

RULES AND REGULATIONS PERTAINING TO THE REPORTING OF INFECTIOUS, ENVIRONMENTAL AND OCCUPATIONAL DISEASES

[R23-10-DIS]



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF HEALTH

June 1966

AS AMENDED:

May 1970

August 1983 (E)

November 1983

April 1987

July 1989

May 1992

December 1992 (E)

February 1993 (E)

June 1993 (E)

November 1993

April 1996

January 2002 (re-filing in
accordance with the
provisions of §42-35-4.1 of
the Rhode Island General
Laws, as amended)

September 2002

February 2006

January 2007 (re-filing in
accordance with the
provisions of §42-35-4.1 of
the Rhode Island General
Laws, as amended)

July 2008

January 2012 (re-filing in
accordance with the
provisions of §42-35-4.1 of
the Rhode Island General
Laws, as amended)

November 2013

INTRODUCTION

These amended *Rules and Regulations Pertaining to Reporting of Infectious, Environmental and Occupational Diseases* [R23-10-DIS]¹ are promulgated pursuant to the authority set forth in Chapters 23-5, 23-6, 23-10, 23-11, 23-24.6, and 23-24.5 and §§ 23-1-18 (2) and 23-8-1, of the General Laws of Rhode Island, as amended, and are established for the purpose of adopting standards pertaining to confidentiality and reporting of infectious, occupational and environmentally related diseases in Rhode Island. Surveillance data will be used to initiate appropriate public health responses.

Pursuant to the provisions of §42-35-3(a)(3) and §42-35.1-4 of the General Laws of Rhode Island, as amended, consideration was given to:

- (1) Alternative approaches to the regulations; and
- (2) Duplication or overlap with other state regulations and
- (3) Significant economic impact on small business.

Based on the available information, no known alternative approach or duplication was identified. During review of public comments it was determined that certain reporting requirements pertaining to HIV were also addressed in *Rules and Regulations Pertaining to HIV Counseling, Testing, Reporting and Confidentiality* [R23-6.3-HIV]. Specific HIV reporting requirements were removed from these Regulations and the reporting requirements of *Rules and Regulations Pertaining to HIV Counseling, Testing, Reporting and Confidentiality* have been incorporated by reference.

Upon promulgation of these amendments, these amended Regulations shall supersede all previous *Rules and Regulations Pertaining to Reporting of Infectious, Environmental and Occupational Diseases* [R23-10-DIS] promulgated by the Rhode Island Department of Health and filed with the Secretary of State.

¹ Prior to October 2013, these Regulations were promulgated under the title *Rules and Regulations Pertaining to Reporting of Communicable, Environmental and Occupational Diseases* [R23-10-DIS]. Beginning with the October 2013 edition, the title was changed to *Rules and Regulations Pertaining to Reporting of Infectious, Environmental and Occupational Diseases* [R23-10-DIS] to reflect current terminology utilized in these Regulations.

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PART I *Definitions and Reporting Requirements*

Section 1.0 *Definitions*

Wherever used in these Regulations, the following terms shall be construed as follows:

- 1.1 **"Asbestos"** means that unique group of naturally occurring minerals that separate into fibers of high tensile strength, resistant to heat, wear and chemicals, described as the following types: chrysotile, amosite, crocidolite, tremolite, anthophyllite, and actinolite, and every product containing any of these materials that have been chemically treated and/or altered which after manufacture are used for such products and end uses including but not limited to insulation, textiles, paper, cement, sheets, floor tile, wall covering, decorations, coating, sealants, cement pipe and reinforced plastics and other compounds.
- 1.2 **"Asbestos-related disease"** is any illness or disease, other than for benign conditions of the pleura, suspected of being related to asbestos exposure, including, but not limited to, mesothelioma, asbestosis and lung cancer believed to be caused by asbestos exposure.
- 1.3 **"Carrier"** means a person or animal that harbors a specific infectious agent without discernible clinical disease and serves as a potential source of infection.
- 1.4 **"Case"** or **"patient"** means the one who is ill, infected, injured or diagnosed with a reportable disease or injury.
- 1.5 **"Clinical laboratory"** means a facility for the biological, microbiological, serological, chemical, immunohematological, hematological, radiobioassay, cytological, pathological, or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of the health of human beings, pursuant to Chapter 23-16.2 of the Rhode Island General Laws, as amended, entitled "Laboratories."
- 1.6 **"Communicable disease"** means an illness due to a specific infectious agent or its toxic products that arises through transmission of that agent or its products from an infected person, animal or inanimate reservoir to a susceptible host.
- 1.7 **"Department"** means the Rhode Island Department of Health.
- 1.8 **"Director"** means the Director of Health.
- 1.9 **"Disease report"** means an official notice to the appropriate authority of the occurrence of a specified disease in humans or animals, in accordance with the requirements stated in these Regulations.
- 1.10 **"Disease surveillance"** means the practice of monitoring the occurrence and spread of disease. Included are the systematic collection and evaluation of: morbidity and mortality reports; special reports of field investigations, epidemics and individual cases; isolations and identifications of infectious agents in laboratories; data concerning the availability and use of vaccines; immune globulin, pesticides and other substances used in disease control; information regarding immunity levels in segments of the population, and of other relevant epidemiologic data. The procedure applies to all jurisdictional levels of public health, from local to international.

