

KANSAS ADMINISTRATIVE REGULATIONS (K.A.R.)

Agency 28

Kansas Department of Health and Environment

Article 1.—Diseases

28-1-2. Reporting requirements for infectious or contagious diseases and conditions. (a) Each person licensed to practice the healing arts or engaged in a postgraduate training program approved by the state board of healing arts, licensed dentist, licensed professional nurse, licensed practical nurse, administrator of a hospital, licensed adult care home administrator, licensed physician assistant, licensed social worker, and teacher or school administrator shall report each suspected case of the following infectious or contagious diseases or conditions to the secretary within four hours of knowledge of the suspected case:

- (1) Anthrax;
- (2) botulism;
- (3) cholera;
- (4) diphtheria;
- (5) measles (rubeola);
- (6) meningococcal disease;
- (7) mumps;
- (8) novel influenza A virus infection;
- (9) plague (*Yersinia pestis*);
- (10) poliovirus;
- (11) rabies, human;
- (12) rubella;
- (13) severe acute respiratory syndrome-associated coronavirus

- (SARS-CoV);
- (14) smallpox;
- (15) tetanus;
- (16) tuberculosis;
- (17) vaccinia, postvaccination infection or secondary transmission;
- (18) viral hemorrhagic fevers, including Ebola virus, Marburg virus, Crimean-Congo hemorrhagic fever virus, Lassa virus, Lujo virus, and any of the New World arenaviruses; and
- (19) any exotic or newly recognized disease.

(b) Each person licensed to practice the healing arts or engaged in a postgraduate training program approved by the state board of healing arts, licensed dentist, licensed professional nurse, licensed practical nurse, administrator of a hospital, licensed adult care home administrator, licensed physician assistant, licensed social worker, and teacher or school administrator shall report each occurrence of any of the following to the secretary within four hours:

- (1) Clusters, outbreaks, or epidemics;
- (2) possible terrorist acts due to biological, chemical, or radiological agents;
- (3) unexplained death suspected to be due to an unidentified infectious agent; or
- (4) any unusual disease or manifestation of illness.

(c) Each person specified in subsection (a) shall report each case of the infectious or contagious diseases or conditions specified in this subsection to the secretary within 24 hours, except that if the reporting period ends on a weekend or state-approved holiday, the report shall be made to the secretary by 5:00 p.m. on the next business day after the 24-hour period. Each report for the following shall be required only upon receipt of laboratory evidence of the infectious or contagious disease or condition, unless otherwise specified or requested by the secretary:

- (1) Acute flaccid myelitis (report all suspected cases, regardless of laboratory evidence);
- (2) anaplasmosis;
- (3) arboviral disease, neuroinvasive and nonneuroinvasive,

- including California serogroup virus disease, chikungunya virus, any dengue virus infection, eastern equine encephalitis virus disease (EEE), Powassan virus disease, St. Louis encephalitis virus disease (SLE), West Nile virus disease (WNV), western equine encephalitis virus disease (WEE), and Zika virus;
- (4) babesiosis;
 - (5) blood lead level, any results;
 - (6) brucellosis, including laboratory exposures to *Brucella* species;
 - (7) campylobacteriosis;
 - (8) *Candida auris*;
 - (9) carbapenem-resistant bacterial infection or colonization;
 - (10) carbon monoxide poisoning (report all suspected cases, regardless of laboratory evidence);
 - (11) chancroid;
 - (12) chickenpox (varicella) (report all suspected cases, regardless of laboratory evidence);
 - (13) *Chlamydia trachomatis* infection;
 - (14) coccidioidomycosis;
 - (15) cryptosporidiosis;
 - (16) cyclosporiasis;
 - (17) ehrlichiosis;
 - (18) giardiasis;
 - (19) gonorrhea, including antibiotic susceptibility testing results, if performed;
 - (20) *Haemophilus influenzae*, invasive disease;
 - (21) Hansen's disease (leprosy) (report all suspected cases, regardless of laboratory evidence);
 - (22) hantavirus (report all suspected cases, regardless of laboratory evidence);
 - (23) hemolytic uremic syndrome, postdiarrheal (report all suspected cases, regardless of laboratory evidence);
 - (24) hepatitis A, acute hepatitis A (IgM antibody-positive laboratory results only);
 - (25) hepatitis B, acute, chronic, and perinatal infections;
 - (26) hepatitis B in pregnancy (report the pregnancy of each woman with hepatitis B virus infection);

