R386. Health, Disease Control and Prevention, Epidemiology.
R386-702. Communicable Disease Rule.
R386-702-1. Purpose Statement.

(1) The Communicable Disease Rule is adopted under authority of Sections 26-1-30, 26-6-3, and Title 26, Chapter 23b, Detection of Public Health Emergencies Act.

(2) This rule outlines a multidisciplinary approach to communicable and infectious disease control and emphasizes reporting, surveillance, isolation, treatment and epidemiological investigation to identify and control preventable causes of infectious diseases. Reporting requirements and authorizations are specified for communicable and infectious diseases, outbreaks, and unusual occurrence of any disease. Each section has been adopted with the intent of reducing disease morbidity and mortality through the rapid implementation of established practices and procedures.

(3) The successes of medicine and public health dramatically reduced the risk of epidemics and early loss of life due to infectious agents during the twentieth century. However, the emergence of diseases such as Middle Eastern Respiratory Syndrome (MERS), and the rapid spread of diseases such as West Nile virus to the United States from other parts of the world, made possible by advances in transportation, trade, food production, and other factors, highlight the continuing threat to health from infectious diseases. Continual attention to these threats and cooperation among all health care providers, government agencies, and other entities that are partners in protecting the public's health are crucial to maintain and improve the health of the citizens of Utah.

R386-702-2. Definitions.

(1) "Carrier" means the same as that term is defined in Section 26-6-2.
(2) "Communicable disease" means the same as that term is defined in Section 26-6-2.
(3) "Contact" means the same as that term is defined in Section 26-6-2.
(4) "Epidemic" means the same as that term is defined in Section 26-6-2.
(5) "Infection" means the same as that term is defined in Section 26-6-2.
(6) "Schools" means the same as that term is defined in Section 26-6-2.
(7) "Health care provider" means the same as that term is defined in Section 26-6-6.
(8) "Assisted living facilities" means the same as that term is defined in Section 26-21-2.
(9) "Nursing care facilities" means the same as that term is defined in Section 26-21-2.
(10) "Bioterrorism" means the same as that term is defined in Section 26-23b-102.
(11) "Childcare programs" means the same as that term is defined in Section 26-39-102.
(12) "Health care facilities" means the same as that term is defined in Section 78B-3-403.
(13) "Mental health facilities" means the same as that term is defined in Section 62A-15-602.
(14) "Local health department" means the same as that term is defined in Section R386-80-2.
(15) In addition, for purposes of this rule:

(a) "Blood and plasma center" is defined as a blood bank, blood storage facility, plasma center, hospital, any facility where blood or blood products are collected, or any facility where blood services are provided.

(b) "Care facilities licensed through the Department of Human Services" is described as any facility licensed through the Utah Department of Human Services, and includes adult day care facilities, adult foster care facilities, crisis respite facilities, domestic violence shelters and treatment programs, foster care homes, mental health treatment programs, residential treatment and day treatment facilities for persons with disabilities, substance abuse treatment programs, and youth treatment programs.

(c) "Case" is defined as any person, living or deceased, identified as having a communicable disease, condition, or syndrome that meets criteria for being reportable under this rule, or that is otherwise under public health investigation.

(d) "Clinic" is defined as any facility where a health care provider practices.

(e) "Condition" is defined as an abnormal state of health that may interfere with a person's regular feelings of wellbeing.

(f) "Correctional facility" is defined as a facility that forcibly confines an individual under the authority of the government, including prisons, detention centers, jails, juvenile detention centers.

(g) "Department" is defined as the Utah Department of Health.

(h) "Diagnostic facility" is defined as the facility where the case or suspect case was seen and evaluated by a healthcare provider.

(i) "Dispensary" is defined as an office in a school, hospital, industrial plant, or other organization that dispenses medications or medical supplies.

(j) "Electronic case reporting" is defined as the transmission of clinical, diagnostic, laboratory, and treatment related data from reporting entities to the Department in a structured, computer-readable format that reflects comparable content to HL7 CDA(reg trademark) R2 Implementation Guide: Public Health Case Report, Release 2 - US Realm - the Electronic Initial Case Report (eICR). Electronic Initial Case Reporting is a form of electronic reporting.

(k) "Electronic laboratory reporting" is defined as the transmission of laboratory or health related data from reporting entities to the Department using HL7 ORU-R01 2.3.1 or 2.5.1, LOINC, and SNOMED standard message structure and vocabulary. Electronic laboratory reporting is a form of electronic reporting.

(l) "Electronic reporting" is defined as the transmission of laboratory or health related data from reporting entities to the Department in a structured, computer-readable format that reflects comparable content to HL7 messaging.

(m) "Encounter" is defined as an instance of an individual presenting to a health care facility.

(n) "Event" is defined as any communicable disease, condition, laboratory result, syndrome, outbreak, epidemic, or other public health hazard that meets criteria for being reportable under this rule.

(o) "Good Samaritan" is defined as a person who gives reasonable aid to strangers in grave physical distress.

(p) "Invasive disease" is defined as infection occurring in parts of the body where organisms are not normally present, such as the bloodstream, organs, or the meninges.

(q) "Laboratory" is defined as any facility that receives, refers, or analyzes clinical specimens.

(r) "Manual reporting" is defined as the transmission of laboratory or health related data from reporting entities to the Department using processes that require hand keying for data to be incorporated into Department databases.

(s) "Normally sterile site" is defined as a part of the body where organisms are not normally present, such as the bloodstream, organs, or the meninges.

(t) "Outbreak" is defined as the increased occurrence of any communicable disease, health condition, or syndrome in a community, institution, or region; or two or more cases of a communicable disease, health condition, or syndrome in persons with a common exposure.

(u) "Public health hazard" is defined as the presence of an infectious organism or condition in the environment that endangers the health of a specified population.

(v) "Suspect case" is defined as any person, living or deceased, who a reporting entity, local health department, or the Department believes might be a case, but for whom it has not been established that the criteria necessary to become a case have been met.

(w) "Syndrome" is defined as a set of signs or symptoms that often occur together.

R386-702-3. Reportable Events.

(1) The Department declares the following events to be of concern to public health and reporting of all instances is required or authorized by Sections 26-6-6 and Title 26, Chapter 23b, Detection of Public Health Emergencies Act.

(2) Events reportable by each entity are as follows:

(a) acute flaccid myelitis;

(b) adverse event resulting from smallpox vaccination (vaccinia virus, orthopox virus);

(c) anaplasmosis (Anaplasma phagocytophilum);

(d) anthrax (Bacillus anthracis) or anthrax-like illness caused by Bacillus cereus strains that express anthrax toxin genes;

(e) antibiotic resistant organisms from any clinical specimen that meet the following criteria:

(i) resistant to a carbapenem in:

(A) Acinetobacter species;

(B) Enterobacter species;

(C) Escherichia coli; or

(D) Klebsiella species; or

(ii) Resistant to vancomycin in Staphylococcus aureus (VRSA); or

(iii) demonstrated carbapenemase production in:

(A) Acinetobacter species;

(B) Enterobacter species;

(C) Escherichia coli;

(D) Klebsiella species; or

(E) any other Enterobacteriaceae species;

(f) arbovirus infection, including:

(i) chikungunya virus infection;

(ii) West Nile virus infection; and

(iii) Zika virus infection; including congenital;

(g) babesiosis (Babesia spp.);

(h) botulism (Clostridium botulinum);

(i) brucellosis (Brucella spp.);

(j) campylobacteriosis (Campylobacter spp.);

(k) Candida auris or Candida haemulonii from any body site;

(l) Chagas disease (Trypanosoma cruzi);

(m) chancroid (Haemophilus ducreyi);

(n) chickenpox (varicella zoster virus, VZV, human herpesvirus 3, HHV-3);

(o) chlamydia (Chlamydia trachomatis);

(p) coccidioidomycosis (Coccidioides spp.), also known as valley fever;

