Public Reporting of Healthcare Acquired Infections (HAI) – HB 291

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Information in this Presentation is the Express Opinion of Dr. Kevin T. Kavanagh and not necessarily that of Health Watch USA.

Stats - Hospital Acquired Infections

- CDC: Approximately 1:20 Hospitalizations Result in an HAI.
- United States: 1.7 Million HAI per year
- KY: Projected at 23,000 with almost 1400 deaths.
- Cost to Kentucky between 392 to 462 million dollars each year.
- Average cost of $43,000 per episode (AHRQ).

Director of the CDC

- Thomas R. Frieden, MD, MPH, "Evidence indicates that, with focused efforts, these once-formidable infections can be greatly reduced in number, leading to a new normal for healthcare-associated infections as rare, unacceptable events."

Maximizing Infection Prevention in the Next Decade: Defining the Unacceptable. Infect Control Hosp Epidemiol2010;31:S1–S3
http://www.journals.uchicago.edu/doi/full/10.1086/656002

Secretary Katherine Sebelius

- "In Michigan, a coalition of hospitals was able to cut central line infections by two thirds, reduce health care costs by $200 million, and save 1,500 lives in 18 months just by using a simple checklist that reminded doctors to take simple steps like washing their hands. If you heard that without knowing anything about health care, you might assume that hospitals across the country would be rushing to adopt this protocol."

  "But that hasn't happened. And that's where the federal government comes in."

Source: Katherine Sebelius, Secretary, U.S. Dept of Health & Human Services, Global Business Forum, Miami, Florida, Jan. 13, 2010
http://www.hhs.gov/secretary/about/speeches/sp20110113.html

Endorse Public Reporting HAI

- 27 states currently publicly report HAI
- Centers for Disease Control.

  The director of the CDC's HAI prevention program, Dr. Srinivasan, recently stated that the, "CDC does believe that increased transparency, public reporting of healthcare-associated infections is an important part of a comprehensive effort to prevent healthcare-associated infections and eliminate these infections ..." *

- APIC –Association for Professionals in Infection Control and Epidemiology.
- IDSA –Infectious Diseases Society of America.

* Media Telebriefing on State Healthcare-Associated Infection Data May 27, 2010
http://www.cdc.gov/media/transcripts/2010/t100527.htm

Federal Requirements

- Not a Requirement –Tied to payment for a 2% increase in Medicare Reimbursement.
- Central Line Bloodstream Infections in ICUs –Jan. 1, 2011.
- Surgical Site Infections –Jan. 1, 2012.
- Unless causing the above types of infections, there are no requirements for reporting the superbugs MRSA or C. Difficile, or the reporting of other bacteria.

State Initiatives are Important

- "State initiatives on public reporting of healthcare-associated infections play an important role in the Federal effort to prevent healthcare-associated infections."

  -- Donald Wright, MD, MPH, Deputy Assistant Secretary for Healthcare Quality, U.S. Dept. of Health and Human Services. Oct 12, 2010.

White Paper –Pillar Data for Action CDC, APIC, SHEA, IDSA & CSTE

- "Public health departments, working with HAI prevention experts, need to establish and to maintain strong programs in HAI elimination."

- "Data also allow public health officials to identify local and regional facilities requiring improvement."

Oct 9, 2010 White Paper: Moving toward Elimination of healthcare-associated infections: A call to action.
http://www.apic.org/Content/NavigationMenu/GovernmentAdvocacy/RegulatoryIssues/CDC/AJIC_Elimin.pdf

Kentucky - History

- And let us not forget that three years ago a similar effort was presented before the State Senate. At that time the issue was not enacted upon, a decision to let the medical community effectively handle the problem.

But we still have a significant problem.

St. Joseph Can, We All Can !!!

- St. Joseph Health System
  -- Catheter Associated Urinary Tract Infections.
  -- Vascular Catheter Associated Infections
  -- Selected Surgical Site Infections
  -- Catheter Associated Blood Stream Infections in ICU
  -- Community and HAI for MRSA
  -- Community and HAI for C. Diff

St. Joseph Can, We All Can !!!

