic Disease and Health Promotion. Copies may be obtained by calling 1-907-269-2020 or by going to the following web site: http://www.hss.state.ak.us/dph/chronic/cancer/registry.htm.

ACR has established a secure electronic transmission process called WebPlus for health care providers and small health care facilities. Instructions on using this program may be found at the following website:  http://www.hss.state.ak.us/dph/chronic/cancer/webplus.htm.

For questions regarding reporting to ACR:
1-907-269-2020
**Instructions:** Complete this form on each patient diagnosed with and/or treated for a reportable cancer. A separate form must be completed for each primary tumor.

<table>
<thead>
<tr>
<th>REPORTING HEALTH CARE PROVIDER</th>
<th>Telephone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>FORM COMPLETED BY</td>
<td>DATE COMPLETED</td>
</tr>
<tr>
<td>NAME OF PROVIDER OR FACILITY PATIENT REFERRED TO (IF ANY) (i.e., Oncology, Radiation Oncologist, Surgeon)</td>
<td></td>
</tr>
<tr>
<td>PATIENT’S NAME</td>
<td>(Last)</td>
</tr>
<tr>
<td>PATIENT’S ADDRESS AT DIAGNOSIS</td>
<td>(Street, City, State, Zip Code)</td>
</tr>
<tr>
<td>SOCIAL SECURITY NUMBER</td>
<td>DATE OF BIRTH</td>
</tr>
<tr>
<td></td>
<td>M M D Y Y</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>RACE</td>
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</tr>
<tr>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>ETHNIC TYPE</td>
<td></td>
</tr>
<tr>
<td>SEX</td>
<td></td>
</tr>
<tr>
<td>DATE OF DIAGNOSIS</td>
<td>PLACE OF DIAGNOSIS</td>
</tr>
<tr>
<td>M M D Y Y</td>
<td></td>
</tr>
<tr>
<td>PRIMARY SITE</td>
<td></td>
</tr>
<tr>
<td>HISTOLOGIC CELL TYPE</td>
<td>TUMOR GRADE</td>
</tr>
<tr>
<td>PAIRED ORGAN/LATERALITY</td>
<td>Not applicable</td>
</tr>
<tr>
<td>DIAGNOSTIC CONFIRMATION</td>
<td>Histology</td>
</tr>
<tr>
<td></td>
<td>Clinical diagnosis only</td>
</tr>
<tr>
<td>TUMOR SIZE (mm)</td>
<td>STAGE OF DISEASE AT DIAGNOSIS</td>
</tr>
<tr>
<td></td>
<td>In Situ</td>
</tr>
<tr>
<td></td>
<td>Regional, Direct Extension &amp; Lymph Node</td>
</tr>
<tr>
<td></td>
<td>Local</td>
</tr>
<tr>
<td></td>
<td>Unstaged</td>
</tr>
<tr>
<td>FIRST COURSE OF TREATMENT (i.e., treatment that modifies, controls, removes or destroys cancer tissue)</td>
<td>Check all that apply.</td>
</tr>
<tr>
<td></td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Palliative only</td>
</tr>
<tr>
<td></td>
<td>Cryosurgery</td>
</tr>
<tr>
<td></td>
<td>Chemotherapy</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
<tr>
<td>DATE THERAPY INITIATED</td>
<td>/</td>
</tr>
<tr>
<td>DID THE PATIENT GO OUT-OF-STATE FOR TREATMENT?</td>
<td>Yes</td>
</tr>
<tr>
<td>IF YES, WHICH STATE?</td>
<td></td>
</tr>
<tr>
<td>Family History of Cancer:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>None</td>
</tr>
<tr>
<td>Smoking History</td>
<td>Non-smoker</td>
</tr>
<tr>
<td></td>
<td>Chew/snuff</td>
</tr>
<tr>
<td>Total Number of Years Smoked Tobacco</td>
<td></td>
</tr>
<tr>
<td>Packs per Day</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Please submit supporting text/documentation (e.g., pathology reports/radiology findings/pre-operative H&P), to verify diagnosis, staging, histology, treatment, etc. Please mail this form and documentation to: Alaska Cancer Registry, Department of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion, P.O. Box 240249, Anchorage, AK 99524-0249. If you have any questions, please contact the ACR at 1-907-269-2020 or 1-888-933-7874; Fax: 1-907-561-1896. Thank you.
Physicians, hospitals, and other health care facilities and providers must report children from birth up to six years of age who have been diagnosed with or treated for any of the birth defects listed on the following page (7 AAC 27.012). Reports should be submitted within three months of diagnosis or treatment. The RTR system is not used to report birth defects.

Information should be entered on a Birth Defects Reporting Form (page 17) and submitted to the Alaska Birth Defects Registry (ABDR). Please complete one form for each child being reported. Use the most specific ICD-9 codes available and write out a diagnosis description, along with the diagnosis date.

The ICD-9 code and written diagnosis should be specific. For example, if appropriate, you would report a child as having “sickle cell anemia” with an ICD-9 code of 282.60. For this child, do not write “hereditary anemia” with ICD-9 code 282; as such a report is not a specific diagnosis.

If you have never reported before, the ABDR staff can answer any questions you may have. If you have a large number of reports, contact the ABDR to discuss an alternate method of reporting. Completed reports should be mailed or faxed to:

Alaska Birth Defects Registry
3601 C Street, Suite 424
P.O. Box 240249
Anchorage, Alaska 99524-0249

Please include the suite number when mailing.

The ABDR is a program within the Maternal and Child Health Epidemiology Unit of the
Section of Women’s, Children’s and Family Health
http://www.epi.hss.state.ak.us/mchepi

