

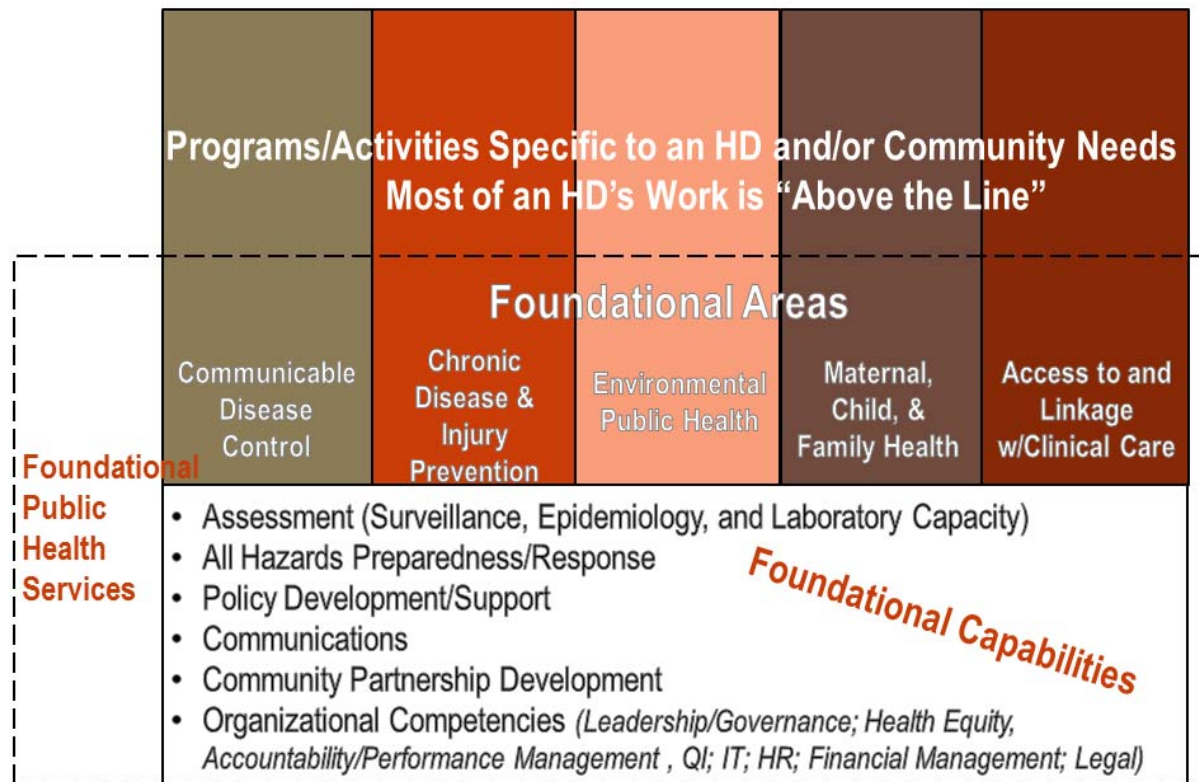
# Update on Kansas Disease Regulations

*Times They are a Changin'*  
(Sorry, Mr. Dylan)

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# Foundational Public Health Services

## Other Services Particular To A Community



# Purpose of Public Health Surveillance

- Ubiquity of reportable conditions systems
- Why?
  - Detect outbreaks and intervene
  - Monitor trends
  - Emerging diseases
  - Enhance epidemiologic knowledge
  - Evaluate interventions

# Surveillance / Case Reporting

- Determined by states
- Some standardization desirable
  - Nationally notifiable conditions
  - Case definitions
- Council of State and Territorial Epidemiologists
  - Since 1951
- Collaborative process

# Notification Information Cycle



# Legal framework

# Some basics...

- Statutes

- Passed by Kansas Legislature
- Signed into law by Governor
- Often (not always) provide general legal authority

- Administrative regulations

- Written by state agencies with legislative authority
- Open for public comment (including Legislature)
- Approved by Attorney General and Dept. of Administration

# Statutes and Administrative Regulations

- K.S.A. 65-101
- K.S.A. 65-118
- K.S.A. 65-128
- K.S.A. 65-6001 *et seq.*
- K.A.R. 28-1-1 through 28-1-18



# Health Supervision

- KSA 65-101
  - Secretary of health and environment shall exercise general supervision of the health of the people of the state
    - Require reports of infectious diseases
    - Investigate the causes of diseases including outbreaks
    - Take action to prevent the introduction of infectious diseases into and within the state
    - Provide education and other activities
    - Adopt rules and regulations necessary to carry out these laws (KARs)