Lower is better	Saint Joseph	Saint Joseph	Saint Joseph	Saint Joseph	Saint Joseph	Saint Joseph	Saint Joseph	Kentucky	U.S.
Cath-associated urinary tract infections in ICU	3.05 in 655 cath days	1.69 in 1777 cath days	4.32 in 13662 cath days	0.0 of 1935 cath days		0.00 in 207 cath days	0.0 of 751 cath days		3.4
Cath-associated bloodstream infections in ICU	0.2 of 1729 line days	0.00 in 927 line days	0.25 in 12140 line days	0.2 of 1729 line days		0.00 in 39 line days	0.0 of 83 line days		1.5
Vent-associated pneumonia in ICU	0.00 in 57 vent days	0.00 in 469 vent days	1.82 in 4404 vent days	0.0 of 1278 vent days		0.00 in 57 vent days	0.0 of 92 vent days		2.2
Surgical site infections for selected surgeries		6.3 of 2056 procedures	8.2 of 2444 procedures				7.8 of 639 procedures		
Community and hospital acquired MRSA	30.55 of 5564 patient days	5.40 of 37037 patient days	4.87 of 88566 patient days	21.3 of 29626 patient days	130.1 of 4197 patient days	19.54 of 7063 patient days	9.5 of 7566 patient days		
Community and hospital acquired c. difficile	1.44 of 5564 patient days	0.92 of 37037 patient days	0.46 of 88566 patient days		0.7 of 4197 patient days	0.42 of 7063 patient days	1.5 of 7566 patient days		

Saint Joseph Health System , comparative data

Adapted and Redacted for use as a Reporting Example.

St. Joseph Can, We All Can !!!

- "Where data is available, we want to publish it,"
  -- Dr. Dan Varga, Chief Medical Officer
  Saint Joseph Health System.

Source: Laura Ungar, Kentucky hospitals attack healthcare-related infections, but debate reporting them. Courier-Journal, Dec. 23, 2010.
http://pqasb.pqarchiver.com/courier_journal/access/2221055551.html?FMT=ABS&FMTS=ABS

If Norton Can, We All Can !!!

- Norton Healthcare Systems Report
  -- Catheter Associated Urinary Tract Infections in ICU Settings.
  -- Catheter Associated Bloodstream Infections in ICU Settings.
  -- Ventilator Associated Pneumonia in ICU Settings.
  -- Percentage of Inpatients with Possible Infections due to IV Lines.

If Norton Can, We All Can !!!

- "We certainly do publicly report, and we would encourage other organizations to do so as well,"
  -- Dr. Kenneth Wilson, Associate Vice Present of Clinical Affairs, Norton Healthcare Systems.

Source: Laura Ungar, Kentucky hospitals attack healthcare-related infections, but debate reporting them. Courier-Journal, Dec. 23, 2010. http://pqasb.pqarchiver.com/courier_journal/access/222105555l.html?FMT=ABS&FMTS=ABS

Jewish & St. Mary's

- Jewish & St. Mary's, are working toward creating a public reporting website after they merge.
- "I'm a strong believer in transparency," -- Dr. James Ketterhagen, Chief Medical Officer for Jewish & St. Mary's Healthcare Systems.

Source: Laura Ungar, Kentucky hospitals attack healthcare-related infections, but debate reporting them. Courier-Journal, Dec. 23, 2010. http://pqasb.pqarchiver.com/courier_journal/access/2221055551.html?FMT=ABS&FMTS=ABS

KY CDC Grant

- Only "Outbreaks are Reportable" in Kentucky.

  "Kentucky is one of the states in the nation that does not presently have a mandatory public reporting requirement for HAIs. Therefore, individual HAIs are not reportable to public health officials in Kentucky. Outbreaks of HAIs are reportable in Kentucky, as all outbreaks are reportable."

Source: Kentucky State and Regional Infection Prevention and Epidemiology Program (K-STRIPE) Healthcare Associated Infections Prevention Plan

KY CDC Grant

- Does not distinguish between outbreaks with organisms present on admission or those acquired in facilities.

