



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Bureau for Public Health
Commissioner's Office

Bill J. Crouch
Cabinet Secretary

Ayne Amjad, MD, MPH
Commissioner & State Health Officer

ORDER

In accordance with the provisions of W. Va. Code §16-3-1 and W. Va. Code R. §64-7-3.1 a., the Commissioner of the Bureau for Public Health, (BPH) and State Health Officer, does hereby Order the following technical amendments to the Reportable Diseases, Events, and Conditions Legislative Rule.

Category III.A.

§64-7-3.5.b.7.

ADD: SARS-CoV-2 as a Category III.A disease reportable by health care providers, facilities, and laboratories to the local health department within 72 hours of diagnosis.

Rationale: On February 1, 2022, BPH removed universal case investigation and contract tracing for SAR-CoV-2, the virus that causes Coronavirus Disease 2019 (COVID-19). Changing the category of this reportable condition allows for COVID-19 case trends to continue to be monitored for surveillance purposes during the recovery phase of the COVID-19 pandemic and aligns with the discontinuation of case investigation and contact tracing. An outbreak of COVID-19 remains a Category I disease which allows for timely reporting and public health response.

On April 4, 2022, the U.S. Department of Health and Human Services revised COVID-19 laboratory reporting guidance that reduces burden on clinical laboratories, point-of-care testing sites, and facilities. The revised guidance replaces a blanket requirement to report all SARS-CoV-2 test results. The updated guidance reflects more tailored reporting required specified by entity and type of testing. To support streamlined reporting and in accordance with the provisions §64-7, the Commissioner does hereby amend previous COVID-19 Orders as follows:

1. No longer require reporting of NEGATIVE results for non-NAAT tests (e.g., rapid, or antigen test results).
2. No longer require reporting of POSITIVE or NEGATIVE results of COVID-19 antibody tests performed.
3. Home tests are not required to be reported to the local health department.
4. State sponsored surveillance screening programs are excluded from reporting POSITIVE non-NAAT tests when a confirmatory NAAT test is completed on the same day for any positive non-NAAT tests.

Category IV.A.

§64-7-3.6.b.16

DELETE: Streptococcal disease, invasive Group B.

Rationale: Group B streptococcal disease (GBS) is the leading bacterial infection associated with newborns in the United States. GBS is transmitted from colonized women to their infants prior to or during birth. In 2002, the Centers for Disease Control and Prevention developed revised guidelines to recommend universal screening to all pregnant women to prevent GBS in infants. Because of the universal screening, women are treated to prevent transmission of GBS to their infant, so there is no public health action for education and disease prevention. An outbreak of GBS remains a Category I disease, which allows for timely reporting and public health response.

Category V.A.

§64-7-3.7.b.10

ADD: Hepatitis C, acute or perinatal, including results of hepatitis A and B serologies and transaminase and bilirubin levels.

Rationale: Hepatitis C virus (HCV) is a major source of morbidity and mortality in West Virginia, primarily due to the substance use disorder epidemic. No vaccine against HCV exists and no effective pre- or post-exposure prophylaxis is available. Perinatal HCV became nationally notifiable in 2018. In 2020, 608 (3.3%) live births in West Virginia were from women who were HCV positive. West Virginia is expanding and strengthening its surveillance program to prioritize perinatal HCV to ensure that infants born to HCV-positive parents are identified, appropriately tested for hepatitis C, and linked to care.

This filing with the Secretary of State includes explanation and background from the State Health Officer and State Epidemiologist needed for these technical amendments

This Order shall take effect immediately upon the date of filing and shall be incorporated as an Appendix to the Rule until such time as the Legislature enacts an amendment to the rule, which will incorporate all additions and deletions that have been filed with the Secretary of State since the last Legislative amendment.

Entered: April 27, 2022

By: _____


Ayne Amjad, MD, MPH
Commissioner and State Health Officer