

**Rules of the Department of Human Resources
Public Health**

**Chapter 290-5-3
Notification of Disease**

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290-5-3-.01 Definitions.Amended.

Unless a different meaning is required by the context, the terms as used in these regulations shall have the following meanings:

(a) "Notifiable Disease" means any illness, condition, or disability declared to be notifiable by the Department of Human Resources in a published "Official" list.

(b) "Department" means the Department of Human Resources of the State of Georgia.

(c) "Reporter" means a person specifically designated by law or these regulations to report notifiable diseases or conditions.

(d) "Person" means any individual, firm, partnership, association, corporation, the State or any municipality or other subdivision thereof, or any other entity whether organized for profit or not.

Authority O.C.G.A. Secs. 31-2-4, 31-12-2, 31-17-2, 31-18-3 & 4 and 50-13-4. **Administrative History.** Original Rule entitled "Definitions" was filed on July 1, 1980; effective July 31, 1980, as specified by the Agency. **Amended:** Rule repealed and a new Rule of the same title adopted. Filed December 15, 1983; effective January 4, 1984.

290-5-3-.02 Provisions.Amended

(1) It shall be the duty of every licensed physician to report all cases of notifiable diseases or conditions declared notifiable to the board of health in the county where the report originates or to the Department. Such reports shall also be made by the chief administrative officer, or a designee thereof (hereinafter referred to as reporters), of each hospital, nursing home, clinic, health maintenance organization, university health service, primary health care center, or institution such as a school, day care center, mental health hospital, and detention facility. These reports may be made by telephone, by letter, or by completing and mailing forms provided by the Department.

(2) Outbreaks or unusual clusters of disease (infectious and noninfectious) must be reported promptly by telephone to the county board of health or to the Department, Division of Public Health.

(3) The Department shall determine which diseases and conditions are notifiable and shall provide an official list of said diseases and conditions to the county Boards of Health. Each county health department shall be responsible for supplying reporting forms, which contain the official list, to the designated reporters. The Board of Human Resources will review any changes of disease which are to be added or removed from the official list of reportable diseases.

(4) The Department may employ sampling techniques to contain by special request information regarding the occurrence of certain noninfectious diseases of public health significance, e.g. alcohol/drug abuse, birth defects, cancer, heart attack, stroke, injuries, poisonings and occupational diseases.

(5) Reporters are expected to provide additional information to the Department concerning cases for which they have submitted laboratory specimens and to provide additional specimens when so requested for the purpose of providing complete laboratory confirmation of cases having public health importance, if the condition and circumstances of the patient permit.

(6) Clinical laboratories shall report to the Department evidence of notifiable diseases on forms provided by the Department. Report forms shall be retained on file by clinical laboratories for two years from the date of the report. Clinical laboratories are required to retain each isolate of an agent of notifiable disease for at least one week from the date of the report and to send said isolate to the Department for further testing upon request.

(7) Information concerning the occurrence or probable occurrence of any notifiable disease and condition which comes to the attention of any county board of health shall be transmitted to the Department weekly on a routine basis or immediately if circumstances dictate.

Authority O.C.G.A. Secs. 31-2-4, 31-12-2, 31-17-2, 31-18-3 & 4, and 50-13-4. **Administrative History.** Original Rule entitled "Provisions" was filed on July 1, 1980; effective July 31, 1980, as specified by the Agency. **Amended:** Rule repealed and a new Rule of the same title adopted. Filed December 15, 1983, effective January 4, 1984.

290-5-3-.03 Confidentiality.Amended

Case reports submitted to county boards of health or to the Department shall be deemed confidential and shall not be subject to public inspection.

Authority O.C.G.A. Secs. 31-2-4, 31-12-2, 31-17-2, 31-18-3 & 4, and 50-13-4. **Administrative History.** Original Rule entitled "Enforcement" was filed on July 1, 1980; effective July 31, 1980, as specified by the Agency. **Amended:** Rule repealed and a new Rule entitled "Confidentiality" adopted. Filed December 15, 1983; effective January 4, 1984.

290-5-3-.04 Liability

Any person, including but not limited to practitioners of the healing arts, submitting in good-faith reports or data to the Department or county boards of health in compliance with the provisions of this Rule shall not be liable for any civil damages therefore.

Authority O.C.G.A. Secs. 31-2-4, 31-12-2, 31-17-2, 31-18-3 & 4, and 50-13-4. **Administrative History.** Original Rule entitled "Liability" was filed on December 15, 1983; effective January 4, 1984.

290-5-3-.05 Enforcement

The administration and enforcement of these rules and regulations shall be as prescribed in Chapter 31-5 of the Official Code of Georgia Annotated.

