

# West Virginia Reportable Diseases, Events and Conditions Rule

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June 12, 2025

West Virginia Infectious Disease Summit



## How well do you know the West Virginia Reportable Disease Rule?

1. I know a lot and I am familiar
2. I know enough to get by
3. I know very little
4. I have never heard of this rule

# Objectives

By the end of this session, participants will be able to:

1. Understand the responsibilities of reporting entities to assist with disease investigation and response
2. Be familiar with changes to the West Virginia Reportable Disease Rule

**The West Virginia Reportable Disease Rule is a mandate from:**

1. The Governor of West Virginia
2. The Secretary of the West Virginia Department of Health
3. The West Virginia Legislature
4. The State Epidemiologist
5. The speaker (Maria del Rosario)

# Assessment 1 Response

The West Virginia Reportable Disease Rule is a mandate from:

1. The Governor of West Virginia
2. The Secretary of the West Virginia Department of Health
- 3. The West Virginia Legislature**
4. The State Epidemiologist
5. The speaker (Maria del Rosario) 😊

# West Virginia Reportable Disease Rule

- Legislative Rule 64CSR-7
- Procedures for reporting of conditions to the Bureau for Public Health (BPH)
- Lists conditions that must be reported
- Establishes responsibility in controlling communicable diseases
- Enforced by the BPH Commissioner

# West Virginia Reportable Disease Rule - 2



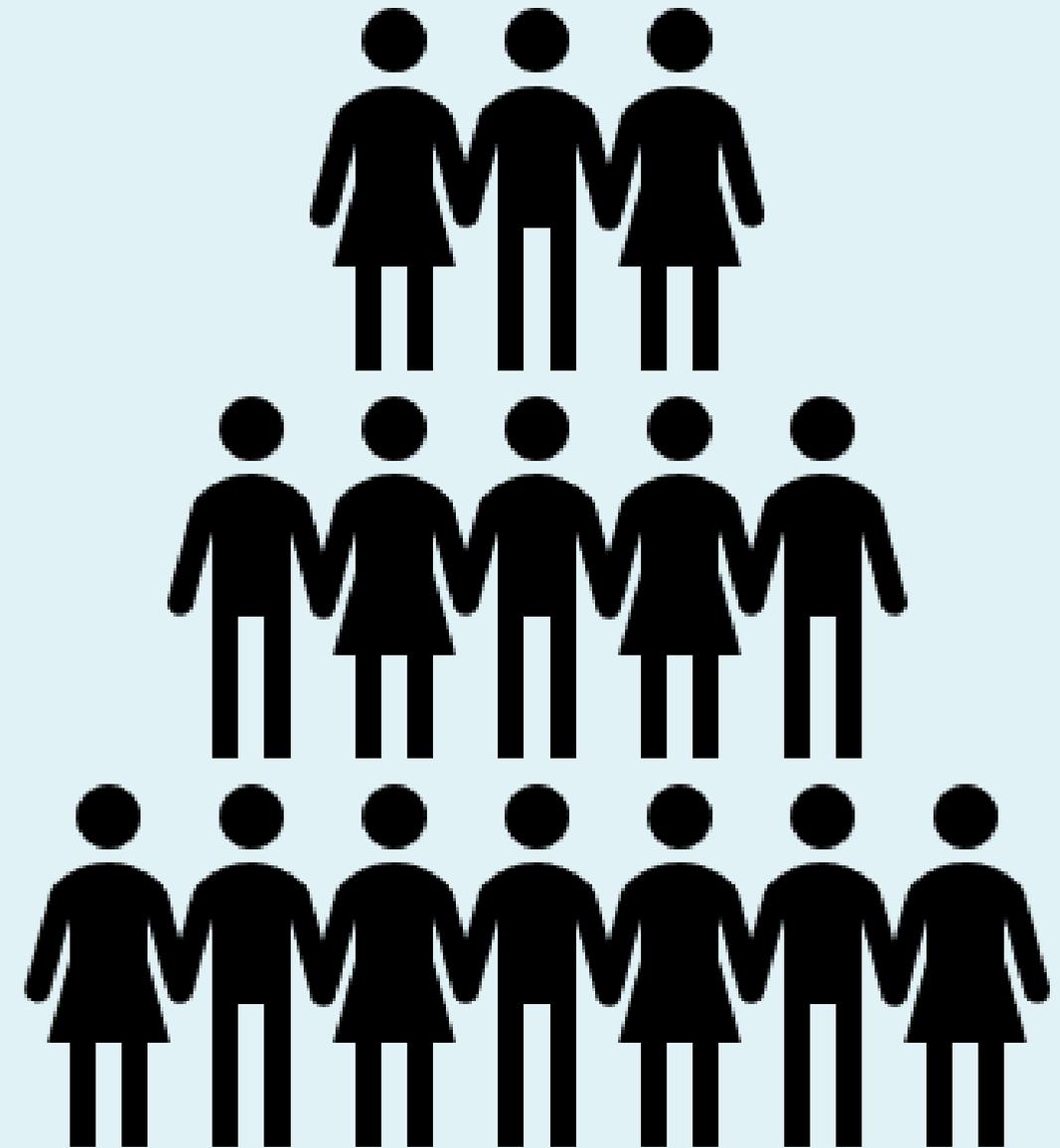
- Timely identification of disease
- Disease control and prevention
- Detect new or changing patterns in disease occurrence
- Identify and address areas needing special public health response

