NOTICE OF EMERGENCY RULE

DEPARTMENT OF HEALTH

Division of Disease Control

RULE NO.: RULE TITLE:

64DER20-34Diseases or Conditions to be Reported

SPECIFIC REASONS FOR FINDING AN IMMEDIATE DANGER TO THE PUBLIC, HEALTH, SAFETY OR WELFARE: Novel Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that can spread among humans through respiratory transmission and presents with symptoms similar to those of influenza. COVID-19 is a communicable disease with significant morbidity and mortality and presents a severe danger to public health. On March 1, 2020, a Public Health Emergency was declared by the Surgeon General to exist statewide in accordance with Executive Order 20-51. On March 9, 2020, Governor Ron DeSantis issued Executive Order 20-52 declaring that a state of emergency exists in the State of Florida. The declaration of public health emergency and state of emergency still exist. Therefore, there is an immediate need to adopt rules setting forth the procedures to control the spread of COVID-19 to protect the health, safety and welfare of Florida's citizens.

REASONS FOR CONCLUDING THAT THE PROCEDURE USED IS FAIR UNDER THE CIRCUMSTANCES: COVID-19 presents a public health threat to the state of Florida. The Surgeon General has declared a statewide Public Health Emergency due to the spread of COVID-19. There is an immediate need to set forth continued and clarified procedures for the control of this communicable disease in the State of Florida.

SUMMARY OF THE RULE: Emergency rule 64DER20-34 (64D-3.029) requires immediate reporting of suspected or confirmed cases and both positive and negative test results of Coronavirus (COVID-19) by physicians, hospitals, and laboratories. This emergency rule also requires the reporting of results for point-of-care tests used by practitioners, laboratories, and facilities and provides for the methods of submission.

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS: Carina Blackmore, Florida Department of Health, 4052 Bald Cypress Way, Tallahassee, Florida 32399-1703, (850) 245-4732.

THE FULL TEXT OF THE EMERGENCY RULE IS:

64DER20-34 (64D-3.029) Diseases or Conditions to be Reported.

- (1) through (2) No change.
- (3) "Table of Reportable Diseases or Conditions to Be Reported"

Practitioner Report	Practitioner Reporting							Laboratory Reporting							
		Tim	efra	mes	Evidence of current or	Timeframes									
Reportable Diseases or Conditions	Suspect Immediately	Immediately	Next Business Day	Other	recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	subline isolates of specimens for confirmation *1	\sim	Immediately	Next Business Day	Other					
Any case, cluster of cases, outbreak, or exposure to an infectious or non- infectious disease, condition, or agent found in the general community or any defined setting such as a hospital, school or other institution, not listed in this rule that is of urgent public health significance. This includes human cases, clusters, or outbreaks spread person-to-person, by animals or vectors or from an environmental,	Х	x			Detection in one or more specimens of etiological agents of a disease or condition not listed in this Rule that is of urgent public health significance. This includes the identification of etiological agents that are suspected to be the cause of clusters, or outbreaks spread person-to-		x	x							

Practitioner Report	ting				Laborator	ry Report	ting			
		Tin	nefra	mes	Evidence of current or recent infection with		Ti	mefr	ames	
Reportable Diseases or Conditions	Suspect Immediately	Immediately	Next Business Day	Other	etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	submit isolates or specimens for confirmation *1	Suspect Immediately	Immediately	Next Business Day	Other
food or waterborne source of exposure; those that result from a deliberate act of terrorism; and unexplained deaths possibly due to unidentified infectious or chemical causes.					person, by animals or vectors or from an environmental, food, or waterborne source of exposure; those that result from a deliberate act of terrorism; and unexplained deaths due to unidentified infectious or chemical causes.					
Acquired Immune Deficiency Syndrome (AIDS)				2 weeks	Acquired Immune Deficiency Syndrome (AIDS)	Laboratory Reporting I Applicable				ıg Not
Amebic Encephalitis		х			Naegleria fowleri, Balamuthia mandrillaris, or Acanthamoeba_species			х		
Anthrax	Х	Х			Bacillus anthracis	Х	Х	Х		
Antimicrobial resistance surveillance		Repo	ctitic orting plica	g Not	Antimicrobial resistance surveillance (for organisms not otherwise listed in this table), Acinetobacter baumannii, Citrobacter species, Enterobacter species, Enterobacter species, Escherichia coli species, Klebsiella species, Pseudomonas aeruginosa, Serratia species, isolated from a normally sterile site *3				x	
Arsenic Poisoning *4a			x		Laboratory results as specified in the surveillance case definition *4a				x	
Arboviral infections, not otherwise listed in this table (disease due to) *5	X				Including but not limited to: Flaviviridae, Togaviridae (e.g. chikungunya, Western equine encephalitis), Bunyaviridae (e.g. Heartland, Rift Valley Fever) *5	Х	x			
Babesiosis	1		Х		Babesia spp.	Х			Х	
Botulism, foodborne, other (includes wound and unspecified)	Х	Х			<i>Clostridium botulinum</i> or botulinum toxin	Х	Х	х		