"Not all data that you requested are available. Specifically, the department is not able to provide aggregate numbers of healthcare facility-reported outbreaks which were due to organisms that were present on admission, because the data are not sorted in that way."

Source. Letter from Kraig Humbaugh. MD, MPH Director Division of Epidemiology and Health Planning to Kevin Kavanagh, MD, Oct. 26, 2010. http://www.cdc.gov/HAI/pdfs/stateplans/ky.pdf

KY CDC Grant

- Kentucky has not defined what an outbreak is.

"…the state has no standard definition of how many cases constitute an outbreak,"

Source: Laura Ungar, Kentucky hospitals attack healthcare-related infections, but debate reporting them. Courier-Journal, Dec. 23, 2010. http://pqasb.pqarchiver.com/courier_journal/access/2221055551.html?FMT=ABS&FMTS=ABS

KY CDC Grant

- Only four outbreaks were reported in hospitals. No C. Difficile or MRSA were reported.

  "During the period from October 1, 2009 to September 30, 2010..."

  "...four were reported by hospitals (in two, the cause was confirmed as norovirus; in one, it was confirmed as a multidrug resistant organism, and in one, the causative agent remained unconfirmed)."

  Source. Letter from Kraig Humbaugh. MD, MPH Director Division of Epidemiology and Health Planning to Kevin Kavanagh, MD, Nov 1, 2010. http://www.healthwatchusa.org/downloads/20101101--KY-Outbreaks-Rpt.pdf

KY State Health Dept.

- The State Health Department Needs complete and Accurate Data so they can formulate procedures to address this epidemic in both facilities and the community.
- In addition, data is needed for the Federal Grant process to obtain funds to address this epidemic.

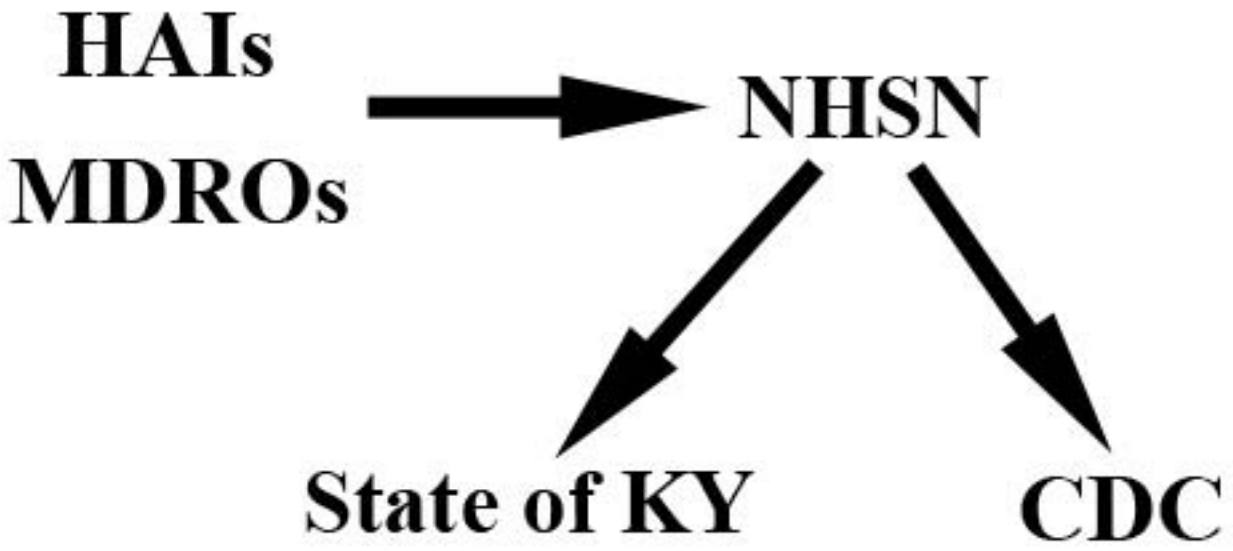
House Bill is NOT Duplicative

- Uses the same reporting Network as the Dept. of Health and Human Services.
  --- National Healthcare Safety Network (NSHN)

- The Bill covers, Nursing Homes, Surgery Centers, Rehabilitation Hospitals, NOT just Acute Care Facilities.