# Case Reporting

- K.S.A. 65-118
- Provides authority for KDHE to determine what is reportable via administrative regulation
- Required reporters
  - Physicians, nurses, and physician assistants
  - Dentists
  - Hospital and adult care home administrators
  - Social workers
  - Teachers and school administrators
  - Laboratories
- Specifies reporting to “local health authority”
  - \*\*\*Laboratories must report to KDHE
  - K.S.A. 65-119 requires local health officer to report to KDHE

# Prevention and Control

- K.S.A. 65-128
- Secretary of KDHE
  - Regulations for the isolation and quarantine of persons that have or have been exposed to infectious diseases **to prevent the spread of these diseases**
  - (KAR 28-1-5, 28-1-6, 28-1-7, 28-1-12)

# Local Health Officer

- K.S.A. 65-201 – Each local health department shall appoint a health officer
- K.S.A. 65-202 - Local health officer shall use all known measures to prevent the spread of any such infectious, contagious or communicable disease, and shall perform such other duties as this act, his or her county or joint board, or the secretary of health and environment may require

# Duties of the Local Health Officer

- K.S.A. 65-119
  - Maintain supervision over cases
  - Ensure cases are properly cared for
  - Enforce isolation and quarantine
  - Communicate to the secretary of KDHE
  - Power to prohibit public gatherings if necessary to control spread of disease
  - Confidential

# Schools and Child Care Facilities

- K.S.A. 65-122
- Exclusion of persons afflicted with infectious or contagious disease
- Applies to public, parochial, and private schools and child care facilities
- Duty of parent, principal, or person in charge to exclude until period of isolation or quarantine is expired

# Evaluation, Treatment, Isolation, and Quarantine

- K.S.A. 65-129b – Authority of local health officer or Secretary of KDHE
  - Issue an order requiring an exposed individual to be evaluated and treated
  - Order an individual or group to be placed and to remain in isolation or quarantine until deemed no longer a risk
  - If individual refuses vaccination, medical examination, treatment, or testing may require isolation or quarantine
  - Law enforcement officer may assist

# Isolation and Quarantine

- K.A.R. 28-1-5
  - General provisions for isolation and quarantine
    - Who enforces?
      - Local Health Officer
      - Secretary of KDHE
    - Why do we have them?
      - To stop transmission from the source (the case)
      - To exclude susceptible exposed individuals so that transmission does not continue in the health care settings, schools, daycares, and food establishments





# Discussion of Proposed Changes

# Rationale for Revisions: Reportable Conditions

- Last revised in 2006
  - Harmonization with Nationally Notifiable Conditions list desirable
- Changes in terminology
- K.A.R. 28-1-2 limited to infectious diseases, so conditions required to be reported in several places
- Inadequate information reported
- Need for more rapid reporting and updated methods (ELR)

# Reportable Conditions

- Time frames for reports
  - Current requirements
    - 4 hours by telephone for urgent conditions
    - 7 days for others
  - Proposed changes
    - 4 hours by telephone for urgent conditions (*no change*)
    - 24 hours for all others
      - Grace period for weekends and holidays
- No longer limited to infectious diseases
  - Blood lead results
  - CO poisoning
- More comprehensive patient information
  - Name, contact information, demographics, clinical history

# Reportable Conditions List

- Removing amebiasis
- Adding
  - Acute flaccid myelitis
  - Anaplasmosis
  - Arboviral diseases (expanded)
    - EEE, chikungunya, dengue, Zika virus
  - Babesiosis
  - Carbapenem-resistant *Enterobacteriaceae*
  - Carbon monoxide poisoning
  - Coccidioidomycosis
  - HIV viral loads of any value
  - Vaccinia (post-vaccination)
  - Vancomycin-intermediate *S. aureus*
  - Vancomycin-resistant *S. aureus*
  - Vibriosis (non-cholera *Vibrio spp.*)

# Four Hour Reportable Diseases

## Current List

- Anthrax
- Botulism
- Cholera
- Measles
- Meningitis, bacterial
- Meningococcal disease
- Mumps
- Pertussis
- Plague
- Poliomyelitis
- Q Fever
- Rabies, human and animal
- Rubella
- SARS
- Smallpox
- Active TB
- Viral hemorrhagic fever
- Any outbreak, exotic, or newly recognized disease

