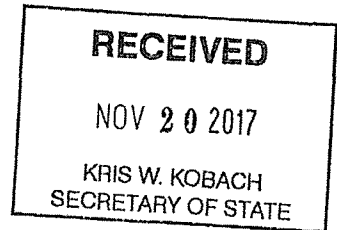


Proposed

State of Kansas
Department of Health and Environment



Notice of Hearing on Proposed Administrative Regulations

The Kansas Department of Health and Environment (KDHE), Division of Public Health, Bureau of Epidemiology and Public Health Informatics, will conduct a public hearing at 10:00 a.m. Wednesday, February 21, 2018, in the Flint Hills Conference Room, third floor, Curtis State Office Building, Topeka, Kansas, to consider the adoption of proposed amended regulations K.A.R. 28-1-1, 28-1-2, 28-1-4, 28-1-6, 28-1-12, 28-1-13, and 28-1-18 and the proposed revocation of K.A.R. 28-1-7, all regarding infectious or contagious diseases.

A summary of the proposed regulations and estimated economic impact follows:

Summary of Regulations:

K.A.R. 28-1-1. Definitions. Updates defined terms regarding infectious or contagious diseases, conditions, or other events of public health importance.

K.A.R. 28-1-2. Reporting requirements for infectious or contagious diseases and conditions. Specifies reportable conditions, timeframes for reporting, and information required for each report.

K.A.R. 28-1-4. Hospital reporting requirements. Updates language for consistency with other regulations.

K.A.R. 28-1-6. Requirements for isolation and quarantine of specific infectious or contagious diseases. Adopts the department reference document "Requirements for Isolation and Quarantine of Infectious or Contagious Diseases" to incorporate the most recent information for procedures to declare isolation and quarantine status of individuals with infectious or contagious diseases. Specifies that the secretary has authority to alter procedures based on the most current medical knowledge. Lists specifications for each infectious or contagious disease of public health

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importance and for infectious or contagious diseases for which no isolation and quarantine are required.

K.A.R. 28-1-7. Revoked. Contains provisions that are included in K.A.R. 28-1-6 and the department reference document adopted in that regulation.

K.A.R. 28-1-12. Release from isolation or quarantine. Updates language for consistency with other infectious or contagious disease and condition regulations.

K.A.R. 28-1-13. Rabies control. Adopts the department reference document "Rabies Control Requirements" to incorporate the most recent procedures for addressing control of rabies exposures and infections and requirements for isolation and quarantine.

K.A.R. 28-1-18. Reporting and submission requirements for laboratories. Specifies requirements for reporting information regarding laboratory testing for infectious or contagious diseases and other conditions of public health importance. Adds requirements for electronic reporting, specifies information to report, and lists specific diseases and conditions requiring specimen submission.

Economic Impact

Cost to the agency: There is no increased annual cost to the agency to implement these proposed regulations since many of the processes are in place to capture information about infectious or contagious diseases and conditions. These programs are funded by the Centers for Disease Control and Prevention.

Cost to the public and regulated individuals or entities: The increased cost to persons who are required reporters would be minimal and would be associated with changes to electronic system programming for those persons reporting infectious or contagious diseases and conditions electronically. The increased cost to clinical laboratories associated with submission of additional

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isolates to the Office of Laboratory Services would be minimal. There is no anticipated cost to the public to implement these amended regulations.

Costs to other governmental agencies or units: There is no increased cost to other governmental agencies or units to implement the proposed amendments to these regulations. All local health departments already have processes and personnel in place to investigate infectious or contagious diseases and conditions and to implement any necessary isolation and quarantine of persons affected by an infectious or contagious disease.

The time period between the publication of this notice and the scheduled hearing constitutes a 60-day public comment period for the purpose of receiving written public comments on the proposed regulations. All interested parties may submit written comments prior to 5 p.m. on the day of the hearing to Sheri Tubach, Director of Infectious Disease Epidemiology and Response, Bureau of Epidemiology and Public Health Informatics, Kansas Department of Health and Environment, 1000 SW Jackson, Suite 075, Topeka, KS 66612, by email to Sheri.Tubach@ks.gov, or by fax to 877-427-7318. During the hearing, all interested parties will be given a reasonable opportunity to present their views orally on the proposed regulations as well as an opportunity to submit their written comments. In order to give each individual an opportunity to present their views, it may be necessary for the hearing officer to request that each presenter limit an oral presentation to an appropriate time frame.

Complete copies of the proposed regulations and the corresponding economic impact statement may be obtained from the KDHE Bureau of Epidemiology and Public Health Informatics, Infectious Disease Epidemiology and Response Program website, at <http://www.kdheks.gov/epi/regulations.htm> or by contacting Sheri Tubach at the address above, 785-296-6215 or fax 877-427-7318. Questions pertaining to the proposed regulations should be directed to Sheri Tubach at the contact information above.

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Any individual with a disability may request accommodation in order to participate in the public hearing and may request the proposed regulations and the economic impact statement in an accessible format. Requests for accommodation to participate in the hearing should be made at least five working days in advance of the hearing by contacting Sheri Tubach.

Susan Mosier, MD, MBA, FACS

Secretary and State Health Officer

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Susan Mosier, MD, MBA, FACS

Secretary and State Health Officer

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28-1-1. Definitions. As used in K.A.R. 28-1-1 through 28-1-23, each of the following terms shall have the meaning specified in this regulation: (a) "Carrier" means an infected person (or animal) that harbors a specific infectious agent in the absence of discernible clinical disease and serves as a potential source of infection for humans.

(b) "Chemoprophylaxis" means the administration of a chemical, including antibiotics, to prevent the development of an infection or the progression of an infection to active manifest disease.

(c) "Infectious or contagious (communicable) disease" means a disease of humans or animals resulting from an infection or an illness due to a specific agent or its toxic products which arises through transmission of that agent or its products from a reservoir to a susceptible host, either directly, or indirectly.

(d) "Communicable period" means the time or times during which an infectious agent may be transferred directly or indirectly from an infected person to another person, from an infected animal to a person, or from an infected person to an animal, including arthropods.

(e) "Contact" means a person or animal that has been in association with an infected person or animal or a contaminated environment so as to have had opportunity to acquire the infection.

(f) "Contamination" means the presence of an infectious agent on a body surface, or on or in clothes, bedding, toys, surgical instruments or dressings, or other inanimate articles or substances including water, milk, and food.

(g) "Disinfection" means killing of infectious agents outside the body by chemical or physical means. Concurrent disinfection is the application of disinfective measures as soon as

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possible after the discharge of infectious material from the body of an infected person, or after the soiling of articles with this infectious discharge, all personal contact with these discharges or articles being minimized before that disinfection. Terminal disinfection is the application of disinfective measures after an infected person or animal has ceased to be a source of infection, has been removed from a specific site, or has died and been removed.