- 1.11 **"Incidence"** means a term used to characterize the frequency of new occurrences of a disease, infection, or other event over a period of time and in relation to the population in which it occurs. Incidence is expressed as a rate, commonly the number of new cases during a prescribed time in a unit of population. For example, one refers to the number of new cases of tuberculosis per 100,000 population per year.
- 1.12 **"Laboratory test diagnostic of HIV infection"** means a laboratory test approved by the U.S. Food and Drug Administration, performed by a clinical laboratory that indicates the presence of antibody to HIV, HIV structural components, or HIV ribonucleic acid in blood and other body fluid.
- 1.13 **"Manufacturers' associated laboratory"**, as used in these Regulations, means a specialized laboratory that performs initial and confirmatory HIV testing, when approved to do so by the Department.
- 1.14 **"Occupational disease"** means a disease or condition which is believed to be caused or aggravated by conditions in the individual's workplace.
- 1.15 **"Outbreak or cluster"** means the occurrence in a community or region of cases of an illness clearly in excess of the number of cases normally expected.
- 1.16 **[DELETED]**
- 1.17 **"Physician"** means any individual licensed to practice medicine in this state under the provisions of Chapter 5-37 of the General Laws of Rhode Island, as amended (i.e., M.Ds and D.O.s).
- 1.18 **"Poisoning (food)"** means a poisoning that results from eating foods contaminated with toxins. These toxins may occur naturally, as in certain mushrooms or seafoods; they may be chemical or biologic contaminants; or they may be metabolic products of infectious agents that are present in the food.
- 1.19 **"These Regulations"** mean all parts of Rhode Island *Rules and Regulations Pertaining to Reporting of Infectious, Environmental and Occupational Diseases [R23-10-DIS]*.

Section 2.0 **Reporting Requirements**

The HIPAA Privacy Rule expressly permits disclosures without individual authorization to public health authorities authorized by law to collect or receive the information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, public health surveillance, investigation, and intervention (see Reference 19 of these Regulations).

Responsibility for Reporting

- 2.1 The diseases listed in these Regulations shall be reported in the manner set forth in these Regulations. Reporting of diseases listed in these Regulations is required and is the responsibility of the following:
- **Physicians** attending the case or suspected case or his/her designee;
 - **Physician assistants, certified registered nurse practitioners, and midwives;**
 - **Clinical laboratories;**

- **Hospitals** (from both inpatient and outpatient settings); When a diagnosis or suspected diagnosis of a case is made within a hospital, the facility administrator, or his/her designee (e.g., infection control practitioner), is charged with the responsibility of ensuring the reporting of the case in accordance with the procedures outlined in these Regulations.
- All other **health care facilities** (i.e., organized ambulatory care facility, school-based health center, freestanding emergency care facility, home care/home nursing care provider, hospice, birth center, nursing facility, rehabilitation hospital center, freestanding ambulatory surgical center, kidney disease treatment center, physician office setting providing surgical treatments {office operatory}); When a diagnosis or suspected diagnosis of a case is made within a licensed health care facility, the facility administrator or medical director, or his/her designee (e.g., infection control practitioner), is charged with the responsibility of ensuring the reporting of the case in accordance with the procedures outlined in these Regulations.
- **Veterinarians** who have knowledge of a single case of rare and unusual veterinary diagnosis that relates to or has the potential to cause illness in humans and/or clusters or outbreaks of unusual zoonotic vectorborne diseases that can cause illness in humans;

2.2 Reporting of diseases listed in these Regulations is recommended by and the responsibility of the following:

- **Certified school nurse-teachers** who have knowledge of a single case of rare and unusual diagnoses and/or clusters or outbreaks of unusual diseases or illnesses;
- **Dentists** who have knowledge of a single case of rare and unusual diagnoses and/or clusters or outbreaks of unusual diseases or illnesses;
- **Other entities or persons** (such as college/university health centers, day care centers, drug treatment facilities, prison health services, travel clinics, social service agencies that serve the homeless, school health centers that treat students in grades K-12, camp counselors, funeral directors, transportation authority etc.) who have knowledge of a single case of rare and unusual diagnoses and/or clusters or outbreaks of unusual diseases or illnesses.