- Systems which require reporting to the NHSN and also to a state Patient Safety Organization may well be duplicative.

House Bill is NOT Duplicative



CDC - State Comparisons

State KY - Health Dept. Initiatives & Public Reporting

Surveillance Cultures

- The Bill does NOT require surveillance cultures to be taken.
- However, if done, aggregate data needs to be reported to the State.
- Many Institutions will do MRSA surveillance cultures since several large U.S. studies have shown them to be beneficial in reducing infection rates.

Statutes – Reportable Diseases

211.180 Functions of cabinet in the regulation of certain health matters -- Inspection fees -- Hearing.

(1) The cabinet shall enforce the administrative regulations promulgated by the secretary of the Cabinet for Health and Family Services for the regulation and control of the matters set out below and shall formulate, promote, establish, and execute policies, plans, and programs relating to all matters of public health, including but not limited to the following matters:

(a) Detection, prevention, and control of communicable diseases, chronic and degenerative diseases, dental diseases and abnormalities, occupational diseases and health hazards peculiar to industry, home accidents and health hazards, animal diseases which are transmissible to man, and other diseases and health hazards that may be controlled;

(b) The adoption of regulations specifying the information required in and a minimum time period for reporting a sexually transmitted disease. In adopting the regulations the cabinet shall consider the need for information, protection for the privacy and confidentiality of the patient, and the practical ability of persons and laboratories to report in a reasonable fashion. The cabinet shall require reporting of physician-diagnosed cases of acquired immunodeficiency syndrome based upon diagnostic criteria from the Centers for Disease Control and Prevention of the United States Public Health Service. No later than October 1, 2004, the cabinet shall require reporting of cases of human immunodeficiency virus infection by reporting of the name and other relevant data as requested by the Centers for Disease Control and Prevention and as further specified in KRS 214.645. Nothing in this section shall be construed to prohibit the cabinet from identifying infected patients when and if an effective cure for human immunodeficiency virus infection or any immunosuppression caused by human immunodeficiency virus is found or a treatment which would render a person noninfectious is found, for the purposes of offering or making the cure or treatment known to the patient;

(c) The control of insects, rodents, and other vectors of disease; the safe handling of food and food products; the safety of cosmetics; the control of narcotics, barbiturates, and other drugs as provided by law; the sanitation of schools, industrial establishments, and other public and semipublic buildings; the sanitation of state and county fairs and other similar public gatherings; the sanitation of public and semipublic recreational areas; the sanitation of public rest rooms, trailer courts, hotels, tourist courts, and other establishments furnishing public sleeping accommodations; the review, approval, or disapproval of plans for construction, modification, or extension of equipment related to food-handling in food-handling establishments; the licensure of hospitals; and the control of such other factors, not assigned by law to another agency, as may be necessary to insure a safe and sanitary environment;

(d) The construction, installation, and alteration of any on-site sewage disposal system, except for a system with a surface discharge;

(e) Protection and improvement of the health of expectant mothers, infants, preschool, and school-age children;

(f) The practice of midwifery, including the issuance of permits to and supervision of women who practice midwifery; and

(g) Protection and improvement of the health of the people through better nutrition.

(2) The secretary shall have authority to establish by regulation a schedule of reasonable fees, not to exceed twenty dollars ($20) per inspector hour plus travel costs pursuant to state regulations for travel reimbursement, to cover the costs of inspections of manufacturers, retailers, and distributors of consumer products as defined in the Federal Consumer Product Safety Act, 15 U.S.C. secs. 2051 et seq.; 86 Stat. 1207 et seq. or amendments thereto, and of youth camps for the purpose of determining compliance with the provisions of this section and the regulations adopted by the secretary pursuant thereto. Fees collected by the secretary shall be deposited in the State Treasury and credited to a revolving fund account for the purpose of carrying out the provisions of this section. The balance of the account shall lapse to the general fund at the end of each biennium.

(3) Any administrative hearing conducted under authority of this section shall be conducted in accordance with KRS Chapter 13B.