(h) "Disease" means a definite morbid process having a characteristic train of symptoms.

(i) "Epidemic (or outbreak)" means the occurrence in a community or region of cases of an illness clearly in excess of normal expectancy and derived from a common or propagated source.

(j) "Incubation period" means the time interval between exposure to an infectious agent and appearance of the first sign or symptom of the disease in question.

(k) "Infection" means the entry and development or multiplication of an infectious agent in the body of humans or animals. Infection is not synonymous with infectious disease; the result may be inapparent or manifest.

(l) "Infectious agent" means an organism, chiefly a microorganism but including helminths, that is capable of producing infection or infectious disease.

(m) "Infestation" means, for persons or animals, the lodgement, development and reproduction of arthropods on the surface of the body or in clothing.

(n) "Isolation" means the separation, for the period of communicability, of infected persons or animals from others, in places and under conditions that prevent the direct or indirect conveyance of the infectious agents from those infected to those who are susceptible or who may

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spread the agent to others.

(1) ~~When "Respiratory isolation" is specified, it shall consist of a private room with door kept closed, handwashing upon entering and leaving the room, and disinfection of articles contaminated with patient secretions. Persons susceptible to the specific disease must wear masks.~~

(2) ~~"Enteric precautions" shall consist of handwashing upon entering and leaving the patient room, wearing of gloves by all persons having direct contact with the patient or with articles contaminated with fecal material, and wearing of gowns by all persons having direct contact with the patient. Articles contaminated with the patient's urine or feces shall be disinfected or discarded; masks are not necessary.~~

(3) ~~"Blood precautions" shall consist of use of disposable needles and syringes, disposal of used needles and syringes by incineration, and decontamination and sterilization of all non-disposable equipment which is contaminated by blood.~~

(o) ~~"Local health officer" means the person appointed as local health officer by the board of county commissioners in accordance with K.S.A. 65-201.~~

(p) ~~"Nosocomial infection" means an infection originating in a medical facility. This includes infections acquired in the hospital but appearing after discharge; it also includes infections among staff.~~

(q) ~~"Quarantine" means the limitation of freedom of movement of well persons or domestic animals that have been exposed to a communicable disease. "Case" means an instance of a diagnosed infectious or contagious disease or condition in a person or an animal.~~

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(b) "Cluster, outbreak, or epidemic" means a situation in which cases are observed in excess of what is expected compared to the usual frequency of the incidence of the infectious or contagious disease or condition in a defined area, among a specified population, and during a specified period of time.

(c) "Condition" means any noninfectious adverse health event.

(d) "Correctional facility" means any city or county jail or any correctional institution, as defined in K.S.A. 75-5202 and amendments thereto.

(e) "Corrections officer" means an employee of the department of corrections, as defined in K.S.A. 75-5202 and amendments thereto, and any person employed by a city or county who is in charge of a jail or section of a jail, including jail guards and those individuals who conduct searches of persons taken into custody.

(f) "Department" means Kansas department of health and environment.

(g) "Emergency services employee" means an attendant, as specified in K.S.A. 65-6112 and amendments thereto; a supervised student, as described in K.S.A. 65-6129a and amendments thereto; an observer authorized by an employing agency or entity; or a paid or volunteer firefighter.

(h) "Infectious or contagious diseases" has the meaning specified for "infectious and contagious diseases" in K.S.A. 65-116a, and amendments thereto.

(i) "Local health officer" means each person appointed pursuant to K.S.A. 65-201, and amendments thereto.

(j) "Occupational exposure" has the meaning specified in K.S.A. 65-116a, and

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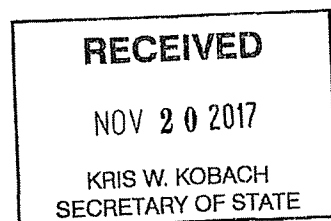
amendments thereto.

(k) "Other potentially infectious materials" has the meaning specified in K.S.A. 65-116a,
and amendments thereto.

(l) "Physician" means a person licensed by the state board of healing arts to practice
medicine and surgery.

(m) "Secretary" means secretary of the department of health and environment.

(n) "Suspected case" means an instance in which signs and symptoms suggestive of an
infectious or contagious disease or condition are present in a person or animal before
confirmation of the diagnosis. (Authorized by and implementing K.S.A. ~~1981 Supp.~~ 65-101 and
K.S.A. 2017 Supp. 65-128; effective May 1, 1982; amended P-_____.)



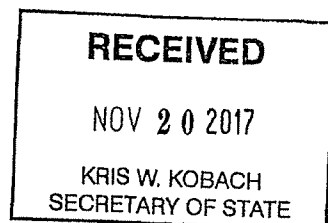
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28-1-2. ~~Designation of infectious or contagious diseases~~ Reporting requirements for infectious or contagious diseases and conditions. (a) ~~The following diseases shall be designated as infectious or contagious in their nature, and cases or suspect cases shall be reported within seven days, unless otherwise specified, in accordance with K.S.A. 65-118 and K.S.A. 65-128, and amendments thereto.~~

- (1) Amebiasis;
- (2) anthrax (report by telephone within four hours to the secretary);
- (3) arboviral disease, including West Nile virus, western equine encephalitis (WEE), and St. Louis encephalitis (SLE);
- (4) botulism (report by telephone within four hours to the secretary);
- (5) brucellosis;
- (6) campylobacter infections;
- (7) chaneroid;
- (8) *Chlamydia trachomatis* genital infection;
- (9) cholera (report by telephone within four hours to the secretary);
- (10) cryptosporidiosis;
- (11) cyclospora infection;
- (12) diphtheria;
- (13) ehrlichiosis;
- (14) *Escherichia coli* enteric infection from *E. coli* O157:H7 and other shiga toxin-producing *E. coli*, also known as STEC;
- (15) giardiasis;



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- ~~(16) gonorrhea;~~
- ~~(17) *Haemophilus influenzae*, invasive disease;~~
- ~~(18) hemolytic uremic syndrome, postdiarrheal;~~
- ~~(19) hepatitis B in pregnancy (report the pregnancy of each woman with hepatitis B);~~
- ~~(20) hepatitis, viral;~~
- ~~(21) hantavirus pulmonary syndrome;~~
- ~~(22) influenza, if the disease results in the death of any child under 18 years of age;~~
- ~~(23) legionellosis;~~
- ~~(24) leprosy or Hansen's disease;~~
- ~~(25) listeriosis;~~
- ~~(26) Lyme disease;~~
- ~~(27) malaria;~~
- ~~(28) measles or rubella (report by telephone within four hours to the secretary);~~
- ~~(29) meningitis, bacterial (indicate causative agent, if known, and report by telephone within four hours to the secretary);~~
- ~~(30) meningococcemia (report by telephone within four hours to the secretary);~~
- ~~(31) mumps (report by telephone within four hours to the secretary);~~
- ~~(32) pertussis or whooping cough (report by telephone within four hours to the secretary);~~
- ~~(33) plague or *Yersinia pestis* (report by telephone within four hours to the secretary);~~
- ~~(34) poliomyelitis (report by telephone within four hours to the secretary);~~
- ~~(35) psittacosis;~~