Practitioner Repor	ting				Laborator	ry Repo	rting			
		Tin	nefra	mes	Evidence of current or	Timeframes				
Reportable Diseases or Conditions	Suspect Immediately	Immediately	Next Business Day	Other	recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	specimens for confirmation *1	Suspect Immediately	Immediately	Next Business Day	Other
Botulism, infant			Х		<i>Clostridium botulinum</i> or botulinum toxin	Х			Х	
Brucellosis	Х	Х			Brucella species	Х	Х	Х		
California serogroup viruses-(disease due to)			x		California serogroup viruses such_as Jamestown Canyon, Keystone, and Lacrosse	Х			X	
Campylobacteriosis *4b			Х		Campylobacter species *4b				Х	
Cancer (except non-melanoma skin cancer, and including benign and borderline intracranial and CNS tumors) *6				6 months	Pathological or tissue diagnosis of cancer (except non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors)					6 months
Carbon monoxide poisoning			X		A volume fraction ≥ 0.09 (9%) of carboxyhemoglobin in blood				х	
CD-4 absolute count and percentage of total lymphocytes				eporting cable	CD-4 absolute count and percentage of total lymphocytes *7					3 days
Chancroid			Х		Haemophilus ducreyi				Х	
Chlamydia *8			Х		Chlamydia trachomatis				Х	
Cholera	Х	Х			Vibrio cholerae	Х	Х	Х		
Ciguatera fish poisoning			Х		Ciguatera fish poisoning	Lab		y Re pplic		ng Not
Congenital anomalies *9				6 months	Congenital anomalies	in R	ule 64	4D-3	.035,	pecified F.A.C.
Conjunctivitis in neonates < 14 days old			X		Conjunctivitis in neonates < 14 days old	Labo		/ Rep plica		g Not
Coronavirus (COVID-19) *23		<u>X</u>			<u>Coronavirus (COVID-19)</u> <u>*23</u>			<u>X</u>		
Creutzfeld-Jakob disease (CJD) *10			х		14-3-3 or tau protein detection in CSF or immunohistochemical test or any brain pathology suggestive of CJD *10				х	
Cryptosporidiosis *4b			X		<i>Cryptosporidium</i> species *4b				Х	
Cyclosporiasis			Х		Cyclospora cayetanensis	Х			Х	
Dengue *5	Х				Dengue virus *5	Х	Х			
Diphtheria	Х	Х			Corynebacterium diphtheriae	Х	Х	Х		
Eastern equine encephalitis			Х		Eastern equine encephalitis virus	Х			х	

