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For Department of State Use Only

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Emergency Rule Filing Form

Emergency rules are effective from date of filing for a period of up to 180 days.

Agency/Board/Commission:	Department of Health
Division:	Communicable and Environmental Disease Services
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Rule Type:

Emergency Rule

Revision Type (check all that apply):

Amendment

New

Repeal

Statement of Necessity:

The Centers for Disease Control and Prevention has continuing efforts to work with state health departments and the Council of State and Territorial Epidemiologists to enhance surveillance for novel H1N1 flu. Tennessee does not currently have a mechanism in place to rapidly and adequately adapt disease reporting to meet emerging threats. Implementation as an emergency rule change will facilitate rapid changes in reportable disease surveillance and reporting which will improve public health surveillance and prevention messages reducing illness and death among Tennesseans.

Rule(s) Revised (ALL chapters and rules contained in filing must be listed here. If needed, copy and paste additional tables. Please enter only ONE Rule Number/RuleTitle per row)

Chapter Number	Chapter Title
1200-14-01	Communicable and Environmental Diseases
Rule Number	Rule Title
1200-14-01-.01	Definition of Terms
1200-14-01-.02	Reportable Diseases
1200-14-01-.03	Physician's Reports
1200-14-01-.04	Health Officer's Report
1200-14-01-.05	Reports of Other Persons
1200-14-01-.15	General Measures for the Effective Control of Reportable Diseases
1200-14-01-.41	Reports of Sexually Transmitted Diseases
1200-14-01-.42	Reports of Blood Lead Levels

(Place substance of rules and other info here. Statutory authority must be given for each rule change. For information on formatting rules go to <http://state.tn.us/sos/rules/1360/1360.htm>)

Rules of
Tennessee Department of Health
Health Services Administration
Communicable and Environmental Disease Services

Chapter 1200-14-01
Communicable and Environmental Diseases

Repeals

The following rules will be repealed in their entirety:

Rule 1200-14-01-.03 Physician's Reports
Rule 1200-14-01-.04 Health Officer's Report
Rule 1200-14-01-.05 Reports of Other Persons
Rule 1200-14-01-.41 Reports of Sexually Transmitted Diseases
Rule 1200-14-01-.42 Reports of Blood Lead Levels

Amendments

Rule 1200-14-01-.01 Definition of Terms is amended by deleting the rule in its entirety and substituting the following language so that as amended the new language shall read:

- (1) For the purpose of these regulations the terms used herein are defined as follows:
 - (a) Carrier - A person who harbors, or who is reasonably believed by the Commissioner, health officer, or designee to harbor a specific pathogenic organism and who is potentially capable of spreading the organism to others, whether or not there are presently discernible signs and symptoms of the disease.
 - (b) Case – An instance of an individual or group of individuals who have contracted a reportable disease, health disorder or condition under investigation by CEDS.
 - (c) CEDS – Communicable and Environmental Disease Services in the Bureau of Health Service Administration of the Tennessee Department of Health, or its successor agency.
 - (d) Commissioner - Means the Commissioner of the Tennessee Department of Health or a designated representative.
 - (e) Communicable Disease - An illness due to an infectious agent or its toxic products which is transmitted directly or indirectly to a well person from an infected person or animal, or through the agency of an intermediate animal host, vector, or inanimate environment.
 - (f) Contact - Any person or animal known to have been in such association with a person or animal reasonably suspected of being infected with a disease-causing agent as to have had the opportunity of acquiring the infection.
 - (g) Contamination - The presence of a pathogenic agent on a body surface on or in an inanimate article or substance.
 - (h) Cultures or Specimens - Material taken from any source and cultured or otherwise examined for the purpose of determining the presence of an organism or organisms or other evidence of infection or disease.

- (i) Department - All references to the Department in these regulations shall refer to the Tennessee Department of Health.
- (j) Disinfestation - Any physical or chemical-process by which undesired animal forms, especially arthropods or rodents, present upon the person, the clothing, or in the environment of an individual or on domestic animals, may be destroyed upon the person, his clothing, upon the animal or in the environment of the person.
- (k) Epidemic (or Disease Outbreak) - The occurrence in a community or region of one or more cases of illness that is in excess of normal expectancy.
- (l) Event - An occurrence of public health significance and required by the Commissioner to be reported in the List.
- (m) Healthcare Provider – All persons, facilities and entities regulated pursuant to the provisions of Title 63 and 68, including but not limited to medical doctors, chiropractors, dentists, nurses, nurse practitioners, osteopathic physicians, pharmacists, laboratory personnel, veterinarians, dispensing opticians, nursing home administrators, physician assistants, respiratory care practitioners, clinical perfusionists, and midwives.
- (n) Inapparent or Subclinical Infection - A person or animal has an inapparent or subclinical infection when the infectious agent has so mild an effect that even though infection is present and identifiable by laboratory means, it is undetected clinically.
- (o) Incidence - The number of cases of disease, of infection, or other event occurring during a prescribed time period, in relation to the unit of population in which they occur; thus the incidence of tuberculosis expressed as a rate is the number of new cases reported per 100,000 population per year.
- (p) Infectious Agent - A viable pathogen capable of producing infection or disease.
- (q) Infected Person - Infected persons include patients or sick persons, persons with inapparent (or subclinical) infection and carriers.
- (r) Infection - The entry and development or multiplication of a particular pathogen in the body of man or animal.
- (s) Isolation - The separation for the period of communicability of infected persons, or persons reasonably suspected to be infected, from other persons, in such places and under such conditions as will prevent the direct or indirect conveyance of the infectious agent from infected persons to other persons who are susceptible or who may spread the agent to others.
- (t) List – Means the List of Reportable Disease and Reporting Mechanisms as set forth by the Commissioner.
- (u) Local Health Authority - The administrative officer of the local health department appointed by the Commissioner with the duty of executing health programs and enforcing local and Departmental health regulations. If qualified, the health director may be designated also to serve as the health officer.
 - 1. Local Health Director - The administrative officer of the local health department appointed by the Commissioner with the duty of executing

