

S

B

4

0

8

HOUSE COMMITTEE REPORT

FILE

(11)

Date Referred: May 2, 1990

FURTHER REFERRALS:

Date of Committee Action: 5/5/90

The FINANCE Committee considered:

CSSB 408 (FINANCE)

CS SB NO. 408 (Finance)

REPORT FETAL ALCOHOL SYNDROME TO STATE

"An Act requiring health care providers to report cases of fetal alcohol syndrome; and relating to reports by the Department of Health and Social Services concerning common diseases of public health significance."

RECOMMENDATIONS:

- [] be replaced with _____ [] the same title
- [] _____ [] a new title
- [] have attached amendment(s)
- [X] do pass
- [] do not pass
- [] no recommendation
- [] individual recommendations
- [] additional referral to the _____ Committee

ADOPTS: _____ letter of intent

ATTACHES NEW FISCAL NOTE(s):
(Dept)

APPROVES PREVIOUS:

(Date/Dept)

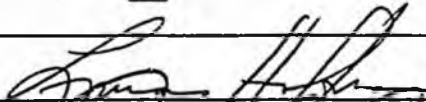
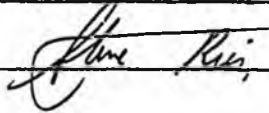
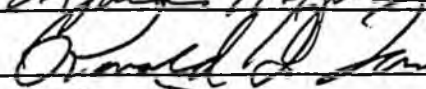
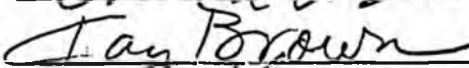

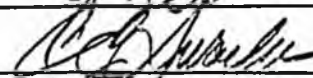
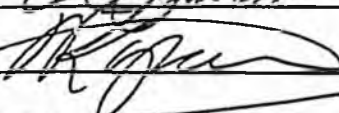
- [] fiscal impact _____ [] fiscal note(s) _____
- [X] zero fiscal note H. FIN. CMTE [] zero fiscal note(s) _____
- [] zero with analysis _____ [] zero fn/analysis _____

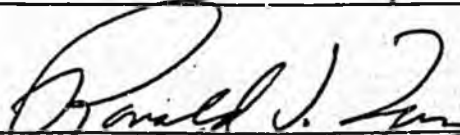
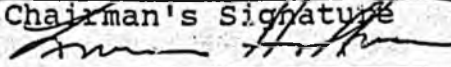
SIGNING DO PASS:

SIGNING:

(Check approp. column)

Do Not Pass No Rec Amend

	Hoffman		Rieger			
	Larson			✓		
	Brown					
	Uimer					
	Swackhammer					
	Koponen					


Larson
Chairman's Signature
 Hoffman

FISCAL NOTE

REQUEST:

Revision Date: _____
 Title: An Act requiring report of Fetal Alcohol Syndrome
 Sponsor: Sen. Binkley, et al
 Requestor: House Finance Committee

Agency Affected: Health & Social Services
 BRU: State Health Services
 Components: Epidemiology

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-

CAPITAL	-0-	-0-	-0-	-0-	-0-	-0-
----------------	------------	------------	------------	------------	------------	------------

REVENUE	-0-	-0-	-0-	-0-	-0-	-0-
----------------	------------	------------	------------	------------	------------	------------

FUNDING: (Thousands of Dollars)

GENERAL FUND	-0-	-0-	-0-	-0-	-0-	-0-
FEDERAL FUNDS						
OTHER						
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

POSITIONS:

FULL-TIME	-0-	-0-	-0-	-0-	-0-	-0-
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary)

Prepared by: House Finance Committee Phone: 465-3727
 Division: Co-Chairman Ron Larson Date: 5/5/90
 Approved by Co-Chairman Lyman Hoffman Date: 5/5/90
 Agency: _____

Distribution (by preparer):
 Legislative Finance
 Legislative Sponsor
 Requestor
 Office of Management and Budget
 Impacted Agency(ies)

