

# **Appendix M: Kentucky Reportable Disease Statutes and Regulations**

- 1) 902 KAR 2:020. Disease Surveillance**
- 2) KRS 211.180. Functions of Cabinet in Regulation of Certain Health Matters – Inspection Fees - Hearing**
- 3) KRS 214.010. Physicians and Heads of Families to Report Diseases to Local Board of Health**
- 4) KRS 214.020. Cabinet to Adopt Regulations and Take Other Action to Prevent Spread of Disease**
- 5) HIPPA – Disclosures for Public Health Activities**

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**902 KAR 2:020. Disease Surveillance.**

RELATES TO: KRS 211.180(1), 214.010, 214.645, 333.130

STATUTORY AUTHORITY: KRS 194A.050, 211.090(3), EO 2004-726

NECESSITY, FUNCTION, AND CONFORMITY: EO 2004-726, effective July 9, 2004, reorganized the Cabinet for Health and Family Services and placed the Department for Public Health under the Cabinet for Health and Family Services. KRS 211.180 requires the cabinet to implement a statewide program for the detection, prevention, and control of communicable diseases, chronic and degenerative diseases, dental diseases and abnormalities, occupational diseases and health hazards peculiar to industry, home accidents and health hazards, animal diseases which are transmissible to man, and other diseases and health hazards that may be controlled. KRS 214.010 requires every physician and every head of family to notify the local health department of the existence of diseases and conditions of public health importance, known to him or her. This administrative regulation establishes notification standards and specifies the diseases requiring urgent, priority, or routine notification, in order to facilitate rapid public health action to control diseases, and to permit an accurate assessment of the health status of the Commonwealth.

Section 1. Notification Standards. (1) A health professional licensed under KRS Chapters 311 through 314, and a health facility licensed under KRS Chapter 216B, shall give notification pursuant to subsection (3) of this section, if:

(a) The health professional makes a probable diagnosis of a disease specified in Section 2, 3, or 4 of this administrative regulation; and

(b) The diagnosis is supported by:

1. "Case Definitions for Infectious Conditions under Public Health Surveillance"; or
2. A reasonable belief that the disease is present.

(2)(a) A single report by a hospital of a condition diagnosed by a test result from the hospital laboratory shall constitute notification on behalf of the hospital and its laboratory.

(b) A hospital may designate an individual to report on behalf of the hospital's laboratory and the hospital's clinical facilities.

(3) The notification shall be given to the:

- (a) Local health department serving the jurisdiction in which the patient resides; or
- (b) Department for Public Health.

(4) The reporting professional shall furnish the:

- (a) Name, birthdate, address, county of residence, and telephone number of the patient; and
- (b) Clinical, epidemiologic, and laboratory information pertinent to the disease.

(5) Upon the confirmation of a laboratory test result which indicates infection with an agent associated with one (1) or more of the diseases or conditions specified in Section 2, 3, or 4 of this administrative regulation, the director of a clinical laboratory licensed under KRS Chapter 333 shall:

(a) Report the result to the:

1. Local health department serving the jurisdiction in which the patient resides; or
2. Department for Public Health; and

(b) Report the patient's name, birthdate, address, and county of residence; and

Section 2. Diseases Requiring Urgent Notification. (1) Notification pursuant to Section 1(3) of this administrative regulation of the following diseases shall be made within twenty-four (24) hours:

- (a) Anthrax;
- (b) Botulism;
- (c) Brucellosis;
- (d) Campylobacteriosis;
- (e) Cryptosporidiosis;
- (f) Cholera;
- (g) Diphtheria;

## APPENDIX M

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- (h) Escherichia coli O157:H7;
- (i) Escherichia coli, shiga toxin positive;
- (j) Encephalitis, California group;
- (k) Encephalitis, Eastern equine;
- (l) Encephalitis, St. Louis;
- (m) Encephalitis, Venezuelan equine;
- (n) Encephalitis, Western;
- (o) Encephalitis, West Nile Virus;
- (p) Hansen's Disease;
- (q) Hantavirus infection;
- (r) Hemophilus influenzae invasive disease;
- (s) Hepatitis A;
- (t) Listeriosis;
- (u) Measles;
- (v) Meningococcal infections;
- (w) Pertussis;
- (x) Plague;
- (y) Poliomyelitis;
- (z) Psittacosis;
- (aa) Q fever;
- (bb) Rabies, animal;
- (cc) Rabies, human;
- (dd) Rubella;
- (ee) Rubella syndrome, congenital;
- (ff) Salmonellosis;
- (gg) Shigellosis;
- (hh) Syphilis, primary, secondary, early latent or congenital;
- (ii) Tetanus;
- (jj) Tularemia;
- (kk) Typhoid fever;
- (ll) Vibrio parahaemolyticus;
- (mm) Vibrio vulnificus;
- (nn) Yellow fever.