health programs and enforcing local and Departmental health regulations. If qualified, the health director may be designated also to serve as the health officer.

2. Local Health Officer - A licensed doctor of medicine or osteopathy appointed by the Commissioner to provide medical direction and medical enforcement for the local health department.
 3. Local Board of Health - An optional board established by local legislative bodies. The board of health may adopt local rules and regulations to protect the general health and safety of citizens. The board of health has the duty to enforce local and Departmental rules and regulations through the local health director and/or the local health officer.
- (v) Period of Communicability - The time during which an infectious agent may be transmitted from an infected person to others
- (w) Quarantine - Limitation of freedom of movement or isolation of a person, or preventing or restricting access to premises upon which the person, cause or source of a disease may be found, for a period of time as may be necessary to confirm or establish a diagnosis, to determine the cause or source of a disease, and/or to prevent the spread of a disease. These limitations may be accomplished by placing a person in a health care facility or a supervised living situation, by restricting a person to the person's home, or by establishing some other situation appropriate under the particular circumstances.
- (x) Reportable disease – Any disease which is communicable, contagious, subject to isolation or quarantine, or epidemic, and required by the Commissioner to be reported in the List.
- (y) Reservoir of Infection - Reservoirs of infection are humans, animals, insects, plants, soil, or inanimate organic matter, in which an infectious agent lives and multiplies and depends primarily for survival, reproducing itself in such manner that it can be transmitted to man.
- (z) Source of Infection - The person, animal, object, item, or substance from which an infectious agent passes immediately to a host.
- (aa) Susceptible - A person or animal not known to be immune to a specific disease
- (bb) Suspect- A person whose medical history and symptoms, examination or diagnostic tests suggest may have or may be developing a reportable disease

Authority: T.C.A. §68-1-103, 68-1-104, 68-1-201 and 68-5-104

Rule 1200-14-01-.02 Notifiable Diseases is amended by deleting the rule in its entirety, including its title, and substituting the following language, so that as amended the new language shall read:

1200-14-01-.02 Reportable Diseases

- (1) All healthcare providers and other persons knowing of or suspecting a case, culture, or specimen of a reportable disease or event shall report that occurrence to the Department of Health in the time and manner set forth by the Commissioner in the List.
- (2) The Commissioner shall re-evaluate, update, and post the List at least annually and from time to time as appropriate. The Commissioner shall post the annual update on or before

November 15th of each year and this new List shall become effective starting January 1st of the following year. If the Commissioner posts an updated List more frequently than on an annual basis, then the updated List will become effective on the date stated in the List. The List shall be available online at the Department of Health's web page and in print.

Authority: T.C.A. §68-1-103, 68-1-104, 68-1-201, 68-5-101, 68-5-104, 68-5-107, 68-10-112 and 68-29-107.

Rule 1200-14-01-.15 General Measures for the Effective Control of Disease Outbreaks is amended by deleting the title and paragraph (1) in its entirety and substituting the following language, so that as amended the new title and paragraph (1) shall read:

1200-14-01-.15 General Measures for the Effective Control of Reportable Diseases

- (1) The local health officer or the Commissioner or a designated representative of the Commissioner, upon receiving a report of a reportable disease or of a suspected epidemic of disease or of a suspected case of a disease of public health significance or event, shall:
 - (a) Confer with the physician, laboratory, hospital, or person making the report;
 - (b) Collect such specimens for laboratory examination as may be necessary to confirm the diagnosis of the disease and/or to find the source of the infection or the epidemic;
 - (c) Obtain all names and information necessary to identify and contact all persons potentially exposed to the source of the disease outbreak as needed to protect the public health;
 - (d) Make a complete epidemiological investigation to include (but not limited to): review of appropriate medical and laboratory records of affected persons and controls, interviews of affected persons and controls, and recording of the findings on a communicable disease field record; and
 - (e) Establish appropriate control measures which may include examination, treatment, isolation, quarantine, exclusion, disinfection, immunization, disease surveillance, closure of establishment, education, and other measures considered appropriate by medical experts for the protection of the public's health.