**64CSR7**

**TITLE 64  
LEGISLATIVE RULE  
BUREAU FOR PUBLIC HEALTH  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES**

**SERIES 7  
REPORTABLE DISEASES, EVENTS AND CONDITIONS**

# Disease Selection and Reporting



**View Trends** >  
in Deaths, Emergency  
Department Visits, and Test  
Positivity

## 64-7-3.2

3.2.a. Protocol manual...reporting of information..., *i.e.*, demographic, clinical, laboratory

3.2.b. Facilities and providers report to local health

3.2.c. Laboratories report to local health

- West Virginia Electronic Disease Surveillance System (WVEDSS)
- West Virginia Health Information Network (WVHIN)

3.2.d. Local Health Departments (LHD) report to WVEDSS

### LOCAL HEALTH DEPARTMENTS

- Surveillance Protocol
- Legionella Outbreak Manual
- Case Definition
- WVEDSS

The following are required to be reported per WV Reportable Disease Rule:

1. Patient Address
2. Name of patient's healthcare provider
3. Date of onset of illness
4. Patient social security number
5. Patient vaccination information

# Assessment 2 Response

The following are required to be reported per WV Reportable Disease Rule:

- 1. Patient Address**
- 2. Name of patient's healthcare provider**
- 3. Date of onset of illness**
4. Patient social security number
- 5. Patient vaccination information**

# Assessment 3

## Who are required to report?

1. School nurse
2. EMS personnel
3. Teacher
4. Cruise ship doctor
5. Clinic nurse

# Assessment 3 Response

## Who are required to report?

1. **School nurse**
  2. **EMS personnel**
  3. **Teacher**
  4. **Cruise ship doctor**
  5. **Clinic nurse**
- **Health practitioners**
  - **Laboratories and healthcare facilities (HCF)**
  - **Individuals administering immunizations**
  - **Administrators of schools (including nurses), camps, vessels, etc.**
  - **Any person investigating or treating disease or exposure to infectious agents, or cause of death**