Practitioner Report	ting				Laboratory Reporting						
		Tin	nefra	mes	Evidence of current or		Ti	mefr	ames		
Reportable Diseases or Conditions	Suspect Immediately	Immediately	Next Business Day	Other	recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	specimens for confirmation *1	Suspect Immediately	Immediately	Next Business Day	Other	
Ehrlichiosis/Anaplasmosis			x		Anaplasma species or Ehrlichia species	Х			x		
<i>Escherichia coli</i> Shiga toxin- producing (disease due to) *4b			Х		<i>Escherichia coli</i> Shiga toxin-producing *4b	Х			X		
Giardiasis (acute) *4b			Х		Giardia species *4b				Х		
Glanders	Х	Х			Burkholderia mallei	Х	Х	Х	1	1	
Gonorrhea *8			Х		Neisseria gonorrhoeae			1	Х		
Granuloma inguinale			Х		Calymmatobacterium granulomatis				Х		
<i>Haemophilus influenzae</i> , meningitis and invasive disease, in children < 5 years old	х	х			Haemophilus influenzae, all ages, isolated from a normally sterile site *11	х	х	х			
Hansen disease (Leprosy)			Х		Mycobacterium leprae				Х		
Hantavirus infection		Х			Hantavirus	Х		Х			
Hemolytic uremic syndrome		Х			Not A	pplicabl	e				
Hepatitis A *4b, 12		Х			Hepatitis A*4b, 12			Х			
Hepatitis B, C, D, E and G *12			Х		Hepatitis B, C, D, E and G Virus *12				Х		
Hepatitis B surface antigen (HBsAg)- positive in a pregnant woman or a child up to 24 months old			x		Hepatitis B surface antigen (HBsAg)				X		
Herpes B virus, possible exposure		X			Herpes B virus, possible exposure	Lab		-	eporti cable	ng Not	
Herpes simplex virus (HSV) in infants up to 60 days old with disseminated infection with involvement of liver, encephalitis and infections limited to skin, eyes and mouth *13			x		HSV 1 or HSV 2 by direct FA, PCR, DNA or Culture *13				X		
HSV – anogenital in children < 12 years of age *8, 13			х		HSV 1 or HSV 2 by direct FA, PCR, DNA or Culture *13				x		
Human immunodeficiency virus (HIV) infection				2 weeks	Repeatedly reactive enzyme immunoassay, followed by a positive confirmatory tests, (e.g. Western Blot, IFA): Positive result on any HIV virologic test (e.g. p24 AG, Nucleic Acid Test (NAT/NAAT) or viral culture). All viral load (detectable and undetectable) test results.*14, 15					3 days	

Practitioner Report	ing				Laborator	ry Repor	ting				
		Tin	nefra	mes	Evidence of current or	Timeframes					
Reportable Diseases or Conditions	Suspect Immediately	Immediately	Next Business Day	Other	recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	submit isolates or specimens for confirmation *1	Suspect Immediately	Immediately	Next Business Day	Other	
Human immunodeficiency virus (HIV) Exposed Newborn – infant < 18 months of age born to a HIV infected woman			x		All HIV test results (e.g., positive or negative immunoassay, positive or negative virologic tests) for those < 18 months of age					3 days	
Human papillomavirus (HPV) associated laryngeal papillomas or recurrent respiratory papillomatosis in children < 6 years of age *8			x		HPV DNA				x		
Human papillomavirus (HPV) – anogenital papillomas in children < 12 years of age *8			x		HPV DNA				х		
Human papillomavirus (HPV)		Repo	ctitic orting plica	g Not	HPV DNA *3				х		
Influenza due to novel or pandemic strains	x	x			Isolation of influenza virus from humans of a novel or pandemic strain	Х	x	x			
Influenza-associated pediatric mortality in persons aged < 18 years		X			Influenza virus – associated pediatric mortality in persons aged < 18 years (if known)	Х		x			
Influenza		Repo	ctitic orting plica	g Not	Influenza virus, all test results (positive and negative) *3				х		
Lead poisoning *4, 16			x		All blood lead test results (positive and negative) *3, 4, 16				x		
Legionellosis			Х		Legionella species			1	Х		
Leptospirosis		t	Х		Leptospira species			1	Х		
Listeriosis		Х			Listeria monocytogenes	Х		Х	1		
Lyme disease		1	Х		Borrelia burgdorferi			1	Х		
Lymphogranuloma Venereum (LGV)			Х		Chlamydia trachomatis				Х		
Malaria			Х		Plasmodium species	Х			Х		
Measles (Rubeola)	Х	Х			Measles virus *16	Х	Х	Х			
Melioidosis	Х	Х			Burkholderia pseudomallei	Х	Х	Х			
Meningitis, bacterial or mycotic			x		Isolation or demonstration of any bacterial or fungal species in cerebrospinal fluid				X		
Meningococcal disease	Х	Х			Neisseria meningitidis	Х		Х			