(q) Colorado tick fever (Colorado tick fever virus, Coltivirus spp.), also known as American mountain tick fever;

(r) novel coronavirus disease including Middle East respiratory syndrome (MERS-CoV), Severe acute respiratory syndrome (SARS-CoV), and COVID-19 (SARS-CoV-2);

(s) cryptosporidiosis (Cryptosporidium spp.);

(t) cyclosporiasis (Cyclospora spp., including Cyclospora cayetanensis);

(u) dengue fever (dengue virus);

(v) diphtheria (Corynebacterium diphtheriae);

(w) ehrlichiosis (Ehrlichia spp.);

(x) encephalitis (bacterial, fungal, parasitic, protozoan, and viral);

(y) Shiga toxin-producing Escherichia coli (STEC) infection;

(z) giardiasis (Giardia lamblia), also known as beaver fever;

(aa) gonorrhea (Neisseria gonorrhoeae), including sexually transmitted and ophthalmia neonatorum;

(bb) Haemophilus influenzae, invasive disease;

(cc) hantavirus infection (Sin Nombre virus);

(dd) hemolytic uremic syndrome, postdiarrheal;

(ee) hepatitis, viral including:

(i) hepatitis A;

(ii) hepatitis B (acute, chronic, and perinatal);

(iii) hepatitis C (acute, chronic, and perinatal);

(iv) hepatitis D; and

(v) hepatitis E;

(ff) human immunodeficiency virus (HIV) infection, including acquired immune deficiency syndrome (AIDS) diagnosis;

(gg) influenza virus infection:

(i) associated with a hospitalization;

(ii) associated with a death in a person under 18 years of age; or

(iii) suspected or confirmed to be caused by a non-seasonal influenza strain;

(hh) Legionellosis (Legionella spp.), also known as Legionnaires' disease;
(ii) leptospirosis (Leptospira spp.);
(jj) listeriosis (Listeria spp., including Listeria monocytogenes);
(kk) Lyme disease (Borrelia burgdorferi, Borrelia mayonii);
(ll) malaria (Plasmodium spp.);
(mm) measles (measles virus), also known as rubeola;
(nn) meningitis (bacterial, fungal, parasitic, protozoan, and viral);
(oo) meningococcal disease (Neisseria meningitidis), invasive;
(pp) mumps (mumps virus);
(qq) mycobacterial infections, including:
(i) tuberculosis (Mycobacterium tuberculosis complex);
(ii) leprosy (Mycobacterium leprae), also known as Hansen's disease; or
(iii) any other mycobacterial infections (Mycobacterium spp.);
(rr) pertussis (Bordetella pertussis);
(ss) plague (Yersinia pestis);
(tt) poliomyelitis (poliovirus), paralytic and nonparalytic;
(uu) psittacosis (Chlamydophila psittaci), also known as ornithosis;
(vv) Q fever (Coxiella burnetii);
(ww) rabies (rabies virus), human and animal;
(xx) relapsing fever (Borrelia spp.), tick-borne and louse-borne;
(yy) rubella (rubella virus), including congenital syndrome;
(zz) salmonellosis (Salmonella spp.);
(aaa) shigellosis (Shigella spp.);
(bbb) smallpox (Variola major and Variola minor);
(ccc) spotted fever rickettsioses (Rickettsia spp.), including Rocky Mountain spotted fever (Rickettsia rickettsii);
(ddd) streptococcal disease, invasive, due to:
(i) Streptococcus pneumoniae;
(ii) group A streptococcus (Streptococcus pyogenes); or
(iii) group B streptococcus (Streptococcus agalactiae);
(eee) Syphilis (Treponema pallidum), including:
(i) any stage;
(ii) congenital; and
(iii) syphilitic stillbirths;
(fff) tetanus (Clostridium tetani);
(ggg) toxic shock syndrome, staphylococcal (Staphylococcus aureus) or streptococcal (Streptococcus pyogenes);
(hhh) transmissible spongiform encephalopathies (prion diseases), including Creutzfeldt-Jakob disease;
(iii) trichinellosis (Trichinella spp.);
(jjj) tularemia (Francisella tularensis);
(kkk) typhoid (Salmonella typhi), cases and carriers;
(lll) vibriosis (Vibrio spp.), including cholera (Vibrio cholerae);
(mmm) viral hemorrhagic fevers including:
(i) Ebola virus disease (Ebolavirus spp.);
(ii) Lassa fever (Lassa virus); and
(iii) Marburg fever (Marburg virus);
(nnn) yellow fever (yellow fever virus).

(3) Pregnancy is a reportable event for a subset of communicable diseases, and reporting is required even if the communicable disease was reported to public health prior to the pregnancy. Perinatally transmissible conditions reportable by each entity are as follows:
(i) hepatitis B infection;
(ii) hepatitis C infection;
(iii) HIV infection;
(iv) listeriosis;
(v) rubella;
(vi) syphilis infection; and
(vii) Zika virus infection.

(4) Antimicrobial susceptibility tests reportable by each entity are as follows:

(a) Full panel antimicrobial susceptibility test results, including minimum inhibitory concentration and results suppressed to the ordering clinician, are reportable when performed on the following organisms:
(i) Candida auris or Candida haemulonii from any body site;
(ii) Mycobacterium tuberculosis;
(iii) Neisseria gonorrhoeae;
(iv) Salmonella species;
(v) Shigella species; and
(vi) Streptococcus pneumoniae;
(vii) organisms resistant to a carbapenem in:
(A) Acinetobacter species;
(B) Enterobacter species;
(C) Escherichia coli; or
(D) Klebsiella species;
(viii) organisms resistant to vancomycin in Staphylococcus aureus (VRSA).

(b) Individual carbapenemase test results including positive, negative, equivocal, indeterminate and the method used, are reportable when performed on organisms resistant to a carbapenem, or with demonstrated carbapenemase, in:

(i) Acinetobacter species;

(ii) Enterobacter species;

(iii) Escherichia coli; and

(iv) Klebsiella species.

(c) Antiviral susceptibility test results, including nucleotide sequencing, genotyping, or phenotypic analysis, are reportable when performed on:human immunodeficiency virus (HIV).

(5) Unusual events reportable by each entity include one or more cases or suspect cases of a communicable disease, condition, or syndrome considered:

(a) rare, unusual, or new to Utah;

(b) previously controlled or eradicated;

(c) caused by an unidentified or newly identified organism;

(d) due to exposure or infection that may indicate a bioterrorism event with potential transmission to the public; or

(e) any other infection not explicitly identified in Subsection R386-702-3(2) that public health considers a public health hazard.

(6) Outbreaks, epidemics, or unusual occurrences of events reportable by each entity are as follows :

(a) Entities shall report two or more cases or suspect cases, with or without an identified organism, including:

(i) gastrointestinal illnesses;

(ii) respiratory illnesses;

(iii) meningitis or encephalitis;

(iv) infections caused by antimicrobial resistant organisms;

(v) illnesses with suspected foodborne or waterborne transmission;

(vi) illnesses with suspected ongoing transmission in any facility;

(vii) infections that may indicate a bioterrorism event; or

(viii) any other infections not explicitly identified in Subsection R386-702-3(2) that public health considers a public health hazard.

(b) Entities shall report increases or shifts in pharmaceutical sales that may indicate changes in disease trends.

(7) Laboratory results reportable by electronic reporters are as follows:

(a) In addition to laboratory results set forth in Subsections R386-702-3(2) through R386-702-3(6), entities reporting electronically shall include the following laboratory results or laboratory results that provide presumptive evidence of the following communicable diseases:

(i) influenza virus;

(ii) norovirus infection;

(iii) Pseudomonas aeruginosa, resistant to a carbapenem, or with demonstrated carbapenemase production;

(iv) Staphylococcus aureus from a normally sterile site with methicillin testing performed, reported as either methicillin-susceptible Staphylococcus aureus (MSSA) or methicillin-resistant Staphylococcus aureus (MRSA); and

(v) Streptococcal disease, invasive due to all species.

