Disease Reporting Regulations - Summary of Changes
Effective February 10, 1999

Reporting by health care providers

- Human Immunodeficiency Virus (HIV) Infection
- Cyclospora
- E. coli O157:H7
- invasive disease caused by Haemophilus influenzae or Neisseria meningitidis

Dropped from list:
- smallpox
- encephalitis

Reporting by laboratories

- invasive disease caused by Haemophilus influenzae or Neisseria meningitidis
- Borrelia burgdorferi
- Human Immunodeficiency Virus (HIV) Infection
- Cyclospora
- viral causes of meningitis
- Yersinia pseudotuberculosis

Dropped from list:
- meningitis
- smallpox
- typhus

A new requirement that laboratories report on results of specimens obtained in Alaska

- For both health care providers and laboratories, telephonic and electronic transmission are now acceptable methods for reporting.
- Reports are required to be made within 5 working days except for public health emergencies that must be reported by telephone immediately.
- Cancer reporting requirements were changed slightly to delete in-situ carcinomas of the cervix uteri, and to include reporting requirements from cancer screening.
- Birth defects reporting requirements were changed to require reporting for patients up to 1 year of age instead of 6 years of age except for fetal alcohol syndrome and alcohol effects on the fetus that will continue to be reportable up to 6 years of age.
- Firearm reporting requirements were changed by adding geographic location of occurrence and ethnicity, deleting place of
• Ethnicity was added as a variable required to be reported for all reportable conditions.

• Tuberculosis skin testing requirements for school children were changed to require use of intradermal purified protein derivative (PPD) tests. Multiple-puncture testing materials will no longer be supplied by the state. The number of grades required to be tested was reduced for some districts.

• Several additional changes were made to regulations governing rabies control and other provisions. The revised regulations will be posted on the Section of Epidemiology website and the state’s handbook, Conditions Reportable to Public Health, will be mailed to everyone on the Epidemiology Bulletin mailing list.

Website (http://www.epi.alaska.gov)

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Disease Reporting Regulations - Health Care Providers

Revised disease control regulations will become effective in Alaska on February 10, 1999. This section describes routine reporting requirements for Alaska health care providers.

1. Infectious disease reporting: The Alaska Administrative Code (7 AAC 27.005) establishes the following as reportable infectious diseases. Health care providers (physicians, physician assistants, nurses, and advanced nurse practitioners) are required to report when the disease is suspected or diagnosed. Public health emergencies, shown below in bold, must be reported immediately when first suspected or diagnosed—call 1-800-478-0084. All other reports must be made within 5 working days. Sections 2 and 3, below, describe how and what information to report.

<table>
<thead>
<tr>
<th>Acquired immunodeficiency syndrome (AIDS)</th>
<th>Acetaminophen</th>
<th>Psittacosis</th>
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<tbody>
<tr>
<td>Amebiasis</td>
<td>Hepatitis A, B, or C</td>
<td>Rabies</td>
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<tr>
<td>Anthrax</td>
<td>Human immunodeficiency virus (HBV)</td>
<td>Reye syndrome</td>
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<tr>
<td>Botulism</td>
<td>Legionellosis</td>
<td>Rheumatic fever</td>
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<tr>
<td>Brucellosis</td>
<td>Leprosy</td>
<td>Rubella</td>
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<tr>
<td>Campylobacteriosis</td>
<td>Lyme disease</td>
<td>Rubella (measles)</td>
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<tr>
<td>Chlamydia</td>
<td>Malaria</td>
<td>Salmonellosis</td>
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<tr>
<td>Cholera</td>
<td>Meningococcal invasive disease</td>
<td>Shigellosis</td>
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<tr>
<td>Cryptosporidium</td>
<td>Mumps</td>
<td>Syphilis</td>
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<tr>
<td>Cyclospora</td>
<td>Paralytic shellfish poisoning</td>
<td>Tetanus</td>
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<tr>
<td>Diphtheria</td>
<td>Pertussis</td>
<td>Trichinosis</td>
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<tr>
<td>Echinococcus</td>
<td>Poliomyelitis</td>
<td>Tuberculosis</td>
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<tr>
<td>Escherichia coli O157:H7</td>
<td>Plague</td>
<td>Tularemia</td>
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<td>Giardiasli</td>
<td>Typhoid fever</td>
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<tr>
<td>Gonorrhea</td>
<td>Yellow fever</td>
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<tr>
<td>Hepatitis</td>
<td>Blood lead ≥10 μg/dL</td>
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</table>