(2) Weekend or evening urgent notification.

(a) If health department personnel cannot be contacted directly, notification shall be made by electronic submission or by telephone to an emergency number provided by the local health department or the Department for Public Health.

(b) For the protection of patient confidentiality, this notification shall include:

1. The name of the condition being reported; and
2. A telephone number that can be used by the department to contact the reporting professional.

(3) Upon receipt of a report for a disease specified in subsection (1) of this section, the local health department shall:

- (a) Immediately notify the Department for Public Health; and
- (b) Assist the department in carrying out a public health response as instructed.

Section 3. Diseases Requiring Priority Notification. (1) Notification pursuant to Section 1(3) of this administrative regulation of the following diseases shall be made within one (1) business day:

- (a) Group A streptococcal infection, invasive;
- (b) Hepatitis B, acute;
- (c) Hepatitis B infection in a pregnant woman or a child born in or after 1992;
- (d) Mumps;
- (e) Toxic shock syndrome;
- (f) Tuberculosis.

## REPORTABLE DISEASE STATUTES AND REGULATIONS

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(2) Upon receipt of a report for a disease or condition specified in subsection (1) of this section, a local health department:

(a) Shall investigate the report and carry out public health measures appropriate to the disease or condition;

(b) Shall notify the Department for Public Health of the case, in writing, within five (5) business days; and

(c) May seek assistance from the Department for Public Health.

Section 4. Diseases Requiring Routine Notification. (1) Notification pursuant to Section 1(3) of this administrative regulation of the following diseases shall be made within five (5) business days:

(a) Chancroid;

(b) Chlamydia trachomatis infection;

(c) Ehrlichiosis;

(d) Gonorrhea;

(e) Granuloma inguinale;

(f) Hepatitis C, acute;

(g) Histoplasmosis;

(h) Lead poisoning;

(i) Legionellosis;

(j) Lyme Disease;

(k) Lymphogranuloma venereum;

(l) Malaria;

(m) Rabies postexposure prophylaxis;

(n) Rocky Mountain Spotted Fever;

(o) Streptococcus pneumoniae, drug-resistant invasive disease;

(p) Syphilis, other than primary, secondary, early latent or congenital; and

(q) Toxoplasmosis.

(2) Upon receipt of a report for a disease or condition specified in subsection (1) of this section, a local health department shall:

(a) Make a record of the report;

(b) Answer inquiries or render assistance regarding the report if requested by the reporting entity; and

(c) Forward the report to the Department for Public Health within three (3) business days.

Section 5. Outbreaks or Unusual Public Health Occurrences. (1) If, in the judgment of a health professional licensed under KRS Chapters 311 through 314, or a health facility licensed under KRS Chapter 216B, an unexpected pattern of cases, suspected cases, or deaths which may indicate a newly-recognized infectious agent, an outbreak, epidemic, related public health hazard or an act of bioterrorism, such as smallpox, appears, a report shall be made immediately by telephone to the:

(a) Local health department where the professional is practicing or where the facility is located; or

(b) Department for Public Health.

(2) An instance of suspected staphylococcal or other foodborne intoxication or an instance of salmonellosis or other foodborne or waterborne infection shall be reported within one (1) business day, and shall include all known information about the persons affected.

(3) The local health department:

(a) Shall investigate the outbreak or occurrence;

(b) Shall carry out public health measures appropriate to the disease or condition involved;

(c) Shall make medical and environmental recommendations appropriate to prevent future similar outbreaks or occurrences; and

(d) May seek assistance from the Department for Public Health.

## APPENDIX M

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Section 6. Laboratory Surveillance. (1)(a) In addition to the reports required by Sections 1 through 4 of this administrative regulation, laboratory results shall be reported weekly for influenza virus isolates.