(b) Entities reporting electronically shall include any laboratory results including positive, negative, equivocal, indeterminate, associated with the following tests or conditions:

(i) CD4+ T-Lymphocyte tests, regardless of known HIV status;

(ii) chlamydia;

(iii) Clostridium difficile;

(iv) novel coronavirus COVID-19 (SARS-CoV-2), including IgM and IgG serology;

(v) cytomegalovirus (CMV), congenital (infants less than or equal to 12 months of age);

(vi) gonorrhea;

(vii) hepatitis A;

(viii) hepatitis B, including viral loads;

(ix) hepatitis C, including viral loads;

(x) HIV, including viral loads and confirmatory tests;

(xi) liver function tests, including ALT, AST, and bilirubin associated with a viral hepatitis case;

(xii) Lyme disease;

(xiii) respiratory syncytial virus (RSV);

(xiv) syphilis;

(xv) tuberculosis; and

(xvi) Zika virus.

(c) Entities reporting electronically shall report full panel antibiotic susceptibility test results, including minimum inhibitory concentration and results suppressed to the ordering clinician, are reportable when performed on Pseudomonas aeruginosa, resistant to a carbapenem, or with demonstrated carbapenemase.

(d) The Department may, by authority granted through Title 26, Chapter 23b, Detection of Public Health Emergencies Act, identify additional reporting criteria when deemed necessary for the management of outbreaks or identification of exposures.

(e) Non-positive laboratory results reported for the events identified in Subsection R386-702-3(7)(b) will be used for the following purposes as authorized in Subsections 26-1-30(2)(c), 26-1-30(2)(d), and 26-1-30(2)(f):

(i) to determine when a previously reported case becomes non-infectious;

(ii) to identify newly acquired infections through identification of a seroconversion window; or

(iii) to provide information critical for assignment of a case status.

(f) Information associated with a non-positive laboratory result will be kept by the Department for a period of 18 months.

(i) At the end of the 18 month period, if the result has not been appended to an existing case, personal identifiers will be stripped and expunged from the result.

(ii) The de-identified result will be added to a de-identified, aggregate dataset.

(iii) The dataset will be kept for use by public health to analyze trends associated with testing patterns and case distribution, and identify and establish prevention and intervention efforts for at-risk populations.

(8) Authorized reporting of syndromes and conditions are as follows:

(a) Reporting of encounters for the following syndromes and conditions is authorized by Title 26, Chapter 23b, Detection of Public Health Emergencies Act, unless made mandatory by the declaration of a public health emergency:

(i) respiratory illness, including:

(A) upper or lower respiratory tract infections;

(B) difficulty breathing; or

(C) adult respiratory distress syndrome;

(ii) gastrointestinal illness, including:

(A) vomiting;

(B) diarrhea; or

(C) abdominal pain;

(iii) influenza-like constitutional symptoms or signs;

(iv) neurologic symptoms or signs indicating the possibility of meningitis, encephalitis, or unexplained acute encephalopathy or delirium;

(v) rash illness;

(vi) hemorrhagic illness;

(vii) botulism-like syndrome;

(viii) lymphadenitis;

(ix) sepsis or unexplained shock;

(x) febrile illness (illness with fever, chills or rigors);

(xi) nontraumatic coma or sudden death; and

(xii) other criteria specified by the Department as indicative of disease outbreaks or injurious exposures of uncertain origin.

(b) Reporting of encounters for syndromes and conditions not specified in Subsection R386-702-3(8)(a) is also authorized by Chapter 26-23b, unless made mandatory by the declaration of a public health emergency.

(c) Information included in the reporting of the events identified in Subsection R386-702-3(8)(a) and R386-702-3(8)(b) will be used for the following purposes:

(i) to support early identification and ruling out of public health threats, disasters, outbreaks, suspected incidents, and acts of bioterrorism;

(ii) to assist in characterizing population groups at greatest risk for disease or injury;

(iii) to support assessment of the severity and magnitude of possible threats; or

(iv) to satisfy syndromic surveillance objectives of the Federal Centers for Medicaid and Medicare Meaningful Use incentive program.

(9) Reporting exceptions:

(a) A university or hospital that conducts research studies exempt from reporting AIDS and HIV infection under Section 26-6-3.5 shall seek written approval of reporting exemption from the Department institutional review board prior to the study commencement.

(b) The university or hospital shall submit the following to the HIV Epidemiologist within 30 days of Department institutional review board approval:

(i) a summary of the research protocol, including funding sources and justification for requiring anonymity; and

(ii) written approval from the Department institutional review board.

(c) The university or hospital shall submit a report that includes each of the indicators specified in Subsection 26-6-3.5(4)(a) to the HIV Epidemiologist annually during an ongoing research study.

(d) The university or hospital shall submit a final report that includes each of the indicators specified in Subsection 26-6-3.5(4)(a) to the HIV Epidemiologist within 30 days of the conclusion of the research study.

(e) Documents can be submitted to the HIV Epidemiologist by fax at (801) 538-9923 or by mail to 288 North 1460 West Salt Lake City, Utah 84116.

R386-702-4. Entities Required to Report.

(1) Section 26-6-6 lists those entities required to report cases or suspect cases of the reportable events set forth in Section R386-702-3. This includes:

(a) health care providers, as defined in Section 78B-3-403;

(b) health care facilities, as defined in Section 78B-3-403;

(c) health care facilities operated by the federal government;

(d) mental health facilities, as defined in Section 62A-15-602;

(e) care facilities licensed through the Department of Human Services;

(f) nursing care facilities and assisted living facilities, as defined in Section 26-21-2;

(g) dispensaries;

(h) clinics;

(i) laboratories;

(j) schools, as defined in Section 26-6-2;

(k) childcare programs, as defined in Section 26-39-102; and

(l) any individual with a knowledge of others who have a communicable disease.

(2) In addition, the following entities are required to report cases or suspect cases of the reportable events set forth in Section R386-702-3:

(a) blood and plasma donation centers; and

(b) correctional facilities.

(3) When more than one entity is involved in the processing of a clinical specimen (receiving, forwarding, or analyzing); or the diagnosis, treatment, or care of a case or suspect case; each entity involved is required to report, even when diagnosis or testing is done outside of Utah.

(4) Health care entities may designate a single person or group of persons to report the events identified in Section R386-702-3 to public health on behalf of their health care providers or medical laboratories, as long as reporting complies with requirements in this rule.

R386-702-5. Mandatory Submission of Clinical Material.

(1) Laboratories shall submit clinical material from cases identified with organisms listed in Subsection R386-702-5(3) to the Utah Department of Health, Utah Public Health Laboratory (UPHL) within three working days of identification.

(a) Clinical material is defined as:
(i) A clinical isolate containing the organism for which submission of material is required; or
(ii) If an isolate is not available, material containing the organism for which submission of material is required, in the following order of preference:
(A) a patient specimen;
(B) nucleic acid; or
(C) other laboratory material.
(2) Laboratories submitting clinical material from cases identified with organisms designated by UPHL as potential bioterrorism agents shall first notify UPHL via telephone immediately during business hours at (801) 965-2400, or after hours at (801) 560-6586.
(3) Organisms mandated for standard clinical submission include:
(a) antibiotic resistant organisms from any clinical specimen that meet the following criteria:
(i) resistant to a carbapenem in:
(A) Acinetobacter species;
(B) Enterobacter species;
(C) Escherichia coli;
(D) Klebsiella species; or
(E) Pseudomonas aeruginosa;
(ii) resistant to vancomycin in Staphylococcus aureus (VRSA);
(iii) demonstrated carbapenemase production in:
(A) Acinetobacter species;
(B) Enterobacter species;
(C) Escherichia coli;
(D) Klebsiella species;
(E) any other Enterobacteriaceae species; or
(F) Pseudomonas aeruginosa;
(b) Campylobacter species;
(c) Candida auris or Candida haemulonii from any body site;
(d) Corynebacterium diphtheriae;
(e) Shiga toxin-producing Escherichia coli (STEC), including enrichment or MacConkey broths that tested positive by any method for Shiga toxin;
(f) Haemophilus influenzae, from normally sterile sites;
(g) influenza A virus, unsubtypeable;
(h) influenza virus (hospitalized cases only);
(i) Legionella species;
(j) Listeria monocytogenes;
(k) measles (rubeola) virus;
(l) Mycobacterium tuberculosis complex;
(m) Neisseria meningitidis, from normally sterile sites;
(n) Salmonella species;
(o) Shigella species;
(p) Vibrio species;
(q) West Nile virus;
(r) Yersinia species;
(s) Zika virus; and
(t) any organism implicated in an outbreak when instructed by authorized local or state health department personnel.
(4) Organisms mandated for bioterrorism clinical submission include:
(a) Bacillus anthracis;
(b) Brucella species;
(c) Clostridium botulinum;
(d) Francisella tularensis; and
(e) Yersinia pestis.
(5) Submission of clinical material does not replace the requirement for laboratories to report the event to public health as defined in Sections R386-702-6 and R386-702-7.
(6) For additional information on this process, contact UPHL at (801) 965-2400.