Detailed information for reporting birth defects, firearm injuries, cancer, and blood lead can be found in the handbook, Conditions Reportable to Public Health. The handbook is currently being updated; the revised version will be available within a few weeks, either in hardcopy from the Section of Epidemiology or on the Section of Epidemiology website at:
Disease Reporting Regulations - Laboratories

Revised disease control regulations will become effective in Alaska on February 10, 1999. This section covers routine reporting requirements for laboratories in Alaska.

1. Reportable diseases: The Alaska Administrative Code (7 AAC 27.007) establishes the following as reportable pathogens. Laboratories (public, private, military, hospital, or other) must report when there is evidence of human infection caused by a pathogen listed below. Reports are required both for testing conducted in Alaska and for specimens collected in Alaska but tested out-of-state. Public health emergencies, shown below in bold, must be reported immediately when first suspected or identified – call 1-800-478-0084. All other reports must be made within 5 working days. Sections 3 and 4, below, describe how and what information to report.

<table>
<thead>
<tr>
<th>Pathogen Name</th>
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<tr>
<td>Bacillus anthracis</td>
<td>Legionella pneumophila</td>
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<tr>
<td>Bordetella pertussis</td>
<td>Measles virus</td>
</tr>
<tr>
<td>Borrelia burgdorferi</td>
<td>Meningitis, any viral cause</td>
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<tr>
<td>Brucella abortus</td>
<td>Mumps virus</td>
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<tr>
<td>Campylobacter species</td>
<td>Mycobacterium leprae</td>
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<tr>
<td>Chlamydia psittaci or C. trachomatis</td>
<td>Mycobacterium tuberculosis</td>
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<td>Clostridium botulinum</td>
<td>Neisseria gonorrhoeae</td>
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<td>Clostridium tetani</td>
<td>Neisseria meningitidis</td>
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<tr>
<td>Corynebacterium diphtheriae</td>
<td>Plasmodium species</td>
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<tr>
<td>Cryptosporidium species</td>
<td>Poliovirus</td>
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<tr>
<td>Cyclospora</td>
<td>Rabies virus</td>
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<tr>
<td>Escherichia coli O157:H7</td>
<td>Rubella virus</td>
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<tr>
<td>Echinococcus species</td>
<td>Salmonella species</td>
</tr>
<tr>
<td>Entamoeba histolytica</td>
<td>Shigella species</td>
</tr>
<tr>
<td>Francisella tularensis</td>
<td>Treponema pallidum</td>
</tr>
<tr>
<td>Giardia lamblia</td>
<td>Trichinella species</td>
</tr>
<tr>
<td>Haemophilus influenzae invasive disease</td>
<td>Vibrio cholera</td>
</tr>
<tr>
<td>Hepatitis A, B, or C virus</td>
<td>Yellow fever virus</td>
</tr>
<tr>
<td>Human immunodeficiency virus (HIV)</td>
<td>Yersinia enterocolitica or Y. pseudotuberculosis</td>
</tr>
<tr>
<td>Influenza virus</td>
<td>Yersinia pestis</td>
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</tbody>
</table>

2. Reporting of other conditions: Laboratories are also required to report blood lead ≥10 μg/dL. Detailed information can be found in the handbook, Conditions Reportable to Public Health. The handbook is currently being updated; the revised version will be available within a few weeks either in hardcopy from the Section of Epidemiology or on the Section of Epidemiology website at: http://www.epi.hss.state.ak.us.

3. How to report: Routine reports should be made using the Section of Epidemiology confidential answering machine—call 561-4234 from the Anchorage area or 1-800-478-1700 from outside Anchorage. Alternatively, reports may be sent to the Section’s confidential fax machine, (907) 561-4239. Both the answering machine and the fax machine are located in a locked room with controlled and restricted access. Reports may also be made by calling the Section directly at (907) 269-8000 and asking to speak to one of the epidemiologists. Public health emergencies should be reported immediately to 1-800-478-0084.