2.3 **Exemptions.** Reporting of the diseases listed in these Regulations shall not be required in the following case: In research protocols and all other situations where the person conducting the research or ordering the test is unaware of the identity of the person being tested. (In cases where the identity of the person being tested is known to the person, the provisions of these Regulations shall apply).

2.4 **Public Health Response to Disease Reports.** Any disease or outbreak reported shall initiate a public health response by the Department in collaboration with the provider. The response will be in keeping with situation-specific recommendations that are provided by the Division of Infectious Disease and Epidemiology.

2.5 **Reporting of Outbreaks or Clusters.** Any person who is required or recommended to report (cited in §2.1 of these Regulations) and has knowledge of an outbreak of infectious disease or a cluster of unexplained illness, infectious or non-infectious, whether or not listed in these

regulations, shall promptly report the facts to the Department of Health. Exotic diseases and unusual group expressions of illness which may be of public health concern shall also be reported immediately. The number of cases indicating an outbreak or cluster will vary according to the infectious agent or the conditions/hazards, size and type of population exposed, previous experience or lack of exposure to the disease, and time and place of occurrence. A single case of a communicable disease long absent from a population or the first invasion by a disease not previously recognized in that area requires immediate reporting and epidemiologic investigation; two (2) cases of such a disease associated in time and place are sufficient evidence of transmission to be considered an outbreak. Outbreaks or clusters are therefore identified by significant increases in the usual incidence of the disease in the same area, among the specified population, at the same season of the year. Some examples of outbreaks are as follows:

- (1) ***Foodborne poisoning:*** the occurrence of two (2) or more cases of a similar illness resulting from the ingestion of a common food;
- (2) ***Institutional:*** cluster of similar illness in institutional settings, such as nursing homes, hospitals, schools, day care centers, etc.;
- (3) ***Waterborne:*** at least two (2) persons experiencing a similar illness after ingestion of a common water source and epidemiologic evidence that implicates water as the probable source of the illness;
- (4) ***A single case of rare and unusual diagnoses,*** such as avian influenza, smallpox, ebola, SARS, or human rabies;
- (5) Outbreaks of ***unusual diseases or illness*** that may indicate ***acts of terrorism*** using biological agents, such as anthrax, botulism, ricinosis, epsilon toxin of *Clostridium perfringens*, and *Staphylococcus enterotoxin B*;
- (6) Any condition compatible with exposure to nuclear, radiological, or chemical substances, which could be indicative of radiological or chemical terrorism events shall also be reportable; and
- (7) Clusters of overdoses or adverse reactions to a drug, whether prescription or illicit.

2.6 **Confidentiality Provisions.** All information concerning cases or suspected cases shall be held in confidence in accordance with the provisions of RIGL Chapter 5-37.3 ("Confidentiality of Health Care Communications and Information Act"), all other applicable state and federal statutes and regulations, and Division of Infectious Disease and Epidemiology policies.

