Communicable Disease Reporting

In North Dakota, more than 60 diseases are reportable by law to the North Dakota Department of Health (NDDoH). An updated list of reportable conditions may be viewed on page 2 of this issue.

Disease surveillance depends upon timely and accurate reporting of communicable diseases. Surveillance data is used to monitor variations and outbreaks, identify disease risk factors, and recommend and assess disease intervention and prevention strategies. Delay or failure to report may prevent control measures from being implemented in time and may contribute to secondary transmission of disease.

The NDDoH relies upon local public health units, clinicians and private/public laboratories to identify disease and provide appropriate information about the cases. Through prompt initiation of intervention activities based on results of epidemiological investigation, additional illnesses can be prevented.

Disease surveillance is a core public health function that is vital to the health of North Dakotans. New and emerging conditions – such as the threat of bioterrorism, SARS, antibiotic-resistant organisms, West Nile virus and the introduction of other arboviral encephalitis – illustrate the importance of public health surveillance.

Advances in technology create the potential to significantly improve and increase timely disease reporting and surveillance. Electronic laboratory and disease reporting made capable by the new Disease Reporting, Epidemiological Assessment and Monitoring System (DREAMS) offers the potential to greatly enhance surveillance efforts. DREAMS will be made available to North Dakota laboratories and reporting facilities in the near future.

This issue of the Epidemiology Report provides information about mandatory reportable conditions and guidelines for reporting communicable diseases to the NDDoH.
North Dakota Department of Health

Mandatory Reportable Conditions ~Report within seven days unless otherwise specified~

- AIDS
- Anthrax
- Arboviral infection (specify etiology)
- Botulism
- Brucellosis
  - Campylobacteriosis
  - Cancer (invasive and in-situ carcinomas)
  - CD4 Counts
  - Chickenpox (varicella)
  - Chlamydial infection
- Cholera
- Clostridium perfringens intoxication
  -Creutzfeldt-Jakob disease
- Cryptosporidiosis
- Diphtheria
- Enteric *E. coli* infection
  - *E. coli* O157:H7
  - Enterohemorrhagic *E. coli*
  - Enteropathogenic *E. coli*
  - Enteroinvasive *E. coli*
  - Enterococcus, Vancomycin-resistant (VRE)
- Foodborne/waterborne outbreaks
- Giardiasis
- Glanders
- Gonorrhea
- *Haemophilus influenza* (invasive)
- Hantavirus
  - Hemolytic uremic syndrome
  - Hepatitis A
  - Hepatitis B
  - Hepatitis C
  - HIV infection (any HIV test confirmed by IFA, Western blot or any HIV detection or isolation)
  - Influenza
  - Lead level >10 μg/dL
  - Legionellosis
  - Listeriosis
  - Lyme disease
  - Malaria
  - Measles (rubeola)
  - Melioidosis
  - Meningitis (bacterial – specify etiology)
  - Meningococcal disease (invasive)
  - Mumps
  - Nipah virus infections
  - Nosocomial outbreaks in institutions
  - Pertussis
  - Plague
  - Poliomyelitis
  - Psittacosis
  - Q fever
  - Rabies
    - Animal
    - Human
  - Rocky Mountain spotted fever
  - Rubella
  - Salmonellosis
  - Scabies outbreaks in institutions
  - Severe Acute Respiratory Syndrome (SARS)
  - Shigellosis
  - Smallpox
    - *Staphylococcus aureus*:
      - Methicillin-resistant (MRSA) - any site
        (send MRSA isolates from invasive sites only)
      - Vancomycin-resistant (VRSA) - any site
  - Staphylococcus enterotoxin B intoxication
  - Streptococcal infection (invasive)
  - Syphilis
  - Tetanus
    - Tickborne encephalitis viruses
    - Tickborne hemorrhagic fevers
    - Toxic Shock Syndrome
    - Trichinosis
    - Tuberculosis
  - Tularemia
    - Tumors of the central nervous system
    - Typhoid fever
    - Unexplained critical illness/death in otherwise healthy person
    - Unusual disease clusters
    - Viral hemorrhagic fevers
    - Weapons of Mass Destruction suspected event
    - Yellow fever