4. Information to report: Each report should include the patient’s name (or, if not available, the identification code sufficient to identify the patient to the health care provider), the date and result of the test performed, the name and address of the health care provider for whom the test was performed, and when available, the address, age, sex, race, and ethnicity of the patient.

Disease Reporting Regulations - HIV Reporting to Begin

In February 1998, the Alaska Division of Public Health proposed adding HIV infection to the list of conditions that health care providers and laboratories are required to report to the Section of Epidemiology. Draft regulations were widely shared, both oral and written comments were solicited, and after careful consideration, a final regulation package was drafted. Effective February 10, 1999, HIV infection will be a reportable condition in Alaska.
Why make HIV infection reportable?
The Division of Public Health develops and implements HIV prevention programs statewide. These programs are based on the epidemiology of HIV infection in Alaska, behavioral science, and fundamental public health practices. In order to best guide prevention efforts, the State must be able to accurately follow the epidemic.

AIDS was made reportable in Alaska in 1985. From 1981 until recently, AIDS case surveillance served as an effective indicator for state and national efforts to monitor the spread of HIV infection and subsequently target HIV prevention programs. Recent advances in treatment for HIV disease are extending the period between infection and progression to AIDS. This has caused a dramatic decline in the number of new AIDS cases, both locally and nationally, and this treatment effect is expected to continue. Expanding surveillance to include both HIV infection and AIDS will more reliably reflect HIV transmission patterns and assist the Division of Public Health in guiding prevention efforts.

Support for HIV case reporting has come from many national professional organizations and advocacy groups. The Centers for Disease Control and Prevention (CDC), the Council of State and Territorial Epidemiologists (CSTE), the Association of State and Territorial Health Officers (ASTHO), and the National Alliance of State and Territorial AIDS Directors (NASTAD) have all taken positions supporting name-based HIV surveillance. National advocacy groups such as AIDS Action Council (Washington, DC), the National Association of People with AIDS (Washington, DC), and Gay Men’s Health Crisis (New York) all support HIV reporting, although these groups do not necessarily support reporting by name.

Who is to report?
Health care providers and laboratories are required to report diagnosed or suspected cases of HIV infection. A health care provider is defined as a licensed physician, physician assistant, advanced nurse practitioner or nurse. All laboratories are required to report test results on specimens obtained in Alaska.

How are cases reported?
The Section of Epidemiology currently uses a Rapid Telephonic Reporting (RTR) system for all reportable infectious diseases and is extending this service to include HIV and AIDS. The RTR system enables health care providers and laboratories to report to a secure site 24 hours a day. To report using the RTR system, please call (907) 561-4234 in Anchorage, or 1-800-478-1700 in other areas of the state. Upon calling the RTR system, a detailed recorded message will explain what information is to be reported, followed by a tone. Case information is to be recorded after the tone. Providers may also fax case reports to (907) 561-4239 at any time.

Health care providers and laboratories interested in reporting directly, or in reporting by electronic means, may contact the Section of Epidemiology during normal business hours for assistance.

What information is to be reported?
Along with clinical and laboratory information, a standard set of data is collected for each case. Each report should include the patient’s name, diagnosis, address, age, sex, race, and ethnicity as well as the name and address of the health care provider. Appropriate public health personnel review all case reports and follow up with providers, as necessary.

When should reports be made?
As with other reportable infectious diseases, reports should be made to the Section of Epidemiology within 5 working days. Cases diagnosed prior to the revised regulations may be reported shortly after February 10, 1999 or as individual patients present for care. Health care providers needing assistance are encouraged to call the Section of Epidemiology.

The Section of Epidemiology is currently updating its handbook, *Conditions Reportable to Public Health*, which details instructions on how to use to the RTR system and provides the text of the relevant regulations.

Security and confidentiality are of the utmost importance. All reports that identify cases, or establish characteristics of the status of an identifiable patient with a reportable condition, are confidential and may not be disclosed to the public. There have been no reported breaches of name-based HIV surveillance by state health departments.