# Four Hour Reportable Diseases Proposed List

- Anthrax
- Botulism
- Cholera
- **Diphtheria**
- Measles
- Meningococcal disease
- Mumps
- **Novel influenza A virus**
- Plague (*Y. pestis*)
- Poliovirus
- Rabies, human
- Rubella
- SARS
- Smallpox
- **Tetanus**
- Tuberculosis
- **Vaccinia, post-vaccination or secondary transmission**
- Viral hemorrhagic fevers
- Exotic or unusual diseases
- Outbreaks

# Laboratory Requirements

- Report via electronic laboratory report (ELR) unless waived by KDHE
- Specimen / isolate submission (within two days)
  - *Haemophilus influenzae* (pts. w/ invasive disease)
  - *Listeria spp.*
  - *Mycobacterium tuberculosis*
  - *Neisseria meningitidis*
  - *Salmonella spp.*
  - Shiga toxin-producing *E. coli*
  - *Shigella spp.*
  - *Streptococcus pneumoniae* (invasive disease)
  - *Vibrio spp.*



# Comments/Questions

# Isolation and Quarantine

# Rationale: Isolation and Quarantine

- Last revised: 2007
- Need to incorporate current recommendations
- Problems with current regulations
  - 24-hour vaccination requirement after VPD exposure
  - Susceptible health care workers not excluded from work after VPD exposure
  - Outdated terminology
- Guidance document to be adopted by reference
  - Requirements for isolation and quarantine for some conditions are complex
  - Regulatory format is limiting
  - Regulation review is cumbersome
  - KDHE will produce guidance document with technical details; administrative regulation will adopt by reference

# New Definitions

- Outdated Terminology
  - Respiratory Isolation
  - Enteric Precautions
  - Blood Precautions
- New Terminology Defined
  - Airborne Precautions
  - Contact Precautions
  - Droplet Precautions

# Prevention and Control for Specific Diseases

- a.k.a. “isolation and quarantine”
- Scaled measures of prevention and control
- Consistent with epidemiology and current scientific recommendations
- Updated terms
  - Contact, droplet, and airborne precautions
- Will also designate conditions not subject to isolation or quarantine

# Isolation and Quarantine

- May be altered by the local health officer or the secretary of KDHE
  - Necessary for public health
- Based on current medical knowledge
  - Incubation
  - Communicable period
  - Mode of Transmission
  - Susceptibility

# Vaccine Preventable Diseases – Changes in Isolation and Quarantine

# Changes to Format

- Developing guidance document to adopt by reference
- Guidance will include specific details regarding:
  - Control of Cases
  - Control of Contacts



# Susceptible Person

- Person who is
  - Exposed to a person with an infectious or contagious disease
  - Exposed to a contaminated environment
  - Criteria
    - Has no history of disease, documented by a physician, that would confer lifetime immunity; and
    - No laboratory evidence of immunity; and
    - No documentation acceptable to the secretary that demonstrates current immunity

