

**ACCEPTED**                      6/13/23  
*OFFICE OF ADMINISTRATIVE RULES*  
**OKLAHOMA SECRETARY OF STATE**  
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**TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH  
CHAPTER 515. COMMUNICABLE DISEASE AND INJURY REPORTING**

**RULEMAKING ACTION:**

PERMANENT final adoption

**RULES:**

Subchapter 1. Disease and Injury Reporting  
310:515-1-3 [AMENDED]  
310:515-1-4 [AMENDED]

**AUTHORITY:**

Commissioner of Health, Title 63 O.S. §§ 1-104, 1-106, 1-502, and 1-503.

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n/a

**INCORPORATIONS BY REFERENCE:**

n/a

**GIST/ANALYSIS:**

The amendments modernize certain language related to reportable diseases and, clarifies Orthopox viruses (i.e., smallpox and monkeypox) and COVID-19 as reportable diseases.

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**PURSUANT TO THE ACTIONS DESCRIBED HEREIN, THE FOLLOWING RULES ARE CONSIDERED FINALLY ADOPTED AS SET FORTH IN 75 O.S., SECTIONS 250.3(7) AND**

## SUBCHAPTER 1. DISEASE AND INJURY REPORTING

### 310:515-1-3. Diseases and conditions to be reported immediately

The following diseases/conditions associated with humans must be reported by any health practitioner or laboratory personnel to the OSDH electronically via secure electronic data transmission and by telephone (405 426-8710) immediately upon suspicion, diagnosis, or testing.

- (1) Anthrax (*Bacillus anthracis*).
- (2) Bioterrorism - suspected disease.
- (3) Botulism (*Clostridium botulinum*).
- (4) Diphtheria (*Corynebacterium diphtheriae*).
- (5) Free-living amebae infections causing primary amebic meningoencephalitis (*Naegleria fowleri*).
- (6) Hepatitis B during pregnancy (HBsAg+).
- (7) Measles (Rubeola).
- (8) Meningococcal invasive disease (*Neisseria meningitidis*).
- (9) Novel coronavirus.
- (10) Novel influenza A.
- (11) Outbreaks of apparent infectious disease.
- (12) ~~Plague (*Yersinia pestis*)~~ Orthopox viruses (i.e., Smallpox, Monkeypox).
- (13) ~~Poliomyelitis~~ Plague.
- (14) ~~Rabies~~ Poliomyelitis.
- (15) ~~Smallpox~~ Rabies.
- (16) Typhoid fever (*Salmonella* Typhi).
- (17) Viral hemorrhagic fever.

### 310:515-1-4. Additional diseases, conditions, and injuries to be reported

The following diseases, conditions and injuries must be reported by physicians, laboratories, and hospitals (by infection control practitioners, medical records personnel, and other designees) to the OSDH as dictated in the following subsections:

- (1) **Infectious diseases.** Reports of infectious diseases and conditions listed in this subsection must be submitted electronically via secure electronic data transmission to the OSDH within one (1) working day (Monday through Friday, state holidays excepted) of diagnosis or positive test.
  - (A) Acid Fast Bacillus (AFB) positive smear. Report only if no additional testing is performed or subsequent testing is indicative of *Mycobacterium tuberculosis* Complex.
  - (B) AIDS.
  - (C) *Anaplasma phagocytophilum* infection.
  - (D) Arboviral infections (West Nile virus, St. Louis encephalitis virus, Eastern equine encephalitis virus, Western equine encephalitis virus, Powassan virus, California serogroup virus, chikungunya virus, Zika virus).
  - (E) Brucellosis (*Brucella* spp.).
  - (F) Campylobacteriosis (*Campylobacter* spp.).
  - (G) Congenital rubella syndrome.
  - (H) Cryptosporidiosis (*Cryptosporidium* spp.).
  - (I) Cyclosporiasis (*Cyclospora cayetanensis*).
  - (J) Dengue Fever.
  - (K) *E. coli* O157, O157:H7, or a Shiga toxin producing *E. coli*. (STEC)
  - (L) Ehrlichiosis (*Ehrlichia* spp.).
  - (M) *Haemophilus influenzae* invasive disease.