Partner Notification Assistance:
Infected individuals should be offered assistance in notifying their sexual or injecting partners of their exposure to HIV. Exposed partners may need assistance with counseling or HIV testing services. Providers wishing information about, or assistance with, these activities may contact the Section of Epidemiology, AIDS/STD Program at (907) 269-8000.

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**Disease Reporting Regulations - Tuberculosis Skin Testing Requirements**

Effective February 10, 1999, three changes will occur in the regulations pertaining to tuberculosis skin testing for school children (7 AAC 27.213):
The PPD skin test is the only standardized method available for detection of infection with Mycobacterium tuberculosis in asymptomatic persons. Multiple-puncture tests such as MonoVacc® are not standardized and have variable sensitivity and specificity (false positive and negative results) when compared to PPD test results.

2) The mandatory requirement for annual school skin testing is reduced.

- Every child who enrolls in kindergarten and seventh grade must have a PPD within 90 days of enrollment.
- Any child in the school district for the first time, in grades kindergarten or higher, must be tested within 90 days of enrollment.

TB skin testing is no longer required for children in preschool and grades 1, 3, and 11.

3) School districts and non-public schools may be required to administer PPD skin tests to children in addition to those listed above under section 2. The Division of Public Health will make such a determination based on increased risk of spread of TB in the community where the district is located.

Cases of TB continue to be identified through school TB skin testing in some parts of rural Alaska. School-based TB testing will continue to be important to control TB in some Alaska communities. Districts will be notified on a case-by-case basis if any additional grade levels must be tested.

School TB Skin Testing Requirements: 1998-1999 Academic Year

School TB skin testing will not be required for the 1998-99 school year. In the fall of 1998, a two-dose measles vaccination requirement became a public health priority for all school children in Alaska. The timing of mass immunization programs coincided with school TB skin test screening, placing a huge burden on school districts. As a result, school TB skin testing requirements were suspended.

TB skin test results may be falsely negative for up to 4 to 6 weeks after measles vaccination. As a result, there were unavoidable delays for TB skin test programs at many schools. In spite of these challenges, 33% of schools have reported TB skin test results to the Division of Public Health, to date.

January 4, 1999 was the statewide deadline for students to receive a second measles immunization. Therefore, in many school districts, TB testing could not resume until late in the 1998-1999 academic year. Resources may be better used to plan for school TB skin testing regulatory changes for the upcoming 1999-2000 school year (see above).

Reference:

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Disease Reporting Regulations - Alaska Statutes

AS 09.65.161. Immunity for disclosure of required health care data.
A person who reports health care data required to be reported under AS 18.05 is considered the reporting person.

AS 18.05.010. Administration of laws by department.
The Department of Health and Social Services shall administer the laws and regulations relating to the promotion and protection of the public health, control of communicable diseases, programs for the improvement of maternal and child health, care of crippled children, and hospitalization of the tuberculous and shall discharge other duties provided by law.

AS 18.05.040. Regulations.
(a) The commissioner shall adopt regulations consistent with existing law for
(1) the definition, reporting, and control of diseases of public health significance;
(2) cooperation with local boards of health and health officers;
(3) protection and promotion of the public health and prevention of disability and mortality;
(4) the transportation of dead bodies;
(5) carrying out the purposes of this chapter;
(6) the conduct of its business and for carrying out the provisions of laws of the United States and the state relating to public health;
(7) establishing the divisions and local offices and advisory groups necessary or considered expedient to carry out or assist in carrying out a duty or power assigned to it;
must report evidence of human infection caused by the following agents at the time of identification or suspected identification:

(a) Public, private, military, hospital, or other laboratories performing serologic, immunologic, microscopic, biochemical, or cultural tests in this state or on samples obtained within this state

(b) Other health care professional who prescribes for or attends those affected.

d) Outbreaks or unusual incidences of diseases that are known or suspected to be related to exposure to environmental toxic or hazardous material must be reported by the physician, nurse, or (9) person in charge of a birth center attended by a direct-entry midwife certified in this state.

c) Except for an infection or disease listed in (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 an infectious disease or disease outbreak.