(b) The report shall include the:

1. Name, birthdate, address, and county of residence of the person with the disease; and
2. Specific laboratory information pertinent to the result.

(c) The format of the report shall be an alphabetical listing of each person for whom a report is submitted.

(2) Upon request by the Department for Public Health, a clinical laboratory within a hospital licensed under KRS Chapter 216B, or a laboratory licensed under KRS Chapter 333, shall report:

(a) The numbers of isolates and information regarding the antimicrobial resistance patterns of the isolates;

(b) At intervals agreed upon between the laboratory and the department, not less frequently than three (3) months, for the following:

1. Staphylococcus aureus;
2. Enterococcus species; or
3. Other organism specified in a request that includes a justification of the public health importance of the organism.

Section 7. Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) Surveillance. (1) Physicians and Medical Laboratories shall report:

(a)1. A positive test result for HIV infection including a result from:

- a. Elisa;
- b. Western Blot;
- c. PCR;
- d. HIV antigen; or
- e. HIV culture;
2. CD4+ assay including absolute CD4+ cell counts and CD4+%;
3. HIV detectable Viral Load Assay; and
4. A positive serologic test result for HIV infection; or

(b) A diagnosis of AIDS that meets the definition of AIDS established within the Centers for Disease Control and Prevention (CDC) guidelines and reported in the:

1. "Adult HIV/AIDS Confidential Case Report Form," or
2. "Pediatric HIV/AIDS Confidential Case Report Form."

(2) An HIV infection or AIDS diagnosis shall be reported within five (5) business days and, if possible, on the "Adult HIV/AIDS Confidential Case Report form" or the "Pediatric HIV/AIDS Confidential Case Report form."

(a) A report for a resident of Jefferson, Henry, Oldham, Bullitt, Shelby, Spencer, and Trimble Counties shall be submitted to the HIV/AIDS Surveillance Program of the Louisville-Metro Health Department.

(b) A report for a resident of the remaining Kentucky counties shall be submitted to the HIV/AIDS Surveillance Program of the Kentucky Department for Public Health, or as directed by the HIV/AIDS project coordinator.

(3) A report for a person with HIV infection without a diagnosis of AIDS shall include the following information:

- (a) The patient's full name;
- (b) Date of birth, using the format MMDDYY;
- (c) Gender;
- (d) Race;
- (e) Risk factor, as identified by CDC;
- (f) County of residence;
- (g) Name of facility submitting report;
- (h) Date and type of HIV test performed;
- (i) Results of CD4+ cell counts and CD4+%;

## REPORTABLE DISEASE STATUTES AND REGULATIONS

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- (j) Results of viral load testing;
- (k) PCR, HIV culture, HIV antigen, if performed;
- (l) Results of TB testing, if available; and
- (m) HIV status of the person's partner, spouse or children.

(4) Reports of AIDS cases shall include the information in subsections (1) through (3) of this section; and

- (a) The patient's complete address;
- (b) Opportunistic infections diagnosed; and
- (c) Date of onset of illness.

(5) (a) Reports of AIDS shall be made whether or not the patient has been previously reported as having HIV infection.

(b) If the patient has not been previously reported as having HIV infection, the AIDS report shall also serve as the report of HIV infection.

Section 8. Reporting of Communicable Diseases in Animals. (1) Upon arriving at a probable diagnosis in an animal of a condition known to be communicable to humans, a veterinarian licensed under the provisions of KRS Chapter 321 shall report the occurrence within one (1) business day to:

- (a) The local health department in which the animal is located; or
- (b) If the local health department cannot be reached, the Department for Public Health.

(2) Upon the confirmation of a laboratory test result which indicates infection of an animal with an agent associated with a condition known to be communicable to humans, the director of a clinical laboratory licensed under KRS Chapter 333 shall, within one (1) business day, report the result to the:

- (a) Local health department serving the jurisdiction in which the animal is located; or
- (b) Department for Public Health.

(3) The local health department:

(a) Shall investigate the report and carry out public measures for the control of communicable diseases appropriate to the condition;

(b) Shall notify the Department for Public Health of the occurrence, in writing, within five (5) business days; and

(c) May seek assistance from the Department for Public Health.

Section 9. Asbestosis, Coal Worker's Pneumoconiosis, and Silicosis. (1) A reporting provider shall submit the following information relating to a person diagnosed with asbestosis, coal worker's pneumoconiosis, or silicosis:

- (a) Name;
- (b) Address;
- (c) Birthdate; and
- (d) County of residence.