Effective: June 20, 2005

History: Amended 2005 Ky. Acts ch. 99, sec. 345, effective June 20, 2005. -- Amended 2004 Ky. Acts ch. 102, sec. 1, effective July 13, 2004. -- Amended 2000 Ky. Acts ch. 432, sec. 2, effective July 14, 2000. -- Amended 1998 Ky. Acts ch. 426, sec. 289, effective July 15, 1998. -- Amended 1996 Ky. Acts ch. 318, sec. 104, effective July 15, 1996. -- Amended 1990 Ky. Acts ch. 443, sec. 44, effective July 13, 1990. -- Amended 1982 Ky. Acts ch. 247, sec. 9, effective July 15, 1982; and ch. 392, sec. 5, effective July 15, 1982. -- Amended 1978 Ky. Acts ch. 117, sec. 18, effective February 28, 1980. -- Amended 1976 Ky. Acts ch. 299, sec. 42. -- Amended 1974 Ky. Acts ch. 74, Art. VI, sec. 107(17). -- Amended 1972 (1st Extra. Sess.) Ky. Acts ch. 3, sec. 29. -- Created 1954 Ky. Acts ch. 157, sec. 12, effective June 17, 1954.

214.010 Physicians and heads of families to report diseases to local board of health.

Every physician and advanced practice registered nurse shall report all diseases designated by administrative regulation of the Cabinet for Health and Family Services as reportable which are under his or her special treatment to the local board of health of his or her county, and every head of a family shall report any of the designated diseases, when known by him or her to exist in his or her family, to the local board or to some member thereof in accordance with the administrative regulations of the Cabinet for Health and Family Services.

Effective: July 15, 2010

History: Amended 2010 Ky. Acts ch. 85, sec. 72, effective July 15, 2010. -- Amended 2005 Ky. Acts ch. 99, sec. 446, effective June 20, 2005. -- Amended 1998 Ky. Acts ch. 426, sec. 393, effective July 15, 1998. -- Amended 1974 Ky. Acts ch. 74, Art. VI, sec. 107(1) and (3). -- Amended 1968 Ky. Acts ch. 87, sec. 5. -- Recodified 1942 Ky. Acts ch. 208, sec. 1, effective October 1, 1942, from Ky. Stat. sec. 2055.

Regulations – Reportable Diseases

902 KAR 2:020. Disease surveillance.

RELATES TO: KRS 211.180(1), 214.010, 214.645, 333.130
STATUTORY AUTHORITY: KRS 194A.050, 211.090(3), EO 2004-726
NECESSITY, FUNCTION, AND CONFORMITY: EO 2004-726, effective July 9, 2004, reorganized the Cabinet for Health and Family Services and placed the Department for Public Health under the Cabinet for Health and Family Services. KRS 211.180 requires the cabinet to implement a statewide program for the detection, prevention, and control of communicable diseases, chronic and degenerative diseases, dental diseases and abnormalities, occupational diseases and health hazards peculiar to industry, home accidents and health hazards, animal diseases which are transmissible to man, and other diseases and health hazards that may be controlled. KRS 214.010 requires every physician and every head of family to notify the local health department of the existence of diseases and conditions of public health importance, known to him or her. This administrative regulation establishes notification standards and specifies the diseases requiring urgent, priority, or routine notification, in order to facilitate rapid public health action to control diseases, and to permit an accurate assessment of the health status of the Commonwealth.