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- (36) rabies, animal and human (report by telephone within four hours to the secretary);
- (37) Rocky Mountain spotted fever;
- (38) rubella, including congenital rubella syndrome (report by telephone within four hours to the secretary);
- (39) salmonellosis, including typhoid fever;
- (40) severe acute respiratory syndrome (SARS) (report by telephone within four hours to the secretary);
- (41) shigellosis;
- (42) streptococcal invasive, drug-resistant disease from group A *Streptococcus* or *Streptococcus pneumoniae*;
- (43) syphilis, including congenital syphilis;
- (44) tetanus;
- (45) toxic shock syndrome, streptococcal and staphylococcal;
- (46) any transmissible spongiform encephalopathy (TSE) or prion disease (indicate causative agent, if known);
- (47) trichinosis;
- (48) tuberculosis, active and latent (report active disease by telephone within four hours to the secretary);
- (49) tularemia;
- (50) varicella or chickenpox;
- (51) yellow fever; and

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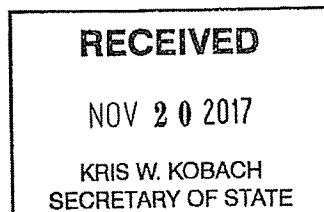
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~~(52) any exotic or newly recognized disease, and any disease unusual in incidence or behavior, known or suspected to be infectious or contagious and constituting a risk to the public health (report by telephone within four hours to the secretary).~~

~~(b) The occurrence of a single case of any unusual disease or manifestation of illness that the health care provider determines or suspects could be caused by or related to a bioterrorism act shall be reported within four hours by telephone to the secretary. The term "bioterrorism act," as used in this article, shall mean a dispersion of biological or chemical agents with the intention to harm. Each bioterrorism act shall be reported within four hours by telephone to the secretary. The following shall be considered bioterrorism agents when identified in the course of a possible bioterrorism act:~~

- ~~(1) Anthrax;~~
- ~~(2) plague;~~
- ~~(3) smallpox;~~
- ~~(4) tularemia;~~
- ~~(5) botulism;~~
- ~~(6) viral hemorrhagic fever;~~
- ~~(7) Q fever or *Coxiella burnetii*;~~
- ~~(8) brucellosis; and~~

~~(9) any other infectious or toxic agent that can be intentionally dispersed in the environment. Each person licensed to practice the healing arts or engaged in a postgraduate training program approved by the state board of healing arts, licensed dentist, licensed~~



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professional nurse, licensed practical nurse, administrator of a hospital, licensed adult care home administrator, licensed physician assistant, licensed social worker, and teacher or school administrator shall report each suspected case of the following infectious or contagious diseases or conditions to the secretary within four hours of knowledge of the suspected case:

- (1) Anthrax;
- (2) botulism;
- (3) cholera;
- (4) diphtheria;
- (5) measles (rubeola);
- (6) meningococcal disease;
- (7) mumps;
- (8) novel influenza A virus infection;
- (9) plague (*Yersinia pestis*);
- (10) poliovirus;
- (11) rabies, human;
- (12) rubella;
- (13) severe acute respiratory syndrome-associated coronavirus (SARS-CoV);
- (14) smallpox;
- (15) tetanus;
- (16) tuberculosis;
- (17) vaccinia, postvaccination infection or secondary transmission;

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(18) viral hemorrhagic fevers, including Ebola virus, Marburg virus, Crimean-Congo hemorrhagic fever virus, Lassa virus, Lujo virus, and any of the New World arenaviruses; and

(19) any exotic or newly recognized disease.

(b) Each person licensed to practice the healing arts or engaged in a postgraduate training program approved by the state board of healing arts, licensed dentist, licensed professional nurse, licensed practical nurse, administrator of a hospital, licensed adult care home administrator, licensed physician assistant, licensed social worker, and teacher or school administrator shall report each occurrence of any of the following to the secretary within four hours:

(1) Clusters, outbreaks, or epidemics;

(2) possible terrorist acts due to biological, chemical, or radiological agents;

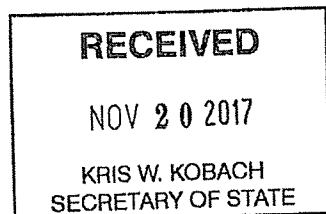
(3) unexplained death suspected to be due to an unidentified infectious agent; or

(4) any unusual disease or manifestation of illness.

(c) Each person specified in subsection (a) shall report each case of the infectious or contagious diseases or conditions specified in this subsection to the secretary within 24 hours, except that if the reporting period ends on a weekend or state-approved holiday, the report shall be made to the secretary by 5:00 p.m. on the next business day after the 24-hour period. Each report for the following shall be required only upon receipt of laboratory evidence of the infectious or contagious disease or condition, unless otherwise specified or requested by the secretary:

(1) Acute flaccid myelitis (report all suspected cases, regardless of laboratory evidence);

(2) anaplasmosis;



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(3) arboviral disease, neuroinvasive and nonneuroinvasive, including California serogroup virus disease, chikungunya virus, any dengue virus infection, eastern equine encephalitis virus disease (EEE), Powassan virus disease, St. Louis encephalitis virus disease (SLE), West Nile virus disease (WNV), western equine encephalitis virus disease (WEE), and Zika virus;

(4) babesiosis;

(5) blood lead level, any results;

(6) brucellosis, including laboratory exposures to *Brucella* species;

(7) campylobacteriosis;

(8) *Candida auris*;

(9) carbapenem-resistant bacterial infection or colonization;

(10) carbon monoxide poisoning (report all suspected cases, regardless of laboratory evidence);

(11) chancroid;

(12) chickenpox (varicella) (report all suspected cases, regardless of laboratory evidence);

(13) *Chlamydia trachomatis* infection;

(14) coccidioidomycosis;

(15) cryptosporidiosis;

(16) cyclosporiasis;

(17) ehrlichiosis;