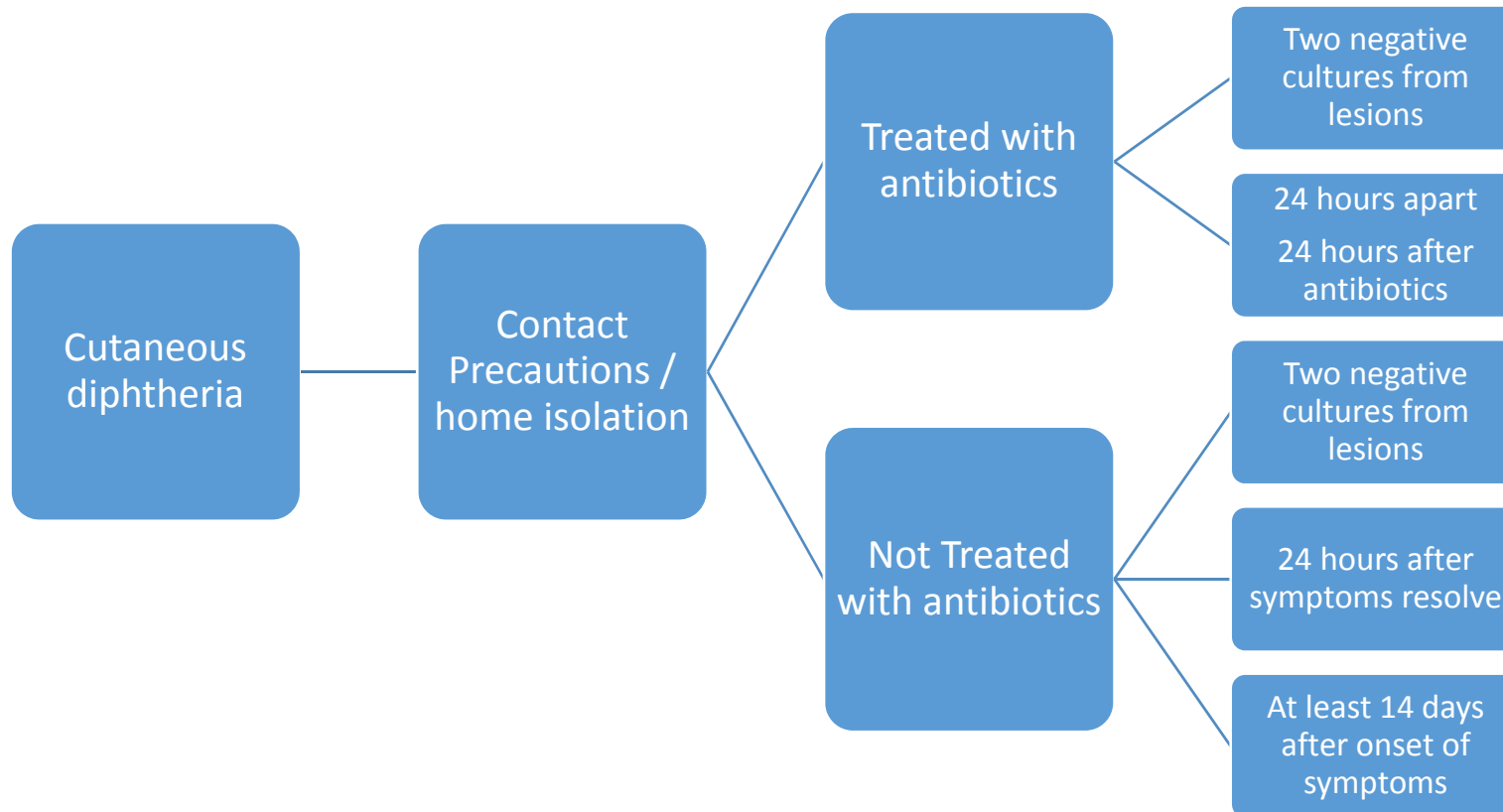
# Diphtheria

## Current Regulation

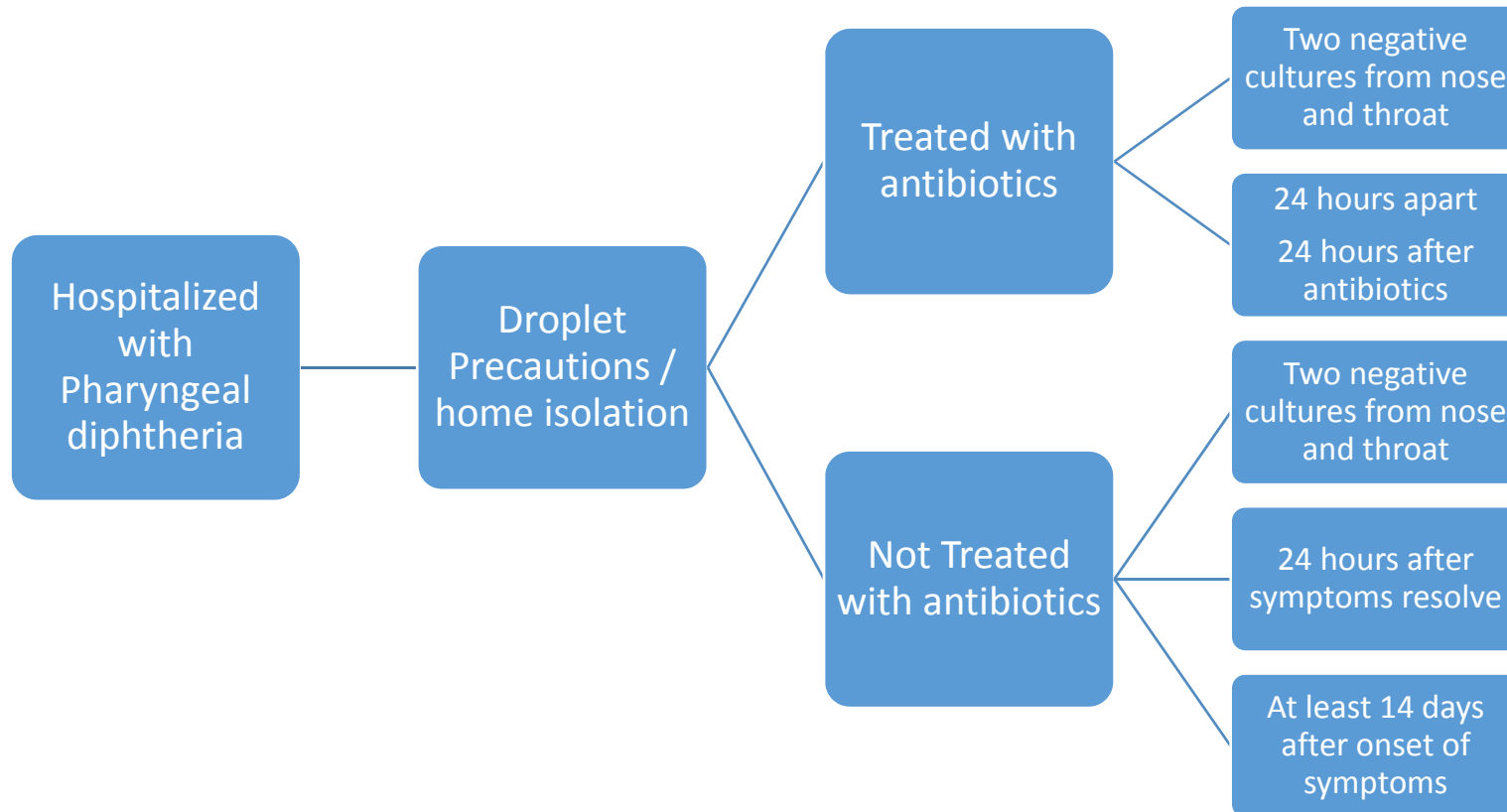
- Cases
  - Isolation 14 days
  - OR
  - Two consecutive negative cultures
    - 24 hours apart
    - 24 hours after antibiotic therapy



