

FREQUENTLY ASKED QUESTIONS (FAQs) ABOUT IDAHO REPORTABLE DISEASES¹

Who is required to report notifiable conditions?

The Rules and Regulations Governing Idaho Reportable Diseases (IDAPA 16.02.10) April 2008, declare that the following individuals or their designees are responsible for reporting notifiable conditions to the health department. They include licensed physicians (including physician assistants, nurse practitioners, and others under the physician's supervision), hospital or health care facility administrators, laboratory directors, school administrators (both illnesses and school closures), registered nurses, school health nurses, infection surveillance staff and coroners.

Find the list of Idaho reportable diseases and conditions online at http://cdhd.idaho.gov/pdfs/cd/Idaho_Reportable_Diseases.pdf or request pre-printed posters from the Office of Communicable Disease Control and Public Health Preparedness at (208) 327-8625.

What information should be included about the patient when I report a case to public health?

At a minimum the reporter must include the following information: the patient's diagnosed or suspected condition, name, address, phone number, sex, date of birth and race and ethnicity. Also, the name and address of the licensed physician or other person who is reporting should be included in the initial report along with the illness onset date or date that a lab report was received.

Supplemental information including clinical and laboratory data (for example, liver enzyme test results for patients with hepatitis, pregnancy status for women with acute or chronic hepatitis B), relevant epidemiological history including suspected risk factors and/or exposures, travel history, etc. can be very valuable in evaluating a case.

If the patient is not yet aware of the diagnosis, please indicate when the patient will be informed. Ideally, we prefer to conduct interviews after the clinician has discussed the diagnosis with the patient.

If a notifiable condition is reportable by the laboratory, does that mean I don't have to report it?

No. Even if a patient with a reportable condition is reported by a laboratory, the clinician is still legally required to report the case to the health department. Reports from laboratories do not include important clinical, demographic or epidemiologic data and are not as timely as clinician reporting of suspected cases.

Should I await laboratory confirmation before reporting to public health?

Not necessarily. Immediately notifiable conditions such as pulmonary tuberculosis, measles, meningococcal disease, botulism, all cases of unexplained critical illnesses and rare diseases of public health significance (i.e., SARS, avian influenza, suspected bioterrorism agents) should be reported upon suspicion, without awaiting laboratory confirmation, preferable while the patient is at the health care facility. Whether or not to await laboratory confirmation depends upon several factors, including strength of clinical suspicion, length of time required to obtain a diagnosis, and the potential public health threat while awaiting confirmation. A good general rule is, **“If in doubt, report it out!”**

I am not the patient’s primary care provider, am I still required to report notifiable conditions?

Yes. Specialists, sub-specialists, and consultants as well as primary care clinicians are all required to report a patient with a notifiable condition unless the case is known to have already been reported. This regulation ensures that cases do not slip through the reporting net and go unreported. For this reason we recommend you document in the patient’s medical record when you have reported the case to public health.

Are only conditions that are specifically mentioned by name reportable to public health?

No. “Extraordinary occurrence of illness including syndromic clusters with or without an etiologic agent” and disease clusters of suspected foodborne or waterborne origin are important notifiable conditions. Reports can trigger prompt detection and investigation of diseases due to unidentified agents, unexpected health events in the community and new or emerging infections. Information you provide, when combined with information from other clinicians, could help identify clusters of cases or outbreaks that cannot be recognized by a single person.

Does HIPAA change the obligation to report?

No. The Health Insurance Portability and Accountability Act (HIPAA) privacy law in the Code of Federal Regulations (CFR) includes very clear exceptions where reportable disease reporting requirements are concerned. Essentially, physicians do not need to get permission from the patient to disclose protected health information to the health department which is, “authorized by law to collect or receive such information for the purpose of preventing or controlling 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;....” 45 CFR, 164.512.

¹ Special thanks to Public Health Seattle & King County for permission use its February 2008 EPI-LOG newsletter article, “Conditions Notifiable by Health Care Providers and Health Care Facilities” Vol. 48, No. 2 as a template for this document.