Section 1. Notification Standards. (1) A health professional licensed under KRS Chapters 311 through 314, and a health facility licensed under KRS Chapter 216B, shall give notification pursuant to subsection (3) of this section, if:
(a) The health professional makes a probable diagnosis of a disease specified in Section 2, 3, or 4 of this administrative regulation; and
(b) The diagnosis is supported by:
1. "Case Definitions for Infectious Conditions under Public Health Surveillance"; or
2. A reasonable belief that the disease is present.
(2)(a) A single report by a hospital of a condition diagnosed by a test result from the hospital laboratory shall constitute notification on behalf of the hospital and its laboratory.
(b) A hospital may designate an individual to report on behalf of the hospital's laboratory and the hospital's clinical facilities.
(3) The notification shall be given to the:
(a) Local health department serving the jurisdiction in which the patient resides; or
(b) Department for Public Health.
(4) The reporting professional shall furnish the:
(a) Name, birthdate, address, county of residence, and telephone number of the patient; and
(b) Clinical, epidemiologic, and laboratory information pertinent to the disease.
(5) Upon the confirmation of a laboratory test result which indicates infection with an agent associated with one (1) or more of the diseases or conditions specified in Section 2, 3, or 4 of this administrative regulation, the director of a clinical laboratory licensed under KRS Chapter 333 shall:
(a) Report the result to the:
1. Local health department serving the jurisdiction in which the patient resides; or
2. Department for Public Health; and
(b) Report the patient's name, birthdate, address, and county of residence; and

Section 2. Diseases Requiring Urgent Notification. (1) Notification pursuant to Section 1(3) of this administrative regulation of the following diseases shall be made within twenty-four (24) hours:
(a) Anthrax;
(b) Botulism;
(c) Brucellosis;
(d) Campylobacteriosis;
(e) Cryptosporidiosis;
(f) Cholera;
(g) Diphtheria;
(h) Escherichia coli O157:H7;
(i) Escherichia coli, shiga toxin positive;
(j) Encephalitis, California group;
(k) Encephalitis, Eastern equine;
(l) Encephalitis, St. Louis;
(m) Encephalitis, Venezuelan equine;
(n) Encephalitis, Western;
(o) Encephalitis, West Nile Virus;
(p) Hansen's Disease;
(q) Hantavirus infection;
(r) Hemophilus influenzae invasive disease;
(s) Hepatitis A;
(t) Listeriosis;
(u) Measles;
(v) Meningococcal infections;
(w) Pertussis;
(x) Plague;
(y) Poliomyelitis;
(z) Psittacosis;
(aa) Q fever;
(bb) Rabies, animal;

(cc) Rabies, human;
(dd) Rubella;
(ee) Rubella syndrome, congenital;
(ff) Salmonellosis;
(gg) Shigellosis;
(hh) Syphilis, primary, secondary, early latent or congenital;
(ii) Tetanus;
(jj) Tularemia;
(kk) Typhoid fever;
(ll) Vibrio parahaemolyticus;
(mm) Vibrio vulnificus;
(nn) Yellow fever.
(2) Weekend or evening urgent notification.
(a) If health department personnel cannot be contacted directly, notification shall be made by electronic submission or by telephone to an emergency number provided by the local health department or the Department for Public Health.
(b) For the protection of patient confidentiality, this notification shall include:
1. The name of the condition being reported; and
2. A telephone number that can be used by the department to contact the reporting professional.
(3) Upon receipt of a report for a disease specified in subsection (1) of this section, the local health department shall:
(a) Immediately notify the Department for Public Health; and
(b) Assist the department in carrying out a public health response as instructed.

Section 3. Diseases Requiring Priority Notification. (1) Notification pursuant to Section 1(3) of this administrative regulation of the following diseases shall be made within one (1) business day:
(a) Group A streptococcal infection, invasive;
(b) Hepatitis B, acute;
(c) Hepatitis B infection in a pregnant woman or a child born in or after 1992;
(d) Mumps;
(e) Toxic shock syndrome;
(f) Tuberculosis.
(2) Upon receipt of a report for a disease or condition specified in subsection (1) of this section, a local health department:
(a) Shall investigate the report and carry out public health measures appropriate to the disease or condition;
(b) Shall notify the Department for Public Health of the case, in writing, within five (5) business days; and
(c) May seek assistance from the Department for Public Health.

