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) “Case” means an instance of a suspected or diagnosed infectious or contagious disease or condition in a person or animal.

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

(c) "Condition" means any non-infectious adverse health event, such as a disease, poisoning, or other syndrome.

(d) “Correctional facility” means any city or county jail, any correctional institution, as specified 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 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) “Local health officer” means the person appointed pursuant to K.S.A. 65-201, and
amendments thereto.

(i) “Infectious or contagious disease” has the meaning specified for “infectious and contagious diseases,” as specified in K.S.A. 65-116a and amendments thereto.

(j) “Law enforcement employee” means a person, as specified in K.S.A. 74-5602 and amendments thereto, and any person in the service of a city police department or a county sheriff’s office who performs law enforcement duties without pay and is considered a reserve officer.

(k) “Occupational exposure” has the meaning, as specified in K.S.A. 65-116a and amendments thereto.

(l) “Other potentially infectious materials” has the meaning, as specified in K.S.A. 65-116a and amendments thereto.

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

(n) “Secretary” means secretary of the department of health and environment.

(o) “Suspected case” means clinical or laboratory evidence suggestive of the existence of an infectious or contagious disease or condition prior to the confirmation of such a diagnosis in a person or animal.

28-1-2. Reporting requirements of infectious or contagious diseases and conditions.

(a) 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 suspected case of the following infectious or contagious diseases or conditions to the secretary within four hours of knowledge of the suspected case, regardless of the presence of laboratory evidence:

(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 disease;
(17) vaccinia, post-vaccination infection or secondary transmission;
(18) viral hemorrhagic fevers, including Ebola virus, Marburg virus, Crimean-Congo hemorrhagic fever virus, Lassa virus, Lujo virus, and New World arenaviruses, including Guanarito virus, Machupo virus, Junin virus, and Sabia virus;
(19) any exotic or newly recognized disease; and
(20) occurrence of any of the following:
(A) Clusters, outbreaks, or epidemics;
(B) possible terrorist acts due to biological, chemical, or radiological agents;
(C) unexplained death suspected to be due to an unidentified infectious agent; or
(D) any unusual disease or manifestation of illness.
(b) Each person designated in K.A.R.28-1-2 (a) shall report each suspected case of the following infectious or contagious diseases and conditions 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 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;

(3) arboviral disease, neuroinvasive and non-neuroinvasive, including California serogroup virus disease, chikungunya virus, dengue virus infections, including dengue fever, dengue hemorrhagic fever, and dengue shock syndrome, 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 spp.;

(7) campylobacteriosis;

(8) Candida auris;

(9) carbapenem-resistant organism infection (resistant to imipenem, meropenem, doripenem, or ertapenem OR documentation that the isolate possess a carbapenemase);

(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;
(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, all results CD4+ T-lymphocyte counts or a CD4+ T-lymphocyte percent of total lymphocytes;

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

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

(36) influenza, if the disease results in the death of any child under 18 years of age (report all suspected cases, regardless of laboratory evidence);

(37) legionellosis;

(38) leptospirosis;

(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);

(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* spp.;

(62) yellow fever; and

(63) whooping cough (pertussis) (report all suspected cases, regardless of laboratory evidence);

(c) Each person designated in K.A.R. 28-1-2(a) shall report the following information as in a manner specified by the secretary, if known, for any suspected case or case required to be
reported by subsections (a) and (b):

(1) The following personal information for each patient:

(A) First and last name, including middle initial;

(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 when 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) other necessary epidemiological information and additional specimen collection or
28-1-4. Registration of disease prevalence.

(a) The administrator of each hospital licensed in the state 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 and the results for specified infectious or contagious diseases or conditions;

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

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

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

(b) The administrator of each hospital licensed in the state may designate a person within the hospital to report diseases on behalf of the individuals required by K.A.R. 28-1-2(a), to report these diseases for suspected cases and cases that these individuals observe while practicing at the hospital. Each report from the designated hospital person shall fulfill all reporting requirements for individuals required by K.A.R. 28-1-2(a), to report these cases. (Authorized by K.S.A. 65-101; implementing K.S.A. 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-________________________.)
28-1-6. Requirements for isolation and quarantine of specific infectious or contagious diseases.

(a) The requirements shall be those identified in the department’s “Requirements for isolation and quarantine of specific infectious or contagious diseases” dated April 14, 2017, which is hereby adopted by reference.

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

- Anaplasmosis;
- anthrax;
- babesiosis;
- botulism;
- brucellosis;
- chancroid;
- Chlamydia trachomatis infection;
- coccidiodomycosis;
- cyclosporiasis;
- ehrlichiosis;
- gonorrhea;
- Hansen’s disease (leprosy);
- hantavirus pulmonary syndrome;
- hepatitis B, acute, chronic, and perinatal infections;
- hepatitis C, acute and 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);
(32) tularemia; and
28-1-12. Release from isolation or quarantine.

All laboratory tests or cultures for release of an individual from isolation or quarantine shall be performed by the laboratory of the department or by a laboratory approved by the secretary for this purpose. (Authorized by K.S.A. 65-128, K.S.A. 1981 Supp. 65-101; implementing K.S.A. 1981 Supp. 65-101; effective May 1, 1982; amended P-____________________.)
28-1-13. Rabies control

28-1-18. Notification and submission requirements by laboratories to the department.

(a) Each person who is in charge of a laboratory, as specified in K.S.A. 65-118, and amendments thereto, shall provide the reports specified in K.A.R. 28-1-2 to the department according to the following procedures:

(1) Each person shall submit the reports to the department by automated, secure electronic laboratory reporting mechanisms, or other mechanism acceptable to the secretary.

(2) Automated or electronic reporting shall not exempt a laboratory or any person from reporting diseases by telephone within four hours as specified in 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 office of laboratory services of the department in the following order of preference, if 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) 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 following as specified in subsection (b) if 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* spp.;

(5) *Mycobacterium tuberculosis*;

(6) *Neisseria meningitidis*;

(7) *Salmonella* spp.;

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

(9) *Shigella* spp.;

(10) *Streptococcus pneumoniae*, invasive; and