Original sponsor(s): SEN. BINKLEY, Zharoff, Coghill, Pourchot, Eliason,
Faiks, Jones, Pearce, Adams, Kelly

1 IN THE SENATE

BY THE FINANCE COMMITTEE

2

CS FOR SENATE BILL NO. 408 (Finance)

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

SIXTEENTH LEGISLATURE - SECOND SESSION

5

A BILL

6

For an Act entitled: "An Act requiring health care providers to report
7 cases of fetal alcohol syndrome; and relating to
8 reports by the Department of Health and Social Ser-
9 vices concerning common diseases of public health
10 significance."

11

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

12

* Section 1. AS 18.05.020 is amended by adding a new subsection to
13 read:

14

(b) The report required under (a) of this section must include a
15 description of the geographical distribution of incidences of common
16 diseases of public health significance reported to the department
17 under regulations adopted to implement AS 18.05.040(a)(1).

18

* Sec. 2. AS 18.05.044(b) is amended to read:

19

(b) The information shall be furnished on forms prescribed by
20 the department, but no person with an impairment or the parent or
21 guardian of a person with an impairment may be compelled to furnish or
22 consent to furnishing information requested for the case registry. A
23 private or governmental organization, institution, or individual may
24 not furnish information to the registry without the written consent of
25 the person with the impairment or the parent or guardian of that
26 person. This subsection does not apply to reports of fetal alcohol
27 syndrome required under AS 18.05.048.

28

* Sec. 3. AS 18.05 is amended by adding a new section to read:

29

Sec. 18.05.048. REPORTS OF FETAL ALCOHOL SYNDROME. (a) A

1 physician, nurse, or other health care professional who treats a child
2 with fetal alcohol syndrome shall report the child's condition to the
3 department orally or on a form provided by the department promptly
4 after first discovering or suspecting the existence of the condition.
5 Each report must give the birth date, geographical area of residence,
6 sex, and race of the child diagnosed as having the condition, and the
7 name and address of the health care professional making the report.

8 (b) Written reports made under this section and transcriptions
9 of oral reports made under this section are confidential and are not
10 subject to public inspection or copying under AS 09.25.110 - 09.25.-
11 120.

12 (c) The commissioner shall annually report to the legislature by
13 January 31 concerning the incidence of fetal alcohol syndrome in the
14 state as reported under this section. The report may not include
15 personally identifying information, but must include the geographical
16 distribution of the condition and any other information considered
17 important by the commissioner.

18 (d) The commissioner may adopt regulations to implement this
19 section.



Alaska State Legislature

SENATE

Committee on Finance

Official Business

P.O. Box V
State Capitol
Juneau, Alaska 99811

MEMORANDUM

May 2, 1990

TO: Representative Lyman Hoffman, Co-Chairman
House Finance Committee

FROM: Senator John Binkley *John*

RE: CSSB 408 (Fin) - requiring health care providers to report cases of fetal alcohol syndrome; and relating to reports by the Department of Health and Social Services concerning common diseases of public health significance

I would appreciate your consideration of scheduling CSSB 408 (Fin) at the earliest possible time.

CSSB 408 (Fin) would make fetal alcohol syndrome a reportable condition in the State of Alaska. Currently, physicians are required to report certain diseases, either by telephone or in writing to the Office of Epidemiology.

The Indian Health Service in Alaska began surveying Alaska Native children for incidence of Fetal Alcohol Syndrome in 1985. Based on early reports which indicated alarmingly high rates, an area-wide FAS Prevention Program was established in cooperation with the Alaska Native Health Board.

Currently IHS pediatricians are diagnosing children at either the Alaska Native Medical Center in Anchorage or at a regional pediatric clinic. Where the pediatrician feels a second opinion is needed the child is referred to a FAS Diagnostic Clinic which is held twice a year at ANMC. A pediatric dysmorphologist conducts these clinics. Physicians from the private sector refer non-native patients to one of the Alaska Genetics Clinics, held every other month in various locations which include Anchorage, Fairbanks, Juneau, Ketchikan, Sitka, or Bethel for diagnosis.