R386-702-6. Reporting Criteria.
(1) Manual reporting criteria is as follows:
(a) Reporting timeframes are as follows:
(i) Entities shall report immediately reportable events by telephone as soon as possible, but no later than 24 hours after identification. Events designated as immediately reportable by the Department include cases and suspect cases of:
(A) anthrax or anthrax-like illness;
(B) botulism, excluding infant botulism;
(C) cholera;
(D) novel coronavirus disease including: Middle East Respiratory Syndrome (MERS), severe acute respiratory syndrome (SARS), and COVID-19 (SARS-CoV-2);
(E) diphtheria;
(F) Haemophilus influenzae, invasive disease;
(G) hepatitis A;
(H) influenza infection suspected or confirmed to be caused by a non-seasonal influenza strain;

(I) measles;
(J) meningococcal disease, invasive;
(K) plague;
(L) poliovirus, paralytic and nonparalytic;
(M) rabies, human and animal;
(N) rubella, excluding congenital syndrome;
(O) smallpox;
(P) Staphylococcus aureus from any clinical specimen that is resistant to vancomycin;
(Q) transmissible spongiform encephalopathies (prion diseases), including Creutzfeldt-Jakob disease;
(R) tuberculosis;
(S) tularemia;
(T) typhoid, cases and carriers;
(U) viral hemorrhagic fevers;
(V) yellow fever; or
(W) any event described in Subsections R386-702-3(5) or R386-702-3(6).

(ii) Entities shall report events in Subsections R386-702-3(2) through R386-702-3(6) not required to be reported immediately within three working days from the time of identification.

(b) Methods for reporting are as follows:

(i) Entities reporting manually shall send reports to either a local health department or the Department by phone, secured fax, secured email, or mail.

(ii) Contact information for the Department is as follows:
(A) phone: (801) 538-6191 during business hours, or 888-EPI-UTAH (888-374-8824) after hours;
(B) secured fax: (801) 538-9923;
(C) secured email: reporting@utah.gov (contact the Department at (801) 538-6191 for information on this option); and
(D) mail: 288 North 1460 West Salt Lake City, Utah 84116.

(iii) A confidential morbidity report form is available at: http://health.utah.gov/epi/reporting/.

(iv) The Department incorporates by reference version 2.2 of the Utah Reporting Specifications for Communicable Diseases, that identifies individual laboratory tests that shall be reported to the Department by manual reporting entities.

(2) Electronic reporting criteria is as follows:

(a) Reporting timeframes are as follows:

(i) Entities that report electronically shall report laboratory results within 24 hours of finalization.

(A) Entities can choose to report in real-time (as each report is released) or batch reports.

(B) Entities reporting electronically shall report preliminary positive results for the immediately reportable events specified in Subsection R386-702-6(1)(a)(i).

(b) Methods for reporting are as follows:

(i) Laboratories that identify cases or suspect cases shall report to the Department through electronic laboratory reporting, in a manner approved by the Department. Reportable events shall be identified by automated computer algorithms.

(A) Laboratories may substitute electronic reporting if electronic laboratory reporting is not available, with permission from the Department, and in a manner approved by the Department.

(B) Hospitals reporting electronically shall use HL7 2.5.1 message structure, and standard LOINC and SNOMED terminology in accordance with Meaningful Use regulations.

(C) Laboratories reporting electronically shall use HL7 2.3.1 or 2.5.1 message structure, and appropriate LOINC codes designating the test performed.

(D) Entities reporting electronically shall submit local vocabulary codes with translations to the Division of Disease Control and Prevention Informatics Program, if applicable.

(E) The Department incorporates by reference version 1.3 of the Utah Electronic Laboratory Reporting Specifications for Communicable Diseases, that identifies individual laboratory tests that shall be reported to the Department by electronic reporting entities.

(F) For additional information on this process, refer to https://health.utah.gov/phaccess/public/elr/ or contact the Division of Disease Control and Prevention Informatics Program by phone (801-538-6191) or email (edx@utah.gov).

(ii) Electronic case reporting is an authorized method of reporting to the Department. For additional information on this process, contact the Division of Disease Control and Prevention Informatics Program by phone (801-538-6191) or email (edx@utah.gov).

(A) Entities reporting via electronic case reporting may send any clinical information for an encounter that meets criteria for reporting to public health.

(3) Syndromic reporting criteria is as follows:

Entities reporting syndromes or conditions identified in Subsection R386-702-3(8) shall report as soon as practicable using a schedule approved by the Department.

For information on reporting syndromic data, refer to https://health.utah.gov/phaccess/public/SS/ or contact the Division of Disease Control and Prevention Informatics Program by phone (801-538-6191) or email (edx@utah.gov).

R386-702-7. Required Information.

(1) Entities shall include the following information when reporting events specified in Subsections R386-702-3(2) through R386-702-3(6) to public health:

(a) Patient information:
(i) full name;
(ii) date of birth;
(iii) address, including street address, city, state, and zip code;
(iv) telephone number;
(v) gender;
(vi) race and ethnicity;

(vii) date of onset;
(viii) hospitalization status and date of admission; and
(ix) pregnancy status and estimated due date.
(b) Diagnostic information:
(i) name of the diagnostic facility;
(ii) address, including street address, city, state, and zip code; of the diagnostic facility;
(iii) telephone number of the diagnostic facility;
(iv) full name of the ordering or diagnosing health care provider;
(v) address, including street address, city, state, and zip code; of the ordering or diagnosing health care provider; and
(vi) telephone number of the ordering or diagnosing health care provider.
(c) Reporter information:
(i) full name of the person reporting;
(ii) name of the facility reporting; and
(iii) telephone number of the person or facility reporting.
(d) Laboratory testing information:
(i) name of the laboratory performing the test;
(ii) the laboratory's name for, or description of, the test;
(iii) specimen source;
(iv) specimen collection date;
(v) testing results;
(vi) laboratory test date;
(vii) test reference range; and
(viii) test status including preliminary, final, amended, or corrected.

(2) Entities shall submit reports that are clearly legible and do not contain any internal codes or abbreviations to the Department.

(3) Entities submitting or forwarding a specimen for testing using a laboratory test identified in the Utah Electronic Laboratory Reporting Specifications for Communicable Diseases shall include the patient's full name, date of birth, gender, race, ethnicity, address, and telephone number, so that the performing laboratory can report results to the appropriate public health agency.

(a) If the patient's address is not known by the submitting or forwarding entity, the submitting or forwarding entity shall provide the performing laboratory with the name and address of the facility where the specimen originated.

(4) Entities shall reference http://health.utah.gov/epi/reporting, or contact the Department at (801) 538-6191, for additional reporting specifications, including technical documents, reporting forms, and protocols.