Authority: T.C.A. §68-1-103, 68-1-104, 68-1-201 and 68-5-101.

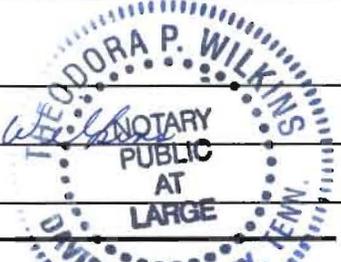
* If a roll-call vote was necessary, the vote by the Agency on these rules was as follows:

Board Member	Aye	No	Abstain	Absent	Signature (if required)

I certify that this is an accurate and complete copy of an emergency rule(s), lawfully promulgated and adopted.

Date: 9/18/09
Signature: Mary Kennedy
Name of Officer: Mary Kennedy
Deputy General Counsel
Title of Officer: Tennessee Department of Health

Subscribed and sworn to before me on: 9/18/09
Notary Public Signature: Theodora P. Wilkins
My commission expires on: 11/7/2011



All emergency rules provided for herein have been examined by the Attorney General and Reporter of the State of Tennessee and are approved as to legality pursuant to the provisions of the Administrative Procedures Act, Tennessee Code Annotated, Title 4, Chapter 5.

Robert E. Cooper, Jr.
Robert E. Cooper, Jr.
Attorney General and Reporter
9-24-09
Date

Department of State Use Only

Filed with the Department of State on: 10/8/09
Effective for: 180 *days
Effective through: 4/6/10

* Emergency rule(s) may be effective for up to 180 days from the date of filing.

Tre Hargett
Tre Hargett
Secretary of State



Additional Information Required by Joint Government Operations Committee

All agencies, upon filing a rule, must also submit the following pursuant to TCA 4-5-226(i)(1).

- (A)** A brief summary of the rule and a description of all relevant changes in previous regulations effectuated by such rule;

This rule seeks to move the Department into the 21st century with respect to its ability to identify and respond to emerging threats to the public health. It enables the Commissioner to determine those diseases and events of public health significance in response to changes in the public health landscape, and to discontinue unnecessary reporting when a threat has passed. It will permit those required to report to provide information electronically rather than relying on cumbersome and expensive paper reporting. It eliminates separate reporting requirements for sexually transmitted diseases and blood lead levels and consolidates all reporting requirements into a single list to be updated annually. It also eliminates duplicative provisions regarding reports from physicians, health officers and others, consolidating all reporting requirements into a single document.

- (B)** A citation to and brief description of any federal law or regulation or any state law or regulation mandating promulgation of such rule or establishing guidelines relevant thereto;

T.C.A. §68-1-103, 68-1-104, 68-1-201 and 68-5-101

- (C)** Identification of persons, organizations, corporations or governmental entities most directly affected by this rule, and whether those persons, organizations, corporations or governmental entities urge adoption or rejection of this rule;

All healthcare providers, facilities and entities licensed under Titles 63 and 68 are most directly affected by this rule. Pursuant to the pre-filing feedback the Department has received those persons and organizations are supportive of this change.

- (D)** Identification of any opinions of the attorney general and reporter or any judicial ruling that directly relates to the rule;

No attorney general opinions nor judicial rulings directly relate to this rule

- (E)** An estimate of the probable increase or decrease in state and local government revenues and expenditures, if any, resulting from the promulgation of this rule, and assumptions and reasoning upon which the estimate is based. An agency shall not state that the fiscal impact is minimal if the fiscal impact is more than two percent (2%) of the agency's annual budget or five hundred thousand dollars (\$500,000), whichever is less;

Fiscal impact will be minimal.

- (F)** Identification of the appropriate agency representative or representatives, possessing substantial knowledge and understanding of the rule;

John R. Dunn, DVM, PhD, Communicable and Environmental Disease Section, 1st Floor Cordell Hull Building, 425 5th Avenue North, Nashville TN 37243 615-741-7247

- (G)** Identification of the appropriate agency representative or representatives who will explain the rule at a scheduled meeting of the committees;

John R. Dunn, DVM, PhD, Communicable and Environmental Disease Section, 1st Floor Cordell Hull Building, 425 5th Avenue North, Nashville TN 37243 615-741-7247
Mary Kennedy, Deputy General Counsel, 220 Athens Way, Suite 210, Nashville TN 37243 615-253-4878

- (H)** Office address and telephone number of the agency representative or representatives who will explain the rule at a scheduled meeting of the committees; and

John R. Dunn, DVM, PhD, Communicable and Environmental Disease Section, 1st Floor Cordell Hull Building, 425 5th Avenue North, Nashville TN 37243 615-741-7247

- (I) Any additional information relevant to the rule proposed for continuation that the committee requests.

The U.S. Centers for Disease Control has predicted a wave of pandemic influenza. The implementation of this system for reporting disease will improve the speed with which the Department is able to obtain and respond to reports of outbreaks in Tennessee.