(2) A reporting provider shall submit the required information to the department within three (3) months following the diagnosis.

Section 10. Incorporation by Reference. (1) The following material is incorporated by reference:

(a) "Case Definitions for Infectious Conditions under Public Health Surveillance, MMWR, May 2, 1997, Volume 46, Number RR-10", published by the Epidemiology Program Office, Centers for Disease Control and Prevention, Public Health Service, U.S. Department of Health and Human Services, Atlanta, Georgia;

(b) "Adult HIV/AIDS Confidential Case Report (CDC 50.42A, Revised January, 2003)"; and

(c) "Pediatric HIV/AIDS Confidential Case Report form (CDC 50.42B, Revised January, 2003)"; and

(d) "Control of Communicable Diseases Manual 17th Edition, An Official Report of the American Public Health Association, American Public Health Association, Washington, D.C., 2000".

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Department for Public Health, 275 East Main Street, Frankfort, Kentucky 40621, Monday through Friday, 8 a.m. to 4:30 p.m. (CDS-2; 1 Ky.R. 187; eff. 12-11-74; Am. 2 Ky.R. 464; eff. 4-14-76; 11 Ky.R. 1518;

1786; eff. 6-4-85; 16 Ky.R. 663; 1185; eff. 11-29-89; 21 Ky.R. 128; eff. 8-17-94; 23 Ky.R. 3119; 3597; 4131; eff. 6-16-97; 27 Ky.R. 1099; 1489; eff. 12-21-2000; 29 Ky.R. 812; 1273; eff. 10-16-02; 31 Ky.R. 873; eff. 1-4-05.)

**211.180 Functions of cabinet in the regulation of certain health matters -- Inspection fees -- Hearing.**

- (1) The cabinet shall enforce the administrative regulations promulgated by the secretary of the Cabinet for Health and Family Services for the regulation and control of the matters set out below and shall formulate, promote, establish, and execute policies, plans, and programs relating to all matters of public health, including but not limited to the following matters:
  - (a) Detection, prevention, and control of communicable diseases, chronic and degenerative diseases, dental diseases and abnormalities, occupational diseases and health hazards peculiar to industry, home accidents and health hazards, animal diseases which are transmissible to man, and other diseases and health hazards that may be controlled;
  - (b) The adoption of regulations specifying the information required in and a minimum time period for reporting a sexually transmitted disease. In adopting the regulations the cabinet shall consider the need for information, protection for the privacy and confidentiality of the patient, and the practical ability of persons and laboratories to report in a reasonable fashion. The cabinet shall require reporting of physician-diagnosed cases of acquired immunodeficiency syndrome based upon diagnostic criteria from the Centers for Disease Control and Prevention of the United States Public Health Service. No later than October 1, 2004, the cabinet shall require reporting of cases of human immunodeficiency virus infection by reporting of the name and other relevant data as requested by the Centers for Disease Control and Prevention and as further specified in KRS 214.645. Nothing in this section shall be construed to prohibit the cabinet from identifying infected patients when and if an effective cure for human immunodeficiency virus infection or any immunosuppression caused by human immunodeficiency virus is found or a treatment which would render a person noninfectious is found, for the purposes of offering or making the cure or treatment known to the patient;
  - (c) The control of insects, rodents, and other vectors of disease; the safe handling of food and food products; the safety of cosmetics; the control of narcotics, barbiturates, and other drugs as provided by law; the sanitation of schools, industrial establishments, and other public and semipublic buildings; the sanitation of state and county fairs and other similar public gatherings; the sanitation of public and semipublic recreational areas; the sanitation of public rest rooms, trailer courts, hotels, tourist courts, and other establishments furnishing public sleeping accommodations; the review, approval, or disapproval of plans for construction, modification, or extension of equipment related to food-handling in food-handling establishments; the licensure of hospitals; and the control of such other factors, not assigned by law to another agency, as may be necessary to insure a safe and sanitary environment;
  - (d) The construction, installation, and alteration of any on-site sewage disposal system, except for a system with a surface discharge;
  - (e) Protection and improvement of the health of expectant mothers, infants, preschool, and school-age children;