No one in Alaska knows how large the problem may be among the non-Native population because, to date, the state has taken no action to begin to identify the problems. By requiring physicians and other health providers to report FAS, as they encounter children with the birth defect, we would begin to be better equipped to plan for those children who will impact our educational and other social service systems.

Thank you for your consideration.

FISCAL NOTE

REQUEST:

Revision Date: _____ Agency Affected: Health & Social Services
 Title: An Act requiring report of BRU: State Health Services
Fetal Alcohol Syndrome
 Sponsor: Binkley, et al Components: Epidemiology
 Requestor: Senate HESS

EXPENDITURES/REVENUES:

(Thousands of Dollars)

OPERATING	FY 91	FY92	FY93	FY94	FY 95	FY 96
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL	5.0	5.0	5.0	5.0	5.0	5.0
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	5.0	5.0	5.0	5.0	5.0	5.0
CAPITAL						
REVENUE						

FUNDING: (Thousands of Dollars)

GENERAL FUND	5.0	5.0	5.0	5.0	5.0	5.0
FEDERAL FUNDS						
OTHER						
TOTAL	5.0	5.0	5.0	5.0	5.0	5.0

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS: (Attach a separate page if necessary) FY90 fiscal impact is "0."
 Contract cost associated with reporting, computerization, data analysis, communication, mailing, form and legislative report duplication: \$5.0.

Prepared by: Dwayne Peoples Phone: 465-3090
 Division: Division of Public Health Date: 2/23/90
 Approved by Commissioner: Myra M. Munson Date: _____
 Agency: Department of Health and Social Services

Distribution (by preparer):

Legislative Finance
 Legislative Sponsor
 Requestor
 Office of Management and Budget
 Impacted Agency(ies)

Changes in CSSB 408 (Fin)
 have no fiscal impact.
 This fiscal note is
 appropriate. 3/13/90

THE FOLLOWING DOCUMENT HAS
NOT BEEN FILMED BUT IS
AVAILABLE IN THE ORIGINAL
FILE

**DISEASE REPORTING
AND
RAPID TELEPHONIC REPORTING
SYSTEM (RTR)**



RECEIVED JAN 13 1988

**Section of Epidemiology
Division of Public Health
Department of Health and Social Services
State of Alaska
1988**

DISEASE REPORTING IN ALASKA RAPID TELEPHONIC REPORTING SYSTEM

**Section of Epidemiology
Division of Public Health
Department of Health and Social Services
State of Alaska**

September 1988

Disease reporting has resulted in identification of numerous outbreaks. Rapid investigations and institution of control measures have prevented morbidity and mortality. We count on your support to report diseases of public health importance in the future.

The Section of Epidemiology, Alaska Division of Public Health, uses a **Rapid Telephonic Reporting (RTR) System** in Alaska. With rapid and complete disease reporting, we can provide information and control measures necessary to prevent or control diseases of public health importance.

REPORTABLE DISEASES (7 AAC 27.005 - 27.017)

The list of diseases required to be reported was revised in January 1984. Reportable diseases are listed on page 5. The regulations are included on page 6. All reports are confidential.

Public health nurses, physicians, other health care providers, and laboratories are required by state law to phone their morbidity reports to a toll-free number in Anchorage, where an automatic recorder will tape the report. These reports are reviewed by the medical epidemiologists in the Section of Epidemiology.

Diseases may be reported by dialing 561-4234 (Anchorage area). A tape recorder, which operates 24 hours a day, will record your report. For those outside the Anchorage area, simply call the long distance operator and ask for 478-1700. The operator will connect you to the recording machine in the Anchorage office. This service is toll-free.