# Reportable Infectious Disease Chart

Reporting of the following communicable diseases is required by law as follows:

| Category I<br>Report suspect or confirmed cases immediately to the Local Health Department   | Category II<br>Report within 24 hours to the Local Health Department   | Category III<br>Report within 72 hours to the Local Health Department  | Category IV<br>Report within 1 week to the Local Health Department   | Category V<br>Report within 1 week to the State Health Department   |
|--|--|--|--|---|
| <ul style="list-style-type: none"> <li>• Anthrax</li> <li>• Bioterrorist event</li> <li>• Botulism</li> <li>• Foodborne outbreak</li> <li>• Intentional exposure to an infectious agent or biological toxin</li> <li>• Middle East respiratory syndrome (MERS)</li> <li>• Novel influenza infection, animal or human</li> <li>• Orthopox infection, including smallpox and monkeypox</li> <li>• Outbreak or cluster of any illness or condition<sup>1</sup></li> <li>• Plague</li> <li>• Rubella</li> <li>• Rubella, congenital syndrome</li> <li>• Rubeola (Measles)</li> <li>• SARS coronavirus infection</li> <li>• Smallpox</li> <li>• Tularemia</li> <li>• Viral hemorrhagic fevers<sup>2</sup></li> <li>• Waterborne outbreak</li> </ul> | <ul style="list-style-type: none"> <li>• Animal bites</li> <li>• Brucellosis</li> <li>• Cholera</li> <li>• Dengue fever</li> <li>• Diphtheria</li> <li>• <i>Hemophilus influenzae</i>, invasive disease<sup>3</sup></li> <li>• Hemolytic Uremic Syndrome, postdiarrheal</li> <li>• Hepatitis A, acute<sup>4</sup></li> <li>• Hepatitis B, acute, chronic or perinatal<sup>4</sup></li> <li>• Hepatitis D<sup>4</sup></li> <li>• Meningococcal disease, invasive</li> <li>• Mumps, acute infection</li> <li>• Pertussis (whooping cough)</li> <li>• Poliomyelitis</li> <li>• Q-fever (<i>Coxiella burnetii</i>)</li> <li>• Rabies; human or animal</li> <li>• Shiga toxin-producing <i>Escherichia coli</i> (STEC)<sup>5</sup></li> <li>• <i>Staphylococcus aureus</i> with glycopeptide- intermediate (GISA/VISA) or glycopeptide- resistant (GRSA/VRSA) susceptibilities<sup>3</sup></li> <li>• Tuberculosis; all forms<sup>3</sup></li> <li>• Typhoid fever (<i>Salmonella typhi</i>)</li> <li>• Yellow fever</li> <li>• Zika virus disease</li> <li>• Any other unusual condition or emerging infectious disease</li> </ul> | <ul style="list-style-type: none"> <li>• Campylobacteriosis</li> <li>• Covid-19 (SARS CoV-2)<sup>6</sup></li> <li>• Cryptosporidiosis</li> <li>• Cyclospora</li> <li>• Giardiasis</li> <li>• Listeriosis</li> <li>• Salmonellosis (except Typhoid fever)<sup>3</sup></li> <li>• Shigellosis<sup>3</sup></li> <li>• Trichinosis</li> <li>• Vibriosis</li> </ul> | <ul style="list-style-type: none"> <li>• Acute flaccid myelitis (AFM)</li> <li>• Anaplasmosis</li> <li>• Arboviral infection</li> <li>• Babesiosis</li> <li>• Chickenpox (numerical totals only)</li> <li>• Ehrlichiosis</li> <li>• Hantavirus pulmonary syndrome</li> <li>• Influenza-related death in an individual less than 18 years of age</li> <li>• Legionellosis</li> <li>• Leptospirosis</li> <li>• Lyme disease</li> <li>• Malaria</li> <li>• Psittacosis</li> <li>• Respiratory syncytial virus (RSV)-related death in an individual ≤ 5 years of age</li> <li>• Spotted fever rickettsiosis</li> <li>• Streptococcal toxic shock syndrome</li> <li>• <i>Streptococcus pneumoniae</i>, invasive<sup>3</sup></li> <li>• Tetanus</li> <li>• Toxic Shock Syndrome</li> <li>• Tuberculosis, latent infection</li> </ul> | <ul style="list-style-type: none"> <li>• AIDS</li> <li>• Chancroid</li> <li>• Chlamydia</li> <li>• Creutzfeldt-Jakob disease</li> <li>• Gonococcal conjunctivitis of the newborn (within 24 hours)</li> <li>• Gonococcal disease, drug resistant (within 24 hours)</li> <li>• Gonococcal disease, all other</li> <li>• Hepatitis C, acute<sup>4</sup></li> <li>• Hepatitis C, perinatal</li> <li>• HIV</li> <li>• Pelvic inflammatory disease</li> <li>• Syphilis (late)</li> <li>• Syphilis, primary, secondary or early latent (less than 1 year duration) or congenital (within 24 hours)</li> </ul> |