## REPORTABLE DISEASE STATUTES AND REGULATIONS

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- (f) The practice of midwifery, including the issuance of permits to and supervision of women who practice midwifery; and
  - (g) Protection and improvement of the health of the people through better nutrition.
- (2) The secretary shall have authority to establish by regulation a schedule of reasonable fees, not to exceed twenty dollars (\$20) per inspector hour plus travel costs pursuant to state regulations for travel reimbursement, to cover the costs of inspections of manufacturers, retailers, and distributors of consumer products as defined in the Federal Consumer Product Safety Act, 15 U.S.C. secs. 2051 et seq.; 86 Stat. 1207 et seq. or amendments thereto, and of youth camps for the purpose of determining compliance with the provisions of this section and the regulations adopted by the secretary pursuant thereto. Fees collected by the secretary shall be deposited in the State Treasury and credited to a revolving fund account for the purpose of carrying out the provisions of this section. The balance of the account shall lapse to the general fund at the end of each biennium.
- (3) Any administrative hearing conducted under authority of this section shall be conducted in accordance with KRS Chapter 13B.

**Effective:** June 20, 2005

**History:** Amended 2005 Ky. Acts ch. 99, sec. 345, effective June 20, 2005. -- Amended 2004 Ky. Acts ch. 102, sec. 1, effective July 13, 2004. -- Amended 2000 Ky. Acts ch. 432, sec. 2, effective July 14, 2000. -- Amended 1998 Ky. Acts ch. 426, sec. 289, effective July 15, 1998. -- Amended 1996 Ky. Acts ch. 318, sec. 104, effective July 15, 1996. -- Amended 1990 Ky. Acts ch. 443, sec. 44, effective July 13, 1990. -- Amended 1982 Ky. Acts ch. 247, sec. 9, effective July 15, 1982; and ch. 392, sec. 5, effective July 15, 1982. -- Amended 1978 Ky. Acts ch. 117, sec. 18, effective February 28, 1980. -- Amended 1976 Ky. Acts ch. 299, sec. 42. -- Amended 1974 Ky. Acts ch. 74, Art. VI, sec. 107(17). -- Amended 1972 (1st Extra. Sess.) Ky. Acts ch. 3, sec. 29. -- Created 1954 Ky. Acts ch. 157, sec. 12, effective June 17, 1954.

### **KRS 214.010 Physicians and heads of families to report diseases to local board of health.**

Every physician and advanced practice registered nurse shall report all diseases designated by administrative regulation of the Cabinet for Health and Family Services as reportable which are under his or her special treatment to the local board of health of his or her county, and every head of a family shall report any of the designated diseases, when known by him or her to exist in his or her family, to the local board or to some member thereof in accordance with the administrative regulations of the Cabinet for Health and Family Services.

**Effective:** July 15, 2010

**History:** Amended 2010 Ky. Acts ch. 85, sec. 72, effective July 15, 2010. -- Amended 2005 Ky. Acts ch. 99, sec. 446, effective June 20, 2005. -- Amended 1998 Ky. Acts ch. 426, sec. 393, effective July 15, 1998. -- Amended 1974 Ky. Acts ch. 74, Art. VI, sec. 107(1) and (3). -- Amended 1968 Ky. Acts ch. 87, sec. 5. -- Recodified 1942 Ky. Acts ch. 208, sec. 1, effective October 1, 1942, from Ky. Stat. sec. 2055.

## 214.990 Penalties

- (1) Every head of a family who willfully fails or refuses and every physician who fails or refuses to comply with KRS 214.010 shall be guilty of a violation for each day he neglects or refuses to report. Repeated failure to report is sufficient cause for the revocation of a physician's certificate to practice medicine in this state.
- (2) Any owner or person having charge of any public or private conveyance, including watercraft, who refuses to obey the rules and regulations made by the Cabinet for Health and Family Services under KRS 214.020 shall be guilty of a Class B misdemeanor.
- (3) Any physician or other person legally permitted to engage in attendance upon a pregnant woman during pregnancy or at delivery who fails to exercise due diligence in complying with KRS 214.160 and 214.170 shall be guilty of a violation.
- (4) Any person who violates any of the provisions of KRS 214.280 to 214.310 shall be guilty of a Class A misdemeanor.
- (5) Any person who violates any provision of KRS 214.034 or KRS 158.035 shall be guilty of a Class B misdemeanor.
- (6) Any person who violates any provision of KRS 214.420 shall be guilty of a violation. Each violation shall constitute a separate offense.
- (7) Any person who knowingly violates any provision of KRS 214.452 to 214.466 shall be guilty of a Class D felony. Each violation shall constitute a separate offense.

