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 NH HAN 20161221



New Hampshire Communicable Diseases Rule Changes: Hepatitis C Virus (HCV) Infection Becomes Reportable

Key Points and Recommendations:

- The New Hampshire Department of Health and Human Services (DHHS) has updated the list of communicable diseases that are required by law to be reported to NH DHHS by healthcare providers and laboratories. This updated list is available online at: <http://www.dhhs.nh.gov/dphs/cdcs/documents/reportablediseases.pdf>
- Any new diagnosis of hepatitis C virus (HCV) infection (acute, chronic, or cleared infection) must now be reported by healthcare providers (laboratory reporting of hepatitis C is not required). Healthcare providers are asked to report hepatitis C using a specific form available at: <http://www.dhhs.nh.gov/dphs/cdcs/forms.htm>
- Other disease reports can be made to the Bureau of Infectious Disease Control by phone at 603-271-4496 (after hours: 603-271-5300), or by completing and faxing (603-271-0545) a report form available at: <http://www.dhhs.nh.gov/dphs/cdcs/documents/diseasereport.pdf>
- Any suspected outbreak, unusual occurrence of disease, or other incident that may represent a threat to public health should be reported even if the disease or condition is not specifically listed on the reportable disease list.

Background Information:

In November 2016, the New Hampshire Department of Health and Human Services (NH DHHS) updated the communicable disease-related administrative rules, HeP-301. These rules address the reporting of communicable diseases, control measures, school immunization requirements, and the NH DHHS tuberculosis and HIV financial assistance programs.

Changes to the reportable disease list include the following:

| Conditions Removed : | Conditions Added : |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Group A/B Streptococcus • Vancomycin-resistant enterococci (VRE) • Latent tuberculosis Infection reporting from healthcare providers • Hepatitis B laboratory reporting (except for hepatitis B surface antigen positive pregnant women) | <ul style="list-style-type: none"> • Acute flaccid myelitis (AFM) • Dengue, Chikungunya, Powassan, Zika viruses • Carbapenem-resistant enterobacteriaceae (CRE) • Leptospirosis • Newly diagnosed infections of Hepatitis C (acute, chronic, or cleared) from healthcare providers only (no laboratory reporting) • Newly diagnosed infections of Hepatitis B (acute, chronic, or cleared) from healthcare providers only (no laboratory reporting) • Any suspected, investigation of suspected, or actual incident of drug diversion of injectable medications in a health care setting that may pose a threat to patient health and safety |

Viral Hepatitis Reporting:

Under the new rule change, NH became the last state in the nation to mandate reporting of hepatitis C virus (HCV) infections to the health department. Reporting of HCV infections is required for new diagnoses of acute, chronic, or cleared infections by healthcare providers; laboratory reporting of HCV is not required. Therefore, the only way NH DHHS will learn of HCV infections is through healthcare provider reports. This reporting requirement is not retroactive and providers should not report hepatitis C infections that have been diagnosed in the past. NH DHHS will review these reports to monitor trends and target prevention initiatives. Depending on available resources, NH DHHS may interview hepatitis C infected patients to assess risk factors for infection and identify and respond to potential outbreaks.

Reporting requirements for hepatitis B virus (HBV) infection has also been changed to be more consistent with HCV reporting. New diagnoses of acute, chronic, or cleared HBV infections must be reported by healthcare providers; laboratory reporting of HBV is not required EXCEPT for positive hepatitis B **surface antigen** tests in pregnant women. Any pregnant women with hepatitis B, whether new or old, are still required to be reported by healthcare providers as well. Also, hepatitis A virus (HAV) infection remains reportable by healthcare providers and laboratories. In summary:

Healthcare providers are required to report:

- Hepatitis A (within 24 hours)
- Any pregnant woman with hepatitis B
- Hepatitis B, newly diagnosed acute, chronic, or cleared infections
- Hepatitis C, newly diagnosed acute, chronic, or cleared infections

Laboratories are required to report:

- Hepatitis A
- Hepatitis E
- Hepatitis B surface antigen positive pregnant woman

Healthcare providers are asked to report hepatitis B and C diagnoses using specific forms in order to most efficiently collect information from healthcare providers. Reporting forms are available at: <http://www.dhhs.nh.gov/dphs/cdcs/forms.htm>

Other Reporting Changes:

- All laboratories that are owned, operated, and located on the premise of a licensed hospital are required to annually submit a hospital antibiogram report if one exists. This is required to enhance surveillance of emerging antibiotic resistance bacteria and promote statewide antibiotic stewardship work.
- Hospital laboratories are required to implement electronic laboratory reporting by December 31, 2018.
- Hospitals are required to adhere to local implementation guides for both hospital electronic laboratory reporting and hospital emergency department data reporting.
- Laboratories are required to submit clinical isolate material as requested by DHHS for the purpose of public health surveillance and investigation.

School Immunization Requirements:

The primary change to the immunization school entry requirements is a change in the requirement for tetanus, diphtheria, acellular pertussis (Tdap) vaccine. Instead of requiring Tdap at age 11, students will be required to receive a single dose of Tdap prior to entry into 7th grade beginning with the 2017-18 school year. No vaccines were added nor removed from the list of vaccines required for school entry.

NH DHHS-DPHS, NH HAN 20161221, Communicable Disease Reporting Changes

Information on immunization requirements for school entry can be found online (<http://www.dhhs.nh.gov/dphs/immunization/schools.htm>) or by calling the NH Immunization Program at 603-271-4482.

How to Report a Communicable Disease:

Healthcare providers can make reports by phone to the Bureau of Infectious Disease Control at 603-271-4496 (after hours: 603-271-5300) or by completing and faxing (603-271-0545) a disease report form available at: <http://www.dhhs.nh.gov/dphs/cdcs/documents/diseasereport.pdf>

For any questions regarding the contents of this message, please contact NH DHHS, DPHS, Bureau of Infectious Disease Control at 603-271-4496 (after hours 603-271-5300).

To change your contact information in the NH Health Alert Network, contact Thom Flynn at 603-271-7499 or email thomas.flynn@dhhs.nh.gov.

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