(5) Full reporting of relevant patient information is authorized when reporting events listed in Subsection R386-702-3(8) to public health.
(a) Entities shall include in reports at least the following information, if known:
(i) name of the facility;
(ii) a patient identifier;
(iii) date of visit;
(iv) time of visit;
(v) patient's age;
(vi) patient's gender;
(vii) zip code of patient's residence;
(viii) chief complaint(s), reason for visit, or diagnosis; and
(ix) whether the patient was admitted to the hospital.

R386-702-8. Confidentiality of Reports.

(1) Reports required by this rule are confidential and are not open to public inspection. Information collected pursuant to this rule shall not be released or made public, except as provided by Section 26-6-27. Penalties for violation of confidentiality are prescribed in Section 26-6-29.

(2) Nothing in this rule precludes the discussion of case information with an attending clinician or public health workers.

(3) The Department or local health department shall disclose communicable disease-related information regarding the person who was assisted to the medical provider of a Good Samaritan when that medical provider submits a request to the Department or local health department.
(a) The request must include:
(i) information regarding the occurrence of the accident, fire, or other life-threatening emergency;
(ii) a description of the exposure risk to the Good Samaritan; and
(iii) contact information for the Good Samaritan and their medical provider.
(b) The Department or local health department will ensure that the disclosed information:
(i) includes enough detail to allow for appropriate education and follow-up to the Good Samaritan; and
(ii) ensures confidentiality is maintained for the person who was aided.
(c) No identifying information will be shared with the Good Samaritan or their medical provider regarding the person who was assisted. The Good Samaritan shall receive written information warning them that information regarding the person who was assisted is protected by state law.

R386-702-9. Non-Compliance with Reporting Regulations.

(1) Any person who violates any provision of Section R386-702 may be assessed a penalty as provided in Section 26-23-6.

(2) Willful non-compliance may result in the Department working with other agencies to incur penalties that may include loss of accreditation or licensure.

(3) Records maintained by reporting entities are subject to review by Department personnel to assure the completeness and accuracy of reporting.

(4) If public health conducts a surveillance project, such as assessing the completeness of case finding or assessing another measure of data quality, the Department may, at its discretion, waive any penalties for participating entities if cases are found that were not originally reported for whatever reason.

R386-702-10. Information Necessary for Public Health Investigation and Surveillance.

(1) Reporting entities shall provide the Department or local health department with any records or other materials requested by public health that are necessary to conduct a thorough investigation.

(a) Subsection (1) includes medical records, additional laboratory testing results, treatment and vaccination history, clinical material, or contact information for cases, suspect cases, or persons potentially exposed.

(b) The Department or local health department shall be granted on-site access to a facility, when such access is critical to a public health investigation.

R386-702-11. General Measures for the Control of Communicable Diseases.

(1) The local health department shall maintain reportable disease records as needed to enforce Chapter 6 of the Health Code and this rule, or as requested by the Utah Department of Health.

(2) General control measures for reportable diseases are as follows:

(a) The local health department shall, when an unusual or rare disease occurs in any part of the state or when any disease becomes so prevalent as to endanger the state as a whole, contact the Bureau of Epidemiology, Utah Department of Health for assistance, and shall cooperate with the representatives of the Utah Department of Health.

(b) The local health department shall investigate and control the causes of epidemic, infectious, communicable, and other disease affecting the public health. The local health department shall also provide for the detection, reporting, prevention, and control of communicable, infectious, and acute diseases that are dangerous or important or that may affect the public health. The local health department may require physical examination and measures to be performed as necessary to protect the health of others.

(c) If, in the opinion of the local health officer it is necessary or advisable to protect the public's health that any person shall be kept from contact with the public, the local health officer shall establish, maintain and enforce involuntary treatment, isolation and quarantine as provided by Section 26-6-4. Control measures shall be specific to the known or suspected disease agent. Guidance is available from the Bureau of Epidemiology, Utah Department of Health or official reference listed in R386-702-18.

(d) The local health department shall take action and measures as may be necessary within the provisions of Section 26-6-4; Title 26, Chapter 6b; and this rule, to prevent the spread of any communicable disease, infectious agent, or any other condition that pose a public health hazard. Action shall be initiated upon discovery of a case or upon receipt of notification or report of any disease.

(e) A case; suspected case; carrier; contact; other person; or entity, including a facility, hotel, or other organization, shall, upon request of a public health authority, promptly cooperate during:

(i) an investigation of the circumstances or cause of a case, suspected case, outbreak, or suspected outbreak.

(ii) the carrying out of measures for prevention, suppression, and control of a public health hazard, including procedures of restriction, isolation, and quarantine.

(5) Control measures for public food handlers and places where food or drink products are handled or processed are as follows:

A person known to be infected with a communicable disease that can be transmitted by food or drink products, or who is suspected of being infected with such a disease, may not engage in the commercial handling of food or drink products, or be employed on any premises handling those types of products, unless those products are packaged off-site and remain in a closed container until purchased for consumption, until the person is determined by the local health department to be free of communicable disease, or incapable of transmitting the infection.

If a case, carrier, or suspected case of a disease that can be conveyed by food or drink products is found at any place where food or drink products are handled or offered for sale, or if a disease is found or suspected to have been transmitted by these food or drink products, the local health department may immediately prohibit the sale, or removal of drink and other food products from the premises. Sale or distribution of food or drink products from the premises may be resumed when measures have been taken to eliminate the threat to health from the product and its processing as prescribed by R392-100.

If a local health department finds it is not able to completely comply with this rule, the local health officer or his representative shall request the assistance of the Utah Department of Health. In such circumstances, the local health department shall provide required information to the Bureau of Epidemiology. If the local health officer fails to comply with the provisions of this rule, the Utah Department of Health shall take action necessary to enforce this rule.

Laboratory analyses that are necessary to identify the causative agents of reportable diseases or to determine adequacy of treatment of patients with a disease shall be ordered by the physician or other health care provider to be performed in or referred to a laboratory holding a valid certificate under the Clinical Laboratory Improvement Amendments of 1988.

R386-702-12. Special Measures for Control of Rabies.

(1) Rationale of treatment is as follows:

A physician must evaluate individually each exposure to possible rabies infection. The physician shall also consult with local or state public health officials if questions arise about the need for rabies prophylaxis.

(2) Management of biting animals is as follows:

(a) A healthy dog, cat, or ferret that bites a person shall be confined and observed at least daily for ten days from the date of bite, regardless of vaccination status, as specified by local animal control ordinances. It is recommended that rabies vaccine not be administered during the observation period. Such animals shall be evaluated by a veterinarian at the first sign of illness during confinement. A veterinarian or animal control officer shall immediately report any illness in the animal to the local health department. If signs suggestive of rabies develop, a veterinarian or animal control officer shall direct that the animal be euthanized, its head removed, and the head shipped under refrigeration, not frozen, for examination of the brain by a laboratory approved by the Utah Department of Health.

(b) If the dog, cat, or ferret shows no signs of rabies or illness during the ten day period, the veterinarian or animal control officer shall direct that the unvaccinated animal be vaccinated against rabies at the owner's expense before release to the owner. If a veterinarian is not available, the animal may be released, but the owner shall have the animal vaccinated within 72 hours of release. If the dog, cat, or ferret was appropriately vaccinated against rabies before the incident, the animal may be released from confinement after the 10-day observation period with no further restrictions.

(c) Any stray or unwanted dog, cat, or ferret that bites a person may be euthanized immediately by a veterinarian or animal control officer, if permitted by local ordinance, and the head submitted, as described in R386-702-12(2)(a), for rabies examination. If the brain is negative by fluorescent-antibody examination for rabies, one can assume that the saliva contained no virus, and the person bitten need not be treated.

(d) Wild animals include raccoons, skunks, coyotes, foxes, bats, the offspring of wild animals crossbred to domestic dogs and cats, and any carnivorous animal other than a domestic dog, cat, or ferret.