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- (18) giardiasis;
- (19) gonorrhea, including antibiotic susceptibility testing results, if performed;
- (20) *Haemophilus influenzae*, invasive disease;
- (21) Hansen's disease (leprosy) (report all suspected cases, regardless of laboratory evidence);
- (22) hantavirus (report all suspected cases, regardless of laboratory evidence);
- (23) hemolytic uremic syndrome, postdiarrheal (report all suspected cases, regardless of laboratory evidence);
- (24) hepatitis A, acute hepatitis A (IgM antibody-positive laboratory results only);
- (25) hepatitis B, acute, chronic, and perinatal infections;
- (26) hepatitis B in pregnancy (report the pregnancy of each woman with hepatitis B virus infection);
- (27) hepatitis B (report all positive, negative, and inconclusive results for children younger than five years of age);
- (28) hepatitis C;
- (29) hepatitis D;
- (30) hepatitis E;
- (31) histoplasmosis;
- (32) human immunodeficiency virus infection;
- (33) human immunodeficiency virus-positive cases (report either the CD4+ T-lymphocyte cell counts or the CD4+ T-lymphocyte percent of total lymphocytes);

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(34) human immunodeficiency virus infection in pregnancy (report the pregnancy of each woman with human immunodeficiency virus infection);

(35) human immunodeficiency virus (report viral load of any value);

(36) influenza that results in the death of any child under 18 years of age (report both suspected cases and cases, regardless of laboratory evidence);

(37) legionellosis;

(38) leptosporiasis;

(39) listeriosis;

(40) Lyme disease;

(41) malaria;

(42) psittacosis;

(43) Q fever, acute and chronic;

(44) rabies, animal;

(45) salmonellosis;

(46) shiga toxin-producing *Escherichia coli* (STEC);

(47) shigellosis;

(48) spotted fever rickettsiosis;

(49) streptococcal toxic-shock syndrome;

(50) *Streptococcus pneumoniae*, invasive disease;

(51) syphilis, including congenital syphilis (report all suspected cases, regardless of laboratory evidence);

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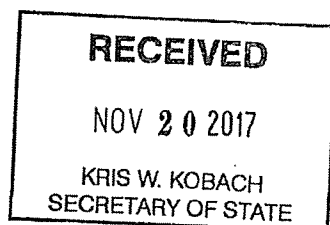
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- (52) tetanus (report all suspected cases, regardless of laboratory evidence);
- (53) toxic-shock syndrome, other than streptococcal;
- (54) transmissible spongiform encephalopathy (TSE) or prion disease (indicate causative agent, if known);
- (55) trichinellosis or trichinosis (report all suspected cases, regardless of laboratory evidence);
- (56) tuberculosis infection (report all suspected cases based on positive tuberculin skin test or laboratory evidence);
- (57) tularemia, including laboratory exposures;
- (58) typhoid fever;
- (59) vancomycin-intermediate *Staphylococcus aureus* (VISA);
- (60) vancomycin-resistant *Staphylococcus aureus* (VRSA);
- (61) vibriosis or non-cholera *Vibrio* species;
- (62) yellow fever; and
- (63) whooping cough (pertussis) (report all suspected cases, regardless of laboratory evidence).
- (d) Each person specified in subsection (a) shall report the following information in a manner specified by the secretary for any suspected case or case required to be reported by subsection (a), (b), or (c):

(1) The following personal information for each patient:

(A) First and last names and middle initial;

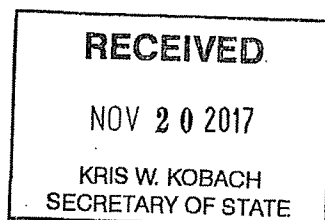


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- (B) address, including city, state, and zip code;
- (C) telephone number, including area code;
- (D) date of birth;
- (E) sex;
- (F) race;
- (G) ethnicity (specify if hispanic or non-hispanic ethnicity);
- (H) pregnancy status;
- (I) date of onset of symptoms; and
- (J) diagnosis;
- (2) type of diagnostic tests;
- (3) type of specimen;
- (4) date of specimen collection;
- (5) site of specimen collection;
- (6) diagnostic test results, including reference range, titer if quantitative procedures are performed, and all available results concerning additional characterization of the organism;
- (7) treatment given;
- (8) name, address, and telephone number of the attending physician; and
- (9) any other necessary epidemiological information and additional specimen collection or laboratory test results requested by the secretary or local health officer. (Authorized by K.S.A. 65-101 and, K.S.A. 2017 Supp. 65-128, K.S.A. 65-1,202, and K.S.A. 65-6003; implementing K.S.A. 65-101, K.S.A. 2017 Supp. 65-118 and 65-128 K.S.A. 65-6002; effective



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May 1, 1982; amended May 1, 1986; amended Dec. 24, 1990; amended April 19, 1993; amended Jan. 12, 1996; amended Dec. 1, 1997; amended Feb. 18, 2000; amended, T-28-11-20-03, Nov. 20, 2003; amended March 5, 2004; amended April 28, 2006; amended P-_____.)

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28-1-4. ~~Registration of disease prevalence~~ Hospital reporting requirements. (a) The administrator of each hospital licensed in the state shall report the following diseases to the secretary:

- (1) ~~All diseases listed in K.A.R. 28-1-2;~~
- (2) ~~cancer, as required by K.A.R. 28-70-2;~~
- (3) ~~congenital malformations in infants under one year of age;~~
- (4) ~~acquired immune deficiency syndrome; and~~
- (5) ~~fetal alcohol syndrome.~~

(b) The administrator of each hospital licensed in ~~the state~~ Kansas shall report the following information to the secretary when requested by the secretary and for the duration specified by the secretary, if this information is in the hospital's possession:

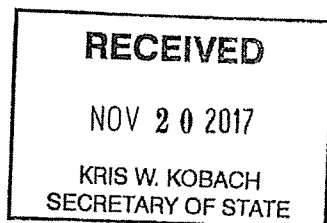
(1) The number of laboratory test orders for specified infectious or contagious diseases or conditions and the results for specified infectious ~~of~~ or contagious diseases or conditions;

(2) the number of pharmacy prescriptions for medications used to treat specified infectious or contagious diseases or conditions;

(3) the number of emergency room visits for symptoms related to specified infectious or contagious diseases or conditions; and

(4) utilization rates of other services that can provide an early warning of ~~a disease outbreak~~ an infectious or contagious disease, a condition, a cluster, outbreak, or epidemic, or any other public health threat specified by the secretary, if that information can be provided by the hospital with minimum additional burden.

(e) ~~(b)~~ The administrator of each hospital licensed in ~~the state~~ Kansas may designate a



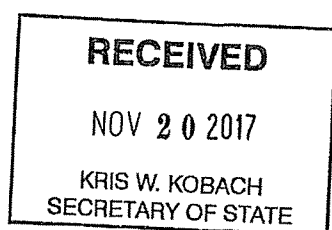
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person within the hospital to report infectious or contagious diseases or conditions on behalf of the individuals required by ~~K.S.A. 65-118, and amendments thereto,~~ K.A.R. 28-1-2 to report ~~these diseases for~~ suspected cases and cases that these individuals observe while practicing observed at the hospital. Each report from the designated hospital person shall ~~fulfill~~ meet all reporting requirements for individuals required by ~~K.S.A. 65-118, and amendments thereto,~~ K.A.R. 28-1-2 to report ~~these~~ suspected cases and cases. (Authorized by K.S.A. 65-101; implementing K.S.A. 65-101 and K.S.A. 2017 Supp. 65-102; effective May 1, 1982; amended May 1, 1986; amended Jan. 12, 1996; amended Oct. 16, 1998; amended, T-28-11-20-03, Nov. 20, 2003; amended March 5, 2004; amended P- _____.)