[oeps.wv.gov/reporting/documents/hcp/provider-color-chart.pdf](https://oeps.wv.gov/reporting/documents/hcp/provider-color-chart.pdf)

# Category I Reportable Diseases and Conditions

64-7-3.3.

Report **immediately** to LHD to:

- Prevent or control disease
- Coordinate multi-agency response
- Facilitate laboratory confirmation
- Respond to community concerns
- Report by phone; follow up with written report

Examples: Category 1 agents, outbreaks

## Category I Report suspect or confirmed cases immediately to the Local Health Department

- Anthrax
- Bioterrorist event
- Botulism
- Foodborne outbreak
- Intentional exposure to an infectious agent or biological toxin
- Middle East respiratory syndrome (MERS)
- Novel influenza infection, animal or human
- Orthopox infection, including smallpox and monkeypox
- Outbreak or cluster of any illness or condition<sup>1</sup>
- Plague
- Rubella
- Rubella, congenital syndrome
- Rubeola (Measles)
- SARS coronavirus infection
- Smallpox
- Tularemia
- Viral hemorrhagic fevers<sup>2</sup>
- Waterborne outbreak

# Category II Reportable Diseases and Conditions

## 64-7-3.4.

Report **within 24 hours** of notification to LHD to:

- Prevent or control disease
- Facilitate laboratory confirmation
- Report by phone; follow up with written report
- Examples: animal bite, hepatitis, TB, and invasive and vaccine-preventable diseases

### Category II Report within 24 hours to the Local Health Department

- *Bordetella pertussis*
- *Brucella* species<sup>a,b</sup>
- *Corynebacterium diphtheriae*<sup>a</sup>
- *Coxiella burnetii*
- Dengue Fever<sup>b</sup>
- *Haemophilus influenzae* from a normally sterile site<sup>1,a</sup>
- Hepatitis A, positive IgM<sup>2</sup>
- Hepatitis B, positive anti-HBc IgM or HBsAg<sup>2</sup>
- Hepatitis D<sup>2</sup>
- Mumps, evidence of acute infection from any site<sup>a,b</sup>
- *Mycobacterium tuberculosis* from any site<sup>1,a</sup>
- *Neisseria meningitidis* from a normally sterile site<sup>a</sup>
- Poliomyelitis<sup>c</sup>
- Rabies, animal or human<sup>c</sup>
- *Salmonella typhi* from any site<sup>a</sup>
- Shiga toxin-producing *Escherichia coli* (STEC)<sup>a</sup>
- *Staphylococcus aureus*, glycopeptide intermediate (GISA/VISA) or glycopeptide resistant (GRSA/VRSA)<sup>1,a</sup>
- *Vibrio cholerae*<sup>a,b</sup>
- Yellow Fever<sup>b,c</sup>
- Zika virus disease, laboratory evidence
- Any laboratory evidence of current infection listed in Category II

# Category II: What's new in 2025?

| <b>WV Reportable Diseases</b> | <b>Previously</b>  | <b>Effective June 2025</b>                 |
|-------------------------------|--|--|
| Acute Flaccid Myelitis (AFM)  | Category IV: report within one week to WV Department of Health | Category II: report within 24 hours to LHD |