To reach Alaska Birth Defects Registry:
Phone: 1-907-269-8097
Fax: 1-907-269-3493
<table>
<thead>
<tr>
<th>ICD-9 Code Range</th>
<th>Condition Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>237.7-237.72</td>
<td>Neurofibromatosis</td>
</tr>
<tr>
<td>243</td>
<td>Congenital hypothyroidism</td>
</tr>
<tr>
<td>255.2</td>
<td>Adrenogenital disorders</td>
</tr>
<tr>
<td>270.0-270.9</td>
<td>Amino acid metabolic disorders</td>
</tr>
<tr>
<td>271.0-271.1</td>
<td>Glycogenosis and galactosemia</td>
</tr>
<tr>
<td>277.0-277.9</td>
<td>Other and unspecified disorders of metabolism</td>
</tr>
<tr>
<td>279.0-279.9</td>
<td>Disorders involving the immune mechanism</td>
</tr>
<tr>
<td>282.0-282.9</td>
<td>Hereditary hemolytic anemias</td>
</tr>
<tr>
<td>284.0</td>
<td>Constitutional aplastic anemia</td>
</tr>
<tr>
<td>331.3-331.9</td>
<td>Other cerebral degenerations</td>
</tr>
<tr>
<td>334.0-334.9</td>
<td>Spinocerebellar disease</td>
</tr>
<tr>
<td>335.0-335.9</td>
<td>Anterior horn cell disease</td>
</tr>
<tr>
<td>343.0-343.9</td>
<td>Infantile cerebral palsy</td>
</tr>
<tr>
<td>359.0-359.9</td>
<td>Muscular dystrophies and other myopathies</td>
</tr>
<tr>
<td>362.74</td>
<td>Pigmentary retinal dystrophy</td>
</tr>
<tr>
<td>389.0-389.9</td>
<td>Hearing loss: conductive, sensorineural and combined</td>
</tr>
<tr>
<td>740.0-740.2</td>
<td>Anencephalus and similar anomalies</td>
</tr>
<tr>
<td>741.0-741.9</td>
<td>Spina bifida</td>
</tr>
<tr>
<td>742.0-742.9</td>
<td>Other congenital anomalies of nervous system</td>
</tr>
<tr>
<td>743.0-743.9</td>
<td>Congenital anomalies of eye</td>
</tr>
<tr>
<td>744.0-744.9</td>
<td>Congenital anomalies of ear, face and neck</td>
</tr>
<tr>
<td>745.0-745.9</td>
<td>Bulbus cordis anomalies and anomalies of cardiac septal closure</td>
</tr>
<tr>
<td>746.0-746.9</td>
<td>Other congenital anomalies of heart</td>
</tr>
<tr>
<td>747.0-747.9</td>
<td>Other congenital anomalies of circulatory system</td>
</tr>
<tr>
<td>748.0-748.9</td>
<td>Congenital anomalies of respiratory system</td>
</tr>
<tr>
<td>749.0-749.25</td>
<td>Cleft palate and cleft lip</td>
</tr>
<tr>
<td>750.0-750.9</td>
<td>Other congenital anomalies of upper alimentary tract</td>
</tr>
<tr>
<td>751.0-751.9</td>
<td>Other congenital anomalies of digestive system</td>
</tr>
<tr>
<td>752.0-752.9</td>
<td>Congenital anomalies of genital organs</td>
</tr>
<tr>
<td>753.0-753.9</td>
<td>Congenital anomalies of urinary system</td>
</tr>
<tr>
<td>754.0-754.89</td>
<td>Certain congenital musculoskeletal deformities</td>
</tr>
<tr>
<td>755.0-755.9</td>
<td>Other congenital anomalies of limbs</td>
</tr>
<tr>
<td>756.0-756.9</td>
<td>Other congenital musculoskeletal anomalies</td>
</tr>
<tr>
<td>757.0-757.9</td>
<td>Congenital anomalies of the integument</td>
</tr>
<tr>
<td>758.0-758.9</td>
<td>Chromosomal anomalies</td>
</tr>
<tr>
<td>759.0-759.9</td>
<td>Other and unspecified congenital anomalies</td>
</tr>
<tr>
<td>760.0-760.9</td>
<td>Fetus or newborn affected by maternal conditions which may be unrelated to present pregnancy</td>
</tr>
<tr>
<td>760.71</td>
<td>Alcohol affecting fetus via placenta or breast milk, including fetal alcohol syndrome</td>
</tr>
</tbody>
</table>
Today's Date: ___/___/____
(____/____/____)

Person Completing Form: ________________________________________________________________

Medical Facility Name: __________________________________________________________________

Patient Last Name: ______________________________________________________________________

Patient First Name: ______________________________________________________________________

Patient Middle Name: ___________________________________________________________________

Patient DOB: ___/___/____
(____/____/____)

Patient Community of Birth: __________________________________________________________________

Patient Race (Check Only One):

- Alaska Native/American Indian
- Asian
- Black
- Native Hawaiian/Pacific Islander
- White
- Unknown
- Other

Is patient of Hispanic Ethnicity? Yes ☐ No ☐

Patient Sex: Male ☐ Female ☐

Patient Community of Residence: __________________________________________________________________

<table>
<thead>
<tr>
<th>ICD-9 Code</th>
<th>Diagnosis Description</th>
<th>Date of Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ ___ ___</td>
<td>__________________________</td>
<td><em><strong>/</strong></em>/____</td>
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<td>___ ___ ___</td>
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<td>___ ___ ___</td>
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</tr>
<tr>
<td>___ ___ ___</td>
<td>__________________________</td>
<td><em><strong>/</strong></em>/____</td>
</tr>
</tbody>
</table>

If you have a large number of reports, please contact our office for an alternate method of reporting.

Alaska Birth Defects Registry
3601 C Street, Suite 424
P.O. Box 240249
Anchorage, Alaska 99524-0249

To reach Alaska Birth Defects Registry:
Phone: 1-907-269-8097
Fax: 1-907-269-3493
Other Reportable Conditions

Health care providers are required to report two other conditions to the Division of Public Health:

- Diseases which are known or suspected to be related to environmental exposure to a toxic substance.
- Diseases which are known or suspected to be due to a person’s occupation.

Reports should be made by telephoning the Section of Epidemiology at 1-907-269-8000 during regular business hours. After hours, if a health care provider considers the situation to represent a public health emergency, the report should be made by calling 1-800-478-0084.

Section of Epidemiology Assistance

For most conditions, the basic information requested on the applicable report form is all that is necessary for reporting. For some situations, an epidemiologist will contact the reporting health care provider to discuss the case and obtain additional information. Further assistance may be obtained by calling the Section of Epidemiology at 1-907-269-8000.

Available assistance includes:

- Epidemiologic investigation.
- Infectious disease consultation.
- Consultation on diseases related to occupational or environmental exposure to a toxic or hazardous substance.
- Partner notification for patients with a sexually transmitted disease, including AIDS or human immunodeficiency virus (HIV) infection.
- Information on and assistance in obtaining diagnostic laboratory tests.
- Information on and assistance with electronic reporting by modem, computer disk, or other media.

To report above conditions:
Business hours — 1-907-269-8000
After hours — 1-800-478-0084

For questions regarding reporting:
1-907-269-8000
AS 09.65.161. Immunity for disclosure of required health care data.

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

AS 18.05.042. Access to health care records.