(e) Signs of rabies in wild animals cannot be interpreted reliably. If a wild animal bites or scratches a person, the person or attending medical personnel shall notify an animal control or law enforcement officer. A veterinarian, animal control officer or representative of the Division of Wildlife Resources shall kill the animal at once, without unnecessary damage to the head, and submit the brain, as described in R386-702-12(2)(a), for examination for evidence of rabies. If the brain is negative by fluorescent-antibody examination for rabies, one can assume that the saliva contained no virus, and the person bitten need not be treated.

(f) Rabbits, opossums, squirrels, chipmunks, rats, and mice are rarely infected and their bites rarely, if ever, call for rabies prophylaxis or testing. Unusual exposures to any animal should be reported to the local health department or the Bureau of Epidemiology, Utah Department of Health.

(g) When rare, valuable, captive wild animals maintained in zoological parks approved by the United States Department of Agriculture or research institutions, as defined by Section 26-26-1, bite or scratch a human, the Bureau of Epidemiology, Utah Department of Health shall be notified. The provisions of subsection R386-702-12(2)(e) may be waived by the Bureau of Epidemiology, Utah Department of Health if zoological park operators or research institution managers can demonstrate that the following rabies control measures are established:

(i) Employees who work with the animal have received preexposure rabies immunization.

(ii) The person bitten by the animal voluntarily agrees to accept postexposure rabies immunization provided by the zoological park or research facility.

(iii) The director of the zoological park or research facility shall direct that the biting animal be held in complete quarantine for a minimum of four months for dogs and cats, and six months for ferrets. Quarantine requires that the animal be prohibited from direct contact with other animals or humans.

(h) Any animal bitten or scratched by a wild, carnivorous animal or a bat that is not available for testing shall be regarded as having been exposed to rabies. The animal shall be placed in a strict quarantine for four months for dogs and cats, or six months for ferrets.

(i) For maximum protection of the public health, unvaccinated dogs, cats, and ferrets bitten or scratched by a confirmed or suspected rabid animal shall be euthanized immediately by a veterinarian or animal control officer. If the owner is unwilling to have the animal euthanized, the local health officer shall order that the animal be held in strict isolation in a municipal or county animal shelter or a veterinary medical facility approved by the local health department, at the owner's expense, for at least four months for dogs and cats, and six months for ferrets. The animal shall be vaccinated one month before being released. If any illness suggestive of rabies develops in the animal, the veterinarian or animal control officer shall immediately report the illness to the local health department and the veterinarian or animal control officer shall direct that the animal be euthanized and the head shall be handled as described in subsection R386-702-12(2)(a).

(j) Dogs, cats, and ferrets that are currently vaccinated and are bitten by rabid animals, shall be revaccinated immediately by a veterinarian and confined and observed by the animal's owner for 45 days. If any illness suggestive of rabies develops in the animal, the owner shall report immediately to the local health department and the animal shall be euthanized by a veterinarian or animal control officer and the head shall be handled as described in subsection R386-702-12(2)(a).

(k) Livestock exposed to a rabid animal and currently vaccinated with a vaccine approved by the United States Department of Agriculture for that species shall be revaccinated immediately by a veterinarian and observed by the owner for 45 days. Unvaccinated livestock shall be slaughtered immediately. If the owner is unwilling to have the animal slaughtered, the animal shall be kept under close observation by the owner for six months.

(l) Unvaccinated animals other than dogs, cats, ferrets, and livestock bitten by a confirmed or suspected rabid animal shall be euthanized immediately by a veterinarian or animal control officer.

(3) Testing fees at the Utah Public Health Laboratory (UPHL) are as follows:

(a) Animals being submitted to UPHL for rabies testing must follow criteria defined in The Compendium of Animal Rabies Prevention and Control to be eligible for testing without a fee. Testing of animals that fit this criteria will be eligible for a waived fee for testing. Testing of animals that do not meet this criteria will incur a testing fee as set forth by UPHL.

(b) The following situations will not incur a rabies testing fee if testing is ordered for them through UPHL:

(i) Any bat in an instance where a person or animal has had an exposure, or reasonable probability of exposure, including known bat bites, exposure to bat saliva, a bat found in a room with a sleeping person or unattended child, or a bat found near a child or mentally impaired or intoxicated person.

(ii) Dogs, cats, or ferrets, regardless of rabies vaccination status, if signs suggestive of rabies are documented in them.

(iii) Wild mammals and hybrids that expose persons, pets, or livestock, including skunks, foxes, coyotes, and raccoons, may be tested.

(iv) Livestock may be tested if signs suggestive of rabies are documented.

(v) UDOH Bureau of Epidemiology staff are available to discuss additional situations that may warrant testing at (801) 538-6191.

(c) The following situations will incur a $95 testing fee if testing is ordered for them through UPHL:

(i) Any dog, cat, or ferret, with unknown or undocumented vaccination history that exposes a person, if signs suggestive of rabies are not documented, or if the animal has not been confined and observed for at least 10 days.

(ii) Dogs, cats, and ferrets: currently vaccinated animals that expose a person, if signs suggestive of rabies are not documented, or animals have not been confined and observed for at least 10 days.

(iii) Regardless of rabies vaccination status, a healthy dog, cat, or ferret that has not exposed a person.

(iv) Small rodents including rats, mice, squirrels, chipmunks, voles, or moles; and lagomorphs including rabbits and hares.

(v) Incomplete paperwork accompanying the sample will also result in a fee for testing; a thorough description of the situation must be included with each sample submission.

(vi) UDOH Bureau of Epidemiology staff are available to discuss additional situations that may not warrant testing at (801) 538-6191.

(d) If the submitting party feels they are charged inappropriately for rabies testing, they may send a letter describing the situation and requesting a waiver for fees to the: Utah Department of Health, Bureau of Epidemiology, P.O. Box 142104, Salt Lake City, UT 84114, attention: Zoonotic Diseases Epidemiologist. Information may be submitted electronically via email to: epi@utah.gov, with a note in the subject line "Attention: Zoonotic Diseases Epidemiologist".

(i) The submitting party has 30 days from receipt of the testing fee invoice to file an appeal. The letter must include copies of the original paperwork that was submitted, and a copy of the invoice received, for a waiver to be considered.

(ii) UDOH and UPHL have 30 days to review information after receipt of an appeal request to make an official decision and notify the submitter.

(iii) UDOH Bureau of Epidemiology staff are available to discuss questions about testing fees and the appeal process at (801) 538-6191.

(4) Measures for standardized rabies control practices are as follows:

(a) Humans requiring either pre- or post-exposure rabies prophylaxis shall be treated in accordance with the recommendations of the U.S. Public Health Service Immunization Practices Advisory Committee, as adopted and incorporated by reference in R386-702-18(2). A copy of the recommendations shall be made available to licensed medical personnel, upon request to the Bureau of Epidemiology, Utah Department of Health.

(b) A physician or other health care provider that administers rabies vaccine shall immediately report serious systemic neuroparalytic or anaphylactic reactions to rabies vaccine through the Vaccine Adverse Event Reporting System (VAERS).

(c) The Compendium of Animal Rabies Prevention and Control, as adopted and incorporated by reference in R386-702-18(5), is the reference document for animal vaccine use.

(d) A county, city, town, or other political subdivision that requires licensure of animals shall also require rabies vaccination as a prerequisite to obtaining a license.

(e) Animal rabies vaccinations are valid only if performed by or under the direction of a licensed veterinarian in accordance with the Compendium of Animal Rabies Prevention and Control.

(f) Agencies and veterinarians administering vaccine shall document each vaccination on the National Association of State Public Health Veterinarians (NASPHV) form number 51, Rabies Vaccination Certificate, that can be obtained from vaccine manufacturers. The agency or veterinarian shall provide a copy of the report to the animal's owner. Computer-generated forms containing the same information are also acceptable.