The following infections or diseases are public health emergencies that must be immediately reported by the telephone directly to a public health official in the division of public health in the department when first diagnosed or suspected by the health care provider:

- rubella;
- rubeola;
- rabies;
- poliomyelitis;
- paralytic shellfish poisoning;
- cholera;
- campylobacteriosis;
- botulism;
- salmonellosis;
- typhoid fever;
- tularemia;
- tuberculosis;
- tetanus;
- syphilis;
- scarlet fever;
- septicemia;
- severe reactions to a vaccination;
- severe reactions to an anaphylactic reaction;
- severe reactions to an immune-mediated reaction;
- severe reactions to a medication;
- severe reactions to a drug;
- severe reactions to a food;
- severe reactions to a environmental exposure;
- severe reactions to a vaccine;
- severe reactions to a chemical;
- severe reactions to a toxic substance;
- severe reactions to a pollutant;
- severe reactions to a noise;
- severe reactions to a climate;
- severe reactions to an injury;
- severe reactions to a disease;
- severe reactions to a development;
- severe reactions to a condition;
- severe reactions to a condition of public health significance;
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(11) E. coli 0157:H7;
(12) Campylobacter jejuni;
(13) Yersinia enterocolitica;
(14) Salmonella species;
(15) Plasmodium species;
(16) Neisseria meningitidis;
(17) Vibrio cholera;
(18) Hepatitis (A, B, or C virus);
(19) Legionella pneumophila;
(20) Human immunodeficiency virus (HIV);
(21) Influenza virus;
(22) Legionella pneumophila;
(23) rubella virus;
(24) Herpes simplex virus;
(25) mumps virus;
(26) Haemophilus influenzae;
(27) hepatitis A virus;
(28) hepatitis B virus;
(29) hepatitis C virus;
(30) Neisseria meningitidis;
(31) poliovirus;
(32) rubella virus;
(33) rubella virus;
(34) Shigella species;
(35) Staphylococcus aureus;
(36) Streptococcus pneumoniae;
(37) Neisseria meningitidis;
(38) Paracoccidioides brasiliensis;
(39) yellow fever virus;
(40) Toxoplasma gondii or T. pseudoulnulans;
(41) Fortuita parotii.

The list of infectious agents that are reportable is not exhaustive and can be updated by the health department based on new developments and research in the field of public health.
TAC 7.27.016. RIGHT OF INSPECTION.

The department of public health may have any access to any establishment and records of any establishment in the discharge of its official duties in accordance with law.

Authority - AS 18.05.040

TAC 7.27.017. REPORTING OF DISEASE.

Diseases which are known or suspected to be a threat to the health of the public may be reported to the department of public health by the physician, nurse, or other health care professional who prescribes or attends the patient with the disease.

Authority - AS 18.05.040

TAC 7.27.020. CONTROL OF ANIMAL DISEASES TRANSMISSIBLE TO HUMANS.

(1) TUBERCULOSIS SCREENING OF SCHOOL EMPLOYEES.

(A) Every district school shall have a health evaluation by a health care provider to identify symptoms suggesting that tuberculosis disease is present; the health evaluation must also include evaluation for the risk factors.

(B) A medical record provided to the division by a physician, surgeon, hospital, laboratory, out-patient clinic, nursing home, or other facility, provider, or agency providing services to patients shall be maintained in confidence and may not be disclosed to the public.

Authority - AS 18.05.040 (d)

TAC 7.27.021. TUBERCULOSIS SKIN TEST.

(A) Tuberculosis skin test shall be offered to any employee in each school district, offering pre-service health education through the 12th grade, or a combination of those grades, shall administer an intradermal protein derivative PPID skin test to every employee on (1) days indicated in every odd year, or (2) district in grade level; or (3) district in grade level in 1999 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.

Authority - AS 27.200.9(c), AS 47.05.012

Editor's Note: The Compendium of Tuberculosis Control, 1998, 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 2100, Anchorage, AK 99501-3322.

TAC 7.27.080. IMPORATION OF DOGS.