# Category III Reportable Diseases and Conditions

## 64-7-3.5.

Report **within 72 hours** to LHD to:

- Prevent and control disease
- Promptly recognize outbreaks
- Improve recall of food history, other risk factors
- Molecular typing of pathogens

### Category III

**Report within 72 hours to the  
Local Health Department**

- Campylobacteriosis
- Covid-19 (SARS CoV-2)<sup>6</sup>
- Cryptosporidiosis
- Cyclospora
- Giardiasis
- Listeriosis
- Salmonellosis (except Typhoid fever)<sup>3</sup>
- Shigellosis<sup>3</sup>
- Trichinosis
- Vibriosis

# Category III: What's new in 2025?

| <b>WV Reportable Diseases</b> | <b>Previously</b> | <b>Effective June 2025</b>   |
|-------------------------------|-------------------|------------------------------|
| Candida auris                 | Not reportable    | Category III                 |
| SARS CoV-2                    | Category III      | Report by ELR only, no cases |
| Covid death <18 years         | Category III      | Category IV                  |

# Category IV Reportable Diseases and Conditions

## 64-7-3.6.

Report within one week to LHD to:

- Facilitate disease surveillance
- Examples: mosquito and tick-borne disease, legionellosis, aggregate disease reporting

### Category IV Report within 1 week to the Local Health Department

- Acute flaccid myelitis (AFM)
- Anaplasmosis
- Arboviral infection
- Babesiosis
- Chickenpox (numerical totals only)
- Ehrlichiosis
- Hantavirus pulmonary syndrome
- Influenza-related death in an individual less than 18 years of age
- Legionellosis
- Leptospirosis
- Lyme disease
- Malaria
- Psittacosis
- Respiratory syncytial virus (RSV)-related death in an individual  $\leq 5$  years of age
- Spotted fever rickettsiosis
- Streptococcal toxic shock syndrome
- *Streptococcus pneumoniae*, invasive<sup>3</sup>
- Tetanus
- Toxic Shock Syndrome
- Tuberculosis, latent infection

# Category IV: What's new in 2025?

| <b>WV Reportable Diseases</b>          | <b>Previously</b>  | <b>Effective June 2025</b>                 |
|--|--|--|
| 1. Acute Flaccid Myelitis (AFM)        | Category IV: report within one week to WV Department of Health | Category II: report within 24 hours to LHD |
| 2. Covid death <18 years               | Category III   | Category IV                                |
| 3. Carbapenem-producing organism (CPO) | Category IV  | Category remains, change CRE name to CPO   |

# Category V Reportable Diseases and Conditions

## 64-7-3.7.

Report **within one week** to the State:

- Facilitate disease surveillance at the state level
- Complete written report (providers) or send a copy of the lab slip (labs)
- Examples: HIV, STDs, and Hepatitis C

### Category V Report within 1 week to the State Health Department

- AIDS
- Chancroid
- Chlamydia
- Creutzfeldt-Jakob disease
- Gonococcal conjunctivitis of the newborn (within 24 hours)
- Gonococcal disease, drug resistant (within 24 hours)
- Gonococcal disease, all other
- Hepatitis C, acute<sup>4</sup>
- Hepatitis C, perinatal
- HIV
- Pelvic inflammatory disease
- Syphilis (late)
- Syphilis, primary, secondary or early latent (less than 1 year duration) or congenital (within 24 hours)

# Category V: What's new in 2025?

| WV Reportable Diseases   | Previously     | Effective June 2025                                      |
|--------------------------|----------------|--|
| Alpha-gal Syndrome (AGS) | not reportable | Category V: report within one week to WV Dept. of Health |