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28-1-6. Requirements for isolation and quarantine of specific infectious ~~and~~ or contagious diseases; ~~exception; definition.~~ (a) ~~Any of the requirements specified in this regulation for isolation and quarantine may be altered by the secretary of health and environment or the local health officer if the secretary or local health officer determines that an alteration is necessary for the greater protection of public health, safety, or welfare. The requirements for isolation or quarantine, or both, so altered shall be based on current medical knowledge of the infectious agent of the disease for which isolation or quarantine, or both, are ordered and may include consideration of the following factors:~~

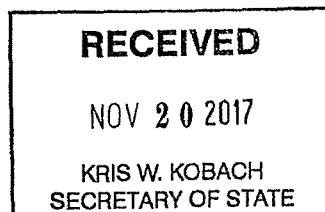
- ~~(1) The incubation period;~~
- ~~(2) the communicable period;~~
- ~~(3) the mode of transmission; and~~
- ~~(4) susceptibility.~~

~~(b)(1) For the purposes of this regulation, the phrase "enteric precautions" shall mean thorough hand washing after attending to any infectious case or touching the feces of an infected person, disinfection of any article that has been in contact with any infectious case or feces, and sanitary disposal of feces.~~

~~(2) For the purposes of this regulation, "susceptible person" shall mean an individual who meets both of the following conditions:~~

~~(A) Has been exposed to an infected person or a contaminated environment, if the exposure is sufficient to provide the individual with an opportunity to acquire that particular disease; and~~

~~(B) regarding the disease specified in paragraph (b)(2)(A), meets at least one of the~~



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following conditions:

- (i) Has no history of the disease that has been documented by a licensed physician;
- (ii) has no laboratory evidence of immunity; or
- (iii) has no documentation acceptable to the secretary that demonstrates current immunity

against the disease.

(c) The following isolation and quarantine precautions, as defined in K.A.R. 28-1-1, shall be observed:

(1) Amebiasis. Each infected food handler shall be excluded from that person's occupation until three negative stools have been obtained. Both the second and the third specimens shall be collected at least 48 hours after the prior specimen.

(2) Chickenpox (varicella). Each infected person shall remain in isolation for six days after the first crop of vesicles appears or until the lesions are crusted, whichever comes first. Each susceptible person in a school, child care facility, or family day care home shall be either vaccinated within 24 hours of notification to the secretary or excluded from the school, the child care facility, or the family day care home until 21 days after the onset of the last reported illness in the school, the child care facility, or the family day care home.

(3) Cholera. Enteric precautions shall be followed for the duration of acute symptoms.

(4) Diphtheria. Each infected person shall remain in isolation for 14 days or until two consecutive negative pairs of nose and throat cultures are obtained at least 24 hours apart and not less than 24 hours after discontinuation of antibiotic therapy. Each household contact and all other close contacts shall have nose and throat specimens tested and be monitored for symptoms

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for seven days from the time of last exposure to the disease. Healthy carriers with diphtheria shall be treated. Each contact who is a food handler or works with children shall be excluded from that occupation until the nose and throat cultures are negative.

(5) Hepatitis A. Each infected person shall be excluded from food handling, patient care, and any occupation involving the care of young children and the elderly until 14 days after the onset of illness.

(6) Meningitis caused by *Haemophilus influenzae*. Each infected person shall remain in respiratory isolation for 24 hours after initiation of antibiotic therapy.

(7) Meningitis, meningococcal. Each infected person shall remain in respiratory isolation for 24 hours after initiation of antibiotic therapy.

(8) Mumps. Each infected person shall remain in respiratory isolation for five days from the onset of illness. Each susceptible person in a school, child care facility, or family day care home shall be either vaccinated within 24 hours of notification to the secretary or excluded from the school, child care facility, or family day care home until 26 days after the onset of the last reported illness in the school, child care facility, or family day care home.

(9) Pediculosis (headlice). Each student infested with lice shall be excluded from the school, child care facility, or family day care home until treatment with an antiparasitic drug is initiated.

(10) Pertussis (whooping cough). Each infected person shall remain in respiratory isolation for three weeks if untreated, or for five days following initiation of antibiotic therapy. Each susceptible person in a school, child care facility, or family day care home shall be

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vaccinated within 24 hours of notification to the secretary or shall complete a five-day course of antibiotic therapy. Each susceptible person who does not receive the vaccination shall be excluded from the school, child care facility, or family day care home until 21 days after the onset of the last reported illness in the school, child care facility, or family day care home.

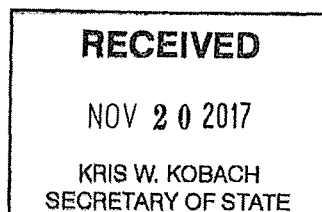
(11) Plague (pneumonic). Each infected person shall remain in respiratory isolation until completion of 48 hours of antibiotic therapy. Each close contact who does not receive chemoprophylaxis shall remain in quarantine for seven days.

(12) Poliomyelitis. Each infected person shall remain in isolation for 10 days from the onset of illness. Enteric precautions shall be followed for six weeks.

(13) Rubella (German measles). Each infected person shall remain in respiratory isolation for seven days after the onset of rash. Each susceptible person in a school, child care facility, or family day care home shall be vaccinated within 24 hours of notification to the secretary or shall be excluded from the school, child care facility, or family day care home until 21 days after the onset of the last reported illness in the school, child care facility, or family day care home.

(14) Rubeola (measles). Each infected person shall remain in respiratory isolation for four days after the onset of rash. Each susceptible person in a school, a child care facility, or a family day care home shall be either vaccinated within 24 hours of notification to the secretary or excluded from the school, child care facility, or family day care home until 21 days after the onset of the last reported illness in the school, child care facility, or family day care home.

(15) Salmonellosis (nontyphoidal). Enteric precautions shall be followed for the duration of acute symptoms. Each infected person with diarrhea shall be excluded from food handling.



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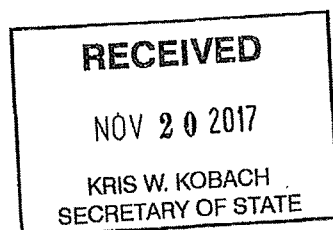
patient care, and any occupation involving the care of young children and the elderly until no longer symptomatic. Any asymptomatic and convalescent infected person without diarrhea may be excluded from, and may return to, this work by the order of the local health officer or the secretary.