(1) Any dog imported into the state shall be accompanied by a health certificate issued within 30 days of transportation by a licensed veterinarian in the state of origin, and a copy of the certificate shall be presented to the animal control authority immediately on the entry of the animal into the state.

(A) Any animal that has been administered any communicable disease shall not be moved to any such disease; also, it must be free from all parasites, and its age, sex, and breed and the number of premises and the names and post office addresses of the owner or custodian.

(2) Any unvaccinated dog or bitch or by a licensed veterinarian, may be imported immediately and submitted to the laboratory designated by it for rabies testing.

(3) All dogs or bitches vaccinated in accordance with this section that bite a person must be placed under observation for 10 days, except that a clinically ill or stray animal that does not get vaccinated.

(4) The animal must be found to be free from rabies and other communicable diseases for at least 30 days.

(5) A dog or bitch vaccinated against rabies may be imported immediately and submitted to the laboratory designated by it for rabies testing.

Authority - AS 18.05.040 (1)

TAC 7.27.081. RABIES VACCINATION.

(A) Derivatives (PPD) skin test for tuberculosis within 90 days of enrollment to every child who enrolls in a school district, shall be administered to the patient, with the exception of evidence of a vaccination, found in the case record.

(B) Evidence of a vaccination shall be recorded on the Standard Vaccination Certificate.

Authority - AS 18.05.040

TAC 7.27.082. RIGHT OF INSPECTION.

(1) Any dog or bitch vaccinated in accordance with this section that bite a person must be placed under observation for 10 days, except that a clinically ill or stray animal that does not get vaccinated.

(2) Any unvaccinated dog or bitch may be imported immediately and submitted to the laboratory designated by it for rabies testing.

(3) All dogs or bitches vaccinated in accordance with this section that bite a person must be placed under observation for 10 days, except that a clinically ill or stray animal that does not get vaccinated.

Authority - AS 18.05.040 (1)

TAC 7.27.090. GENERAL RIGHT OF VISITATION.

(1) All records and reports of the department of public health shall be open for inspection and examination by the attorney general, for the enforcement of this chapter.

Authority - AS 18.05.040

TAC 7.27.090. QUARANTINE OF ANIMALS OR PET SHOPS.

Repealed.

TAC 7.27.090.1. TUBERCULOSIS SKIN TEST.

(A) Every public school district and nonpublic school offering pre-service health education through the 12th grade, or a combination of those grades, shall administer an intradermal protein derivative PPID skin test to every student on (1) days indicated in every odd year, or (2) district in grade level; or (3) district in grade level in 1999 or higher for the first time.

(B) Minimum level of training for employees who have previously had a positive tuberculosis skin test result, or an employee whose respiratory system suggests that tuberculosis disease is present for the purpose of treating the patient with the disease.

Authority - AS 18.05.040 (2)

TAC 7.27.091. TUBERCULOSIS SCREENING OF SCHOOL EMPLOYEES.

(A) The department of health and social services, in each school district, offering pre-service education through the 12th grade, or a combination of those grades, shall be evaluated annually, except as provided otherwise in this subsection, to detect active cases of pulmonary tuberculosis, as follows:

(B) The employee has previously had a positive tuberculosis skin test result, or an employee whose respiratory system suggests that tuberculosis disease is present for the purpose of treating the patient with the disease.

Authority - AS 18.05.040 (2)

TAC 7.27.099. CONTINUITY OF REQUIRED REPORTS AND MEDICAL RECORDS.

(A) The report to the department required under this chapter is a confidential public health record and is not open to public inspection.

(B) The employee shall report to the division of public health, laboratory, or other facility, provider, or agency providing services to patients that identifies cases or establishes characteristics of the state of an identifiable patient with a condition reportable under this chapter is confidential and may not be disclosed to the public.

Authority - AS 18.05.040 (1)

Repealed.
7 AAC 27.000, 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" means the following medical professionals who are lawfully entitled to practice in this state:
(A) a physician who practices medicine or an osteopath;
(B) a physician assistant;
(C) a nurse or an advanced nurse practitioner;
(5) "PPD skin test" means an intradermal purified protein derivative skin test for tuberculosis. Authority - AS 18.05.040