- (27) hepatitis B (report all positive, negative, and inconclusive results for children younger than five years of age);
- (28) hepatitis C;
- (29) hepatitis D;
- (30) hepatitis E;
- (31) histoplasmosis;
- (32) human immunodeficiency virus infection;
- (33) human immunodeficiency virus-positive cases (report either the CD4+ T-lymphocyte cell counts or the CD4+ T-lymphocyte percent of total lymphocytes);
- (34) human immunodeficiency virus infection in pregnancy (report the pregnancy of each woman with human immunodeficiency virus infection);
- (35) human immunodeficiency virus (report viral load of any value);
- (36) influenza that results in the death of any child under 18 years of age (report both suspected cases and cases, regardless of laboratory evidence);
- (37) legionellosis;
- (38) leptospirosis;
- (39) listeriosis;
- (40) Lyme disease;
- (41) malaria;
- (42) psittacosis;
- (43) Q fever, acute and chronic;
- (44) rabies, animal;
- (45) salmonellosis;
- (46) shiga toxin-producing *Escherichia coli* (STEC);
- (47) shigellosis;
- (48) spotted fever rickettsiosis;
- (49) streptococcal toxic-shock syndrome;
- (50) *Streptococcus pneumoniae*, invasive disease;
- (51) syphilis, including congenital syphilis (report all suspected cases, regardless of laboratory evidence);
- (52) toxic-shock syndrome, other than streptococcal;
- (53) transmissible spongiform encephalopathy (TSE) or prion disease (indicate causative agent, if known);

- (54) trichinellosis or trichinosis (report all suspected cases, regardless of laboratory evidence);
- (55) tuberculosis infection (report all suspected cases based on positive tuberculin skin test or laboratory evidence);
- (56) tularemia, including laboratory exposures;
- (57) typhoid fever;
- (58) vancomycin-intermediate *Staphylococcus aureus* (VISA);
- (59) vancomycin-resistant *Staphylococcus aureus* (VRSA);
- (60) vibriosis or non-cholera *Vibrio* species;
- (61) yellow fever; and
- (62) whooping cough (pertussis) (report all suspected cases, regardless of laboratory evidence).

(d) Each person specified in subsection (a) shall report the following information in a manner specified by the secretary for any suspected case or case required to be reported by subsection (a), (b), or (c):

(1) The following personal information for each patient:

- (A) First and last names and middle initial;
 - (B) address, including city, state, and zip code;
 - (C) telephone number, including area code;
 - (D) date of birth;
 - (E) sex;
 - (F) race;
 - (G) ethnicity (specify if hispanic or non-hispanic ethnicity);
 - (H) pregnancy status;
 - (I) date of onset of symptoms; and
 - (J) diagnosis;
- (2) type of diagnostic tests;
- (3) type of specimen;
- (4) date of specimen collection;
- (5) site of specimen collection;
- (6) diagnostic test results, including reference range, titer if quantitative procedures are performed, and all available results concerning additional characterization of the organism;
- (7) treatment given;
- (8) name, address, and telephone number of the attending

physician; and

(9) any other necessary epidemiological information and additional specimen collection or laboratory test results requested by the secretary or local health officer. (Authorized by K.S.A. 65-101, K.S.A. 2017 Supp. 65-128, K.S.A. 65-1,202, and K.S.A. 65-6003; implementing K.S.A. 65-101, K.S.A. 2017 Supp. 65-118 and K.S.A. 65-6002; effective May 1, 1982; amended May 1, 1986; amended Dec. 24, 1990; amended April 19, 1993; amended Jan. 12, 1996; amended Dec. 1, 1997; amended Feb. 18, 2000; amended, T-28-11-20-03, Nov. 20, 2003; amended March 5, 2004; amended April 28, 2006; amended May 11, 2018.)