Section 4. Diseases Requiring Routine Notification. (1) Notification pursuant to Section 1(3) of this administrative regulation of the following diseases shall be made within five (5) business days:
(a) Chancroid;
(b) Chlamydia trachomatis infection;
(c) Ehrlichiosis;
(d) Gonorrhea;
(e) Granuloma inguinale;
(f) Hepatitis C, acute;
(g) Histoplasmosis;
(h) Lead poisoning;
(i) Legionellosis;
(j) Lyme Disease;
(k) Lymphogranuloma venereum;
(l) Malaria;
(m) Rabies postexposure prophylaxis;
(n) Rocky Mountain Spotted Fever;
(o) Streptococcus pneumoniae, drug-resistant invasive disease;
(p) Syphilis, other than primary, secondary, early latent or congenital; and
(q) Toxoplasmosis.
(2) Upon receipt of a report for a disease or condition specified in subsection (1) of this section, a local health department shall:
(a) Make a record of the report;
(b) Answer inquiries or render assistance regarding the report if requested by the reporting entity; and
(c) Forward the report to the Department for Public Health within three (3) business days.

Section 5. Outbreaks or Unusual Public Health Occurrences. (1) If, in the judgment of a health professional licensed under KRS Chapters 311 through 314, or a health facility licensed under KRS Chapter 216B, an unexpected pattern of cases, suspected cases, or deaths which may indicate a newly-recognized infectious agent, an outbreak, epidemic, related public health hazard or an act of bioterrorism, such as smallpox, appears, a report shall be made immediately by telephone to the:
(a) Local health department where the professional is practicing or where the facility is located; or
(b) Department for Public Health.
(2) An instance of suspected staphylococcal or other foodborne intoxication or an instance of salmonellosis or other foodborne or waterborne

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infection shall be reported within one (1) business day, and shall include all known information about the persons affected.
(3) The local health department:
(a) Shall investigate the outbreak or occurrence;
(b) Shall carry out public health measures appropriate to the disease or condition involved;
(c) Shall make medical and environmental recommendations appropriate to prevent future similar outbreaks or occurrences; and
(d) May seek assistance from the Department for Public Health.

Section 6. Laboratory Surveillance. (1)(a) In addition to the reports required by Sections 1 through 4 of this administrative regulation, laboratory results shall be reported weekly for influenza virus isolates.
(b) The report shall include the:
1. Name, birthdate, address, and county of residence of the person with the disease; and
2. Specific laboratory information pertinent to the result.
(c) The format of the report shall be an alphabetical listing of each person for whom a report is submitted.
(2) Upon request by the Department for Public Health, a clinical laboratory within a hospital licensed under KRS Chapter 216B, or a laboratory licensed under KRS Chapter 333, shall report:
(a) The numbers of isolates and information regarding the antimicrobial resistance patterns of the isolates;
(b) At intervals agreed upon between the laboratory and the department, not less frequently than three (3) months, for the following:
1. Staphylococcus aureus;
2. Enterococcus species; or
3. Other organism specified in a request that includes a justification of the public health importance of the organism.

Section 7. Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) Surveillance. (1) Physicians and Medical Laboratories shall report:
(a)1. A positive test result for HIV infection including a result from:
a. Elisa;
b. Western Blot;
c. PCR;
d. HIV antigen; or
e. HIV culture;
2. CD4+ assay including absolute CD4+ cell counts and CD4+%;
3. HIV detectable Viral Load Assay; and
4. A positive serologic test result for HIV infection; or
(b) A diagnosis of AIDS that meets the definition of AIDS established within the Centers for Disease Control and Prevention (CDC) guidelines and reported in the:
1. "Adult HIV/AIDS Confidential Case Report Form," or
2. "Pediatric HIV/AIDS Confidential Case Report Form."
(2) An HIV infection or AIDS diagnosis shall be reported within five (5) business days and, if possible, on the "Adult HIV/AIDS Confidential Case Report form" or the "Pediatric HIV/AIDS Confidential Case Report form."
(a) A report for a resident of Jefferson, Henry, Oldham, Bullitt, Shelby, Spencer, and Trimble Counties shall be submitted to the HIV/AIDS Surveillance Program of the Louisville-Metro Health Department.
(b) A report for a resident of the remaining Kentucky counties shall be submitted to the HIV/AIDS Surveillance Program of the Kentucky Department for Public Health, or as directed by the HIV/AIDS project coordinator.
(3) A report for a person with HIV infection without a diagnosis of AIDS shall include the following information:
(a) The patient's full name;
(b) Date of birth, using the format MMDDYY;
(c) Gender;
(d) Race;
(e) Risk factor, as identified by CDC;
(f) County of residence;
(g) Name of facility submitting report;
(h) Date and type of HIV test performed;
(i) Results of CD4+ cell counts and CD4+%;
(j) Results of viral load testing;
(k) PCR, HIV culture, HIV antigen, if performed;
(l) Results of TB testing, if available; and
(m) HIV status of the person's partner, spouse or children.
(4) Reports of AIDS cases shall include the information in subsections (1) through (3) of this section; and
(a) The patient's complete address;
(b) Opportunistic infections diagnosed; and
(c) Date of onset of illness.
(5) (a) Reports of AIDS shall be made whether or not the patient has been previously reported as having HIV infection.
(b) If the patient has not been previously reported as having HIV infection, the AIDS report shall also serve as the report of HIV infection.