HOW TO USE THE RAPID TELEPHONIC REPORTING SYSTEM

1. We suggest that physicians designate one of their staff members (e.g., nurse or office manager) to coordinate and maintain disease reporting from their offices. In multi-physician clinics having one person do the reporting works well.
2. When a physician or other health care provider suspects or diagnoses a reportable disease, he/she routes the patient's medical record directly to the person designated for reporting.
3. The report coordinator then takes the baseline data from the patient's medical record and records it on the Rapid Telephonic Report Log (attached). As soon as possible, or at least once a week, the coordinator phones the information to the Section of Epidemiology.

ANCHORAGE AREA telephone 561-4234.

OUTSIDE ANCHORAGE AREA dial local operator and ask for 478-1700.

4. An automatic telephone recorder in the Section of Epidemiology answers each call with a recorded message. Your report is recorded on tape. If you pause longer than fifteen seconds at any one time, the call is automatically disconnected. To minimize the time required of the person reporting, make your telephonic report as brief as possible by following the Rapid Telephonic Report Log located at the back of this book.
5. The Section of Epidemiology clerk transcribes the disease reports, which are then reviewed by the medical epidemiologists in the Section of Epidemiology. Needed control measures will be initiated and contact with the referring physician will be undertaken as indicated. Reported information will be sent to you in the Epidemiology Bulletin.

If you have any questions, please call (collect) the Section of Epidemiology, Anchorage, Alaska (561-4406).

****POINTS TO REMEMBER****

When filling out the Rapid Telephonic Report Log from the patient's chart, please fill in all the columns completely. This will enable you to report complete information on the RTR.

When reporting, speak slowly and clearly. Be certain to **SPELL** the patient's full name, and report in the same sequence as indicated on the report log.

Please report by name. Do not report by hospital number only. **INFORMATION IS CONFIDENTIAL.** Names are required to be reported by law.

Report once a week whether or not you have a disease to report. If we do not hear from your reporting station for a period of two weeks, we will be contacting you to inquire about the reason you are failing to report.

Rapid telephonic reports should be called in once a week even if there is nothing positive to report. If this occurs, simply identify yourself and say, 'I have nothing to report for the preceding week.'

Questions will invariably arise as to how certain you should be of a diagnosis before reporting the case. We ask you to report a case even if the diagnosis is in doubt. In other words, if you **suspect** the presence of a certain disease, then report it. We can arrange with you for specific diagnostic tests or call you back for more information. Err on the side of **over-reporting**.

A medical epidemiologist is available at all times for consultation regarding public health problems. He/she can be reached by calling the Section of Epidemiology (collect) at 561-4406.

If you have trouble using the Rapid Telephonic Reporting System for any reason, please call the Section of Epidemiology at 561-4406 (Anchorage).

The RTR works 24 hours per day.

If a significant public health problem occurs, please call immediately (561-4406).

ALL REPORTS ARE CONFIDENTIAL.

INSTRUCTIONS FOR REPORTING SEXUALLY TRANSMITTED DISEASES

Disease: Indicate whether the patient was treated for gonorrhea or syphilis. If treated for syphilis, please indicate at what stage of the disease.

Laboratory Confirmed: Under this heading, check 'yes' only when the laboratory test confirms the diagnosis. Check 'no' when a laboratory test was not done or results are not yet known.

CONTACTS OF CASES OF SEXUALLY TRANSMITTED DISEASES SHOULD NOT BE REPORTED ON THE RAPID TELEPHONIC REPORTING SYSTEM.

SECTION OF EPIDEMIOLOGY--ASSISTANCE

EPIDEMIOLOGY BULLETIN

Periodic summaries of reported information and results of epidemiologic investigations will be sent to all physicians, public health nurses, local health officials, and other health care providers in the Epidemiology Bulletin. The Epidemiology Bulletin is available free-of-charge upon request. Please contact the Section of Epidemiology to be placed on the mailing list.