Authority O.C.G.A. Secs. 31-2-4, 31-12-2, 31-17-2, 31-18-3 & 4, and 50-13-4. **Administrative History.** Original Rule entitled "Enforcement" was filed on December 15, 1983; effective January 4, 1984.

**Rules of the Department of Human Resources
Public Health**

**Chapter 290-5-17
Reporting of Venereal Disease**

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290-5-17-.01 Definitions.Amended

Unless a different meaning is required by the context, the following terms as used in these Rules shall have the meaning hereinafter respectively ascribed to same:

- (a) "Department" means the Department of Public Health of the State of Georgia.
- (b) "Venereal Disease" is any case of syphilis, gonorrhea or chancroid.
- (c) "Case of Venereal Disease" is any person diagnosed as having a venereal disease.
- (d) "Test" is any laboratory procedure conducted for the purpose of aiding in the discovery or diagnosis of a venereal disease.
- (e) "Reactive or Positive Test" means any laboratory result suggesting the presence of venereal disease.

Authority Ga. L. 1914, pp. 507, 579. **Administrative History.** Original Rule entitled "Venereal Diseases to be Reported" was filed and effective on July 19, 1965 as 270-5-11-.01. **Amended:** Rule repealed and a new Rule entitled "Definitions" adopted. Filed August 17, 1967; effective September 5, 1967. **Amended:** Rule renumbered as 290-5-17-.01. Filed June 10, 1980; effective June 30, 1980.

290-5-17-.02 Provisions.Amended

- (1) Any physician or other person who makes a diagnosis of or treats a case of venereal disease, any superintendent or manager of a hospital, dispensary, or charitable or penal institution in which there is discovered a case of venereal disease shall report it immediately to the Department. Each such venereal disease case shall be reported to the Department by giving name, address, color, age, sex, and a diagnosis on forms furnished by the Department.
- (2) All laboratories conducting tests for venereal disease shall report to the Department daily, as they occur, all reactive or positive tests for venereal disease by giving name, address, color, age and sex of patient on forms furnished by the Department.
- (3) Information reported on these forms shall be kept confidential by the Department.

Authority Ga. L. 1964, pp. 507, 579. **Administrative History.** Original Rule entitled "Patients to be Given Information" was filed and effective on July 19, 1965 as 270-5-11-.02. **Amended:** Rule repealed and a new Rule entitled "Provision" adopted. Filed August 17, 1967; effective September 5, 1967. **Amended:** Rule renumbered as 290-5-17-.02. Filed June 10, 1980; effective June 30, 1980.

290-5-17-.03 Enforcement.Amended

The administration and enforcement of these rules and regulations shall be as prescribed in Chapter 88-3, Enforcement and Administrative Procedure, the Georgia Health Code, Acts 1964, pages 499, 518.

Authority Ga. L. 1964, pp. 507, 579. **Administrative History.** Original Rule entitled "Investigation of Cases" was filed and effective on July 19, 1965 as 270-5-11-.03. **Amended:** Rule repealed and a new Rule entitled "Enforcement" adopted. Filed August 17, 1967; effective September 5, 1967. **Amended:** Rule renumbered as 290-5-17-.03. Filed June 10, 1980; effective June 30, 1980.

**Public Health Laws of Georgia
Title 31, Chapter 17**

Control of Venereal Disease

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31-17-1	<u>Enumeration of diseases deemed dangerous to public health</u>

Syphilis, gonorrhea, and chancroid, hereinafter referred to as venereal diseases, are declared to be contagious, infectious, communicable, and dangerous to the public health.

31-17-2 Reporting of diagnosis or treatment to health authorities

Any physician or other person who makes a diagnosis of or treats a case of venereal disease and any superintendent or manager of a hospital, dispensary, or charitable or penal institution in which there is discovered a case of venereal disease shall make report of such case to the health authorities in such form and manner as the Department of Human Resources shall direct.

31-17-3 Examination and treatment by health authorities

The authorized agent or agents of the Department of Human Resources and county boards of health are directed and empowered, when in their judgment it is necessary to protect the public health, to make examination of persons infected or suspected of being infected with venereal disease; to require persons infected with venereal disease to report for treatment to a physician licensed to practice medicine under Chapter 34 of Title 43 and to continue treatment until cured, or to submit to treatment provided at public expense; and to isolate persons infected or reasonably suspected of being infected with venereal disease. Law enforcement authorities of the jurisdiction wherein any such person so infected or suspected of being infected is located shall offer such assistance, including restraint and arrest, as shall be necessary to assure examination and treatment in accordance with this chapter.

31-17-4 Serologic tests of pregnant women

The department may require every pregnant woman to submit to a standard serologic test, as defined by the department, and may require any person attending or giving prenatal care to such woman to take or cause to be taken a blood specimen for use in such test. Such specimens shall be submitted for laboratory testing in the manner prescribed by the department; and all laboratories conducting such tests shall comply with the rules, regulations, and reporting requirements prescribed therefor by the department.