2.7 **[DELETED]**

2.8 **[DELETED]**

PART II *Reportable Diseases and Disease Surveillance Projects*

Section 3.0 *Reportable Diseases and Timeframe for Reporting*

- 3.1 (a) The lists cited below pertain to individuals and facilities required or recommended to report (see §2.1 in these Regulations). Cases due to the diseases listed below shall be reported to the Rhode Island Department of Health, Division of Infectious Disease and Epidemiology (IDE), within the timelines indicated. Reportable diseases are grouped as immediately reportable and non-immediately reportable. Immediately reportable diseases shall be reported within twenty-four (24) hours of recognition or strong suspicion of disease. All other reportable conditions shall be reported within four (4) days of recognition or suspicion. There is no requirement to wait for laboratory confirmation for any condition.
- (b) Case reports must be submitted on a Department of Health case report form. The minimal information required when submitting a case report form includes: disease being reported, patient's full name, address, city, state, zip code, phone number, date of birth (or age at onset), gender, race and ethnicity, date of onset, and physicians' name and phone number.
- (c) All case report forms can be found at: <http://www.health.ri.gov/diseases/for/providers/>.
- (d) For animal bites, TB, LTBI, HIV, and STDs case reports must be submitted on the disease-specific case report form. Case reports for all other diseases must be reported on the generic infectious disease case report form.
- 3.2 (a) Laboratories, including those outside of Rhode Island, performing examinations on any specimens derived from Rhode Island residents that yield evidence of infection due to the diseases listed below shall report such evidence of infection directly to IDE through the methods listed in §3.3 of these Regulations.
- (b) HIV reporting guidance is detailed in *Rules and Regulations Pertaining to HIV Counseling, Testing and Reporting, and Confidentiality [R23-6.3-HIV]*.
- (c) The minimal information required when submitting a laboratory report includes: a laboratory contact, test results, date of specimen collection, case's full name, date of birth, sex, address, and name of ordering health care provider.
- 3.3 All cases, are reported to the Department via one of four (4) methods:
- (a) **Mail.** Mail to: Rhode Island Department of Health, Division Of Infectious Disease and Epidemiology, 3 Capitol Hill, Room 106, Providence RI 02908-5097)
- (b) **Fax.** Fax to: (401)-222-2488
- (c) **Telephone.** Between 8:30am – 4:30pm (Monday-Friday): (401)-222-2577. For telephone reporting after hours call (401)-272-5952
- (d) **Electronic Reporting or Data Mining Methods.** Various methods of electronic reports are required as defined in technical specifications developed by the Department. Examples of data sources include, but are not limited to electronic laboratory reports, medical records, health information exchange feeds, syndromic surveillance feeds, immunization and other disease registries, and billing data.

3.4 List of diseases reportable to Rhode Island Department of Health, Division of Infectious Disease and Epidemiology:

***Diseases to be Reported Immediately
(within 24 hours)***

Potential Agents of Bioterrorism

- Anthrax
- Botulism
- Brucellosis
- Burkholderia mallei/pseudomallei
- (Glanders and Meliodosis)
- Clostridium perfringens epsilon toxin
- Plague
- Q-Fever
- Ricin Poisoning
- Smallpox
- Staphylococcal enterotoxin B poisoning
- Tularemia
- Viral Hemorrhagic Fevers (*Ebola, Lassa, Marburg, etc*)

Other Conditions

- Animal bites
- Arboviral infections (neuroinvasive)
- Cholera
- Ciguatera, Paralytic shellfish or Scombroid poisoning
- Diphtheria
- Encephalitis (*any infectious cause*)
- Hantavirus Pulmonary Syndrome
- Hepatitis A¹
- Measles
- Meningococcal Disease²
- Novel coronavirus
- Outbreaks and clusters (see §1.15 of these Regulations)
- Poliomyelitis
- Rabies (*animal*)
- Rabies (*human*)
- Staphylococcus aureus infections Vancomycin Resistant/Intermediate (VRSA/VISA)²
- Typhoid fever
- Unexplained deaths (*possibly due to unidentified infectious causes*)
- Vibrio infections
- Yellow fever

Conditions to be Reported within four (4) days

- Acquired Immunodeficiency Syndrome (AIDS)
- Anaplasmosis/Ehrlichiosis
- Babesiosis

- Campylobacteriosis
- Chancroid
- Chlamydia *Trachomatis* (genital and ophthalmic)
- Coccidioidomycosis
- Cryptosporidiosis
- Cyclosporiasis
- Dengue virus infections
- *Escherichia coli*, Shiga toxin-producing (STEC)
- Giardiasis
- Gonorrhea
- Granuloma Inguinale
- Group A Streptococcal Disease
- Group B Streptococcal Disease²
- *H. influenzae* disease, all serotypes²
- Hansen's disease (leprosy)
- Hemolytic uremic syndrome (HUS)
- Hepatitis B, C, D, E, and unspecified viral hepatitis¹ [Physicians must report all acute Hepatitis cases and surface antigen (HbsAg) and hepatitis C positive pregnant women only. Laboratories must report all positive results].
- HIV-1 and HIV-2 infection³
- Influenza associated deaths (all ages)
- Influenza associated hospitalizations
- Influenza novel virus infections
- Legionellosis
- Leptospirosis
- Listeriosis²
- Lyme disease
- Lymphogranuloma Venereum
- Malaria
- Meningitis (aseptic, bacterial, viral, or fungal)²
- Mumps
- Ornithosis (psittacosis)
- Pelvic inflammatory disease (PID): all cases, based upon clinical diagnosis
- Pertussis
- Rickettsiosis, Spotted Fever (Rocky Mountain Spotted Fever)
- Rubella (including congenital rubella)
- Salmonellosis
- Shigellosis
- *Streptococcus pneumoniae*²
- Streptococcal Toxic Shock Syndrome²
- Syphilis (all stages including neurosyphilis and congenital syphilis)
- Tetanus
- Toxic Shock Syndrome (non-Streptococcal)²
- Transmissible spongiform encephalopathies (including Creutzfeldt Jakob Disease)
- Trichinosis
- Tuberculosis Disease and Latent Tuberculosis Infection (LTBI)