# Diphtheria Proposed Regulation



# Diphtheria Proposed Regulation



# Diphtheria

## Current Regulation

- Household and Close Contacts
  - Nose and throat cultures tested
  - Monitored for symptoms for seven days from last exposure
- Carriers with diphtheria shall be treated
- Food handlers or contacts that work with children
  - Excluded until nose and throat cultures are negative

# Diphtheria

## Proposed Regulation

- For Contacts of pharyngeal diphtheria
  - Tested
  - Monitored for 7 days
  - If carrier, consider same as case
    - Exclusion for 7 days from food handling, patient care, and working or attending school
    - From last exposure
    - OR
    - Until treated with antibiotics

# *Haemophilus influenzae*, invasive disease

## Current Regulation

- Cases with meningitis
  - Respiratory isolation for 24 hours after initiation of antibiotics

# *Haemophilus influenzae*, invasive disease

## Current Regulation

- Cases with meningitis
  - Respiratory isolation for 24 hours after initiation of antibiotics



# *Haemophilus influenzae*, invasive disease

## Current Regulation

- Cases with **meningitis**
  - ~~Respiratory isolation~~ for 24 hours after initiation of antibiotics

# *Haemophilus influenzae*, invasive disease Proposed Regulation

- All hospitalized invasive cases
  - Droplet precautions for 24 hours after initiation of antibiotics

*No regulations for contacts*

# Hepatitis A

## Current Regulations

- Cases
  - Excluded from food handling, patient care, and any occupation involving the care of young children and the elderly
  - For 14 days after onset of illness

# Hepatitis A

## Proposed Regulation

- Cases
  - Hospitalized cases – contact precautions for duration of acute illness
  - Excluded from food handling, patient care, and attending or working in a child care facility
  - For 14 days after onset of illness
  - OR
  - Seven days following onset of jaundice

# Hepatitis A

## Current Regulation

- Contacts

No current regulations for contacts

# Hepatitis A

## Proposed Regulation

- Contacts
  - Exclusion from
    - Foodhandling
    - Attending or caring for children in a childcare facility
  - 28 days from last exposure unless...
  - Immune globulin (IG) or vaccine within 14 days of exposure to an infectious case

# Influenza Cases

- No Current Regulation

- Proposed Regulation
  - Hospitalized patients
    - Droplet precautions for five days
    - Immunocompromised for duration of illness

