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Updated Public Health Reporting Requirements 2023

Background

In May 2023, the Alaska Division of Public Health (DPH) offered proposed regulations for public comment to update Alaska's health care reporting requirements.¹ Finalized regulations were signed by the Lieutenant Governor on August 3, 2023, and became effective on September 3, 2023.² The purpose of this *Bulletin* is to present an overview of the updates to ensure that health care providers and clinical laboratory staff are aware of the reporting changes.

Reportable Conditions List Updates for Providers

Infectious diseases reportable to DPH by health care providers are listed in 7 AAC 27.005. Many conditions have a corresponding pathogen also reportable by laboratories (7 AAC 27.007). DPH staff periodically review the list of reportable conditions to add emerging conditions of public health importance, update reporting specifics, or remove deprioritized conditions. Notable changes are listed below. Cosmetic changes, such as deleting parenthetical examples of diseases, were also made to simplify text. Finally, the "telephone number" of the patient was added as a required demographic element for all reporting to facilitate public health follow up. (Note: "Emergent" reporting is defined in regulation as immediate (i.e., 24/7); "routine" reporting is within 2 days.)

Additions:

- Middle East Respiratory Syndrome (MERS) → emergent reporting
- Hepatitis D and E → routine reporting
- Pregnancy in patients with confirmed hepatitis C Virus (HCV) → routine reporting

Deletions:

- Rheumatic fever
- COVID-19 is no longer reportable by health care providers. (Note: SARS-CoV-2, the virus that causes COVID-19, will continue to be reportable by laboratories).

Alterations:

- Varicella deaths are reportable by providers, but **not** individual suspected or confirmed infections.
- The language about reporting antibiotic-resistant organisms of national significance was modified to include *Candida auris* and carbapenem-resistant organisms (CROs) to reflect changing national resistance patterns.

Reportable Conditions List Updates for Laboratories**Additions:**

- MERS coronavirus → emergent reporting
- Hepatitis D and E → routine reporting
- Respiratory Syncytial Virus (RSV) → routine reporting
- SARS-CoV-2 → routine reporting

Alterations:

- ONLY lab-confirmed varicella deaths
- Language about antibiotic-resistant organisms of national significance (e.g., *Candida auris* and CROs) was modified.
- Addition of specific types of tests that relate to viral hepatitis identification to include viral loads, and genotyping.

Alaska Cancer Registry

Reporting provisions outlined in 7 AAC 27.011 were repealed and readopted to clarify cancer case reporting to the Alaska Cancer Registry. Cancer case information should be reported not later than 6 months after the date of diagnosis, screening, or treatment. Health care facilities and health care providers with at least 26 cancer cases per year are required to report their cases electronically. The type of information to be reported was also clarified: 1) information about the patient including at a minimum, the patient's name, date of birth, sex, race, ethnicity, community of residence, date of diagnosis, primary site, laterality, diagnostic confirmation method, and name of the attending or admitting health care provider; and 2) pathological data characterizing the cancer, including the cancer site, histology, behavior, stage of disease, and type of treatment.

Blood Lead Test Results

Changes to the introductory language were made to incorporate the [national blood lead reference value \(BLRV\)](#) itself as the standard for reporting instead of an actual blood lead threshold value, which changes from time to time (7 AAC 27.014). Since 2013, the BLRV threshold in Alaska that warranted reporting was ≥ 5 micrograms per deciliter. However, the national BLRV changed in 2021 to ≥ 3.5 . By changing the Alaska regulation to reference the current national BLRV, we can avoid having to engage in regulation updates when the value changes and thus being out of sync with best practices that minimize the health impacts of elevated blood lead. As in prior regulations, all blood lead level tests in Alaska are reportable. A lead exposure tool is available on the Environmental Public Health Program website.³ Contact the Section of Epidemiology to request educational resources on lead exposure, prevention, and testing.

Permitted Disclosures

Language was added to clarify data-sharing with researchers who have formally sought human subjects protection.

For More Information

An updated electronic version of the *Conditions Reportable to Public Health* manual is forthcoming.⁴ Reports should ideally be made electronically for maximal efficiency. For more information, please refer to the following on-line resources:

- [Section of Epidemiology Infectious Disease Report Forms](#)
- [Section of Laboratories Test Directory](#)
- [Cancer Registry Reporting Information](#)
- [Frequently Asked Questions about Reporting](#)

References

1. State of Alaska Online Public Notices. Notice of Proposed Changes – Reportable Conditions Update. Posted 5/4/2023. Available at: <https://aws.state.ak.us/OnlinePublicNotices/Notices/View.aspx?id=211005>
2. State of Alaska Online Public Notices. Alaska Administrative Code – Title 7 – Department of Health regulations re. Reportable Conditions and Permitted Disclosures. Posted 8/5/23. Available at: <https://aws.state.ak.us/OnlinePublicNotices/Notices/View.aspx?id=212099>
3. Alaska Environmental Public Health Program website. Available at: <https://health.alaska.gov/dph/Epi/eph/Pages/lead/default.aspx>
4. Alaska Section of Epidemiology. Conditions Reportable to Public Health. (2018). **Note: Update expected later in 2023.** Available at: <https://health.alaska.gov/dph/Epi/Documents/pubs/conditions/ConditionsReportable.pdf>