- Varicella
- Yersiniosis

NOTES:

¹ Report AST, ALT, and Bilirubin also.

² **Invasive disease:** confirmed by isolation from blood, CSF, pericardial fluid, pleural fluid, peritoneal fluid, joint fluid, or other normally sterile site.

³ Every CD4 cell count and HIV viral load test result performed on HIV positive patients is reportable.

3.5 List of clinical specimens from which the agent related to diseases in §3.4 that are required to be submitted to the RI State Health Laboratory by the testing laboratory:

Organism	Invasive disease only	Isolate	Stained smear	Specimen	Reporting to IDE and State Health Laboratory
Anaplasma phagocytophilum			X		
Bacillus anthracis		X			Immediate
Bordetella pertussis		X			
Brucella sp.		X			Immediate
Burkholderia mallei		X			Immediate
Burkholderia pseudomallei		X			Immediate
Campylobacter sp.		X			
Clostridium botulinum		X		X	Immediate
Corynebacterium diphtheriae		X			
Coxiella burnetii					Immediate
Ebola virus (VHF)				X	Immediate
E. coli Shiga toxin producing		X		(GN broth)	
E.coli 0157:H7		X		(GN broth)	
Ehrlichia sp.			X		
Francisella tularensis		X			Immediate
Haemophilus influenzae	X	X			
Legionella sp.		X			
Listeria monocytogenes		X			
Mycobacterium tuberculosis		X			
Neisseria meningitidis	X	X			
Plasmodium sp.			X		
Rabies virus				X	Immediate
Salmonella sp.		X			
Shigella sp.		X			
Staphylococcus aureus VISA/VRSA		X			
Streptococcus pyogenes (GpA Strep)	X	X			
Variola virus				X	Immediate
Vibrio cholera		X			
Vibrio parahaemolyticus		X			
Vibrio vulnificus		X			
Viral hemorrhagic fevers				X	Immediate
Yersinia enterocolitica		X			
Yersinia pestis		X			Immediate

Special Disease Surveillance Projects

- 3.6 Surveillance related to special and/or complex surveillance systems (e.g., West Nile Virus, latent TB infection, influenza, new and emerging disease threats, evaluation and validation projects related to surveillance) may be conducted in accordance with customized guidance issued by the Rhode Island Department of Health, Center for Epidemiology and Infectious Disease. Surveillance systems may be developed and required to prepare for or respond to public health threats on an ad-hoc basis, at any time.

Section 4.0 **[RESERVED]**

Section 5.0 ***Reporting by Laboratories***

- 5.1 (a) Whenever a clinical laboratory performs tests or has the sample(s) tested out of state for those diseases cited in §3.1 of these Regulations, the laboratory shall submit to the Division of Infectious Disease and Epidemiology all positive findings.
- (b) Certain negative laboratory results shall be reportable to the Department as deemed essential and necessary to maintain the health, safety and welfare of the community. The Department shall specify those laboratory reports that will require negative reporting of results.
- (c) The report shall consist of a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. This report shall indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physician's name, and race and ethnicity of the case.

5.2 **[DELETED]**

Laboratory Testing and Reporting for Agents of Bioterrorism

- 5.3 Clinical laboratories receiving biological specimens that are suspected to contain agents of bioterrorism, even if a bioterrorist event is not suspected, shall perform testing or refer such specimens to the State Health Laboratory for analysis in accordance with the most current Lab Response Network (LRN) protocols. Clinical laboratories that isolate a potential agent of bioterrorism from a clinical specimen shall perform testing in accordance with the most current LRN Sentinel Laboratory protocol and shall submit the isolate to the State Health Laboratory for confirmation or further testing in accordance with the current Rhode Island LRN protocol.
- 5.4 Clinical laboratories that receive biological specimens that are suspected to contain agents of bioterrorism, or that isolate a potential agent of bioterrorism from a clinical specimen, shall immediately report such receipt or findings to the Department's Division of Infectious Disease and Epidemiology by telephone. If the specimen is received after normal Department business hours, the Department's after-hours on-call physician shall be informed.

