



FILED

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH

2015 SEP -3 P 3:02

Earl Ray Tomblin
Governor

Commissioner's Office
350 Capitol Street, Room 702
Charleston, West Virginia 25301-3712
Telephone: (304) 558-2971 Fax: (304) 558-1035

Karen L. Bowling
Cabinet Secretary
OFFICE OF THE
SECRETARY OF STATE

ORDER

In accordance with the provisions of **Legislative Rule 64CSR7, Reportable Diseases, Events and Conditions**, §3.1.a., the Commissioner of the Bureau for Public Health, (BPH), does hereby approve and file the following changes to the Reportable Disease Rule:

Category I. A; §3.3.b

ADD: Middle East Respiratory Syndrome (MERS).

Rationale: MERS is an emerging infectious disease caused by the Middle East Respiratory Syndrome Coronavirus (MERS-CoV) that requires immediate public health response due to high case fatality rates among infected individuals (3-4 out of 10 patients with MERS have died from this infection). Outbreaks of MERS (e.g. 2015 outbreak in South Korea) can be prevented or at least mitigated with timely reporting to public health. Because the public health response to a case of MERS should be quick and requires coordination with various stakeholders, making MERS reportable may facilitate protecting the public at large from potential outbreak scenarios.

Category IV.A; §3.6.b

DELETE: §3.6.b.7 Influenza-like illness (numerical totals only).

Rationale: BPH has implemented and validated a syndromic surveillance system (BioSense) for the past two years that captures influenza-like illness, eliminating the need to collect influenza-like illness (numerical totals only) from local health departments.

ADD: Respiratory Syncytial Virus (RSV) - related death in an individual ≤5 years of age.

Rationale: BPH is expanding surveillance efforts for non-influenza respiratory diseases. RSV is one of the respiratory diseases required to be reported through electronic laboratory reporting under 64CSR7-11.1.f. RSV infections can be very serious in children younger than five years of age. RSV infections in premature babies less than six months old and infants with chronic lung, heart, or immune system problems are more likely to be severe and lead to death. RSV causes approximately 4,500 deaths per year nationally in children under the age of five.

ADD: Acute flaccid myelitis (AFM).

Rationale: An apparent increase in reports of AFM occurring in the United States was identified in the summer and fall of 2014. Interpreting the increase in reports of AFM in 2014 has been challenging in the absence of baseline incidence of AFM. To facilitate interpretation of apparent increases in this syndrome, to assist with tracking of national trends, and to better define the etiologic agent(s), a standardized case definition has been put forward by the Council of State and Territorial Epidemiologists (CSTE) and surveillance needs to be conducted. Standardized surveillance will contribute to a better understanding of the etiology and epidemiology of AFM.

Category IV.A; §3.6.b

DELETE: §3.6.b.14 Rocky Mountain spotted fever.

Rationale: Rocky Mountain spotted fever is caused by *Rickettsia rickettsii*. It is one of many spotted fever group rickettsioses. Other species of *Rickettsia* that can cause human disease are currently not under surveillance in West Virginia based on the current version of the Reportable Disease Rule.

ADD: Spotted fever rickettsiosis.

Rationale: The CSTE case definition was updated in 2010 to include other spotted fever rickettsioses that are associated with human illness (e.g. *Rickettsia parkeri*). West Virginia currently reports non-Rocky Mountain spotted fever rickettsioses as "not a case" in the West Virginia Electronic Disease Surveillance, though supplemental tickborne rickettsial disease forms are sent to the Centers for Disease Control and Prevention (CDC). These cases may not be included in annual national "spotted fever rickettsioses" case numbers.

This filing with the Secretary of State includes a Memorandum, dated July 17, 2015, from the State Health Officer, State Epidemiologist and Director of the Division of Infectious Disease Epidemiology explaining the background and need for these changes.

These changes shall take effect on the date submitted for filing and shall be incorporated as an Appendix to the Rule until such time as the Legislature enacts a revision to the rule which will incorporate all additions and deletions that have been filed with the Secretary of State since the last legislative amendment.



Rahul Gupta, MD, MPH, FACP
Commissioner and State Health Officer
Bureau for Public Health

Date submitted: 7/21/15