## ALPHA-GAL SYNDROME

### QUICK LINKS

- COMMUNITY
- HEALTHCARE PROFESSIONALS
- LOCAL HEALTH DEPARTMENT
- TESTING
- DATA AND SURVEILLANCE

# 2025 Summary of Changes to the West Virginia Rule



| <b>WV Reportable Diseases</b>          | <b>Previously</b>                    | <b>Effective June 2025</b>                                    |
|--|--------------------------------------|---|
| 1. Acute Flaccid Myelitis (AFM)        | Category IV: report within one week  | Category II: report within 24 hours to LHD                    |
| 2. SARS CoV-2                          | Category III: report within 72 hours | Report by ELR only, no cases                                  |
| 3. Covid death <18 years               | Category III: report within 72 hours | Category IV   |
| 4. Candida auris                       | not reportable                       | Category III  |
| 5. Carbapenem-producing organism (CPO) | Category IV: report within one week  | Category remains, change CRE name to CPO                      |
| 6. Alpha-gal Syndrome (AGS)            | not reportable                       | Category V: report within one week to WV Department of Health |

# Timeliness of Disease Reporting

## Selected Reportable Conditions Reported in a Timely Manner in 2024

| Selected Reportable Condition | Report Timeframe* to LHD | Total # cases reported | Total # cases reported within timeframe* | % Timely |
|-------------------------------|--------------------------|------------------------|--|----------|
| Botulism                      | Immediate                | 1                      | 1  | 100      |
| Outbreak/Cluster              | Immediate**              | 536                    | 423                                      | 79%      |
| Animal Bite                   | 24 hours                 | 2,668                  | 1,177                                    | 44       |
| STEC                          | 24 hours                 | 121                    | 98                                       | 81       |
| Campylobacteriosis            | 72 hours                 | 649                    | 606                                      | 93       |
| Cryptosporidiosis             | 72 hours                 | 63                     | 59                                       | 94       |
| Salmonella except typhoid     | 72 hours                 | 312                    | 284                                      | 91       |
| Arboviral infection           | 1 week                   | 5                      | 5  | 100      |
| Legionellosis                 | 1 week                   | 75                     | 74                                       | 99       |
| Rickettsiosis                 | 1 week                   | 74                     | 73                                       | 98       |

\*timeframe for cases: from Lab Report Date to PHC Add Time (in WVEDSS)

\*\*Information provided on outbreaks reflects 1 hour reporting time between LHD and state.

## Which of the following needs to be reported?

1. A group of friends with GI symptoms after attending an outdoor wedding
2. Rubella IgG
3. Neisseria meningitidis positive test from a tracheal aspirate
4. Person with blood test positive for mycobacterium
5. Death of 2-year-old due to RSV

Which of the following needs to be reported?

- 1. A group of friends with GI symptoms after attending an outdoor wedding**
2. Rubella IgG
3. Neisseria meningitidis positive test from a tracheal aspirate
4. Person with blood test positive for mycobacterium
- 5. Death of 2-year-old due to RSV**

Report to LHD within 24 hours.

## **64-7-5. Other reportable events:**

- Potentially rabid animal bites
- Rabid animals
- Rabies post-exposure prophylaxis (PEP)

## 64-7-5.1.

“...person is bitten, scratched...exposed to a mammal or bat, then the incident...shall be reported to the local health officer within 24 hours...”

## 64-7-5.4.

Allows for humane euthanasia of animals at the discretion of the LHO (after attempts to identify owner)

## 64-7-5.7.

Report animal bite and rabies post-exposure prophylaxis and treatment in WVEDSS

## Which of the following needs to be reported to local health?

1. A bat in a bedroom of a sleeping person
2. Person stung by yellow jackets after accidentally stepping on the nest
3. Person who has completed two doses of rabies PEP
4. Person bitten by his pet macaque monkey
5. Person that had racoon blood and saliva spattered on his pants

Which of the following needs to be reported to local health?