Laboratory Reporting of AFB and M. Tuberculosis

- 5.5 Clinical laboratories receiving biological samples or specimens for the purposes of performing testing for the presence of acid fast bacilli (AFB) or *M. tuberculosis* testing must

submit a specimen to the State Health Laboratory for analysis. This requirement is waived for a licensed hospital laboratory, provided a written memorandum of agreement is in place between the State Laboratory and the hospital laboratory. In order to obtain a memorandum of agreement, a hospital laboratory's Mycobacteriology testing methodology and practice must be consistent with current recognized national consensus standards and/or guidelines (e.g. CLSI M48-A Laboratory Detection and Identification of Mycobacteria: Approved Guidelines).

- 5.6 Licensed hospital laboratories that have a written memorandum of agreement with the State Health Laboratory and are performing AFB testing shall report positive results to the Division of Infectious Disease and Epidemiology. Positive culture results must be accompanied by all prior AFB smear results associated with the current episode of illness on the individual whether positive or negative.
- 5.7 As part of LTBI surveillance, IGRA (Interferon Gamma Release Assay) positive results are reportable.

PART III *Other Diseases*

Section 6.0 *Childhood Lead Poisoning*

Reporting of Cases of Childhood Lead Poisoning

- 6.1 Any physician or employee of a licensed health care facility acting within the scope of his/her practice in making the diagnosis of childhood lead poisoning shall report such diagnosis to the Department within ten (10) business days using a form approved by the Department or by any other reporting method approved by the Department.
- 6.2 Utilization of the Department Laboratory shall constitute compliance with these reporting requirements.

Reporting by Laboratories:

- 6.3 Whenever a laboratory has the blood lead diagnostic sample(s) tested out-of-state for childhood lead poisoning, the laboratory shall submit to the Division of Community, Family Health, and Equity (CFHE) all positive and negative findings. If submitted electronically, these reports shall be in accordance with Rhode Island Department of Health standards for electronic reporting of blood lead results.

Section 7.0 *Occupational Diseases*

- 7.1 Every physician licensed pursuant to the provisions of Chapter 5-37 or other person charged with reporting (cited in §2.1 of these Regulations) attending on or called in to visit a patient whom he/she believes to be suffering from the following occupational diseases shall report such occurrences to the Rhode Island Department of Health.
 - 7.1.1 Diseases diagnosed as being related to occupational exposures to any of the following substances:
 - arsenic
 - cadmium
 - carbon monoxide
 - lead (defined as > 25ug/dl)
 - mercury
 - 7.1.2 Any of the following occupational diseases:
 - metal fume fever
 - simple asphyxiation
 - silicosis
 - 7.1.3 Any unusual cluster of occupational disease.
- 7.2 Whenever a laboratory performs an analysis for, or has a blood sample tested out-of-state for a blood lead level in a person age sixteen (16) or over, the laboratory shall submit to the Department all results. The report, which shall be submitted electronically or in hard copy,

shall consist of a copy of the laboratory result submitted to the physician or other person charged with reporting (cited in §2.1 of these Regulations) who ordered the test.

Occupational Disease Reporting

- 7.3 The physician, or other person charged with reporting (cited in §2.1 of these Regulations), immediately on being called in to visit a patient with carbon monoxide intoxication or simple asphyxiation and within thirty (30) days of attending on or being called in to visit a patient with any illness or condition specified in §7.1 of these Regulations shall report the following information to the Rhode Island Department of Health:
- (a) Name, address, phone number and occupation of patient;
 - (b) Name, address, phone number and business of employer;
 - (c) Nature of disease;
 - (d) Such other information as may be reasonably required by the Department of Health;
 - (e) Name and phone number of the reporting physician or other person charged with reporting (cited in §2.1 of these Regulations).
- 7.4 The Department of Health shall prepare and furnish standard schedule blanks for the reports required by §7.0 of these Regulations.