(16) Scabies. Each child or student infected with scabies shall be excluded from a school, child care facility, or family day care home until treated with an antiparasitic drug.

(17) Shiga toxin producing *Escherichia coli* (STEC). Enteric precautions shall be followed for the duration of acute symptoms. Each infected person shall be excluded from food handling, patient care, and any occupation involving the care of young children and the elderly until two negative stool cultures are obtained at least 24 hours apart and no sooner than 48 hours following discontinuation of antibiotics. No infected child shall attend a child care facility or family day care home until two negative stool cultures are obtained at least 24 hours apart and no sooner than 48 hours following discontinuation of antibiotics.

(18) Shigellosis. Enteric precautions shall be followed for the duration of acute symptoms. Each infected person shall be excluded from food handling, patient care, and any occupation involving the care of young children and the elderly until two negative stool cultures are obtained at least 24 hours apart and no sooner than 48 hours following discontinuation of antibiotics. No infected child shall attend a child care facility or family day care home until two negative stool cultures are obtained at least 24 hours apart and no sooner than 48 hours following the discontinuation of antibiotics.

(19) Staphylococcal disease. Each infected food handler shall be excluded from that



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person's occupation until the purulent lesions are healed or until each wound is covered with an impermeable cover, including a finger cot, and a single-use glove is worn over the impermeable cover.

(20) Streptococcal disease, hemolytic, including erysipelas, scarlet fever, and streptococcal sore throat. Each infected person shall remain in isolation for 10 days if untreated or for 24 hours following initiation of antibiotic therapy.

(21) Tinea capitis and corporis (ringworm). Each infected child or student shall be excluded from the school, the child care facility, or the family day care home until treated by a health care provider.

(22) Tuberculosis, active disease. Each infected person shall remain in respiratory isolation until all of the following conditions are met:

(A) Three sputa obtained on consecutive days are negative by microscopic examination.

(B) The person has received standard multidrug antituberculosis therapy for at least two weeks.

(C) The person shows clinical improvement.

(23) Typhoid fever. Enteric precautions shall be followed for the duration of acute symptoms. Each infected person shall be restricted from food handling, patient care, and any occupation involving the care of young children and the elderly until three negative stool cultures, and three negative urine cultures in patients with schistosomiasis, have been obtained. Both the second and the third specimens shall be collected at least 24 hours after the prior specimen. The first specimen shall be collected no sooner than 48 hours following the

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~~discontinuation of antibiotics, and not earlier than one month after onset of illness. If any one of these tests is positive, cultures shall be repeated monthly until three consecutive negative cultures are obtained.~~

~~(24) Sexually transmitted diseases. Each infected person shall follow isolation or quarantine measures established by the local health officer for persons who are confirmed or suspected of being infected with a sexually transmitted disease if these persons are recalcitrant to proper treatment. The requirements for isolation and quarantine shall be those specified in the department's "requirements for isolation and quarantine of infectious or contagious diseases," dated May 3, 2017, which is hereby adopted by reference.~~

(b) No isolation or quarantine shall be required for the following infectious or contagious diseases:

- (1) Anaplasmosis;
- (2) anthrax;
- (3) babesiosis;
- (4) botulism;
- (5) brucellosis;
- (6) chancroid;
- (7) *Chlamydia trachomatis* infection;
- (8) coccidioidomycosis;
- (9) cyclosporiasis;
- (10) ehrlichiosis;

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- (11) gonorrhea;
- (12) Hansen's disease (leprosy);
- (13) hantavirus pulmonary syndrome;
- (14) hepatitis B, acute, chronic, and perinatal infections;
- (15) hepatitis C, acute and either past or present infections;
- (16) hepatitis D;
- (17) hepatitis E;
- (18) histoplasmosis;
- (19) human immunodeficiency virus;
- (20) legionellosis;
- (21) leptospirosis;
- (22) listeriosis;
- (23) Lyme disease;
- (24) malaria;
- (25) psittacosis;
- (26) Q fever, acute and chronic;
- (27) spotted fever rickettsiosis;
- (28) syphilis;
- (29) tetanus;
- (30) transmissible spongiform encephalopathy (TSE) or prion disease;
- (31) trichinellosis (trichinosis);

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(32) tularemia; and

(33) yellow fever. (Authorized by K.S.A. 65-101 and K.S.A. 2017 Supp. 65-128;
implementing K.S.A. 65-101, K.S.A. 2017 Supp. 65-118, K.S.A. 65-122, and K.S.A. 2017 Supp.
65-128; effective May 1, 1982; amended May 1, 1986; amended Sept. 5, 1997; amended July 16,
1999; amended July 20, 2007; amended P-_____.)

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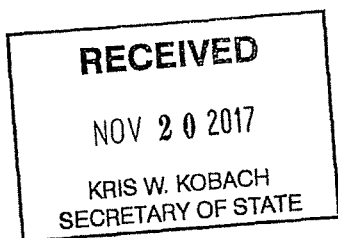
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28-1-7. (Authorized by K.S.A. 1981 Supp. 65-101, K.S.A. 65-128; implementing K.S.A.
1981 Supp. 65-101; effective May 1, 1982; revoked P-_____.)

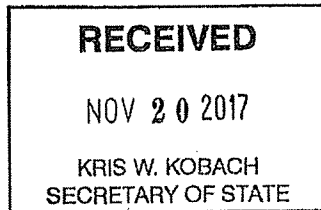


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28-1-12. Release from isolation or quarantine. All laboratory tests ~~or~~ and cultures for the release of an individual from isolation or quarantine shall be performed by the department's laboratory ~~of the state department of health and environment~~, or by a laboratory approved by the ~~state department of health and environment~~ secretary for this purpose. (Authorized by K.S.A. ~~65-128, K.S.A. 1981 Supp. 65-101~~ and K.S.A. 2017 Supp. 65-128; implementing K.S.A. ~~1981 Supp. 65-101~~; effective May 1, 1982; amended P- _____.)



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28-1-13. Rabies control; isolation of mammals causing exposure to rabies for observation and examination; quarantine of mammals exposed to rabies. (a) In conjunction with investigation of the exposure to rabies of a human or other mammal by another nonhuman mammal, the isolation of the mammal causing exposure to rabies shall be as follows.

(1) An owned or wanted dog, cat, or ferret shall be isolated for 10 days as determined by the local health officer or the local health officer's designee at one of the following locations:

(A) The residence of the owner of the dog, cat, or ferret;

(B) in a veterinary hospital; or

(C) at a facility holding a current state pound and shelter license. During this time the local health officer or the local health officer's designee shall determine whether or not the dog, cat, or ferret is suffering from rabies, and if not, the local health officer or the local health officer's designee shall authorize the release of the dog, cat, or ferret upon payment by the owner of the boarding fee.