- 1. A bat in a bedroom of a sleeping person**
2. Person stung by yellow jackets after accidentally stepping on nest
- 3. Person who has completed two doses of rabies PEP**
- 4. Person bitten by his macaque monkey**
5. Person that had racoon blood and saliva spattered on his pants

## **64-7-7**

Healthcare facility or provider shall IMMEDIATELY report an outbreak to local health

### **64-7-7-2.**

Local health officer (LHO) or local health department (LHD) report outbreaks IMMEDIATELY to BPH

### **64-7-7-3.**

LHO or LHD collaborate with partners during outbreak investigation

### **64-7-7-4.**

Outbreak investigation steps

## 64-7-7-7

- Not disclose identity of facility or community unless necessary.
- Outbreak data can be released in aggregate

## 64-7-7-8

Ongoing risk, fails correction action:

- Facility - investigator file complaint with Office of Health Facilities Licensure and Certification
- Licensed Practitioner - investigator file complaint with licensing board

## 64-7-7-9

- Patient exposed to serious infection (HIV, Hepatitis B, Hepatitis C), BPH

Commissioner may:

- a. Notify patient of exposure AND actions to prevent risk to contacts
- b. Identify facility to inform patient of exposure

**An outbreak of legionella is suspected at a healthcare facility in your county. Which of the following is correct or true:**

1. Post the facility name on Facebook so other patients can report
2. Notify health and environmental partners
3. Call the State (Epi on-call or Outbreak Epi) and tell them to manage it because you're getting ready to go on vacation
4. Review the protocol for managing an outbreak
5. Report the outbreak to your County Commissioner

An outbreak of legionella is suspected at a healthcare facility in your county. Which of the following is correct or true:

1. Post the facility name on Facebook so other patients can report
- 2. Notify health and environmental partners**
3. Call the State (Epi on-call or Outbreak Epi) and tell them to manage it because you're getting ready to go on vacation
- 4. Review the protocol for managing an outbreak**
5. Report the outbreak to your County Commissioner

# Other Reportable Events

## 64-7-10.

- Clustering of unusual conditions and bioterrorism response

## 64-7-11.

- Reporting via ELR (lab evidence of acute infection):
  - Adenovirus
  - Enterovirus (non-polio)
  - Human metapneumovirus
  - **SARS CoV-2 (new in 2025)**
  - Influenza, incl. type and subtype
  - Parainfluenza
  - Rotavirus

## 64-7-12.

- Syndromic surveillance

# Persons, Facilities, and Laboratory-related Responsibilities

64-7-14.

## 14.1. Healthcare Providers and Healthcare Facilities

- Suspect, care, diagnose condition in rule → report
- Assist in case, outbreak investigation, and management
- Submit specimens and test results
- For STD, HIV, TB: patient and contact notification



# Persons, Facilities, and Laboratory-related Responsibilities (cont'd)

64-7-14.

## 14.2. Laboratories

- Submit specimen/isolate to OLS
  - *M. tuberculosis*
  - *B. anthracis*
  - *C. botulinum*
  - *C. diphtheriae*
  - *H. influenzae*
  - *Tularemia*
  - *Salmonella*
  - *Shigella*
  - *Y. pestis*
  - *STEC*
  - *L. monocytogenes*
  - *N. meningitidis*
  - *S. pneumoniae*
- Confirmation by non-culture, submit specimen to OLS: *Campylobacter*
- Submit virology, serology, EM, molecular specimens
- Submit pertinent “negative” laboratory results
- Outbreak-related specimen/isolate may be requested



# Persons, Facilities, and Laboratory-related Responsibilities (cont'd)

64-7-14.