(a) The department may, during reasonable business hours, inspect health care records maintained by physicians and other health care professionals, hospitals, out-patient clinics, nursing homes, and other facilities or agencies providing health care services to patients that would identify patients or establish characteristics of an identified patient with cancer required to be reported under 42 U.S.C. 280e-280e-4, or a birth defect or infectious disease required to be reported to protect the public health under this chapter and regulations adopted under this chapter. Disclosure of these health care records to the department does not constitute a breach of patient confidentiality.

(b) The department may conduct research using health care data reported under (a) of this section. The department may provide data obtained under (a) of this section to other persons for clinical, epidemiological, or other public health research.

(c) Data obtained or a record inspected under this section that identifies a particular individual

(1) is confidential;

(2) may not be further disclosed to other persons except by the department under (b) of this section; and

(3) is not subject to inspection or copying under AS 40.25.110 - 40.25.125.

AS 18.15.355. Prevention and control of conditions of public health importance.

(a) The department may use the powers and provisions set out in AS 18.15.355 - 18.15.395 to prevent, control, or ameliorate conditions of public health importance or accomplish other essential public health services and functions.

(b) In performing its duties under AS 18.15.355 - 18.15.395, the department may

(1) establish standards

(A) for the prevention, control, or amelioration of conditions of public health importance;

(B) to accomplish other essential public health services and functions; and

(2) adopt regulations to implement and interpret AS 18.15.355 - 18.15.395.

AS 18.15.360. Data collection.

(a) The department is authorized to collect, analyze, and maintain databases of information related to

(1) risk factors identified for conditions of public health importance;

(2) morbidity and mortality rates for conditions of public health importance;

(3) community indicators relevant to conditions of public health importance; and

(4) any other data needed to accomplish or further the mission or goals of public health or provide essential public health services and functions.

(b) The department is authorized to obtain information from federal, state, and local governmental agencies, Alaska Native organizations, health care providers, pre-hospital emergency medical services, or other private and public organizations operating in the state. The department may also use information available from other governmental and private sources, reports of hospital discharge data, information included in death certificates, other vital statistics, environmental data, and public information. The department may request information from and inspect health care records maintained by health care providers that identify individuals or characteristics of individuals with reportable diseases or other conditions of public health importance.

(c) The department may collect information to establish and maintain a comprehensive vaccination registry to aid, coordinate, and promote effective and cost-efficient disease prevention and control efforts in the state.
(d) The department may not acquire identifiable health information under this section without complying with the provisions of AS 18.15.355 - 18.15.395 and regulations adopted under those statutes.

AS 18.15.362. Acquisition and use of identifiable health information; public health purpose.

The department may acquire and use identifiable health information collected under AS 18.15.355 - 18.15.395 only if the

(1) acquisition and use of the information relates directly to a public health purpose;

(2) acquisition and use of the information is reasonably likely to contribute to the achievement of a public health purpose; and

(3) public health purpose cannot otherwise be achieved at least as well with nonidentifiable health information.

AS 18.15.365. Information security safeguards.

(a) The department shall acquire, use, disclose, and store identifiable health information collected under AS 18.15.355 - 18.15.395 in a confidential manner that safeguards the security of the information, and maintain the information in a physically and technologically secure environment.

(b) The department shall expunge, in a confidential manner, identifiable health information collected under AS 18.15.355 - 18.15.395 when the use of the information by the department no longer furthers the public health purpose for which it is required.

(c) A person who knowingly discloses identifiable health information in violation of this section or a regulation adopted under this section is guilty of a class B misdemeanor. In this subsection, “knowingly” has the meaning given in AS 11.81.900 (a).

(d) A person who intentionally discloses identifiable health information in violation of this section or a regulation adopted under this section is guilty of a class A misdemeanor. In this subsection, “intentionally” has the meaning given in AS 11.81.900 (a).

AS 18.15.370. Reportable disease list.

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

AS 18.15.375. Epidemiological investigation.

(a) The department may investigate conditions of public health importance in the state through methods of epidemiological investigation. The department may also ascertain the existence of cases of illness or other conditions of public health importance, investigate potential sources of exposure or infection and ensure that they are subject to proper control measures, and determine the extent of the disease outbreak, epidemic, risk to health and safety, or disaster.

(b) Investigations under this section may include identification of individuals who have been or may have been exposed to or affected by a condition of public health importance, interviewing and testing those individuals, examining facilities or materials that may pose a threat to the public health, and interviewing other individuals. In conducting the investigations the department may

(1) identify all individuals thought to have been exposed to any agent that may be a potential cause of the disease outbreak, epidemic, or disaster;

(2) interview, test, examine, or screen an individual where needed to assist in the positive identification of those exposed or affected or to develop information relating to the source or spread of the disease or other condition of public health importance; and

(3) inspect health care records maintained by a health care provider.

(c) When testing, screening, or examining an individual under this section, the department shall adhere to the following requirements:

(1) the department may not require the testing, examination, or screening of an individual without the consent of the individual or the individual’s legal guardian, except as otherwise provided in this section or other law;
(2) the department may require testing, examination, or screening of a nonconsenting individual only upon an order of a state medical officer, and only upon a finding that the individual has or may have been exposed to a contagious disease that poses a significant risk to the public health; the order must be personally served on the person to be tested, examined, or screened within a reasonable period of time before the testing, examination, or screening is to take place;

(3) the department shall obtain an ex parte order in accordance with (d) of this section if the individual to be tested, examined, or screened objects to the state medical officer’s order;

(4) a health care practitioner shall perform an examination under this section; the individual to be examined may, under conditions specified by the state medical officer, choose the health care practitioner who will perform the examination;

(5) a testing, examination, or screening program shall be conducted for the sole purpose of identifying a condition of public health importance that poses a threat to the public health and may be avoided, cured, alleviated, or made less contagious through safe and effective treatment, modifications in individual behavior, or public health intervention;

(6) before testing, examination, or screening, the department shall explain to the individual or individual’s legal representative the nature, scope, purposes, benefits, risks, and possible results of the testing, examination, or screening;

(7) in conjunction with or directly after the dissemination of the results of the testing, examination, or screening, the department shall fully inform the individual or individual’s legal representative of the results of the testing, examination, or screening.

(d) A judicial officer may issue an ex parte order for testing, examination, or screening upon a showing of probable cause, supported by oath or affirmation, that the individual has or may have been exposed to a contagious disease that poses a significant risk to the public health. The court shall specify the duration of the ex parte order for a period not to exceed five days. To conduct the testing, examination, or screening of an individual who is not being detained under an order of isolation or quarantine, the court may order a peace officer to take the individual into protective custody until a hearing is held on the ex parte petition if a hearing is requested.

