



Nebraska Department of Health and Human Services
HEALTH ALERT NETWORK
Update



TO: Nebraska Healthcare Providers, Laboratories, Health Care Facilities, and Public Health

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RE: Revised Reportable Disease Regulations

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On December 27, 2016, Governor Pete Ricketts approved revisions to Nebraska's Reportable Disease Regulations. These regulations govern the reporting of a variety of conditions to public health authorities, and were last revised in 2010. This notice is to alert parties affected by these regulations of the changes. In recent years, public health has capitalized on the investment in electronic health records to reduce the burden of physician and laboratory reporting. Beyond some one-time edits to software code to capture newly emerging public health problems, laboratories and physicians may notice little change in their public health reporting responsibilities.

The updated regulations can be found here:

[http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health and Human Services System/Title-173/Chapter-01.pdf](http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-173/Chapter-01.pdf)

These regulations affect clinical laboratories, healthcare facilities and their infection control staff, physicians and health care providers.

LABORATORIES should be aware of the following changes:

- 1) All laboratories are required to report electronically: paper reports through mail or fax are no longer accepted unless electronic methods are inoperable. Automated electronic laboratory reporting (ELR) is required by facilities participating in the Office of the National Coordinator's Meaningful Use program which subsidizes the use of electronic health records.

- 2) ORNAO on-line and paper (mail/fax) reporting for antibiotic susceptibility is DISCONTINUED.
- 3) Electronic lab reporting software code will need to be edited to include the following:
 - To detect outbreaks of MDROs (multidrug resistant organisms) and to track antibiotic resistance over time, *E. coli*, *Enterobacter* spp., *Pseudomonas* spp. and *Citrobacter* spp. were added to the “report within 7-days” list only for those labs reporting by ELR.
 - Emerging zoonotic and vector-borne diseases were added for all labs: Middle East Respiratory Syndrome-related coronavirus (MERS-CoV), to the “report within 24-hours” list, and Zika, Dengue, and Chikungunya virus to the “report within 7-days” list.
 - Hepatitis B was added to the “report within 24-hours” list to ensure babies born to Hepatitis B sAg (+) mothers immediately receive Hepatitis B immune globulin to prevent perinatal transmission.
 - Hepatitis E was added to the “report within 24-hours” list since this illness can occur in outbreaks and cause severe disease in immunocompromised hosts where antiviral therapy may improve outcome.
- 4) Syphilis and HIV remain reportable as in the past, but laboratories doing automated electronic lab reporting **need to make sure that any newly-implemented test methods are captured by their electronic reporting system algorithm**. New tests (e.g., *T. pallidum* enzyme immunoassay (TP-EIA) and HIV p24 Ag-IgM/IgG antibody combination assay) may require a modification of software code to insure the recognition, capture and forwarding to public health of these new tests.
- 5) New Multiplex Real Time PCR panels for rapid diagnosis of Respiratory and Gastrointestinal (GI) pathogens allow for the detection of organisms not previously detected by routine testing. **Positive** results from Multiplex Real Time PCR Respiratory and GI panels are added to the “report within 7-days” list for labs that report electronically. The organisms added to the reportable disease list include: 1) Respiratory: Adenovirus, *Chlamydophila (Chlamydia pneumoniae)*, Coronavirus, Enterovirus, Human Metapneumovirus, Rhinovirus, *Mycoplasma pneumoniae*, Parainfluenza viruses; and 2) GI: Astrovirus, enteroaggregative *E. coli* (EAEC), enteropathogenic *E. coli* (EPEC), enterotoxigenic *E. coli* (ETEC), enteroinvasive *E. coli* (EIEC) (some GI multiplex PCR panels may refer to this as *Shigella*/EIEC), *Plesiomonas shigelloides*, Sapovirus, and non-cholera *Vibrio* species. The remaining organisms detected by the multiplex panels were previously listed as reportable.
- 6) As in the past, all influenza and respiratory syncytial virus tests, both positive and negative are reportable.
- 7) Carbapenem-resistant *Enterobacteriaceae* (CRE) (excluding *Proteus* species, *Providencia*

species, or *Morganella morganii*) are reportable within 24 hours. Laboratories unable to perform phenotypic or molecular testing to confirm carbapenemases should send the suspected CRE isolate to the Nebraska Public Health Laboratory (NPHL) for additional testing. Laboratories that are able to do such testing should only send isolates positive for carbapenemases to NPHL. Identification of CRE isolates should be communicated by phone or e-mail to the local public health department (<http://dhhs.ne.gov/lhd>) and the Healthcare-Associated Infections Program Manager within 24 hours. These measures will allow for appropriate precautions to be made to prevent transmission within healthcare facilities in accordance with new CDC recommendations.

- 8) The list of reportable heavy metal poisonings is expanded from lead and mercury, to include arsenic, beryllium, cadmium, and chromium.
- 9) Before shipping any isolates or specimens suspected of containing: *Yersinia pestis*, *Francisella tularensis*, *Brucella* species, *Burkholderia mallei/pseudomallei*, *Coxiella burnetii*, or *Bacillus anthracis*, laboratories must contact the state or local public health department AND the Nebraska Public Health Laboratory.
- 10) Please note the addition of the underlined phrase to the following requirement:
 - a. Any unusual cluster of organisms or suspected outbreak either inside a healthcare facility or within a community is to be reported as soon as it is suspected to the local and/or state public health department.
- 11) The Division of Public Health Epidemiology staff, in conjunction with Nebraska Public Health Laboratory staff, will host a conference call for all Nebraska laboratories and their information technology staff later this month to review these regulations and answer questions or concerns. The meeting announcement for that conference call will be sent as soon as plans are finalized.

HEALTHCARE FACILITIES/INFECTION CONTROL STAFF should be aware that Nebraska has joined 35 other states in making healthcare-associated infections reportable. Since only those reports currently required to be submitted to the CDC National Healthcare Safety Network (NHSN) are included in this requirement, no additional reporting is necessary. Facilities that report will need to provide public health access to their NHSN data to comply with this requirement. Affected facilities have received a separate more detailed communication of the reporting requirement.

While **PHYSICIANS, NURSE PRACTITIONERS, AND PHYSICIAN ASSISTANTS** are included in all of these reporting requirements, the conditions stipulated in these regulations are largely included in laboratory and hospital information systems and will be reported from those systems. Health care providers are encouraged to contact state or local public health officials if there are any questions regarding the reportability of a patient/condition under their care. Providers are expected to assist public health staff in supplementing the information derived from these sources to understand the origin and prevent the transmission of these conditions. **Any condition included in these regulations is considered protected information by state statute. Providers are required by statute to assist in these public health investigations and are protected by law in the disclosure of such information.**

For questions about any of these changes, please call the Office of Epidemiology of the Nebraska Division of Public Health at 402-471-2937.

For additional disease reporting information, visit the Nebraska DHHS Epidemiology website at: <http://dhhs.ne.gov/publichealth/epi/Pages/ReportableDiseases.aspx>