Section 8.0 *Asbestos-Related Disease*

Responsibility for Reporting

- 8.1 Any physician, facility administrator or other person charged with reporting (cited in §2.1 of these Regulations) associated with making the diagnosis of mesothelioma, asbestosis, or any other asbestos-related disease, other than benign conditions of the pleura, shall report the disease to the Director of Health within six (6) months of the diagnosis.
- 8.2 The physician or licensed medical facility involved shall also inform the patient or patient's next-of-kin in a dated letter by first-class mail of the suspected role of asbestos as it relates to the patient's condition.
- 8.3 Reporting of asbestos-related diseases, such as asbestosis or any illness or disease suspected as being due to asbestos exposure, other than benign conditions of the pleura, shall be accomplished through the use of confidential reports of occupational disease, which shall be mailed directly by the attending physician or licensed health care facility to the Rhode Island Department of Health. The asbestos-related disease, mesothelioma, is also reportable under the provisions of the *Rules and Regulations Pertaining to the Rhode Island Cancer Registry (R-23-12-CA)*.
- 8.4 Such reports of occupational disease are supplied by the Rhode Island Department of Health.

Section 9.0 *Non-occupational Acute Carbon Monoxide Poisoning*

9.1 In addition to the requirements of §7.3 of these Regulations regarding the reporting of occupational carbon monoxide (CO) intoxication, any physician licensed pursuant to the provisions of RIGL Chapter 5-37 or other person charged with reporting (cited in §2.1 of these Regulations) attending on or called in to visit a patient whom he/she believes to be suffering from acute CO poisoning shall report such occurrence(s) to the Department in accordance with the requirements of §9.3 of these Regulations.

9.2 *Case Classification*

(a) Confirmed Case:

- (1) A patient with signs and symptoms consistent with acute CO poisoning[†] and a confirmed elevated carboxyhemoglobin (COHb) level, as determined by either a venous blood specimen or pulse Cooximetry; OR
- (2) A patient with signs and symptoms consistent with acute CO poisoning (in the absence of clinical or laboratory confirmation of an elevated COHb level), with supplementary evidence in the form of environmental monitoring data suggesting exposure from a specific poisoning source; OR
- (3) A laboratory report of a venous blood specimen (in the absence of clinical and environmental laboratory data) with a COHb level that is equal to or greater than a volume fraction of 0.12 (i.e., 12%).

(b) Probable Case:

- (1) In the absence of clinical and environmental monitoring, a patient with signs and symptoms consistent with acute CO poisoning and the same history of environmental exposure as that of a confirmed case; OR,
- (2) A patient with signs and symptoms consistent with acute CO poisoning and history of smoke inhalation secondary to conflagration; OR
- (3) A non-smoking patient with a laboratory report of a blood specimen with a COHb level that is equal to or greater than a volume fraction of 0.09 and less than a volume fraction of 0.12 (i.e., $9 < \text{COHb}\% < 12$); OR
- (4) A patient who has an exposure history consistent with CO, and has received hyperbaric treatment for acute CO poisoning, regardless of COHb concentration reported, and regardless of the presence or absence of symptoms.

[†] There is no consistent constellation of signs and symptoms resulting from acute CO poisoning, nor are there any pathognomonic clinical signs or symptoms which would unequivocally indicate a case of acute carbon monoxide poisoning. The clinical presentation of acute CO poisoning varies not only with the duration and magnitude of exposure, but also between individuals with the same degree of exposure and/or same venous COHb level. Clinical signs and symptoms of acute CO poisoning include, but are not limited to: headache, nausea, lethargy (or fatigue), weakness, abdominal discomfort/pain, confusion, and dizziness. Other signs and symptoms include: visual disturbances including blurred vision, numbness and tingling, ataxia, irritability, agitation, chest pain, dyspnea (shortness of breath) on exertion, palpitations, seizures, and loss of consciousness.

- (c) Suspected Case: A patient with signs and symptoms consistent with acute CO poisoning and a history of present illness consistent with exposure to CO.

9.3 *Timeframe for Reporting*

- (a) A case of acute CO poisoning shall be reported to the Department's Office of Environmental Risk Assessment (3 Capitol Hill, Room 201, Providence RI 02908-5097) within four (4) working days following diagnosis.
- (b) The report shall contain no less than the following information:
 - (1) Name, address and phone number of patient;
 - (2) Type of case (i.e., confirmed, probable or suspect) and the basis for case type;
 - (3) Such other information as may be reasonably required by the Department; AND
 - (4) Name and phone number of the reporting physician or other person charged with reporting (cited in §2.1 of these Regulations).
- (c) The Department shall prepare and furnish standard schedule blanks for the reports required in this section.

PART IV *Confidentiality and Severability*

Section 10.0 *Confidentiality*

10.1 All information and reports relative to testing and reporting of reportable diseases shall be confidential and subject to the provisions of all laws governing the confidentiality of this information including, but not limited to, Chapters 23-6, 23-11 and 5-37.3 of the General Laws of Rhode Island, as amended.