(g) Animal rabies vaccines may be sold or otherwise provided only to licensed veterinarians or veterinary biologic supply firms. Animal rabies vaccine may be purchased by the Utah Department of Health and the Utah Department of Agriculture.

(5) Measures to prevent or control rabies outbreaks are as follows:

(a) The most important single factor in preventing human rabies is the maintenance of high levels of immunity in the pet dog, cat, and ferret populations through vaccination. Vaccination requirements include:

(i) any dog, cat, and ferret in Utah should be immunized against rabies by a licensed veterinarian; and

(ii) local governments should establish effective programs to ensure vaccination of any dogs, cats, and ferrets and to remove strays and unwanted animals.

(b) If the Utah Department of Health determines that a rabies outbreak is present in an area of the state, the Utah Department of Health may require that:

(i) any dog, cat, and ferret in that area and adjacent areas be vaccinated or revaccinated against rabies as appropriate for each animal's age;

(ii) any such animal be kept under the control of its owner at all times until the Utah Department of Health declares the outbreak to be resolved;

(iii) an owner who does not have an animal vaccinated or revaccinated surrender the animal for confinement and possible destruction; and

(iv) such animals found at-large be confined and possibly destroyed.

R386-702-13. Special Measures for Control of Typhoid.

Because typhoid control measures depend largely on sanitary precautions and other health measures designed to protect the public, the local health department shall investigate each case of typhoid and strictly manage the infected individual according to the following:

(1) Standard precautions are required for cases during hospitalization. Use contact precautions for diapered or incontinent patients for the duration of illness. Hospital care is desirable during acute illness. Release of the patient from supervision by the local health department shall be based on three or more negative cultures of feces, and of urine in patients with schistosomiasis, taken at least 24 hours apart. Cultures must have been taken at least 48 hours after antibiotic therapy has ended and not earlier than one month after onset of illness as specified in R386-702-13(6). If any of these cultures is positive, repeat cultures at intervals of one month during the 12-month period following onset until at least three consecutive negative cultures are obtained as specified in R386-702-13(6). The patient shall be restricted from food handling, child care, and from providing patient care during the period of supervision by the local health department.

(2) Administration of typhoid vaccine is recommended for household members of known typhoid carriers. Household and close contacts of a carrier shall be restricted from food handling, child care, and patient care until two consecutive negative stool specimens, taken at least 24 hours apart, are submitted, or when approval is granted by the local health officer according to local jurisdiction.

(3) If a laboratory or physician identifies a carrier of typhoid, the attending physician shall immediately report the details of the case by telephone to the local health department or the Bureau of Epidemiology, Utah Department of Health using the process described in R386-702-6. Each infected individual shall submit to the supervision of the local health department. Carriers are prohibited from food handling, child care, and patient care until released in accordance with R386-702-13(4)(a) or R386-702-13(4)(b). Reports and orders of supervision shall be kept confidential and may be released only as allowed by Subsection 26-6-27(2)(c).

(a) Any person who harbors typhoid bacilli for three but less than 12 months after onset is defined as a convalescent carrier. Release from occupational and food handling restrictions may be granted at any time from three to 12 months after onset, as specified in R386-702-13(6).

(b) Any person who continues to excrete typhoid bacilli for more than 12 months after onset of typhoid is a chronic carrier. Any person who gives no history of having had typhoid or who had the disease more than one year previously, and whose feces or urine are found to contain typhoid bacilli is also a chronic carrier.

(c) If typhoid bacilli are isolated from surgically removed tissues, organs, including the gallbladder or kidney, or from draining lesions such as osteomyelitis, the attending physician shall report the case to the local health department or the Bureau of Epidemiology, Utah Department of Health. If the person continues to excrete typhoid bacilli for more than 12 months, the person is a chronic carrier and may be released after satisfying the criteria for chronic carriers in R386-702-13(6).

(5) The local health department shall report typhoid carriers to the Bureau of Epidemiology, and shall:

(a) require the necessary laboratory tests for release;

(b) issue written instructions to the carrier; and

(c) supervise the carrier.

(6) Requirements for Release of Convalescent and Chronic Carriers: The local health officer or his representative may release a convalescent or chronic carrier from occupational and food handling restrictions only if at least one of the following conditions is satisfied:

(a) for carriers without schistosomiasis, three consecutive negative cultures obtained from fecal specimens authenticated by the attending physician, hospital personnel, laboratory personnel, or local health department staff taken at least one month apart and at least 48 hours after antibiotic therapy has stopped;

(b) for carriers with schistosomiasis, three consecutive negative cultures obtained from both fecal and urine specimens authenticated by the attending physician, hospital personnel, laboratory personnel, or local health department staff taken at least one month apart and at least 48 hours after antibiotic therapy has stopped;

(c) the local health officer or his representative determine that additional treatment such as cholecystectomy or nephrectomy has terminated the carrier state; or

(d) the local health officer or his representative determines the carrier no longer presents a risk to public health according to the evaluation of other factors.

R386-702-14. Special Measures for the Control of Ophthalmia Neonatorum.

Every physician or midwife practicing obstetrics or midwifery shall, within three hours of the birth of a child, instill or cause to be instilled in each eye of such newborn one percent silver nitrate solution contained in wax ampules, or tetracycline ophthalmic preparations or erythromycin ophthalmic preparations, as these are the only antibiotics of currently proven efficacy in preventing development of ophthalmia neonatorum. The value of irrigation of the eyes with normal saline or distilled water is unknown and not recommended.

R386-702-15. Special Measures for the Control of HIV/AIDS.

If an individual is tested and found to have an HIV infection, the Department or local health department shall provide partner services, linkage-to-care activities, and promote retention to HIV care.

(1) Definitions:

(a) "Partner" is defined as any individual, including a spouse, who has shared needles, syringes, or drug paraphernalia or who has had sexual contact with an HIV infected individual.

(b) "Spouse" is defined as any individual who is the marriage partner of that person at any time within the ten-year period prior to the diagnosis of HIV infection.

(c) "Linkage to care" is defined by a reported CD4+ T-Lymphocyte test or HIV viral load determination within three months of HIV positive diagnosis.

(d) "Retention to care" is defined by a reported CD4+ T-Lymphocyte test or HIV viral load determination once within a 12-month period.

(3) Partner services include:

(a) confidential partner notification within 30 days of receiving a positive HIV result or when relevant additional information is found to aide in an investigation or case management;

(b) prevention counseling;

(c) testing for HIV;

(d) providing recommendations for testing for other sexually transmitted diseases;

(e) providing recommendations for hepatitis screening and vaccination;

(f) treatment or linkage to medical care on an ongoing basis, as needed; and

(g) linkage or referral to other prevention services and support.

(4) Re-engagement to care includes:

(a) linkage to medical care, on an ongoing basis, as needed;

(b) linkage or referral to other prevention services and support;

(c) confidential partner notification, as needed;

(d) prevention counseling;

(e) providing recommendations for testing for other sexually transmitted diseases;

(f) providing recommendations for hepatitis screening and vaccination;

(g) medication adherence counseling; and

(h) risk reduction counseling.

R386-702-16. Special Measures to Prevent Perinatal and Person-to-Person Transmission of Hepatitis B Infection.

(1) A licensed healthcare provider who provides prenatal care shall routinely test each pregnant woman for hepatitis B surface antigen (HBsAg) at an early prenatal care visit. The provisions of this section do not apply if the pregnant woman, after being informed of the possible consequences, objects to the test on the basis of religious or personal beliefs.

(2) The licensed healthcare provider who provides prenatal care shall repeat the HBsAg test during late pregnancy for those women who tested negative for HBsAg during early pregnancy, but who are at high risk based on:

(a) evidence of clinical hepatitis during pregnancy;

(b) injection drug use;

(c) occurrence during pregnancy or a history of a sexually transmitted disease;

(d) occurrence of hepatitis B in a household or close family contact; or

(e) the judgment of the healthcare provider.