Practitioner Repor	ting				Laborator	ry Repor	ting			
		Tin	nefra	mes	Evidence of current or		Ti	mefr	ames	
Reportable Diseases or Conditions	Suspect Immediately	Immediately	Next Business Day	Other	recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	submutisolates or specimens for confirmation *1	Suspect Immediately	Immediately	Next Business Day	Other
Mercury poisoning *4a			x		Laboratory results as specified in the surveillance case definition *4a				х	
Mumps			Х		Mumps virus				Х	
Neonatal Abstinence Syndrome *18				6 months	Neonatal Abstinence Syndrome	Labor	-	Rep Rep	-	g Not
Neurotoxic shellfish poisoning		x			Laboratory results as specified in the surveillance case definition *4a			X		
Pertussis		Х			Bordetella pertussis			Х		
Pesticide-related illness and injury *4			х		Laboratory results as specified in the surveillance case definition *4				x	
Plague	Х	Х			Yersinia pestis	Х	Х	Х		
Poliomyelitis	Х	Х			Poliovirus	Х	Х	Х		
Psittacosis (Ornithosis)			Х		Chlamydophila psittaci	Х			Х	
Q Fever			Х		Coxiella burnetii	Х			Х	
Rabies, animal or human		Х			Rabies virus	T 1	Х	Х		N
Rabies, possible exposure *19	Х	Х			Rabies, possible exposure	Labor		Rep plica		<u>g Not</u>
Respiratory syncytial virus				eporting cable	Respiratory syncytial virus, all test results (positive and negative) *3				х	
Ricin toxicity	Х	Х			Ricinine (from <i>Ricinus communis</i> castor beans)	Х	Х	Х		
Rocky Mountain spotted fever and other Spotted Fever Rickettsioses			х		<i>Rickettsia rickettsii</i> and other Spotted Fever <i>Rickettsia</i> species	Х			х	
Rubella, including congenital	Х	Х			Rubella virus *17	Х	Х	Х		
St. Louis encephalitis (SLE)			Х		St. Louis encephalitis virus	Х			Х	
Salmonellosis *4b			Х		Salmonella species *4b	Х			Х	
Saxitoxin poisoning including Paralytic shellfish poisoning (PSP)			X		Saxitoxin				Х	
Severe acute respiratory disease syndrome-associated with a Coronavirus infection	X	x			Coronavirus associated with severe acute respiratory disease	Х	х	x		
Shigellosis *4b	-		Х		Shigella species *4b		<u> </u>		Х	
Smallpox	Х	Х			Variola virus (orthopox virus)	Х	Х	Х		

Practitioner Report	ting				Laborator	ry Repor	ting			
		Tin	nefra	mes	Evidence of current or		Ti	mefr	ames	
Reportable Diseases or Conditions	Suspect Immediately	Immediately	Next Business Day	Other	recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	specimens for confirmation *1	Suspect Immediately	Immediately	Next Business Day	Other
<i>Staphylococcus aureus</i> isolated from a normally sterile site				eporting cable	Staphylococcus aureus isolated from a normally sterile site *3				x	
<i>Staphylococcus aureus</i> with intermediate or full resistance to vancomycin (VISA,VRSA)		х			Staphylococcus aureus with intermediate or full resistance to vancomycin (VISA, VRSA); Laboratory results as specified in the surveillance case definition *4	Х		x		
Staphylococcus enterotoxin B		х			Staphylococcus enterotoxin B	Х		Х		
<i>Streptococcus pneumoniae</i> , invasive disease in children < 6 years, drug sensitive and resistant			x		Streptococcus pneumoniae, all ages, isolated from a normally sterile site *20				x	
Syphilis			Х		Treponema pallidum				Х	
Syphilis in pregnant women and neonates		х			Treponema pallidum			х		
Tetanus			Х		Clostridium tetani				Х	
Trichinellosis (Trichinosis)			Х		Trichinella spiralis				Х	
Tuberculosis (TB) *21			х		Mycobacterium tuberculosis complex *21	Х			Х	
Tularemia	Х	Х			Francisella tularensis	Х	Х	Х		
Typhoid fever and paratyphoid fever *4b		х			Salmonella enterica serotype Typhi and Salmonella enterica serotypes Paratyphi A, Paratyphi B, and Paratyphi C *4b	Х		X		
Typhus fever (epidemic)	Х	Х			Rickettsia prowazekii	Х	Х	Х		
Vaccinia disease	Х	Х	L		Vaccinia virus	Х	Х	Х		
Varicella (Chickenpox) *22			X		Varicella virus			-	X	
Varicella mortality			Х		Varicella virus Venezuelan equine				Х	
Venezuelan equine encephalitis	Х	Х			encephalitis virus	Х	Х	Х		
Vibriosis (infections by <i>Vibrio</i> species and closely related organisms, other than Cholera)			X		All non-cholera Vibrio species Photobacterium damselae, (formerly V. damsela); Grimontia hollisae (formerly V. hollisae)	Х			x	
Viral hemorrhagic fevers	Х	х			Ebola, Marburg, Lassa, Machupo Lujo, new world Arena, or Congo-Crimean hemorrhagic fever viruses	Х	x	X		