Section 11.0 *Severability*

11.1 If any provisions of these Regulations or the application thereof to any persons or circumstances shall be held invalid, such invalidity shall not affect the provisions which can be given effect, and to this end the provisions of these Regulations are declared severable.

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REFERENCES

1. *Rules and Regulations for Asbestos Control (R23-24.5-ASB)*, Rhode Island Department of Health, September 2007
2. *Rules and Regulations Pertaining to HIV Counseling, Testing, Reporting, and Confidentiality (R23-6.3-HIV)*. Rhode Island Department of Health, December 2012
3. **[DELETED]**
4. Rhode Island General Laws, as amended:
Chapter 23-6.3 ("Prevention and Suppression of Contagious Diseases – HIV/AIDS"), Available online: <http://webservice.rilin.state.ri.us/Statutes/TITLE23/23-6.3/INDEX.HTM>
Section 28-20-4.1 ("Adoption of Regulations Pertaining to HIV and Hepatitis"); Available online: <http://www.rilin.state.ri.us/Statutes/TITLE28/28-20/28-20-4.1.HTM>
5. "Confidentiality of Health Care Communications and Information Act," Chapter 5-37.3 of the General Laws of Rhode Island, as amended. Available online: <http://www.rilin.state.ri.us/Statutes/TITLE5/5-37.3/INDEX.HTM>
6. "Board of Medical Licensure and Discipline", Chapter 5-37 of the Rhode Island General Laws, as amended. Available online: <http://www.rilin.state.ri.us/Statutes/TITLE5/5-37/INDEX.HTM>
7. *Rules and Regulations for the Licensure and Discipline of Physicians (R5-37-MD/DO)*, Rhode Island Department of Health, September 2012
8. "Laboratories", Chapter 23-16.2 of the Rhode Island General Laws, as amended. Available online: <http://www.rilin.state.ri.us/Statutes/TITLE23/23-16.2/INDEX.HTM>
9. *Rules and Regulations for Licensing Clinical Laboratories and Stations (R23-16.2-C&S/LAB)*, Rhode Island Department of Health, September 2007
10. "Nurses", Chapter 5-34 of the Rhode Island General Laws, as amended. Available online: <http://www.rilin.state.ri.us/Statutes/TITLE5/5-34/INDEX.HTM>
11. *Rules and Regulations for the Licensing of Nurses & Standards for the Approval of Basic Nursing Education Programs (R5-34-NUR/ED)*, Rhode Island Department of Health, March 2008
12. *Rules and Regulations for Licensing of Midwives (R23-13-MID)*, Rhode Island Department of Health, September 2007
13. "Physician Assistants", Chapter 5-54 of the Rhode Island General Laws, as amended. Available online: <http://www.rilin.state.ri.us/Statutes/TITLE5/5-54/INDEX.HTM>
14. *Rules and Regulations for the Licensure of Physician Assistants (R5-54-PA)*, Rhode Island Department of Health, , September 2007
15. "Licensing of Health Care Facilities", Chapter 23-17 of the Rhode Island General Laws, as amended. Available online: <http://www.rilin.state.ri.us/Statutes/TITLE23/23-17/INDEX.HTM>
16. **[DELETED]**

17. Office of Minority Health and Office of Health Statistics. *Policy for Maintaining, Collecting, and Presenting Data on Race and Ethnicity*. Providence, RI: Rhode Island Department of Health. July 2000. Available online:
<http://www.health.ri.gov/chic/statistics/data%20policy%20guide.pdf>
18. **[DELETED]**
19. HIPAA Privacy Rule and Public Health: Guidance from CDC and the U.S. Department of Health and Human Services May 2, 2003/52 (S-1); 1-12. Available online:
<http://www.cdc.gov/mmwr/preview/mmwrhtml/su5201a1.htm>
20. *Infectious Disease Information for Providers*. Rhode Island Department of Health. Available online: <http://www.health.ri.gov/diseases/for/providers/>
21. RI Division of Laboratories, *Laboratory Specimen Collection Manual*. Available online:
<http://www.health.ri.gov/programs/laboratory/biological/about/specimensubmission/>

The revision dates of all regulations cited above were current when these amended regulations were filed with the Secretary of State. Current copies of all regulations issued by the RI Department of Health may be downloaded at no charge from the RI Secretary of State's Final Rules and Regulations Database website:
<http://www.sos.ri.gov/rules/>