(3) In addition to other reporting required by this rule, each positive HBsAg result detected in a pregnant woman shall be reported to the local health department or the Department, as specified in Section 26-6-6. That report shall indicate that the woman was pregnant at time of testing if that information is available to the reporting entity.

(4) A licensed healthcare provider who provides prenatal care shall document a woman's HBsAg test results, or the basis of the objection to the test, in the medical record for that patient.

(5) Every hospital and birthing facility shall develop a policy to assure that:

(a) when a pregnant woman is admitted for delivery, or for monitoring of pregnancy status, the result from a test for HBsAg performed on that woman during that pregnancy is available for review and documented in the hospital record;

(b) when a pregnant woman is admitted for delivery, if the woman's test result is not available to the hospital or birthing facility, the mother is tested for HBsAg as soon as possible, but before discharge from the hospital or birthing facility;

(c) if a pregnant woman who has not had prenatal care during that pregnancy is admitted for monitoring of pregnancy status only, and if the woman's test result is not available to the hospital or birthing facility, the mother is tested for HBsAg status before discharge from the hospital or birthing facility;

(d) positive HBsAg results identified by testing performed or documented during the hospital stay are reported as specified in this rule;

(e) infants born to HBsAg positive mothers receive hepatitis B immune globulin (HBIG) and hepatitis B vaccine, administered at separate injection sites, within 12 hours of birth;

(f) infants born to mothers whose HBsAg status is unknown receive hepatitis B vaccine within 12 hours of birth, and if the infant is born preterm with birth weight less than 2,000 grams, that infant also receives HBIG within 12 hours;

(g) if at the time of birth the mother's HBsAg status is unknown and the HBsAg test result is later determined to be positive, that infant receives HBIG as soon as possible but within 7 days of birth; and

(h) hepatitis B immune globulin (HBIG) administration and birth dose hepatitis B vaccine status of infants born to mothers who are HBsAg-positive are reported within 24 hours of delivery to the local health department and Utah Department of Health Immunization Program at (801) 538-9450.

(6) Local health departments shall perform the following activities or assure that they are performed:

(a) Females between the ages of 12 and 50 years at the time an HBsAg positive test result is reported will be screened for pregnancy status within one week of receipt of that lab result.

(b) Infants born to HBsAg positive mothers complete the hepatitis B vaccine series as specified in the most current version of "The Red Book" as cited in R386-702-13 (4).

(c) Children born to HBsAg positive mothers are tested for HBsAg and antibody against hepatitis B surface antigen (anti-HBs) at 9 to 12 months of age (testing is done at least one month after the final dose of hepatitis B vaccine series is administered, and no earlier than 9 months of age) to monitor the success of therapy and identify cases of perinatal hepatitis B infection. Children who test negative for HBsAg and do not demonstrate serological evidence of immunity against hepatitis B when tested as described in (c) receive three additional vaccine doses and are retested as specified in the most current version of "The Red Book" as cited in R386-702-18 (4).

(d) HBsAg positive mothers are advised regarding how to reduce their risk of transmitting hepatitis B to others.

(e) Household members and sex partners of HBsAg positive mothers are evaluated to determine susceptibility to hepatitis B infection and if determined to be susceptible, are offered or advised to obtain vaccination against hepatitis B. Identified acute hepatitis B cases shall be investigated by the local health department, and identified household and sexual contacts shall be advised to obtain vaccination against hepatitis B.

(7) The provisions of subsections (5) and (6) do not apply if the pregnant woman or the child's guardian, after being informed of the possible consequences, objects to any of the required procedures on the basis of religious or moral beliefs. The hospital or birthing facility shall document the basis of the objection.

(8) Prevention of transmission by individuals with chronic hepatitis B infection.

(a) The Department defines a chronic hepatitis B case as a person that is HBsAg positive, total antibody against hepatitis B core antigen (anti-HBc) positive (if performed) and IgM anti-HBc negative.

(b) An individual with chronic hepatitis B infection shall be advised regarding how to reduce the risk that the individual will transmit hepatitis B to others.

(c) Household members and sex partners of individuals with chronic hepatitis B infection shall be evaluated to determine susceptibility to hepatitis B infection, and if determined to be susceptible, shall be offered or advised to obtain vaccination against Hepatitis B.

R386-702-17. Public Health Emergency.

(1) Declaration of Emergency: With the Governor's and Executive Director's or in the absence of the Executive Director, his designee's, concurrence, the Department or a local health department may declare a public health emergency by issuing an order mandating reporting emergency illnesses or health conditions specified in sections R386-702-3 for a reasonable time.

(2) For purposes of an order issued under this section and for the duration of the public health emergency, the following definitions apply.

(a) "Emergency center" means:

(i) a health care facility licensed under the provisions of Chapter 26-21 that operates an emergency department; or

(ii) a clinic that provides emergency or urgent health care to an average of 20 or more persons daily.

(b) "Encounter" means an instance of an individual presenting at the emergency center who satisfies the criteria in section R386-702-3(2).

(c) "Diagnostic information" means an emergency center's records of individuals who present for emergency or urgent treatment, including the reason for the visit, chief complaint, results of diagnostic tests, presenting diagnosis, and final diagnosis, including diagnostic codes.

(3) The Department shall designate the fewest number of emergency centers as is practicable to obtain the necessary data to respond to the emergency.

(a) Designated emergency centers shall report using the process described in R386-702-6.

(b) An emergency center designated by the Department shall report the encounters to the Department by:

(i) allowing Department representatives or agents, including local health department representatives, to review its diagnostic information to identify encounters during the previous day;

(ii) reviewing its diagnostic information on encounters during the previous day and reporting all encounters by 9:00 a.m. the following day;

(iii) identifying encounters and submitting that information electronically to the Department, using a computerized analysis method, and reporting mechanism and schedule approved by the Department; or

(iv) by other arrangement approved by the Department.

(4) For purposes of epidemiological and statistical analysis, the emergency center shall report on encounters during the public health emergency that do not meet the definition for a reportable emergency illness or health condition. The report shall be made using the process described in R386-702-6 and shall include the following information for each such encounter:

(a) facility name;

(b) date of visit;

(c) time of visit;

(d) patient's age;

(e) patient's sex; and

(f) patient's zip code for patient's residence.

(5) If either the Department or a local health department collects identifying health information on an individual who is the subject of a report made mandatory under this section, it shall destroy that identifying information upon the earlier of its determination that the information is no longer necessary to carry out an investigation under this section or 180 days after the information was collected. However, the Department and local health departments shall retain identifiable information gathered under other sections of this rule or other legal authority.

(6) Reporting on encounters during the public health emergency does not relieve a reporting entity of its responsibility to report under other sections of this rule or other legal authority.

R386-702-18. Official References.

Treatment and management of individuals and animals who have or are suspected of having a communicable or infectious disease that must be reported pursuant to this rule shall comply with the following documents, that are adopted and incorporated by reference:

(1) American Public Health Association. "Control of Communicable Diseases Manual". 20th ed., Heymann, David L., editor, 2015.

(2) Centers for Disease Control and Prevention. "Human Rabies Prevention---United States, 2008: Recommendations of the Advisory Committee on Immunization Practices." Morbidity and Mortality Weekly Report. 57 (RR03) (2008):1-26, 28.

(3) National Association of State Public Health Veterinarians Committee. "Compendium of Animal Rabies Prevention and Control, 2016." Nasphv.org. National Association of State Public Health Veterinarians, 18 October 2016. Web. http://nasphv.org/Documents/NASPHVRabiesCompendium.pdf

(4) American Academy of Pediatrics. "Red Book: 2018-2021 Report of the Committee on Infectious Diseases" 30th Edition. Elk Grove Village, IL, American Academy of Pediatrics; 2018.

(5) National Association of State Public Health Veterinarians Animal Contact Compendium Committee 2017. "Compendium of Measures to Prevent Disease Associated with Animals in Public Settings, 2017." Journal of the American Veterinary Medicine Association 243 (2017): 1269-292.

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