*No regulations for contacts*

# Measles

## Current Regulation

- Cases
- Respiratory isolation for four days after rash onset



# Measles

## Current Regulation

- Cases
  - ~~Respiratory isolation~~ for four days after rash onset

# Measles Proposed Regulation

- Hospitalized Patients
  - Airborne precautions for four days after onset of rash
- Non-hospitalized Patients
  - In home isolation for four days after onset of rash
    - Except to seek medical care

# Measles

## Current Regulation

- Susceptible contacts
  - School, Child care facility, or family day care home
  - Vaccinated within 24 hours report to secretary
  - OR
  - Excluded for 21 days after the last reported illness in the facility

# Measles

## Current Regulation

- Susceptible contacts
  - School, Child care facility, or family day care home
  - ~~Vaccinated within 24 hours report to secretary~~
  - OR
  - Excluded for 21 days after the last reported illness in the facility

# Measles

## Current Regulation

- Susceptible contacts
  - School, Child care facility, or family day care home
  - Vaccinated within 24 hours report to secretary
  - OR
  - Excluded for 21 days after the last reported illness in the facility

# Measles Proposed Regulation

- Susceptible Contacts
  - Working in an adult care home, correctional facility, or health care facility
  - Attending or working in a school, child care facility, or adult day care
  - Excluded for 21 days from last exposure to an infectious case
  - UNLESS
  - Age-appropriately vaccinated within 72 hours of first exposure to an infectious case

# Meningococcal Disease Current Regulation

- Cases
  - Respiratory isolation for 24 hours after initiation of antibiotic therapy

# Meningococcal Disease Current Regulation

- Cases
  - ~~Respiratory isolation~~ for 24 hours after initiation of antibiotic therapy



# Meningococcal Disease Proposed Regulation

- Hospitalized Patients
  - Droplet precautions until 24 hours after initiation of antibiotic therapy

*No regulations for contacts*

# Mumps

## Current Regulations

- Case
  - Respiratory isolation for five days from the onset of illness

# Mumps

## Current Regulations

- Case
  - ~~Respiratory isolation~~ for five days from the onset of illness

# Mumps

## Proposed Regulation

- Hospitalized patients
  - Droplet precautions for five days after onset of illness
- Non-Hospitalized patients
  - In home isolation for five days following the onset of illness
    - Except when seeking medical care

# Mumps

## Current Regulation

- Susceptible contacts
  - School, child care facility, or family day care home
  - Vaccinated within 24 hours report to secretary
  - OR
  - Excluded for 26 days after the last reported illness in the facility

# Mumps

## Current Regulation

- Susceptible contacts
  - School, Child care facility, or family day care home
  - ~~Vaccinated within 24 hours report to secretary~~
  - OR
  - Excluded for 26 days after the last reported illness in the facility

# Mumps

## Current Regulation

- Susceptible contacts
  - School, Child care facility, or family day care home
  - Vaccinated within 24 hours report to secretary
  - OR
  - Excluded for 26 days after the last reported illness in the facility

# Mumps

## Proposed Regulation

- Susceptible Contacts
  - Working in an adult care home, correctional facility, or health care facility
  - Attending or working in a school, child care facility, or adult day care
  - Excluded for 26 days from last exposure to an infectious case
  - **No post-exposure vaccination to allow return to school or work site**



# Pertussis

## Current Regulation

- Cases
  - ~~Respiratory isolation~~ for 3 weeks
    - OR
  - Five days if treated with antibiotics

# Pertussis Proposed Regulation

- Cases
  - Hospitalized patients
    - Droplet precautions
  - Non-hospitalized patients
    - Remain in home isolation
  - Completion of appropriate antibiotic therapy
  - OR
  - 21 days if untreated from onset of paroxysmal cough, post-tussive vomiting, or inspiratory whoop

# Pertussis

## Current Regulation

- Susceptible contact
  - School, Child care facility, or family day care home
    - Vaccinated within 24 hours report to secretary; or
    - Complete a five-day course of antibiotic therapy
    - If not vaccinated within 24 hours be excluded for 21 days after the last reported illness in the facility
  - Guidance memorandum (11 March 2015)
    - Current regulation inconsistent with medical / scientific knowledge
    - Recommends PEP for household and high-risk contacts
    - Monitor children in school and child care settings for 21 days, and exclude if symptoms develop and evaluate for pertussis

# Pertussis Proposed Regulation

- Susceptible Contacts
  - Working in an adult care home, correctional facility, or health care facility
  - Attending or working in a school, child care facility, or adult day care
  - Monitor for 21 days after exposure to an infectious case
    - If symptoms develop, exclude and evaluate for pertussis