Report Immediately: 800.472.2180 or 701.328.2378
- Send isolate or sample to North Dakota Public Health Laboratory
- Possible Bioterrorism Agents (CDC classified A, B or C Agent)

North Dakota Administrative Code 33-06-01 Statutory authority NDCC 23-07-01
**HIPAA Regulations Permit Disease Reporting**

Since the Health Insurance Portability and Accountability Act of 1996 (HIPAA) was adopted by the United States congress, many health-care professionals remain unsure of what health information is protected by HIPAA and what is permitted for disease reporting to public health agencies. Specifically, the legality of communicable disease reporting without obtaining prior authorization from the patient often is questioned.

HIPAA regulations expressly permit protected health information to be shared for specified public health purposes without prior individual authorization. Examples of public health activities that do not require previous individual authorization are activities to prevent or control disease, injury or disability, including, but not limited to the reporting of disease, injury, vital events such as birth or death and the conduct of public health surveillance, public health investigations and public health interventions.

The HIPAA regulations and public health reporting exceptions are available at [www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa) or on the NDDoH website at [www.health.state.nd.us/ndhd/admin/hipaa/](http://www.health.state.nd.us/ndhd/admin/hipaa/).

**Changes in Reportable Conditions**

North Dakota Century Code 23-07-01 empowers the NDDoH to designate the diseases or conditions that must be reported. According to the Century Code, “such diseases may include contagious, infectious, sexually transmitted, or chronic diseases or any illness or injury which may have a significant impact on public health.” As the NDDoH Division of Disease Control conducts surveillance, evidence of changing public health conditions and priorities may arise. Therefore, changes to the list of reportable conditions may be made contingent upon approval by the North Dakota State Health Council.

The Division of Disease Control identifies changes that should be made to the list of reportable conditions. These changes are brought to the State Health Council for approval to proceed with a public hearing followed by a 30-day public comment period. Following the comment period, all comments received, the Department’s response to those comments, the public notice, affidavit of publication, and the amended rules are submitted to the Attorney General for a legality opinion. After receiving the opinion, the rules are brought back to the State Health Council for final adoption.

During the past 10 years, several significant changes have been made to the reportable conditions list. Some of these changes are discussed below.

In 1994, hantavirus was made a reportable condition in North Dakota. Infantile group B streptococcal infection was added in 1995. In 1996 brucellosis, psittacosis and tularemia were among the conditions that were removed from the reportable conditions list, and unusual disease cluster or outbreak was added. In 2000, brucellosis again became a reportable condition, as did all *E. coli* infections, *Staphylococcus aureus*, methicillin resistant (MRSA) infections from sterile sites, *Staphylococcus aureus*, vancomycin resistant (VRSA) from any site and weapons of mass destruction suspected event. In 2002, MRSA reporting was changed to include infections from all sites. Creuzfeldt-Jakob disease, glanders, Nipah viral infections, psittacosis, smallpox and tickborne encephalitis viruses were among those that became reportable in 2003. In 2004, severe acute respiratory syndrome (SARS) became reportable.

**Disease Reporting**

North Dakota Century Code 23-07-02 requires physicians and “all other persons treating, nursing, lodging, caring for, or having knowledge of the existence of any reportable disease” to notify the NDDoH.

Historically, reporting has primarily been done via the completion of a North Dakota Morbidity Report Card. (Figure 1) The completed report card is sent to the North Dakota Department of Health. Although this method is still an acceptable method of receiving disease reports, it is time consuming and results in delayed reporting.

The Division of Disease Control has been working towards developing reporting methods that decrease both the time and effort that is necessary on the part of the reporter and the amount of time until the NDDoH receives the report. One method that has been utilized is web-based reporting. The NDDoH currently has an online report card that can be used to report conditions. It is found at [www.health.state.nd.us/disease/Disease%20Reporting/DiseaseCard.htm](http://www.health.state.nd.us/disease/Disease%20Reporting/DiseaseCard.htm). In addition, Disease Control is in the final stages of implementing a web-based communicable disease repository known as DREAMS. DREAMS is also capable of receiving electronic laboratory reports. Reports are also accepted via telephone, fax and condition-specific forms.