31-17-4.1 Definitions

(a) As used in this Code section, the term:

(1) 'Chlamydia screening test' means any laboratory test of the urogenital tract which specifically detects for infection by one or more agents of chlamydia trachomatis and which test is approved for such purposes by the federal Food and Drug Administration.

(2) 'Policy' means any benefit plan, contract, or policy except a disability income policy, specified disease policy, or hospital indemnity policy.

(b) (1) Every insurer authorized to issue an individual or group accident and sickness insurance policy in this state which includes coverage for any female shall include as part of or as a required endorsement to each such policy which is issued, delivered, issued for delivery, or renewed on or after July 1, 1998, coverage for one annual chlamydia screening test for those covered females who are not more than 29 years old.

(2) The coverage required under paragraph (1) of this subsection may be subject to such exclusions, reductions, or other limitations as to coverages, deductibles, or coinsurance provisions as may be approved by the Commissioner of Insurance.

(3) Nothing in this subsection shall be construed to prohibit the issuance of accident and sickness insurance policies which provide benefits greater than or more favorable to the insured than those required by paragraph (1) of this subsection.

(4) The provisions of subsection (b) of this Code section shall apply to accident and sickness insurance policies issued by a fraternal benefit society, a nonprofit hospital service corporation, a nonprofit medical service corporation, a health care plan, a health maintenance organization, or any similar entity.

(5) Nothing contained in this Code section shall be deemed to prohibit the payment of different levels of benefits or having differences in coinsurance percentages applicable to benefit levels for services provided by preferred and nonpreferred providers as otherwise authorized under the provisions of Article 2 of Chapter 30 of Title 33, relating to preferred provider arrangements.

(c) (1) A contract executed or renewed on or after July 1, 1998, which provides for financing and delivery of health care services through a managed care plan, other than a dental plan,

shall provide coverage for one annual chlamydia screening test for each female who is covered under such contract and who is not more than 29 years of age. Such coverage may be subject to such exclusions, reductions, or other limitations as to coverages, deductibles, or copayment provisions as may be approved by the Commissioner of Insurance.

(2) Nothing in this subsection shall be construed to prohibit any managed care plan contract from providing benefits greater than or more favorable to the covered females than those required by paragraph (1) of this subsection.

(d) Code Section 31-17-8 shall not apply to this Code section.

(e) This Code section shall be subject to rules and regulations which shall be promulgated by the Commissioner of Insurance regarding notice and enforcement.

31-17-5 Prophylactic treatment at childbirth

It shall be the duty of any person who shall be in attendance on any childbirth to apply to the child such prophylactic treatment as may be prescribed by the department to prevent blindness from gonococcus infection and otherwise to comply with such rules, regulations, and reporting requirements as shall be prescribed by the department.

31-17-6 Regulation of laboratories

All laboratories conducting tests for venereal diseases shall comply with the rules, regulations, and reporting requirements prescribed therefor by the department.

31-17-7 Consent of minor to medical or surgical care or services; informing spouse, parent, custodian, or guardian

(a) The consent to the provision of medical or surgical care or services by a hospital or public clinic or to the performance of medical or surgical care or services by a physician licensed to practice medicine and surgery, when such consent is given by a minor who is or professes to be afflicted with a venereal disease, shall be as valid and binding as if the minor had achieved his majority, provided that any such treatment shall involve procedures and therapy related to conditions or illnesses arising out of the venereal disease which gave rise to the consent authorized under this Code section. Any such consent shall not be subject to later disaffirmation by reason of minority. The consent of no other person or persons, including but not limited to a spouse, parent, custodian, or guardian, shall be necessary in order to authorize the provision to such minor of such medical or surgical care or services as are described in this subsection.

(b) Upon the advice and direction of a treating physician or, if more than one, of any one of them, a member of the medical staff of a hospital or public clinic or a physician licensed to practice medicine and surgery may, but shall not be obligated to, inform the spouse, parent, custodian, or guardian of any such minor as to the treatment given or needed. Such information may be given to or withheld from the spouse, parent, custodian, or guardian without the consent of the minor patient and even over the express refusal of the minor patient to the providing of such information.

31-17-8 **Penalty**

Any person who violates any provision of this chapter or any rule or regulation promulgated under this chapter shall be guilty of a misdemeanor.



HIPAA FACT SHEET: DISCLOSURES FOR PUBLIC HEALTH REPORTING, SURVEILLANCE AND INVESTIGATIONS

Public Health Activities Protected by HIPAA

The comments to the preamble of the Privacy Rule explicitly protect state public health laws by making it clear that “nothing in this [Rule] shall be construed to invalidate or limit the authority, power, or procedures established under any law providing for the reporting of disease or injury, child abuse, birth or death, public health surveillance, or public health investigation or intervention.”