For most diseases, the basic information requested in the RTR Log is all that is necessary. For some diseases, the physician or designated staff member will be contacted to obtain necessary additional information.

Further assistance may be obtained by calling the Section of Epidemiology, Anchorage (561-4406). Assistance available includes:

- Epidemiologic investigations.
- Infectious disease consultation.
- Consultation on diseases related to occupation or to environmental exposure to toxic or hazardous material.
- Contact interviewing of patients with sexually transmitted diseases.
- Information on and assistance in obtaining diagnostic laboratory tests.

REPORTABLE DISEASES

● Diseases required to be reported when SUSPECTED or DIAGNOSED

Acquired Immune Deficiency Syndrome (AIDS)	Pertussis
Amebiasis	Plague
Anthrax	Poliomyelitis
Botulism	Psittacosis
Brucellosis	Rabies
Campylobacter	Reye's Syndrome
Cholera	Rheumatic Fever
Diphtheria	Rubella
Echinoroccus	Rubeola
Encephalitis	Salmonella
Giardia	Shigella
Gonorrhea	Smallpox
Hepatitis (A or B)	Syphilis
Hepatitis (non-A - non-B)	Tetanus
Legionnaire's Disease	Trichinosis
Leprosy	Tuberculosis
Malaria	Tularemia
Meningitis (Viral and Bacterial)	Typhoid
Mumps	Yellow Fever
Paralytic Shellfish Poisoning	Yersinia

- Epidemics or outbreaks of unusual number of cases of any infectious disease and severe reactions to any vaccine.
- Diseases which are known or suspected to be related to environmental exposure to toxic-hazardous material.
- Diseases which may possibly arise as a result of a worker's occupation.

Suspected cases of the following are **PUBLIC HEALTH EMERGENCIES**. Please call 561-4406 (if outside the Anchorage area, call collect) immediately.

ANTHRAX	RABIES
BOTULISM	RUBELLA
DIPHTHERIA	RUBEOLA
MENINGOCOCCAL MENINGITIS	SMALLPOX
PARALYTIC SHELLFISH POISONING	TETANUS
POLIO	

ALASKA ADMINISTRATIVE CODE

CHAPTER 27. PREVENTIVE MEDICAL SERVICES

ARTICLE 1. CONTROL OF DISEASES OF PUBLIC HEALTH SIGNIFICANCE (7 AAC 27.005 - 7 AAC 27.080)

7 AAC 27.005. REPORTING BY HEALTH CARE PROVIDERS.

(a) The following common diseases of public health significance must be reported by the physician, nurse, or other health care professional who prescribes for or attends a person with these diseases or suspected diseases: amebiasis, botulism, brucellosis, campylobacter, diphtheria, giardia, gonorrhea, hepatitis (type A or B, or non-A - non-B), legionnaire's disease, meningitis, mumps, paralytic shellfish poisoning, pertussis, psittacosis, Reye's Syndrome, rheumatic fever, rubella, rubeola, salmonella, shigella, syphilis, trichinosis, tuberculosis, tularemia, typhoid, yersinia, severe reactions to any vaccination, and epidemic outbreaks or unusual incidences of communicable disease.

(b) The following rare diseases of public health significance must be reported by the physician, nurse, or other health care professional who prescribes for or attends a person with these diseases or suspected diseases: acquired immune deficiency syndrome (AIDS), cholera, echinococcus, encephalitis, leprosy, malaria, poliomyelitis, plague, rabies, smallpox, tetanus, and yellow fever.

(c) Reports must be submitted to the Department of Health and Social Services, division of public health, orally or on a form provided by the division of public health promptly after first discovering or suspecting the existence of the disease or disease outbreak. Each report must give the name, address, age, sex, and race of the person diagnosed as having the reported disease and the name and address of the health care provider reporting the disease.