# Poliomyelitis

## Current Regulation

- Cases
  - Isolation for 10 days from onset of illness
  - Enteric precaution for six weeks

# Poliomyelitis

## Current Regulations

- Cases
  - ~~Isolation~~ for 10 days from onset of illness
  - ~~Enteric precaution~~ for six weeks

# Poliomyelitis Proposed Regulation

- Hospitalized patients
  - Contact precautions for duration of illness

*No regulations for Non-hospitalized  
cases or contacts*

# Rubella

## Current Regulations

- Cases
  - Respiratory isolation for seven days after onset of rash



# Rubella

## Current Regulations

- Cases
  - ~~Respiratory isolation~~ for seven days after onset of rash

# Rubella

## Proposed Regulation

- Hospitalized Patients
  - Droplet precautions for seven days after onset of rash
- Non-hospitalized Patients
  - In home isolation for seven days after onset of rash

# Rubella

## Current Regulation

- Susceptible contacts
  - School, child care facility, or family day care home
  - Vaccinated within 24 hours report to secretary
  - OR
  - Excluded for 21 days after the last reported illness in the facility

# Rubella

## Proposed Regulation

- Susceptible Contacts
  - Working in an adult care home, correctional facility, or health care facility
  - Attending or working in a school, child care facility, or adult day care
  - Excluded for 21 from last exposure to an infectious case

# Varicella

## Current Regulation

- Cases
  - Isolation for six days after first crop of vesicles or until lesions have crusted, whichever comes first

# Varicella

## Current Regulation

- Cases
  - Isolation for six days after first crop of vesicles or until lesions have crusted, whichever comes first
  -

# Varicella

## Current Regulation

- Cases
  - ~~Isolation~~ for six days after first crop of vesicles or until lesions have crusted, whichever comes first

# Varicella

## Proposed Regulation

- Hospitalized patients
  - Airborne precautions until vesicles are dry and crusted or for six days following onset of rash
- Non-hospitalized patients
  - Remain in home isolation until vesicles are dry and crusted or for six days following onset of rash



# Varicella

## Current Regulation

- Susceptible contacts
  - School, child care facility, or family day care home
  - Vaccinated within 24 hours report to secretary
  - OR
  - If not vaccinated within 24 hours be excluded for 21 days after the last reported illness in the facility

# Varicella

## Current Regulation

- Susceptible contact
  - School, Child care facility, or family day care home
  - Vaccinated within 24 hours report to secretary
  - OR
  - If not vaccinated within 24 hours be excluded for 21 days after the last reported illness in the facility

# Varicella

## Current Regulation

- Susceptible contact
  - School, Child care facility, or family day care home
  - ~~Vaccinated within 24 hours report to secretary~~
  - OR
  - If not vaccinated within 24 hours be excluded for 21 days after the last reported illness in the facility

# Varicella Proposed Regulation

- Susceptible Contacts
  - Working in an adult care home, correctional facility, or health care facility
  - Attending or working in a school, child care facility, or adult day care
  - Excluded for 21 days from last exposure to an infectious case
  - UNLESS
  - Age-appropriately vaccinated within 72 hours of exposure to an infectious case

# Other Diseases

# Amebiasis

- No significant change proposed
- Exclusion
  - Food workers shall be excluded until 3 negative stool tests

# Campylobacteriosis

- No current regulation
- Proposed
  - Contact precautions for hospitalized case-patients
  - Exclusion from food handling, patient care, and attending or working in a child care facility until symptoms resolve

# Carbapenem-resistant *Enterobacteriaceae*

- No current regulation
- Proposed
  - Contact precautions during infection or colonization



# Cholera

- Current regulation
  - Enteric precautions for duration of acute symptoms
- Proposed
  - Contact precautions for duration of acute illness

# Cryptosporidiosis

- No current regulation
- Proposed
  - Contact precautions for hospitalized patients for duration of acute illness
  - Exclusion from food handling, patient care, attending or working in child care facility, and using recreational water facility until symptoms resolve

# Giardiasis

- No current regulation
- Proposed
  - Contact precautions for hospitalized patients
  - Exclusion from food handling, patient care, and attending or working in child care facility for duration of acute illness

# Pediculosis (head lice)

- Current regulation
  - Exclusion from school and child care until treatment
- Proposed
  - No regulation
  - CDC, American Academy of Pediatrics, and National Association of School Nurses advocate that children should not be excluded for lice or nits