HIPAA Does Not Preempt State Reporting Laws

The Privacy Rule specifically states that it does not preempt contrary state public health laws, including state procedures established under such laws, that provide for the reporting of disease or injury, child abuse, birth or death, or for the conduct of public health surveillance, investigation, or intervention. 45 CFR §160.203 (a)(1)(iv)&(c)

Public Health Authorities Defined

Public health authorities include state public health agencies (e.g., state public health departments or divisions, state cancer registries, and vital statistics departments); local public health agencies; and anyone performing public health functions under a grant of authority from a public health agency. 45 CFR §164.501

Disclosures Required by Law

The Privacy Rule permits covered entities to disclose protected health information, without authorization, to public health authorities who are authorized by law to receive such reports for the purpose of preventing or controlling disease, injury, or disability and for conducting public health surveillance, investigations, or interventions. This includes federal, tribal, local or state laws (or state procedures established under such law) that provide for receiving reporting of disease, injury or conducting public health surveillance, investigation, or intervention. 45 CFR §164.512 (a)&(b)

The Privacy Rule also permits covered entities to disclose protected health information, without authorization, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition, if the covered entity or public health authority is authorized by law to notify such person as necessary in the conduct of a public health intervention or investigation. 45 CFR §164.512 (b)(1)(iv)

Public Health Authorities are Not Business Associates of Covered Entities

Public health authorities receiving information from covered entities as required or authorized by law [See 45 CFR §164.512 (a)&(b)] are not business associates of the covered entities and therefore are not required to enter into business associate agreements. CDC MMWR, Vol. 52, page 8 (May 2003)

Disclosures Not Required by Law

For disclosures not required by law, covered entities may still disclose, without authorization, to a public health authority authorized by law to collect or receive the information for the purpose of preventing or



controlling disease, injury, or disability, the *minimum necessary* information to accomplish the intended public health purpose of the disclosure. 45 CFR §164.512 (b)

Minimum Necessary Rule

Generally, a covered entity must make reasonable efforts to limit protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request. 45 CFR §164.502 (b). However, covered entities are not required to make a minimum necessary determination for disclosures to a health care provider for treatment or for public health disclosures that are required by law. 45 CFR §164.502 (b)(2). For disclosures to a public health authority, covered entities may reasonably rely on a requested disclosure, as the minimum necessary if the public health authority represents that the information requested is the minimum necessary for the stated purpose. 45 CFR §164.514 (d)(3)(iii)

Disclosures to Foreign Government Agencies

Covered entities may, at the direction of a public health authority, disclose protected health information to a foreign government agency that is acting in collaboration with a public health authority. 45 CFR §164.512(b)(1)(i)

Accounting for Public Health Disclosures

The Privacy Rule provides for a simplified means of accounting because the vast amount of data exchanged between covered entities and public health authorities is made through ongoing regular reporting. For example, health care providers are required by law to report all cases of notifiable diseases, such as gonorrhea or salmonella, to the local public health authority. In such cases, the covered entity need only identify the recipient of such repetitive disclosures (local public health authority), the purpose of the disclosure (required for communicable disease surveillance), and describe the protected health information routinely disclosed. The date of each disclosure need not be tracked. Rather, the accounting may include the date of the first and last such disclosure during the accounting period (May 1, 2003 to June 1, 2003), and a description of the frequency or periodicity (weekly) of such disclosures. Therefore, the covered entity would not need to annotate each patient's medical record whenever a routine public health disclosure was made. CDC MMWR, Vol. 52, page 9 (May 2003)

Relevant State Laws:

O.C.G.A. § 31-2-1 (1); Duty, Functions, and Powers of Department
O.C.G.A. § 31-12-1; Power to Conduct Research and Studies
O.C.G.A. § 31-12-2; Reporting Disease
O.C.G.A. § 31-22-7; Reporting by Clinical Laboratories
DHR Rules and Regulations, Chapter 290-5-3; Notification of Disease

Sources:

U.S. Department of Health and Human Services



**Georgia Department of Human Resources (DHR)
Division of Public Health**

Office of Civil Rights

HIPAA Privacy - Disclosure for Public Health Activities (Revised April 3, 2003)

Summary of the HIPAA Privacy Rule (May 2003)

<http://www.hhs.gov/ocr/hipaa/privacy.html>

U.S. Department of Health and Human Services

Centers for Disease Control and Prevention

Morbidity and Mortality Weekly Report

Vol. 52 Supplement (May 2, 2003)

http://www.cdc.gov/mmwr/preview/ind2003_su.html