**Effective:** June 20, 2005

**History:** Amended 2005 Ky. Acts ch. □99, sec. □470, effective June 20, 2005. -- Amended 1998 Ky. Acts ch. □426, sec. □415, effective July 15, 1998. -- Amended 1992 Ky. Acts ch. □463, sec. □23, effective July 14, 1992. -- Amended 1988 Ky. Acts ch. □76, sec. □10, effective July 15, 1988. -- Amended 1986 Ky. Acts ch. □294, sec. □4, effective July 15, 1986. -- Amended 1984 Ky. Acts ch. □113, sec. □5, effective July 13, 1984. -- Amended 1978 Ky. Acts ch. □384, sec. □65, effective June 17, 1978. -- Amended 1974 Ky. Acts ch. □74, Art. VI, sec. □107(3). -- Amended 1968 Ky. Acts ch. □87, sec. □7. -- Amended 1962 Ky. Acts ch. □95, sec. □5. -- Amended 1954 Ky. Acts ch. □223, sec. □5. -- Recodified 1942 Ky. Acts ch. □208, sec. □1, effective October 1, 1942, from Ky. Stat. secs. □2049, 2055a, 2056, 2062b-3,

## KRS 214.020 Cabinet to adopt regulations and take other action to prevent spread of disease.

When the Cabinet for Health and Family Services believes that there is a probability that any infectious or contagious disease will invade this state, it shall take such action and adopt and enforce such rules and regulation as it deems efficient in preventing the introduction or spread of such infectious or contagious disease or diseases within this state, and to accomplish these objects shall establish and strictly maintain quarantine and isolation at such places as it deems proper.

**Effective:** June 20, 2005

**History:** Amended 2005 Ky. Acts ch 99, sec. 447, effective June 20, 2005 – Amended 1998 Ky. Acts ch. 426, sec. 394, effective July 15, 1998. – Amended 1974 Ky. Acts 74, Art. VI, sec. 107(1). – Amended 1968 Ky. Acts ch. 87, sec. 6. – Recodified 1942 Ky. Acts ch. 208, sec. 1, effective October 1, 1942, from Ky. Stat. sec. 2049, 2056.

## HIPPA – Disclosures for Public Health Activities

Downloaded from the Department for Health and Human Services Office for Civil Rights Website

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/publichealth.html>

OCR HIPAA Privacy  
December 3, 2002  
Revised April 3, 2003

### DISCLOSURES FOR PUBLIC HEALTH ACTIVITIES

[45 CFR 164.512(b)]

#### Background

The HIPAA Privacy Rule recognizes the legitimate need for public health authorities and others responsible for ensuring public health and safety to have access to protected health information to carry out their public health mission. The Rule also recognizes that public health reports made by covered entities are an important means of identifying threats to the health and safety of the public at large, as well as individuals. Accordingly, the Rule permits covered entities to disclose protected health information without authorization for specified public health purposes.

#### How the Rule Works

General Public Health Activities. The Privacy Rule permits covered entities to disclose protected health information, without authorization, to public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability. This would include, for example, the reporting of a disease or injury; reporting vital events, such as births or deaths; and conducting public health surveillance, investigations, or interventions. See 45 CFR 164.512(b)(1)(i). Also, covered entities may, at the direction of a public health authority, disclose protected health information to a foreign government agency that is acting in collaboration with a public health authority. See 45 CFR 164.512(b)(1)(i). Covered entities who are also a public health authority may use, as well as disclose, protected health information for these public health purposes. See 45 CFR 164.512(b)(2).

A “public health authority” is an agency or authority of the United States government, a State, a territory, a political subdivision of a State or territory, or Indian tribe that is responsible for public health matters as part of its official mandate, as well as a person or entity acting under a grant of authority from, or under a contract with, a public health agency. See 45 CFR 164.501. Examples of a public health authority include State and local health departments, the Food and Drug Administration (FDA), the Centers for Disease Control and Prevention, and the Occupational Safety and Health Administration (OSHA).