## 14.4. Administrators: School, camp, vessel, correctional facilities, daycare, HC facilities

- Assist in case and outbreak investigation and management
- Assist in case finding
- Follow control and prevention recommendations in protocol
- For STD, HIV, TB patient and contact notification: contact state program
- Schools: PII can be disclosed to public health during case/outbreak investigation; exempt from FERPA



# Responsibilities of LHO

## TRUE or FALSE:

1. Notify healthcare partners and entities about reporting requirements as needed
2. Investigate reportable conditions
3. Report cases and conditions as stated in rule
4. Follow West Virginia Department of Health's record keeping and retention guidance

# Responsibilities of LHO

## TRUE or FALSE:

1. Notify healthcare partners and entities about reporting requirements as needed - **FALSE**
2. Investigate reportable conditions - **TRUE**
3. Report cases and conditions as stated in rule - **TRUE**
4. Follow West Virginia Department of Health's record keeping and retention guidance - **FALSE**

# Responsibilities of LHO (cont'd)

## TRUE or FALSE:

5. Implement prevention and control methods
6. Ask patient to arrange for specimen collection and submission
7. Tell patient and contacts to call their provider for guidance on how to prevent spread of infection
8. No need to report death (death certificate) due to reportable condition since this is already reported to the State

## Responsibilities of LHO (cont'd)

### TRUE or FALSE:

5. Implement prevention and control methods - **TRUE**
6. Ask patient to arrange for specimen collection and submission - **FALSE**
7. Tell patient and contacts to call their provider for guidance on how to prevent spread of infection - **FALSE**
8. No need to report death (death certificate) due to reportable condition since this is already reported to the State - **FALSE**

## Responsibilities of LHO (cont'd)

### TRUE or FALSE:

9. For cases without a healthcare provider, LHO shall investigate case or condition and manage
10. LHO shall reprimand a provider, facility or laboratory for failure to report
11. LHO shall manage undiagnosed disease suggesting a reportable disease
12. Not worry about treatment of STDs

## Responsibilities of LHO (cont'd)

### TRUE or FALSE:

9. For cases without a healthcare provider, LHO shall investigate case or condition and manage - **TRUE**
10. LHO shall reprimand a provider, facility or laboratory for failure to report. - **FALSE**
11. LHO shall manage undiagnosed disease suggesting a reportable disease - **TRUE**
12. Not worry about treatment of STDs - **FALSE**

# Health Insurance Portability and Accountability (HIPAA)



- HIPAA
- Protects the privacy of individually identifiable health information
- Regulates how health plans, hospitals, providers, etc. use and disclose individually identifiable health information
- Does not interfere with state public health reporting, investigations, and intervention

## 64-7-20.

- Information collected is confidential and free from disclosure under the Freedom of Information Act
- Selected information may be released to (under certain conditions):
  - Patient
  - Patient's legal representative
  - Person operating data/medical record system
  - Patient medical provider
  - Health department
  - Patient employer or school/daycare

## 64-7-21.

- Commissioner implement and terminate or placard to prevent disease spread and protect the public
- LHO may initiate and terminate isolation of individual/s with communicable disease unless person is in hospital, nursing home, or institution
- No one shall interfere/obstruct LHO in posting placard to prevent transmission or exposure to disease or health hazard
- No one shall conceal, mutilate, or remove placard

## 64-7-22.

- If student or school staff has communicable disease, individual may be excluded from school by LHO, individual's HCP, or school administrator
- Student or staff may return upon presentation of certificate of health to school from physician, LHO, or authorized representative

## 64-7-23.

- LHD/LHO provide suitable food service management training
- LHO may advise medical exam of food service worker or may exclude worker from specific activities until exam is complete or worker no longer a public health threat
- LHO may require lab exam to detect condition in service worker or facility which might be a public health hazard

## 64-7-24.

- Failure to report a disease as required by the rule or failure to act according to the rule is a misdemeanor. If convicted, fined no more than \$500
- LHO who fails or neglects to investigate cases or public health threats after receipt of report may be removed by the Commissioner
- LHO who fails to make immediate or weekly reports required by the rule may be removed by the Commissioner

## How familiar are you with the West Virginia Reportable Disease Rule?

1. Very familiar
2. Somewhat familiar (I know more than half of it)
3. I know a little about it
4. I have heard of it but don't know much about it
5. I have never heard of this Rule

# Contact Information



## **Maria del Rosario**

Division Director

West Virginia Department of Health

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