(2) Stray, unclaimed, or unwanted dogs, cats, or ferrets shall be sacrificed immediately and the head submitted for laboratory examination for evidence of rabies infection.

(3) The management of horses, cattle, and sheep shall be determined by the local health officer or the local health officer's designee.

(4) Mammals, other than dogs, cats, ferrets, horses, cattle, or sheep, including the offspring of wild species cross-bred with domestic dogs and cats, skunks, foxes, raccoons, coyotes, bats, and other species known to be involved in the transmission of rabies, whether owned or unowned, shall be sacrificed immediately and the head submitted for laboratory examination for evidence of rabies infection. Any mammal that has been vaccinated may be

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sacrificed and tested if the period of virus shedding is unknown for that species.

(5) ~~Mammals, including rabbits, hares, gerbils, guinea pigs, hamsters, mice, rats, squirrels, chipmunks, and other species not known to be involved in the transmission of rabies, need not be sacrificed and submitted for laboratory examination for evidence of rabies infection, unless the circumstances of the potential exposure to rabies incident, in the judgment of the local health officer or the local health officer's designee, indicate otherwise.~~

(6) ~~The disposition of mammals that are not known to be involved in the transmission of rabies and that are maintained in zoological parks, shall be in accordance with the judgment of the local health officer or the local health officer's designee.~~

(b) ~~Quarantine of mammals exposed to rabies by a known or suspected rabid mammal shall be as follows:~~

(1) ~~Stray, unclaimed, or unwanted dogs, cats, or ferrets shall be sacrificed immediately.~~

(2) ~~Dogs, cats, or ferrets that have an owner, are wanted by that owner, and are not immunized against rabies shall be quarantined for six months at one of the following locations, as determined by the local health officer or the local health officer's designee:~~

(A) ~~The residence of the owner of the dog, cat, or ferret;~~

(B) ~~in a veterinary hospital; or~~

(C) ~~at a facility holding a current state pound and shelter license. These dogs, cats, or ferrets shall be immunized against rabies one month before release from quarantine. The local health officer or the local health officer's designee shall authorize the release of the dog, cat, or ferret upon payment of the boarding fee.~~

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~~(3) Dogs, cats, ferrets, horses, cattle, and sheep that have an owner and are wanted by that owner, and for which the owner produces rabies vaccination certificates that contain the following information shall be immediately revaccinated and kept under the owner's control and observed for 45 days:~~

~~(A) the expiration date of the rabies vaccination; and~~

~~(B) positive identification for each of these mammals showing that the mammals are currently vaccinated by a licensed veterinarian with an approved vaccine for that species.~~

~~(4) Horses, cattle, and sheep not vaccinated with an approved vaccine for that species shall be sacrificed immediately or quarantined for six months under conditions satisfactory to the local health officer or the local health officer's designee. The local health officer or the local health officer's designee shall authorize the release of the horse, cow, or sheep upon payment of any boarding fees.~~

~~(5) Other mammals shall be sacrificed immediately, except for those mammals currently vaccinated with an approved vaccine for that species. Mammals that have been appropriately vaccinated may be immediately re-vaccinated and quarantined for at least 90 days under conditions satisfactory to the local health officer or the local health officer's designee. The requirements for the control of rabies shall be those specified in the department's "rabies control requirements," dated October 19, 2017, which is hereby adopted by reference. (Authorized by K.S.A. 65-128, K.S.A. 65-101 and K.S.A. 2017 Supp. 65-128; implementing K.S.A. 65-101, K.S.A. 2017 Supp. 65-128, and K.S.A. 75-5661; effective May 1, 1982; amended May 1, 1986; amended July 5, 1996; amended April 24, 1998; amended P-_____.)~~

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28-1-18. ~~Notification of Kansas department of health and environment by laboratories of positive reaction to tests for certain diseases~~ Reporting and submission requirements for laboratories. (a) ~~To assist in the control of disease in Kansas, each person who is in charge of a clinical laboratory shall notify the Kansas department of health and environment within 48 hours after testing, unless otherwise specified in this regulation, any specimen derived from the human body that yields microscopical, cultural, immunological, serological, or other evidence suggestive of those diseases that are significant from a public health standpoint.~~

(b)(1) ~~Each notification shall include the following:~~

(A) ~~The date and result of the test performed;~~

(B) ~~the name of the person from whom the specimen was obtained;~~

(C) ~~when available, either the date of birth or the age, and the address and telephone number of the person from whom the specimen was obtained; and~~

(D) ~~when available, the name and address of the physician for whom the examination or test was performed, and any other information required by the secretary.~~

(2) ~~A legible copy of the laboratory report delivered by confidential electronic transmission or mail, or a confidential telephone communication of the laboratory report shall satisfy the notification requirement of this subsection.~~

(c) ~~The conditions or diseases to which this regulation applies shall include the following:~~

(1) ~~All diseases listed in K.A.R. 28-1-2;~~

(2) ~~all blood lead level test results as follows:~~

(A) ~~Blood lead level test results greater than or equal to 10 micrograms per deciliter for persons less than 18 years of age, and greater than or equal to 25 micrograms per deciliter for~~

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~~persons 18 years of age or older shall be reported within 48 hours; and~~

~~(B) blood lead level test results less than 10 micrograms per deciliter for persons less than 18 years of age, and less than 25 micrograms per deciliter for persons 18 years of age or older shall be reported within 30 days; and~~

~~(3) CD4+ T lymphocyte count of less than 500 per microliter or a CD4+ T lymphocyte percent of total lymphocytes less than 29.~~

~~(d) Isolates of positive cultures of the following microorganisms shall be sent to the Kansas department of health and environment, division of health and environmental laboratories, unless this requirement is waived under special circumstances by the secretary of health and environment:~~

~~(1) Salmonella;~~

~~(2) shigella;~~

~~(3) *Escherichia coli* O157:H7 and other enterohemorrhagic, enteropathogenic, and enteroinvasive *E. coli*;~~

~~(4) *Neisseria meningitidis*;~~

~~(5) streptococcal invasive disease from group A *Streptococcus* or *Streptococcus pneumoniae*; and~~

~~(6) *Mycobacterium tuberculosis*.~~

~~(e) All laboratory notifications required in this regulation shall be confidential and shall not be open to public inspection, as provided in K.S.A. 65-118 and amendments thereto. Each person who is in charge of a laboratory as specified in K.S.A. 65-118, and amendments thereto,~~

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K.A.R. 28-1-18, page 3

shall provide the reports required by K.A.R. 28-1-2 to the department using an automated, secure electronic laboratory-reporting system or other means acceptable to the secretary. A person's use of electronic or automated reporting shall not exempt that person from reporting a suspected case within four hours as required by K.A.R. 28-1-2.