Section 8. Reporting of Communicable Diseases in Animals. (1) Upon arriving at a probable diagnosis in an animal of a condition known to be communicable to humans, a veterinarian licensed under the provisions of KRS Chapter 321 shall report the occurrence within one (1) business day to:

(a) The local health department in which the animal is located; or
(b) If the local health department cannot be reached, the Department for Public Health.
(2) Upon the confirmation of a laboratory test result which indicates infection of an animal with an agent associated with a condition known to be communicable to humans, the director of a clinical laboratory licensed under KRS Chapter 333 shall, within one (1) business day, report the result to the:
(a) Local health department serving the jurisdiction in which the animal is located; or
(b) Department for Public Health.
(3) The local health department:
(a) Shall investigate the report and carry out public measures for the control of communicable diseases appropriate to the condition;
(b) Shall notify the Department for Public Health of the occurrence, in writing, within five (5) business days; and
(c) May seek assistance from the Department for Public Health.

Section 9. Asbestosis, Coal Worker's Pneumoconiosis, and Silicosis. (1) A reporting provider shall submit the following information relating to a person diagnosed with asbestosis, coal worker's pneumoconiosis, or silicosis:
(a) Name;
(b) Address;
(c) Birthdate; and
(d) County of residence.
(2) A reporting provider shall submit the required information to the department within three (3) months following the diagnosis.

Section 10. Incorporation by Reference. (1) The following material is incorporated by reference:
(a) "Case Definitions for Infectious Conditions under Public Health Surveillance, MMWR, May 2, 1997, Volume 46, Number RR-10", published by the Epidemiology Program Office, Centers for Disease Control and Prevention, Public Health Service, U.S. Department of Health and Human Services, Atlanta, Georgia;
(b) "Adult HIV/AIDS Confidential Case Report (CDC 50.42A, Revised January, 2003)"; and
(c) "Pediatric HIV/AIDS Confidential Case Report form (CDC 50.42B, Revised January, 2003)"; and
(d) "Control of Communicable Diseases Manual 17th Edition, An Official Report of the American Public Health Association, American Public Health Association, Washington, D.C., 2000".
(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Department for Public Health, 275 East Main Street, Frankfort, Kentucky 40621, Monday through Friday, 8 a.m. to 4:30 p.m. (CDS-2; 1 Ky.R. 187; eff. 12-11-74; Am. 2 Ky.R. 464; eff. 4-14-76; 11 Ky.R. 1518; 1786; eff. 6-4-85; 16 Ky.R. 663; 1185; eff. 11-29-89; 21 Ky.R. 128; eff. 8-17-94; 23 Ky.R. 3119; 3597; 4131; eff. 6-16-97; 27 Ky.R. 1099; 1489; eff. 12-21-2000; 29 Ky.R. 812; 1273; eff. 10-16-02; 31 Ky.R. 873; eff. 1-4-05.)

Fiduciary Responsibility

- The primary responsibility of non-profit hospitals and the facilities' Board is to the community and not to the institution.
- Patients have the right to know Infection Rates and the Quality of their Healthcare Facilities.
- In a survey conducted by Senator Harper-Angel, over 90% of her constituents wish to have HAI data given to the Kentucky Health Dept.

Poll by Senator Harper-Angel