(e) The individual subject to the ex parte order must be given, with the petition and order, a form to request a hearing to vacate the ex parte order. If a hearing is requested to vacate the ex parte order, the court shall hold the hearing within three working days after the date the request is filed with the court. The public shall be excluded from a hearing under this subsection unless the individual subject to the ex parte order elects to have the hearing open.


(a) A health care practitioner or public health agent who examines or treats an individual who has or may have been exposed to a contagious disease shall instruct the individual about the measures for preventing transmission of the disease and the need for treatment.

(b) The department may administer medication or other medical treatment, including the use of directly observed therapy where appropriate, to a consenting individual who has or may have been exposed to a contagious disease.

(c) An individual has the right to refuse treatment and may not be required to submit to involuntary treatment as long as the individual is willing to take steps outlined by the state medical officer to prevent the spread of a communicable disease to others. However, an individual who exercises the right to refuse treatment under this subsection may be responsible for paying all costs incurred by the state in seeking and implementing a quarantine or isolation order made necessary by a refusal of treatment by the individual. The department shall notify an individual who refuses treatment under this subsection that the refusal may result in an indefinite period of quarantine or isolation and that the individual may be responsible for payment of the costs of the quarantine or isolation.

AS 18.15.385. Isolation and quarantine.

(a) The department may isolate or quarantine an individual or group of individuals if isolation or quarantine is the least restrictive alternative necessary to prevent the spread of a contagious or possibly contagious disease to others in accordance with regulations adopted by the department consistent with the provisions of this section and other law.

(b) The department shall adhere to the following conditions and standards when isolating or quarantining an individual or group of individuals:

(1) isolation and quarantine shall be by the least restrictive means necessary to prevent the spread of a contagious or possibly contagious disease that poses a significant risk to public health; isolation and quarantine may include confinement to private homes
or other private and public premises; absent exceptional circumstances that would jeopardize public health, a person shall be allowed to choose confinement in the person’s home;

(2) isolated individuals shall be confined separately from quarantined individuals;

(3) the health status of an isolated or quarantined individual shall be monitored regularly to determine whether the individual continues to require isolation or quarantine;

(4) if a quarantined individual subsequently becomes infected or is reasonably believed to have become infected with a contagious or possibly contagious disease, the individual shall promptly be removed to isolation;

(5) the department shall immediately terminate an isolation and quarantine order when an individual poses no substantial risk of transmitting a contagious or possibly contagious disease to others.

(c) The department may authorize a health care practitioner, public health agent, or another person access to an individual in isolation or quarantine as necessary to meet the needs of the isolated or quarantined individual. An individual who enters isolation or quarantine premises with or without authorization of the department may be isolated or quarantined if needed to protect the public health.

(d) Before quarantining or isolating an individual, the department shall obtain a written order from the superior court authorizing the isolation or quarantine, unless the individual consents to the quarantine or isolation. The department shall file a petition for a written order under this subsection. The petition must

(1) allege

(A) the identity of each individual proposed to be quarantined or isolated;

(B) the premises subject to isolation or quarantine;

(C) the date and time the isolation or quarantine is to begin;

(D) the suspected contagious disease;

(E) that the individual poses a significant risk to public health;

(F) whether testing, screening, examination, treatment, or related procedures are necessary;

(G) that the individual is unable or unwilling to behave so as not to expose other individuals to danger of infection; and

(H) that the department is complying or will comply with (b) of this section; and

(2) be accompanied by an affidavit signed by a state medical officer attesting to the facts asserted in the petition, including specific facts supporting the allegations required by (1)(D) and (G) of this subsection; the petition shall be personally served according to court rules, along with notice of the time and place of the hearing under (f) of this section.

(e) Notwithstanding (d) of this section, when the department has probable cause to believe that the delay involved in seeking a court order imposing isolation or quarantine would pose a clear and immediate threat to the public health and isolation or quarantine is the least restrictive alternative and is necessary to prevent the spread of a contagious or possibly contagious disease, a state medical officer in the department may issue an emergency administrative order to temporarily isolate or quarantine an individual or group of individuals. An emergency administrative order of temporary quarantine or isolation by a state medical officer is enforceable by any peace officer in the state. Within 24 hours after implementation of the emergency administrative order, the department shall notify the superior court by filing a petition under (d) of this section that also alleges that the emergency action was necessary to prevent or limit the transmission of a contagious or possibly contagious disease to others that would pose an immediate threat to the public health. The petition must be signed by a state medical officer.

(f) An individual served with a petition under (d) of this section or an emergency administrative order to temporarily isolate or quarantine under (e) of this section has the right to a court hearing. The court shall hold a hearing within 48 hours after a petition is filed. The department may request a continuance of the hearing for up to five days. The court may grant the continuance for good cause shown and in extraordinary circumstances, giving due regard to the rights of the affected individuals, the protection of the public health, the severity of the need for isolation or quarantine, and other evidence. During a continuance, an isolated or quarantined individual shall remain in isolation or quarantine. The court may order the consolidation of individual claims into group claims if the number of individuals affected is so large as to render individual participation impractical, there are questions of law or fact common to the individual claims or rights to be determined, the group claims or rights are typical of the affected individuals’ claims or rights, and the entire group can be adequately represented. The public shall
be excluded from a hearing under this section unless the individual elects to have the hearing open under (g)(2) of this section.

(g) During the hearing, the individual has the right to

(1) view and copy all petitions and reports in the court file of the individual's case;
(2) elect to have the hearing open to the public;
(3) have the rules of evidence and civil procedure applied so as to provide for the informal but efficient presentation of evidence;
(4) have an interpreter if the individual does not understand English;
(5) present evidence on the individual's behalf;
(6) cross-examine witnesses who testify against the individual;
(7) call experts and other witnesses to testify on the individual's behalf; and
(8) participate in the hearing; under this paragraph, participation may be by telephone if the individual presents a substantial risk of transmitting a contagious or possibly contagious disease to others.

(h) At the conclusion of the hearing, the court may commit the individual to isolation or quarantine for not more than 30 days if the court finds, by clear and convincing evidence, that the isolation or quarantine is necessary to prevent or limit the transmission to others of a disease that poses a significant risk to the public health. The court may issue other orders as necessary. Orders are enforceable by a peace officer of this state.

(i) Before the expiration of an order issued under (h) of this section, the court may continue isolation or quarantine for additional periods not to exceed 30 days upon a showing by the department by clear and convincing evidence that the action is necessary to prevent or limit the transmission to others of a disease that poses a significant risk to the public health.