**Figure 1. North Dakota Morbidity Report Card.**
**Reporting Cases of Vaccine-Preventable Diseases**

The NDDoH Immunization Program supplies all recommended childhood vaccines for free to enrolled public and private providers throughout the state. In addition, the Immunization Program coordinates investigations of vaccine-preventable diseases, educates providers and the public about immunizations and vaccine-preventable diseases, monitors North Dakota immunization rates and maintains and updates the North Dakota Immunization Information System (NDIIS). For more information about the NDDoH Immunization Program, visit the website at [www.health.state.nd.us/disease/Immunization](http://www.health.state.nd.us/disease/Immunization).

Vaccine-preventable diseases that must be reported are:
- Chickenpox*
- Diphtheria*
- *Haemophilus influenzae* type B (invasive)*
- Hepatitis A
- Hepatitis B
- Influenza
- Measles*
- Mumps*
- *Neisseria meningitidis* (invasive)*
- Pertussis (whooping cough)*
- Poliomyelitis*
- Rubella*
- Smallpox
- *Streptococcus pneumoniae* (invasive)
- Tetanus*

*Report suspect cases as well as laboratory-confirmed cases.

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**Chickenpox Reporting**

Chickenpox is usually a mild disease, but it can be associated with complications such as secondary bacterial infections, dehydration, pneumonia and central nervous system involvement. The risk of complications increases with age. As varicella vaccination rates increase, fewer unvaccinated children will contract chickenpox at a younger age due to herd immunity and, therefore, will be more likely to contract chickenpox at an older age. In North Dakota in 2004, three hospitalizations occurred due to complications from chickenpox.

Chickenpox (varicella) is a mandatory reportable condition in North Dakota. Chickenpox reporting is necessary in order to:
- Determine the impact of the varicella vaccine on the incidence and severity of disease.
- Determine areas at highest risk of disease so prevention efforts can be implemented.
- Prevent outbreaks from occurring.
- Track and minimize the occurrence of complications from chickenpox infections.

Chickenpox may be reported by private and public health professionals, laboratories, schools, day cares, and parents or by self-reporting. A laboratory confirmation is not required for reporting.

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**Reporting Hepatitis B Surface Antigen-Positive Pregnant Women**

Prenatal hepatitis B surveillance and reporting are vital to the health of North Dakota infants. Screening all pregnant women for the presence of hepatitis B surface antigen (HBsAg) is a crucial step in controlling and preventing the spread of hepatitis B from mother to infant. However, documented HBsAg-positive mothers often are not screened, especially during later pregnancies, and are therefore not reported to the NDDoH. As a result, many at-risk infants may be missed. Prior to birth, the NDDoH ensures that the delivery hospital has both vaccine and Hepatitis B immune globulin (HBIG) on hand, as both should be administered within 12 hours of birth. Infants born to HBsAg-positive mothers are provided both vaccine and HBIG at no charge.

Follow-up of HBsAg-positive mothers, infants and other susceptible sexual or household contacts is done to ensure that the infant and contacts receive three doses of the vaccine, the vaccine is administered appropriately and that the infant receives follow-up testing for anti-HBs. Susceptible contacts are screened and offered vaccine at no charge.

To report cases of vaccine-preventable disease call 701.328.2378 or toll-free at 800.472.2180. Online reporting is also available at [www.health.state.nd.us/disease/Disease%20Reporting/DiseaseCard.htm](http://www.health.state.nd.us/disease/Disease%20Reporting/DiseaseCard.htm).
Health-care providers are required by law to report all tuberculosis (TB) cases to the NDDoH. Individuals who are required to report include those who make a diagnosis of or provide medical services to a person with active TB. Examples include M.D.s, D.O.s, physician assistants, nurses, pharmacists, nursing home administrators, radiology technicians, respiratory therapists, medical examiners, medical technologists and infection control officers.

Report active tuberculosis cases to the NDDoH directly at 800.472.2180 or contact a TB controller at your local public health unit. Visit the NDDoH Tuberculosis Program website at www.health.state.nd.us/disease/tb/ for contact information for TB controllers at each public health unit.

