STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

October 23, 2009

Dear Colleagues:

By Law, Michigan Department of Community Health (MDCH) is required to periodically review and update the Communicable Disease Rules. This process usually takes well over a year and we are pleased to share with you the changes in the rules that went into effect on October 2, 2009. For the Rules pertaining to communicable disease surveillance and reporting, most of the changes were minor updates, having little direct impact on the daily functioning of your local health departments.

We did "formalize" (by placing into law) several procedures that we were already asking laboratories to do; namely submit isolates or serum to the MDCH for certain pathogens of particular interest to public health, including remnant HIV specimens for incidence testing. The vast majority of our laboratories were already voluntarily complying with our submission requests, but some out-of-state laboratories required the requests be reflected in law.

To reflect changes in the diagnosis of tuberculosis, we are now requiring laboratories to submit to local health departments "preliminary test results" and the test interpretations, for tuberculosis. This will allow more prompt case investigation and hopefully decreased transmission, as follow-up can begin based on preliminary results instead of final culture results. We also expanded from *Mycobacterium tuberculosis* to *Mycobacterium tuberculosis* complex to capture the very rare but important human cases of *M. bovis, M. africanum* and *M. microti.*

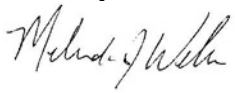
There have been several recent situations which involved individuals or entities hiding or refusing to share information about the location of potentially or known rabid animals, or refusing to share the names of potentially exposed people. We added a broad statement requiring individuals to share this information with the state or local health departments upon request. This puts some "teeth" behind our requests and supports any local law enforcement who may become involved.

The remaining changes are minor wording fixes, updates to reflect changes in organism taxonomy based on the national notifiable disease list, and/or rearrangement of existing rules into more logical flow. We will be printing and distributing the Reportable Disease in Michigan List in the next couple of months to reflect many of these changes. The updated list will also be available soon on the Emerging Infectious Disease website http://www.michigan.gov/emergingdiseases; click on Disease Surveillance on the left and under Introduction see "Diseases Reportable by Law in Michigan".

I am attaching a general summary of the changes, to make it easier to locate and review the changes.

If you have any questions or concerns, please feel free to contact me at (517) 335-8165.

Sincerely,



Melinda J. Wilkins, DVM, MPH, Ph.D.

**General Summary of the Changes to the Communicable Disease Rules,
Effective October 2, 2009 – Attachment to letter dated 10/16/2009**

R 325.171 Definitions
Rule 1.
Added (j) "Novel influenza" is defined as any strains or subtypes of influenza viruses not included in the current year influenza vaccine formulation.

R 325.172 Designation and classification of diseases and infections.
Rule 2. (1) All of the following conditions are designated as serious communicable diseases:
Added (c) Anaplasmosis,
Added Western Equine Encephalitis and Powassan under the (e)Arboviral Disease heading
Added (ii)Hepatitis D
Added (jj) Hepatitis E
Removed Hepatitis, viral non A, B, C
(2) All of the following are designated as serious infections if a laboratory confirms their presence in an individual:
Added (a) Anaplasma phagocytophilum.
Removed Avian Influenza virus (now covered under Novel Influenza)
(aa) Haemophilus influenzae type B, **Added** sterile sites or in patients less than 15 years of age.
Added (tt) Novel influenza
(lll) **Added** Vibrio species **Removed** Vibrio cholera Serovar 01

R 325.173 Reporting and surveillance requirements.
Rule 3
Added (13) In addition to reporting requirements under section 5114 of the public health code for acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV) infection, a physician shall report, if available, the ethnicity and country of birth, if known, of the test subject.
Added (14) Nothing in these rules is intended to limit use or disclosure of information needed by the department or local health department to carry out its responsibilities under the public health code as authorized by, but not limited to, MCL 333.5131.
(15) Viral influenza need only be reported by the number of cases identified during a specified time period **Added - or when influenza is suspected to have caused or contributed to mortality in a person aged less than 18 years, or if the infected individual traveled outside of North America within the 2 weeks prior to symptom onset.**

Added language in BOLD
R325.179 Submission of tuberculosis laboratory specimens **and test results**.
Rule 9. (1**) For the purpose of this rule, "preliminary result" includes, but is not limited to, results from nucleic acid amplification tests, nucleic acid or other genetic probe tests, chromatographic or other such tests that may be performed prior to final culture identification of a clinical specimen.**
(2) A laboratory that initially receives any clinical specimen which yields Mycobacterium tuberculosis **complex, or yields a preliminary result indicative of Mycobacterium tuberculosis complex**, is responsible for ensuring that the following are submitted:
(a) **All preliminary results and any interpretation of those results to the appropriate local health department.**
(b) The first Mycobacterium tuberculosis **complex** isolate, or subculture thereof, from the patient being tested for tuberculosis, to the department.

(c) Any Mycobacterium tuberculosis **complex** isolate, or subculture thereof, from a follow-up specimen, collected 90 days or more after the collection of the first Mycobacterium tuberculosis **complex** positive specimen.

R 325.179a. Submission of other designated conditions specimens.
Rule 9a. (1) A laboratory shall submit to the department the first isolate or subculture thereof, or specimen where appropriate, from the patient being tested, any of the following:
(a) Specimens suspected to contain and suspect isolates of any of the following:
(i) Bacillus anthracis.
(ii) Brucella species.
(iii) Burkholderia pseudomallei.
(iv) Burkholderia mallei.
(v) Clostrididium botulinum.
(vi) Coxiella burnetii.
(vii) Francisella tularensis.
(viii) Orthopox viruses (including smallpox and monkey pox).
(ix) Yersinia pestis.
(b) Specimens that contain and isolates any of the following:
(i) Corynebacterium diphtheriae.
(ii) Escherichia coli 0157:H7 and all other shiga toxin positive serotypes.
(iii) Haemophilus influenzae (only if isolate collected from a normally sterile site or if patient is less than 15 years of age).
(iv) Listeria monocytogenes.
(v) Neisseria meningitidis (only if isolate collected from a normally sterile site)
(vi) Novel influenza.
(vii) Salmonella species including Typhi.
(viii) Severe Acute Respiratory Syndrome (SARS) coronavirus.
(ix) Shigella species.
(x) Staphylococcus aureus (only vancomycin intermediate and resistant).
(xi) Vibrio cholera.
(xii) Vibrio parahemolyticus.
(xii) Vibrio vulnificus.

R 325.179b. Submission of HIV laboratory specimens.
Rule 9b. (1) A laboratory that receives any clinical specimen which yields results indicative of infection with human immunodeficiency virus (HIV) is responsible for ensuring that specimens are submitted to the department or to a laboratory designated by the department.
These specimens include any of the following:
(a) Remnant specimens from all positive western blot (WB) or immunofluorescent antibody (IFA) confirmed tests.
(b) Remnant specimens from viral detection or quantitation tests upon request by the department within 3 months from specimen collection date, if available.
(c) Remnant specimens from multiple reactive rapid enzyme immunoassay (EIA) tests that together constitute an HIV diagnosis.

R 325.180 Procedures for control of rabies; disposition of rabid animals.
Rule 10.
(7) Upon request by the department or local health department, any person who has information regarding the identity, whereabouts, or vaccination status of an animal that that has bitten an individual or otherwise potentially exposed an individual to rabies, or information about the owner of the animal, shall provide information about the animal or the animal's owner to the department or local health department.