(j) An isolated or quarantined individual or group of individuals may apply to the court for an order to show cause why isolation or quarantine should not be terminated. The court shall rule on the application to show cause within 48 hours after filing. An isolated or quarantined individual or group of individuals may request a hearing in the court for remedies regarding breaches of the conditions of isolation or quarantine. A request for a hearing may not stay or enjoin an isolation or quarantine order. Where extraordinary circumstances justify the immediate granting of relief, the court shall fix a date for hearing on the alleged matters within 24 hours after receipt of the request. Otherwise, the court shall fix a date for hearing on the alleged matters within five days after receipt of a request.

(k) The provisions of this section apply to minors. All notices required to be served on an individual shall also be served on the parents or guardians of an individual who is an unemancipated minor.

(l) The department shall adopt regulations to protect, as much as possible, the privacy rights of individuals subject to isolation or quarantine under this section.

(m) The department may quarantine or isolate individuals who have been exposed to hazardous materials that can cause serious illness or injury by transmission of the hazardous material to others. The provisions of this section concerning isolation and quarantine of individuals to prevent the spread of contagious or possibly contagious diseases shall apply to isolation or quarantine of individuals who have been exposed to hazardous materials.

(n) A person who knowingly violates this section or a regulation adopted under this section is guilty of a class B misdemeanor. In this subsection, “knowingly” has the meaning given in AS 11.81.900 (a).

(o) A person who intentionally violates this section or a regulation adopted under this section is guilty of a class A misdemeanor. In this subsection, “intentionally” has the meaning given in AS 11.81.900 (a).

AS 18.15.390. Powers of the department in a public health disaster.

If the governor declares a condition of disaster emergency under AS 26.23.020(c) due to an outbreak of disease or a credible threat of an imminent outbreak of disease, the department, in coordination with the Department of Military and Veterans' Affairs, may

(1) close, direct, and compel the evacuation of, or
(9) order the disposal of the human remains of an individual who has died of a contagious disease or transmissible agent through burial or cremation within 24 hours after death, taking into account the religious, cultural, family, and individual beliefs of the deceased individual and the individual’s family;

(10) require any business or facility holding a funeral establishment permit issued under AS 08.42.100 to accept human remains, to provide the use of the business or facility as is reasonable and necessary to respond to the disaster, and, if necessary, to transfer the management and supervision of the business or facility to the state during the course of the disaster;

(11) procure, by condemnation or otherwise, a business or facility authorized to embalm, bury, cremate, inter, disinter, transport, and dispose of human remains under the laws of this state as may be reasonable and necessary to respond to the disaster, with the right to take immediate possession of the facilities;

(12) appoint and prescribe the duties of emergency assistant medical examiners as may be required for the proper performance of the duties of the office; the appointment of emergency assistant medical examiners may not exceed the termination of the declaration of a state of disaster; the department may terminate an emergency appointment made under this paragraph for any reason.

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

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

In AS 18.15.355 - 18.15.395, unless the context otherwise requires,

(1) “Alaska Native organization” means an organization recognized by the United States Indian Health Service to provide health-related services;

(2) “condition of public health importance” means a disease, syndrome, symptom, injury, or other threat to health that is identifiable on an individual or community level and can reasonably be expected to lead to adverse health effects in the community;

(3) “contagious disease” means an infectious disease that can be transmitted from individual to individual;

(4) “contaminated material” means wastes or other materials exposed to or tainted by chemical, radiological, or biological substances or agents;

(5) “court” means a court of competent jurisdiction under state law;

(6) “decontaminate” means to remove or neutralize chemical, radiological, or biological substances or residues from individuals, buildings, objects, or areas;

(7) “directly observed therapy” means a technique used to ensure that an infectious individual complies with the individual’s treatment regimen, whereby a health worker observes the individual to ensure the ingestion of the individual’s medication for each dose the individual is required to take over the course of the individual’s treatment;

(8) “disease outbreak” means the sudden and rapid increase in the number of cases of a disease or other condition of public health importance in a population;

(9) “epidemic” means the occurrence in a community or region of a group of similar conditions of public health importance that are in excess of normal expectancy and derived from a common or propagated source;

(10) “essential public health services and functions” mean services and functions to

(A) monitor health status to identify and solve community health problems;

(B) investigate and diagnose health problems and health hazards in the community;

(C) inform and educate individuals about and empower them to deal with health issues;

(D) mobilize public and private sector collaboration and action to identify and solve health problems;

(E) develop policies, plans, and programs that support individual and community health efforts;

(F) enforce statutes and regulations of this state that protect health and ensure safety;

(G) link individuals to needed health services and facilitate the provision of health care when otherwise unavailable;

(H) ensure a competent public health workforce;

(I) evaluate effectiveness, accessibility, and quality of personal and population-based health services; or

(J) research for new insights and innovative solutions to health problems;

(11) “health care practitioner” means a physician, nurse practitioner, or physician assistant authorized to practice their respective professions in this state;

(12) “health care provider” means any person that provides health care services; “health care provider” includes a hospital, medical clinic or office, special care facility, medical laboratory, physician, pharmacist, dentist, physician assistant, nurse, paramedic, emergency medical or laboratory technician, community health worker, and ambulance and emergency medical worker;

(13) “identifiable health information” means any information, whether oral, written, electronic, visual, pictorial, physical, or any other form, that relates to an individual’s past, present, or future physical or mental health status, condition, treatment, service, products purchased, or provisions of care and

(A) that reveals the identity of the individual whose health care is the subject of the information; or

(B) regarding which there is a reasonable basis to believe that the information could be used, either alone or with other information that is, or should reasonably be known to be, available to predictable recipients of the information, to reveal the identity of that individual;

(14) “infectious disease” means a disease caused by a living organism or other pathogen, including a fungus, bacteria, parasite, protozoan, or virus; an infectious disease may be transmissible from individual to individual, animal to individual, or insect to individual;

(15) “infectious waste” means

(A) biological waste, including blood and blood products, excretions, exudates, secretions, suctioning and other body fluids, and waste materials saturated with blood or body fluids;