Generally, covered entities are required reasonably to limit the protected health information disclosed for public health purposes to the minimum amount necessary to accomplish the public health purpose. However, covered entities are not required to make a minimum necessary determination for public health disclosures that are made pursuant to an individual’s authorization, or for disclosures that are required by other law. See 45 CFR 164.502(b). For disclosures to a public health authority, covered entities may reasonably rely on

a minimum necessary determination made by the public health authority in requesting the protected health information. See 45 CFR 164.514(d)(3)(iii)(A). For routine and recurring public health disclosures, covered entities may develop standard protocols, as part of their minimum necessary policies and procedures, that address the types and amount of protected health information that may be disclosed for such purposes. See 45 CFR 164.514(d)(3)(i).

Other Public Health Activities. The Privacy Rule recognizes the important role that persons or entities other than public health authorities play in certain essential public health activities. Accordingly, the Rule permits covered entities to disclose protected health information, without authorization, to such persons or entities for the public health activities discussed below.

- Child abuse or neglect. Covered entities may disclose protected health information to report known or suspected child abuse or neglect, if the report is made to a public health authority or other appropriate government authority that is authorized by law to receive such reports. For instance, the social services department of a local government might have legal authority to receive reports of child abuse or neglect, in which case, the Privacy Rule would permit a covered entity to report such cases to that authority without obtaining individual authorization. Likewise, a covered entity could report such cases to the police department when the police department is authorized by law to receive such reports. See 45 CFR 164.512(b)(1)(ii). See also 45 CFR 512(c) for information regarding disclosures about adult victims of abuse, neglect, or domestic violence.
- Quality, safety or effectiveness of a product or activity regulated by the FDA. Covered entities may disclose protected health information to a person subject to FDA jurisdiction, for public health purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity for which that person has responsibility. Examples of purposes or activities for which such disclosures may be made include, but are not limited to:
  - ▶ Collecting or reporting adverse events (including similar reports regarding food and dietary supplements), product defects or problems (including problems regarding use or labeling), or biological product deviations;
  - ▶ Tracking FDA-regulated products;
  - ▶ Enabling product recalls, repairs, replacement or lookback (which includes locating and notifying individuals who received recalled or withdrawn products or products that are the subject of lookback); and
  - ▶ Conducting post-marketing surveillance.

## REPORTABLE DISEASE STATUTES AND REGULATIONS

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OCR HIPAA Privacy  
December 3, 2002  
Revised April 3, 2003

See 45 CFR 164.512(b)(1)(iii). The “person” subject to the jurisdiction of the FDA does not have to be a specific individual. Rather, it can be an individual or an entity, such as a partnership, corporation, or association. Covered entities may identify the party or parties responsible for an FDA-regulated product from the product label, from written material that accompanies the product (know as labeling), or from sources of labeling, such as the Physician’s Desk Reference.

- Persons at risk of contracting or spreading a disease. A covered entity may disclose protected health information to a person who is at risk of contracting or spreading a disease or condition if other law authorizes the covered entity to notify such individuals as necessary to carry out public health interventions or investigations. For example, a covered health care provider may disclose protected health information as needed to notify a person that (s)he has been exposed to a communicable disease if the covered entity is legally authorized to do so to prevent or control the spread of the disease. See 45 CFR 164.512(b)(1)(iv).
- Workplace medical surveillance. A covered health care provider who provides a health care service to an individual at the request of the individual’s employer, or provides the service in the capacity of a member of the employer’s workforce, may disclose the individual’s protected health information to the employer for the purposes of workplace medical surveillance or the evaluation of work-related illness and injuries to the extent the employer needs that information to comply with OSHA, the Mine Safety and Health Administration (MSHA), or the requirements of State laws having a similar purpose. The information disclosed must be limited to the provider’s findings regarding such medical surveillance or work-related illness or injury. The covered health care provider must provide the individual with written notice that the information will be disclosed to his or her employer (or the notice may be posted at the worksite if that is where the service is provided). See 45 CFR 164.512(b)(1)(v).

OCR HIPAA Privacy  
December 3, 2002  
Revised April 3, 2003

(You can also go to [http://answers.hhs.gov/cgi-bin/hhs.cfg/php/enduser/std\\_alp.php](http://answers.hhs.gov/cgi-bin/hhs.cfg/php/enduser/std_alp.php), then select "Privacy of Health Information/HIPAA" from the Category drop down list and click the Search button.)