- (N) Hantavirus infection, without pulmonary syndrome.
- (O) Hantavirus pulmonary syndrome.
- (P) Hemolytic uremic syndrome, postdiarrheal.
- (Q) Hepatitis A infection (Anti-HAV-IgM+).
- (R) Hepatitis B infection. If any of the following are positive, then all test results on the hepatitis panel must be reported: HBsAg+, anti-HBc-IgM+, HBeAg+, or HBV DNA+. For infants < or = 18 months, all hepatitis B related tests ordered, regardless of test result, must be reported.
- (S) Hepatitis C infection in persons having jaundice or ALT > or = 200 with laboratory confirmation. If hepatitis C EIA is confirmed by NAT for HCV RNA, or s/co ratio or index is predictive of a true positive then report results of the entire hepatitis panel. For infants < or = 18 months, all hepatitis C related tests ordered, regardless of test result, must be reported. Positive HCV RNA are reportable by both laboratories and providers. Negative test results for HCV RNA tests are reportable by laboratories only.
- (T) HIV.
- (i) All tests indicative of HIV infection are reportable by laboratories and providers. If any HIV test is positive, then all HIV test results on the panel must be reported by laboratories. For infants < or = 18 months, all HIV tests ordered, regardless of test result must be reported ~~by laboratories.~~
- (ii) All HIV nucleotide sequences and negative HIV test results are only reportable by laboratories.
- (U) Influenza-associated hospitalization or death.
- (V) Legionellosis (*Legionella* spp.)
- (W) Leptospirosis (*Leptospira interrogans*).
- (X) Listeriosis (*Listeria monocytogenes*).
- (Y) Lyme disease (*Borrelia burgdorferi*).
- (Z) Malaria (*Plasmodium* spp.).
- (AA) Mumps.
- (BB) Pertussis (*Bordetella pertussis*).
- (CC) Psittacosis (*Chlamydia psittaci*).
- (DD) Q fever (*Coxiella burnetii*).
- (EE) Rubella.
- (FF) Salmonellosis (*Salmonella* spp.).
- (GG) ~~Shigellosis (*Shigella* spp.)~~ SARS-CoV-2 (COVID-19).
- (HH) ~~Spotted Fever Rickettsiosis (*Rickettsia* spp.)~~ hospitalization or death. Shigellosis (*Shigella* spp.).
- (II) ~~Streptococcal disease, invasive, Group A (GAS) (*Streptococcus pyogenes*).~~ Spotted Fever Rickettsiosis (*Rickettsia* spp.) hospitalization or death.
- (JJ) ~~*Streptococcus pneumoniae* invasive disease, in persons less than 5 years of age. Streptococcal disease, invasive, Group A (GAS) (*Streptococcus pyogenes*).~~
- (KK) ~~Syphilis (*Treponema pallidum*).~~ Nontreponemal and treponemal tests are reportable. If any syphilis test is positive, then all syphilis test results on the panel must be reported. For infants < or = 18 months, all syphilis tests ordered, regardless of test result, must be reported. ~~*Streptococcus pneumoniae* invasive disease, in persons less than 5 years of age.~~
- (LL) ~~Tetanus (*Clostridium tetani*).~~ Syphilis (*Treponema pallidum*). ~~Nontreponemal and treponemal tests are reportable. If any syphilis test is positive, then all syphilis test results on the panel must be reported. For infants < or = 18 months, all syphilis tests ordered, regardless of test result, must be reported.~~
- (MM) ~~Trichinellosis (*Trichinella spiralis*).~~ Tetanus (*Clostridium tetani*).
- (NN) ~~Tuberculosis (*Mycobacterium tuberculosis*).~~ Trichinellosis (*Trichinella spiralis*).
- (OO) ~~Tularemia (*Francisella tularensis*).~~ Tuberculosis (*Mycobacterium tuberculosis*).
- (PP) ~~Unusual disease or syndrome.~~ Tularemia (*Francisella tularensis*).

(QQ) ~~Vibriosis (*Vibrionaceae* family: *Vibrio* spp. (including cholera), *Grimontia* spp., *Photobacterium* spp., and other genera in the family).~~ Unusual disease syndrome.

(RR) ~~Yellow Fever.~~ Vibriosis (*Vibrionaceae* family: *Vibrio* spp. ( including cholera), *Grimontia* spp., *Photobacterium* spp., and other genera in the family).

(SS) Yellow Fever.

(2) **Infectious diseases.** Reports of infectious diseases and conditions listed in this subsection must be reported to the OSDH via secure electronic data submission within one (1) month of diagnosis or test result.

(A) CD4 cell count with corresponding CD4 cell count percentage of total (by laboratories only).

(B) Chlamydia (*Chlamydia trachomatis*).

(C) Creutzfeldt-Jakob disease.

(D) Gonorrhea (*Neisseria gonorrhoeae*).

(E) HIV viral load (by laboratories only).

(F) LGV. *Lymphogranuloma Venereum* is reportable as Chlamydia and designated as LGV.

(3) **Occupational or environmental diseases.** Laboratories and healthcare providers must report blood lead level results pursuant to the requirements established in Title 310, Chapter 512, childhood Lead Poisoning Prevention Rules.

(4) **Injuries.**

(A) Burns.

(B) Drownings and near drownings.

(C) Traumatic brain injuries.

(D) Traumatic spinal cord injuries.

(E) Poisonings, including toxic and adverse effects.