(b) Each person who is in charge of a laboratory as specified in K.S.A. 65-118, and amendments thereto, shall submit the following to the department's office of laboratory services in the following order of preference, if the test results indicate the presence of any microorganism specified in subsection (c):

- (1) Isolates of positive cultures;
- (2) original clinical specimen from a patient;
- (3) nucleic acid; or
- (4) any other materials determined by the secretary.

(c) Each person who is in charge of a laboratory as specified in K.S.A. 65-118, and amendments thereto, shall submit the specimens specified in subsection (b) if the test results indicate the presence of any of the following microorganisms:

- (1) Any carbapenem-resistant organism;
- (2) *Candida auris*;
- (3) *Haemophilus influenzae*, if identified in a patient with invasive disease;
- (4) *Listeria species*;
- (5) *Mycobacterium tuberculosis*;
- (6) *Neisseria meningitidis*;

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(7) *Salmonella* species;

(8) shiga toxin-producing *Escherichia coli* (STEC);

(9) *Shigella* species;

(10) *Streptococcus pneumoniae*, invasive; and

(11) *Vibrio* species. (Authorized by and implementing K.S.A. 65-101, K.S.A. ~~2004~~ 2017 Supp. 65-118, and K.S.A. 2017 Supp. 65-128; effective, E-68-22, Aug. 9, 1968; effective Jan. 1, 1969; amended May 1, 1986; amended Aug. 23, 1993; amended Jan. 12, 1996; amended Dec. 1, 1997; amended Feb. 18, 2000; amended, T-28-8-9-02, Aug. 9, 2002; amended Dec. 2, 2002; amended P-_____.)

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June 5, 2017

Kansas Department of Health and Environment
Division of Public Health
Bureau of Epidemiology and Public Health Informatics

Economic Impact Statement

Pursuant to K.S.A. 77-416, and amendments thereto

Proposed Amended Regulations

K.A.R. 28-1-1
K.A.R. 28-1-2
K.A.R. 28-1-4
K.A.R. 28-1-6
K.A.R. 28-1-12
K.A.R. 28-1-13
K.A.R. 28-1-18

Proposed Revoked Regulations

K.A.R. 28-1-7

Executive Summary of Proposed Regulations

The Kansas Department of Health and Environment performs all functions and duties as necessary to meet the requirements set forth in the infectious disease statutes, K.S.A. 65-101, et seq. and K.S.A. 65-6001, et seq. The Secretary of Health and Environment (Secretary) has the duty to exercise general supervision of the health of the people of the state. The Secretary or the Secretary's designee investigates the causes of disease, takes action to prevent the spread of infectious or contagious disease, collects records and is the custodian of all files and records pursuant to incidence and mitigation of disease. The Secretary has the authority to amend necessary regulations regarding investigations, testing, and preserving records and to revoke outdated regulations.

The changes to the regulations included in the package are being made to address updates to which investigations can be performed, actions taken to prevent the spread of disease and the recommended protections necessary to protect the health of citizens of this state.

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Proposed

Brief description of each regulation and what is intended to be accomplished by adoption.

K.A.R. 28-1-1. Definitions. This regulation is amended to incorporate the most recent information regarding infectious or contagious diseases, conditions or other events of public health importance.

K.A.R. 28-1-2. Reporting requirements for infectious or contagious diseases and conditions. This regulation is amended to specify reportable conditions, timeframes for reporting and information required for each report.

K.A.R. 28-1-4. Hospital reporting requirements. This regulation is amended to update language for consistency with other regulations.

K.A.R. 28-1-6. Requirements for isolation and quarantine of specific infectious or contagious diseases. This regulation is amended to adopt the department's reference document "Requirements for Isolation and Quarantine of Infectious or Contagious Diseases" to incorporate the most recent information for procedures to declare isolation and quarantine status of individuals with infectious or contagious diseases. Authority is given for alteration of these procedures by the Secretary based on the most current medical knowledge. Specifications are listed for each infectious or contagious disease of public health importance. Infectious or contagious diseases for which no isolation and quarantine are required are listed.

K.A.R. 28-1-7. Revoked. This regulation contains provisions that are included in K.A.R. 28-1-6 and the reference document adopted in that regulation.

K.A.R. 28-1-12. Release from isolation or quarantine. This regulation is amended to update language for consistency with other regulations.

K.A.R. 28-1-13. Rabies control. This regulation is amended to adopt the department's reference document "Rabies Control Requirements" to incorporate the most recent information for addressing control of rabies exposures, infections, and needs for isolation and quarantine.

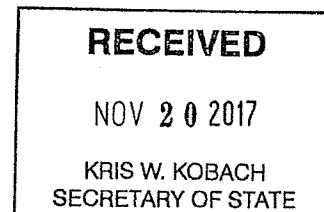
K.A.R. 28-1-18. Reporting and submission requirements for laboratories. This regulation is amended to specify requirements for reporting information regarding laboratory testing for infectious diseases and other conditions of public health importance. New text adds requirements for electronic reporting, specifies information to report and lists specific diseases and conditions requiring data submission.

Are these regulations mandated by federal law as a requirement for participating in or implementing a federally subsidized or assisted program?

No

Do the proposed regulations exceed the requirements of applicable federal law?

No



Description of Costs:

(a) Cost to the agency:

There is no increased annual cost to the agency to implement these amended regulations since many of the processes in place to capture infectious disease and health condition information are already in place.

(b) Cost to persons who will bear the costs and those who will be affected, (i.e., private citizens and consumers of the products or services) and are subject to the proposed rules and regulations or the enforcement:

It is anticipated that reporting entities may incur minimal costs associated with changes to electronic system programming if these entities are using electronic reporting to report infectious and contagious diseases and conditions. In addition, clinical laboratories may incur minimal costs associated with submission of additional isolates to the Kansas Health and Environment Laboratories. There is no anticipated cost to the public to implement these amended regulations.

(c) Costs to other governmental agencies or units:

There is no increased cost to other governmental agencies to implement these amended regulations.

Description of any less costly or less intrusive methods that were considered by the agency for the purpose of the rules and regulations and why such methods were rejected in favor of the proposed rules and regulations.

There are no less intrusive or less costly methods available for consideration by KDHE to achieve the purposes of the proposed regulations.

Consultation with League of Kansas Municipalities, Kansas Association of Counties and the Kansas Association of School Boards.

The department does not anticipate that the proposed regulations will have any significant financial impact on the constituencies of these organizations. However, copies of the regulations, the economic impact statement, and the notice of hearing will be provided electronically to these organizations at the time of publication of the notice of hearing in the *Kansas Register*.

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