Practitioner Report	Practitioner Reporting							Laboratory Reporting						
	Timeframes				Evidence of current or		Ti	mefr	ames					
Reportable Diseases or Conditions	Suspect Immediately	Immediately	Next Business Day	Other	recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	specimens for confirmation *1		Immediately	Next Business Day	Other				
West Nile virus (disease due to)			Х		West Nile virus	Х			Х					
Yellow fever	Х	Х			Yellow fever virus	Х		Х						
Zika fever *5	Х				Zika fever virus *5	Х	Х							

*1 through *22 No change.

*23- Special reporting requirements for COVID-19:

a. All test results (positive, negative, and inconclusive results), including screening test results, must be immediately reported and accompanied by the type of test performed (e.g. PCR, antibody, antigen).

<u>b. Point-of-Care Test Reporting Requirements – Practitioners, laboratories, facilities, and all others using point-of-care tests for the diagnosis of COVID-19, including those operating under CLIA waivers, must report both the negative and positive test results to the Department within 24 hours of test administration.</u>

c. In addition to the data element fields required by Rules 64D-3.030 and 64D-3.031, all test results reported must include the CLIA number of the reporting practitioner, laboratory or facility.

d. All test results must be submitted electronically, using one of the electronic reporting methods listed below. Registration in one of these methods, must be completed within 7 days of the effective date of this rule, or within 7 days of obtaining the ability to conduct testing. Until electronic laboratory reporting has been established, test results must be submitted by facsimile to the Florida Department of Health's Bureau of Epidemiology confidential fax line, 850-414-6894, or to the patient's local county health department. List of county health department reporting or the direct entry web portal, visit www.FloridaHealth.gov/ElectronicReportingRegistration.

<u>1. Electronic laboratory reporting for reporting entities that can generate an electronic comma-separated value (CSV) or Health Level 7 (HL7) formatted message.</u>

2. Web portal for entities that perform COVID-19 testing and are unable to generate an electronic CSV or HL7 formatted message. Such entities may include long-term care facilities, assisted living facilities, nursing homes, rehabilitation centers, schools, colleges, universities, or other congregate care settings.

<u>3. National Healthcare Safety Network (NHSN) COVID-19 module for CMS-certified long-term care facilities.</u> Test data submitted to NHSN will be reported to appropriate state and local health departments using standard electronic laboratory messages.

Rulemaking Authority 381.0011(2), 381.003(2), 381.0031(8), 384.33, 392.53(2), 392.66 FS. Law Implemented 381.0011(3), (4), 381.003(1), 381.0031(2), (4), (5), (6), (8), 383.06, 384.25, 385.202, 392.53 FS. History–New 11-20-06, Amended 11-24-08, 6-4-14, 10-20-16, _____.

THIS RULE TAKES EFFECT UPON BEING FILED WITH THE DEPARTMENT OF STATE UNLESS A LATER TIME AND DATE IS SPECIFIED IN THE RULE. EFFECTIVE DATE: November 12, 2020