(B) cultures and stocks, including
(i) etiologic agents and associated biologicals;
(ii) specimen cultures and dishes and devices used to transfer, inoculate, and mix cultures;
(iii) wastes from production of biologicals and serums; and
(iv) discarded, killed, or attenuated vaccines;
(C) except for teeth or formaldehyde or other preservative agents, pathological waste, including
(i) biopsy materials and all human tissues;
(ii) anatomical parts that emanate from surgery, obstetrical procedures, necropsy or autopsy, and laboratory procedures; and
(iii) animal carcasses exposed to pathogens in research and the bedding and other waste from those animals; and
(D) sharps, including needles, intravenous tubing with needles attached, scalpels, lances, 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.
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 must 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) hemorrhagic fever;
(5) measles;
(6) meningococcal invasive disease;
(7) paralytic shellfish poisoning;
(8) plague;
(9) poliomyelitis;
(10) rabies;
(11) rubella;
(12) severe acute respiratory syndrome (SARS);
(13) smallpox;
(14) suspected novel strains of influenza;
(15) tetanus;
(16) tularemia;
(17) 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 who diagnoses or suspects a diagnosis of one or more of the following diseases or other conditions of public health importance must report the information to the division of public health in the department in a manner set out in (c) of this section:

(1) acquired immune deficiency syndrome (AIDS);
(2) anthrax;
(3) botulism;
(4) brucellosis;
(5) campylobacteriosis;
(6) chancroid;
(7) Chlamydia trachomatis infection;
(8) cryptosporidiosis;
(9) cyclosporosis;
(10) diphtheria;
(11) echinococcosis;
(12) Escherichia coli O157:H7 infection;
(13) giardiasis;
(14) gonorrhea;
(15) Haemophilus influenzae invasive disease;
(16) hemorrhagic fever;
(17) hepatitis (type A, B, or C);
(18) human immunodeficiency virus (HIV) infection;
(19) legionellosis (Legionnaires’ disease or Pontiac fever);
(20) leprosy (Hansen disease);
(21) listeriosis;
(22) Lyme disease;
(23) malaria;
(24) measles;
(25) meningococcal invasive disease;
(26) mumps;
(27) paralytic shellfish poisoning;
(28) pertussis (whooping cough);
(29) plague;
(30) poliomyelitis;
(31) prion diseases;
(32) psittacosis;
(33) Q fever;
(34) rabies;
(35) rheumatic fever;
(36) rubella;
(37) salmonellosis;
(38) severe acute respiratory syndrome (SARS);
(39) shigellosis;
(40) smallpox;
(41) Streptococcus agalactiae (Group B streptococcus), invasive disease;
(42) Streptococcus pneumoniae (pneumococcus), invasive disease;
(43) Streptococcus pyogenes, (Group A streptococcus), invasive disease and streptococcal toxic shock syndrome;
(44) suspected novel strains of influenza;
(45) syphilis;
(46) tetanus;
(47) trichinosis (trichinellosis);
(48) tuberculosis;
(49) tularemia;
(50) typhoid fever;
(51) varicella (chickenpox);
(52) Vibrio infection, including cholera;
(53) West Nile virus infection;
(54) yellow fever;
(55) yersiniosis;
(56) outbreaks of diseases or other conditions of public health importance;
(57) an unusual incidence of confirmed or suspected infectious disease or other condition of public health importance.
(c) To meet the reporting requirements of (b) of this section, the health care provider must submit a report to the division orally, electronically, or on a form provided by the division within five working days after first discovering or suspecting the existence of the disease 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 or other condition and the name and address of the health care provider reporting the disease or other condition.

(d) A health care provider who attends an individual affected by an outbreak or unusual incidence of a disease or condition known or suspected to be related to exposure to environmental toxic or hazardous material must report the disease or other condition to the division in the manner set out in (c) of 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

Authority: AS 18.05.010
AS 18.05.040
AS 18.05.355
AS 18.15.362
AS 18.05.370

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 must 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 must be reported under this section:

(1) Bacillus anthracis;
(2) Clostridium botulinum or botulinum toxin;
(3) Corynebacterium diphtheriae;
(4) Francisella tularensis;
(5) Hemorrhagic fever viruses;
(6) Neisseria meningitidis;
(7) poliovirus;
(8) rabies virus;
(9) rubella virus;
(10) rubeola (measles) virus;
(11) SARS - associated coronavirus;
(12) suspected novel strains of influenza virus;
(13) variola (smallpox) virus;
(14) 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 must report evidence of human infection caused by the following agents at the time of identification or suspected identification to the division of public health in the department in a manner set out in (c) of this section:

(1) Bacillus anthracis;
(2) Bordetella pertussis;
(3) Borrelia burgdorferi;
(4) Brucella species;
(5) Campylobacter species;
(6) Chlamydia psittaci;
(7) Chlamydia trachomatis;
(8) Clostridium botulinum or botulinum toxin;
(9) Clostridium tetani;
(10) Corynebacterium diphtheriae;
(11) Coxiella burnetii;
(12) Cryptosporidium species;
(13) Cyclospora;
(14) Escherichia coli 0157:H7;
(15) Echinococcus species;
(16) Francisella tularensis;
(17) Giardia lamblia;
(18) Haemophilus ducreyi;
(19) Haemophilus influenzae from normally sterile body fluid or site;
(20) Hemorrhagic fever viruses;
(21) hepatitis A, B, or C virus;
(22) human immunodeficiency virus (HIV);
(23) influenza virus;
(24) Legionella species;
(25) Listeria monocytogenes;
(26) mumps virus;
(27) Mycobacterium leprae;
(28) Mycobacterium tuberculosis;
(29) Neisseria gonorrhoeae;
(30) Neisseria meningitidis;
(31) Plasmodium species;
(32) poliovirus;
(33) prions;
(34) rabies virus;
(35) rubella virus;
(36) rubeola (measles) virus;
(37) *Salmonella* species;
(38) SARS - associated coronavirus;
(39) *Shigella* species;
(40) *Streptococcus pneumoniae* from normally sterile body fluid or site;
(41) *Streptococcus pyogenes* from normally sterile body fluid or site;
(42) *Streptococcus agalactiae* from normally sterile body fluid or site;
(43) *Treponema pallidum*;
(44) *Trichinella* species;
(45) varicella virus;
(46) variola (smallpox) virus;
(47) *Vibrio* species;
(48) West Nile virus;
(49) yellow fever virus;
(50) *Yersinia enterocolitica* or *Y. pseudotuberculosis*;
(51) *Yersinia pestis*.

(c) To meet the reporting requirements of (b) of this section, a public, private, military, hospital, or other laboratory must submit a report to the division orally, electronically, or on a form provided by the division or on a legible copy of the original laboratory report form within five working days after the examination or test is performed. Each notification must give the date and result of the examination or test performed, the name or identification code sufficient to identify the patient to the health care provider, and, if available, 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.