# Salmonellosis

- Current regulation
  - Enteric precautions followed for duration of acute symptoms
  - Infected persons with diarrhea excluded from food handling, patient care, and care of young children and elderly until no longer symptomatic
- Proposed
  - Contact precautions for hospitalized patients for duration of acute illness
  - Infected persons with diarrhea excluded from food handling, patient care, caring for children in or attending child care until symptoms resolve

# Scabies

- Current regulation
  - Exclusion from school and child care until treated
- Proposed
  - Contact precautions for hospitalized patients
  - Exclusion from school and child care until day after initiation of appropriate therapy

# Shiga toxin-producing *E. coli* (STEC)

- Current regulation
  - Enteric precautions for duration of acute symptoms
  - Exclusion from food handling, patient care, caring for young children and elderly, and attending child care until two negative stool cultures (24 hours apart and 48 hours after discontinuation of antibiotics)
- Proposed
  - Contact precautions for hospitalized patients
  - Exclusion from food handling, patient care, caring for children in child care facility, and attending child care facility until two negative stool cultures or other laboratory tests acceptable to KDHE
  - ??? Questions remain ???

# Shigellosis

- Current regulation
  - Enteric precautions for duration of acute symptoms
  - Exclusion from food handling, patient care, and care of young children and elderly until two negative stool cultures (24 hours apart and 48 hours after discontinuation of antibiotics)
- Proposed
  - Contact precautions for hospitalized patients
  - Exclusions
    - ???
    - Negative stool cultures? How many? Culture-independent tests okay?
    - Just exclude until symptoms resolve?



# Smallpox

- No current regulation
- Proposed
  - Contact and airborne precautions for hospitalized patients
  - Home isolation for non-hospitalized

# Staphylococcal disease

- Current regulation
  - Exclusion from food handling until lesions healed or wounds covered
- Proposed
  - No changes

# Streptococcal disease (including streptococcal sore throat)

- Current regulation
  - Isolation for 10 days if untreated
  - Isolation until 24 hours after initiation of antibiotic therapy
- Proposed
  - Droplet precautions for hospitalized patients
  - Exclusion from food handling, attending or caring for children in child care until 24 hours after initiation of appropriate antimicrobial therapy or for 10 days if untreated

# Tinea capitis and tinea corporis (Ringworm)

- Current regulation
  - Exclusion from school and child care
- Proposed
  - ???
  - Continue exclusion from school and child care?
  - What about sports?
  - What about adults?

# Tuberculosis disease

- Current regulation
  - Respiratory isolation until
    - Three sputa on consecutive days negative
    - Standard multidrug therapy for two weeks
    - Clinical improvement
- Proposed
  - Airborne precautions for hospitalized patients
  - Home isolation
  - Criteria for release of precautions and isolation
    - No change

# Typhoid fever

- Current regulation
  - Enteric precautions for duration of acute symptoms
  - Exclusion from food handling, patient care, and care of young children and elderly until three negative stool cultures (and three negative urine cultures in patients with schistosomiasis)
  - First test must be at least one month after onset of illness and 48 hours after antibiotics discontinued
- Proposed
  - Contact precautions for hospitalized patients
  - Exclusion from food handling, patient care, attending or caring for children in child care until three negative stool cultures
  - Other tests acceptable (?)
  - Contacts
    - Exclusion from food handling, patient care, and attending or caring for children in child care until two negative stool cultures (or other tests?)

# Vancomycin-resistant *Staphylococcus aureus*

- No current regulation
- Proposed
  - Contact precautions for hospitalized patients

# Vibriosis (non-cholera)


- No current regulations
- Proposed
  - Contact precautions for hospitalized patients
  - Exclusion from food handling, patient care, attending or caring for children in child care for duration of acute illness



# Viral hemorrhagic fevers

- No current regulations
- Proposed
  - Droplet precautions
  - Airborne precautions if performing aerosol-generating procedures

# Timeline for New Regulations

- Final internal Review 
- Disseminate for informal public comment
- Final draft
  - Department of Administration
  - Attorney General's Office
  - Secretary of State
  - Published in the Kansas Register
- Sixty day public comment period
- Public hearing
- Kansas Legislative Joint Committee on Administrative Rules and Regulations
- Incorporate any changes
- Regulations are finalized

# Resources

- For current reportable disease list
- [http://www.kdheks.gov/epi/disease\\_reporting.html](http://www.kdheks.gov/epi/disease_reporting.html)
- For current regulation and statutes
- <http://www.kdheks.gov/epi/regulations.htm>

# Discussion