To report latent TB cases, please complete and mail in all Tuberculin Test Registration Cards to the NDDoH TB Program, 600 E. Boulevard Ave., Dept. 301, Bismarck, N.D. 58505-0200. Cases also can be reported online at www.health.state.nd.us/disease/Disease%20Reporting/DiseaseCard.htm.

Updated American Thoracic Society (ATS)/Center for Disease Control and Prevention recommendations for treatment of latent tuberculosis infection recommend nine months of isoniazid as the preferred treatment and suggest that four months of rifampin is a reasonable alternative.
# North Dakota Department of Health Program and Contact Information

<table>
<thead>
<tr>
<th>Program Area</th>
<th>Contact</th>
<th>Title</th>
<th>Phone</th>
<th>What can be reported</th>
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<tbody>
<tr>
<td>Epidemiology &amp; Surveillance</td>
<td>Tracy Miller</td>
<td>Program Manager</td>
<td>701.328.2387</td>
<td>Reporting of animal bites, rabies, dead birds for disease surveillance (e.g., West Nile virus), influenza, foodborne illness, all communicable diseases</td>
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<tr>
<td></td>
<td>Erin Fox</td>
<td>Epidemiologist</td>
<td>701.328.3341</td>
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<td></td>
<td>Julie Goplin</td>
<td>Epidemiologist</td>
<td>701.328.2375</td>
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<tr>
<td>Immunization</td>
<td>Heather Weaver</td>
<td>Program Manager</td>
<td>701.328.2035</td>
<td>Information regarding immunizations and vaccine-preventable diseases</td>
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<tr>
<td></td>
<td>Molly Sander</td>
<td>Surveillance Coordinator</td>
<td>701.328.4556</td>
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<tr>
<td>HIV / AIDS / TB / Ryan White</td>
<td>Melissa Casteel</td>
<td>Program Manager</td>
<td>701.328.2377</td>
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<tr>
<td></td>
<td>Denise Steinbach</td>
<td>HIV Surveillance Coordinator</td>
<td>701.328.4555</td>
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<tr>
<td></td>
<td>Paula Kuntz</td>
<td>HIV Prevention Program Coordinator/TB Consultant</td>
<td>701.328.1059</td>
<td>HIV/AIDS cases and HIV confirmed test results, tuberculosis cases and suspected cases, tuberculin test registration</td>
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<td></td>
<td>Renae Jansen</td>
<td>TB Support</td>
<td>701.328.2376</td>
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<tr>
<td>Sexually Transmitted Disease and General Communicable Disease</td>
<td>Kim Weis</td>
<td>Program Manager</td>
<td>701.328.4549</td>
<td>STD, Hepatitis, communicable diseases</td>
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<td>General Information</td>
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### Field Epidemiologist Areas and Contact Information

![Field Epidemiologist Areas Map](image)

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<tr>
<th>Area</th>
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<tr>
<td>Divide</td>
<td>Dana Brekus</td>
<td>577-3763</td>
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<tr>
<td>Burke</td>
<td>Linda Larson</td>
<td>838-3340</td>
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<tr>
<td>Mountrail</td>
<td>Jill Stroem</td>
<td>562-7035</td>
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<tr>
<td>Ward</td>
<td>Beth Erickson</td>
<td>787-8130</td>
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<tr>
<td>McHenry</td>
<td>Doug Johnson</td>
<td>241-1366</td>
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<tr>
<td>Pierre</td>
<td>Genie Lang</td>
<td>252-8130</td>
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<tr>
<td>Ramsey</td>
<td>Dhitra Timono</td>
<td>220-9451</td>
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<tr>
<td>Steele</td>
<td>Gerry Haag</td>
<td>483-0171</td>
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**Note:** The contact information provided in the table is accurate as of the publication date. For the most current information, please visit the official North Dakota Department of Health website or contact the respective programs directly.
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*Provisional data

\(^1\) Meningitis caused by *Staphylococcus aureus* and *Streptococcus pneumoniae*.

\(^2\) Includes invasive infections caused by streptococcal disease not including those classified as meningitis.

\(^3\) Includes invasive infections of streptococcal, Group B, disease in persons \(\geq\) 3 months of age.

\(^4\) Includes invasive infections caused by *Streptococcus pneumoniae* in persons \(\geq\) 5 years of age.