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 12/29/2006, Register 180

Authority: AS 18.05.040
AS 18.15.370
AS 44.62.245
AS 47.05.012


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

### 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:

<table>
<thead>
<tr>
<th>ICD-9 Code</th>
<th>Condition</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>237.7 - 237.72</td>
<td>Neurofibromatosis</td>
<td>434.0 - 434.9</td>
</tr>
<tr>
<td>243</td>
<td>Congenital hypothyroidism</td>
<td>359.0 - 359.9</td>
</tr>
<tr>
<td>255.2</td>
<td>Adrenogenital disorders</td>
<td>362.74</td>
</tr>
<tr>
<td>270.0 - 270.9</td>
<td>All amino acid metabolic disorders</td>
<td>389.0</td>
</tr>
<tr>
<td>271.0 - 271.9</td>
<td>Glycogenosis and galactosemia</td>
<td>389.1</td>
</tr>
<tr>
<td>277.0 - 277.9</td>
<td>Other and unspecified disorders of metabolism</td>
<td>389.2</td>
</tr>
<tr>
<td>279.0 - 279.9</td>
<td>Disorders involving the immune mechanism</td>
<td>389.7</td>
</tr>
<tr>
<td>282 .0 - 282.9</td>
<td>Hereditary hemolytic anemias</td>
<td>389.8</td>
</tr>
<tr>
<td>284.0</td>
<td>Constitutional aplastic anemia</td>
<td>740.0 - 740.2</td>
</tr>
<tr>
<td>331.3 - 331.9</td>
<td>Other cerebral degenerations</td>
<td>741.0 - 741.9</td>
</tr>
<tr>
<td>334.0 - 334.9</td>
<td>Spinocerebellar disease</td>
<td>742.0 - 742.9</td>
</tr>
<tr>
<td>335.0 - 335.9</td>
<td>Anterior horn cell disease</td>
<td>743.0 - 743.9</td>
</tr>
<tr>
<td>359.0 - 359.9</td>
<td>Muscular dystrophies and other myopathies</td>
<td>744.0 - 744.9</td>
</tr>
<tr>
<td>362.74</td>
<td>Pigmentary retinal dystrophy</td>
<td>745.0 - 745.9</td>
</tr>
<tr>
<td>389.0</td>
<td>Conductive hearing loss</td>
<td>746.0 - 746.9</td>
</tr>
<tr>
<td>389.1</td>
<td>Sensorineural hearing loss</td>
<td>747.0 - 747.9</td>
</tr>
<tr>
<td>389.2</td>
<td>Mixed conductive and sensorineural hearing loss</td>
<td>747.0 - 747.9</td>
</tr>
<tr>
<td>389.7</td>
<td>Deaf mutism (non-speaking)</td>
<td>747.0 - 747.9</td>
</tr>
<tr>
<td>389.8</td>
<td>Other specified forms of hearing loss</td>
<td>747.0 - 747.9</td>
</tr>
<tr>
<td>740.0 - 740.2</td>
<td>Unspecified hearing loss</td>
<td>741.0 - 741.9</td>
</tr>
<tr>
<td>742.0 - 742.9</td>
<td>Mixed conductive and sensorineural hearing loss</td>
<td>743.0 - 743.9</td>
</tr>
<tr>
<td>744.0 - 744.9</td>
<td>Congenital anomalies of ear, face, and neck</td>
<td>745.0 - 745.9</td>
</tr>
<tr>
<td>746.0 - 746.9</td>
<td>Other congenital anomalies of heart</td>
<td>747.0 - 747.9</td>
</tr>
<tr>
<td>747.0 - 747.9</td>
<td>Other congenital anomalies of circulatory system</td>
<td>747.0 - 747.9</td>
</tr>
<tr>
<td>748.0 - 748.9</td>
<td>Other congenital anomalies of circulatory system</td>
<td>750.0 - 750.9</td>
</tr>
<tr>
<td>749.0 - 749.25</td>
<td>Other congenital anomalies of upper alimentary tract</td>
<td>751.0 - 751.9</td>
</tr>
<tr>
<td>750.0 - 750.9</td>
<td>Cleft palate and cleft lip</td>
<td>751.0 - 751.9</td>
</tr>
<tr>
<td>752.0 - 752.9</td>
<td>Other congenital anomalies of digestive system</td>
<td>753.0 - 753.9</td>
</tr>
<tr>
<td>753.0 - 753.9</td>
<td>Congenital anomalies of genital organs</td>
<td>754.0 - 754.89</td>
</tr>
<tr>
<td>754.0 - 754.89</td>
<td>Certain congenital musculoskeletal deformities</td>
<td>755.0 - 755.9</td>
</tr>
<tr>
<td>755.0 - 755.9</td>
<td>Other congenital anomalies of limbs</td>
<td>756.0 - 756.9</td>
</tr>
</tbody>
</table>
### Conditions Reportable — January, 2008

<table>
<thead>
<tr>
<th>Code Range</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>757.0 - 757.9</td>
<td>Musculoskeletal anomalies</td>
</tr>
<tr>
<td>758.0 - 758.9</td>
<td>Congenital anomalies of the integument</td>
</tr>
<tr>
<td>759.0 - 759.9</td>
<td>Chromosomal anomalies</td>
</tr>
<tr>
<td>760.0 - 760.9</td>
<td>Other and unspecified congenital anomalies</td>
</tr>
<tr>
<td>760.71</td>
<td>Fetus or newborn affected by maternal conditions which may be unrelated to present pregnancy</td>
</tr>
<tr>
<td>760.71</td>
<td>Alcohol - Fetal alcohol syndrome</td>
</tr>
</tbody>
</table>

**History:** Eff 1/19/96, Register 137; 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

**Editor's note:** 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.

On October 10, 2006 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, 2006: the 2005 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

A hospital, physician, surgeon, or other health care provider diagnosing or providing treatment for a patient with an injury caused by a firearm shall report to the division, within five working days of the date of diagnosis or treatment, information about the patient, including name, date of birth, geographic location of occurrence, sex, race, ethnicity, community of residence, and date of diagnosis.

**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

**Authority:** AS 18.05.030

**Editor's note:** 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) A physician, surgeon, or other health care provider shall report to the division, within four weeks of receiving the results of the test, information about a person for whom a blood lead test was performed where the reported blood lead test result is greater, or
equal to, 10 micrograms per deciliter (µg/dL). This information must include the name, date of birth, sex, race, ethnicity, community of residence of the person tested, the actual test result, and the name and the address of the health care provider for whom the test was performed.

(b) A public, private, military, hospital, or other laboratory performing blood lead analyses in this state or on samples obtained in this state shall report, within four weeks of performing the test, information about a person for whom a blood lead test was performed where the reported blood lead test result is greater, or equal to, 10 micrograms per deciliter (µg/dL). This information must include the name, date of birth, sex, race, ethnicity, community of residence of the person tested, the actual test result, and the name and the address of the health care provider for whom the test was performed.

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

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

A physician, nurse, or other health care provider who attends to a person with a disease or other condition of public health importance that is known or suspected to be a result of a worker’s occupation must report the disease or other condition to the division in the time and manner described for reporting conditions of public health importance in 7 AAC 27.005.

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 18.15.355
AS 18.15.362

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 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
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 Centers for Disease Control and Prevention, Compendium of Animal Rabies Prevention and Control, 2005, 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 division; 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 licensed veterinarian or 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, 2005, as adopted 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 licensed veterinarian 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 licensed veterinarian does not of itself preclude this approval;

(5) sale of rabies vaccine to any person or entity other than a licensed veterinarian, 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 the department 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, 2005, 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

Authority: AS 18.05.04
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, 2005, is on file in the Lieutenant Governor’s Office and 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 99524-0249.

On December 12, 2006, 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 27.022, would be in effect on January 1, 2007: the Compendium of Animal Rabies Prevention and Control, 2007. 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 99524-0249.

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 27.213. Tuberculosis skin test

(a) Each public school district and non-public school offering pre-elementary education through the 12th grade, or a combination of these grades, shall administer an intradermal purified protein derivative (PPD) skin test for tuberculosis within 90 days of enrollment to each child who enrolls in

(1) grades kindergarten and seven; or

(2) the district in grades kindergarten or higher for the first time.

(b) The division may require a district or a non-public school to administer PPD skin tests to enrolled children in addition to those tests required under (a) of this section. The division shall issue a notice to a district or a non-public school requiring enrolled children in additional grade levels, including potentially all grade levels, to be PPD skin tested if the division makes a determination that there is evidence of increased risk of spread of tuberculosis in the community or communities where the district or the non-public school is located. The division shall use the following criteria to determine
the need for additional required testing required under this subsection:

(1) evidence that the results of prior PPD skin testing of school children in the local community or communities demonstrate tuberculosis transmission;

(2) evidence that tuberculosis disease is recognized to be occurring in the local community or communities;

(3) evidence that the local community or communities have a history of high rates of tuberculosis when compared to rates of tuberculosis for the nation or this state; or

(4) evidence that children from populations having a high risk of tuberculosis are enrolled in the district or the non-public school; in this paragraph, “populations having a high risk” include 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.

(c) If the result of a PPD skin test is positive, including a test result provided under (f)(1) of this section, the district or non-public school shall refer the child to a health care provider and notify the division at its office in Anchorage.

(d) The district or non-public school shall record the result of a PPD skin test administered under this section in the permanent health record of the child.

(e) The district or school shall suspend a child under AS 14.30.045 if

(1) the child fails to submit to a PPD skin test required under this section; or

(2) the child or a person acting on behalf of the child fails to provide the district or non-public school, within 30 days after referral under (c) of this section, a written and signed statement of a health care provider stating that the child is not infectious from tuberculosis to others.

(f) Notwithstanding (a) - (e) of this section, a PPD skin test is not required under this section if the child or a person acting on behalf of the child provides the district or non-public school with

(1) documentation showing

(A) negative results of PPD skin test administered within the preceding six months; or

(B) positive results at any time on the PPD skin test; or

(2) the affidavit of a physician lawfully entitled to practice medicine or osteopathy in this state stating the opinion that the PPD skin test to be administered would be injurious to the health and welfare of the child or members of the family or household.

(g) A student whose PPD skin test obtained under (a) or (b) of this section has a positive result shall have a health evaluation, including a chest x-ray, by a health care provider. The health care provider shall report the case to the section of epidemiology in the division.

History: Eff. 9/2/82, Register 83; am 2/10/99, Register 149
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 27.670. Informal review of state medical officer 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 director of public health. The individual may request informal review, orally or in writing, through the telephone number or address provided on the order within 48 hours after the explanation required by (a) of this section. The director, or the director’s designee, shall, within three calendar days of receiving the request for review, offer an opportunity for an informal hearing, either in person or, if the director, or the director’s designee, believes that an in-person hearing could unreasonably endanger others, by telephone and shall accept written evidence and arguments submitted by the individual subject to the order and medical staff of the division. The director of public health, or the director’s designee, shall issue a written determination
within three calendar days following the informal hearing. In the determination, the director, or the director’s designee, 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
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 director of public health. 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 director of the division, 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 director, or the director’s designee, shall, within 48 hours of receiving the request for informal review, offer an opportunity for an informal telephonic hearing and shall accept written evidence and arguments submitted by the individual subject to the order and medical staff of the division. Within 48 hours after the informal hearing, the director, or the director’s designee, shall 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 director, or the director’s designee, shall stay or terminate the informal review process.

History: Eff. 12/29/2006, Register 180
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 division 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 medically 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
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
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

7 AAC 27.893. Permitted disclosures

(a) The department may disclose identifiable health information that the department collects and maintains under AS 18.05 or AS 18.15 when the individual who is the subject of the information provides written consent to the disclosure as set out in 7 AAC 27.896 and under the circumstances set out in this section.

(b) The department may disclose identifiable health information without written consent:

1. directly to the individual;
2. to a federal public health agency, health oversight agency, or law enforcement authority as required by federal or state law;
3. to a peace officer to facilitate a criminal investigation in response to a search warrant or court order that is issued in accordance with (e) of this section;
4. to a school or licensed child care facility that has been designated as a limited public health authority to provide information concerning tuberculosis screening test results and immunizations to promote effective and cost-efficient disease prevention and control in schools and child care facilities within the state;
5. to a public health official or a health care practitioner for the purpose of examining, testing, or providing treatment or health counseling to the subject of the identifiable health information; and
6. to a health care provider to the extent necessary to protect the life or health of the individual who is the subject of the information.

(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.


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 director 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

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) “division” means the division of public health in the Department of Health and Social Services;

(3) “known rabid animal” means an animal with a positive laboratory test for rabies virus;

(4) “health care provider” has the meaning given in AS 18.15.395;

(5) “PPD skin test” means an intradermal purified protein derivative skin test for tuberculosis;

(6) “health care practitioner” has the meaning given in AS 18.15.395;

(7) “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;

(8) “identifiable health information” has the meaning given in AS 18.15.395;

(9) “infectious disease” has the meaning given in AS 18.15.395;

(10) “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;

(11) “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;

(12) “state medical officer” has the meaning given in AS 18.15.395.

History: Eff. 1/19/96, Register 137; am 2/10/99, Register 149; am 12/29/2006, Register 180

Authority: AS 18.05.040
AS 18.15.395