(d) Outbreaks or unusual incidences of diseases which are known or suspected to be related to exposure to environmental toxic or hazardous material must be reported by the physician, nurse, or other health care professional who prescribes for or attends those affected. (Eff. 8/21/74, Reg. 51; am 9/20/75, reg. 55; am 3/28/84, Reg. 89)

Authority: AS 18.05.040(1)

7 AAC 27.007. REPORTING BY LABORATORIES.

(a) Public, private, military, hospital, or other laboratories performing serologic, immunologic, microscopic, biochemical, or cultural tests within the State of Alaska must report evidence of the following diseases of public health significance at the time of identification or suspected identification: amebiasis, anthrax, botulism, brucellosis, campylobacter, cholera, diphtheria, echinococcus, enteropathogenic Escherichia coli, giardia, gonorrhea, hepatitis (Type A or B), influenza, Legionella pneumophilia, leprosy, leptospirosis, malaria, meningitis, meningococcal disease, mumps, pertussis, plague, poliomyelitis, psittacosis, rabies (human or animal), rubella, rubeola, salmonella, shigella, smallpox, syphilis, tetanus, trichinosis, tuberculosis, tularemia, typhus, yellow fever, and Yersinia enterocolitica.

(b) Reports must be submitted to the Department of Health and Social Services, division of public health, orally or on a form provided by the division of public health, or on a legible copy of the original laboratory report form promptly after the examination or test is performed. Each notification must give the date and result of the test performed, the name or identification code sufficient to identify the patient to the health care provider, and, when available, the age of the person from whom the specimen was obtained, and the name and address of the health care provider for whom the examination or test was performed.

(c) When acting on the basis of information received from laboratory notification, the division of public health will not, except in instances of overriding public health considerations, contact the patient without first requesting and obtaining the permission of the physician or other health care provider.

(d) All laboratory notifications required by this section are confidential and are not open to public inspection. (Eff. 8/21/74, Reg. 51; am 9/20/75, Reg. 55; am 3/28/84, Reg. 89)

Authority: AS 18.05.040(1)

7 AAC 27.008. REPORTING BY HOSPITALS.

To maintain accurate incidence rates of cancer, and to assist planning and evaluation of cancer control programs, all hospitals licensed in the State of Alaska shall report newly diagnosed cancer cases, with the exception of noninvasive skin cancers, to the Division of Public Health. Reports shall be submitted at least once a year on forms provided by the department, and shall include as a minimum the name, age, sex, race, community of residence, date of diagnosis, and primary site. (Eff. 9/20/75, Reg. 55)

Authority: AS 18.05.040(1)

7 AAC 27.010. CONTROL OF COMMUNICABLE DISEASES IN MAN.

(a) The provision on methods of control of communicable diseases outlined in the Control of Communicable Diseases in Man, American Public Health Association, Thirteenth Edition, 1981, are adopted by reference as the regulations governing "Preventive Measures," "Control of Patients, contacts and the Immediate Environment," and "Epidemic Measures."

(b) The provisions of (a) of this section are not applicable to the control of rabies in animals or on the reporting of diseases of public health significance. (Eff. 6/10/62, Reg. 6; am 8/21/74, Reg. 51; am 3/28/84, Reg. 89)

Authority AS 18.05.040(1)

7 AAC 27.015. OCCUPATIONAL HEALTH DUTIES.

The division of public health may investigate places of employment and study conditions which might be responsible for ill health of industrial workers or their families. (Eff. 3/28/84, Reg. 89)

Authority AS 18.05.040

7 AAC 27.016. RIGHT OF INSPECTION.

The division of public health may have access to any establishment and records of any establishment in the discharge of its official duties in accordance with law. (Eff. 3/28/84, Reg. 89)

Authority AS 18.05.040

7 AAC 27.017. REPORTING OF DISEASE.

Diseases which are known or suspected to be a result of a worker's occupation must be reported to the division of public health by the physician, nurse, or other health care professional who prescribes for or attends the person with the disease. (Eff. 3/28/84, Reg. 89)

Authority AS 18.05.040

7 AAC 27.020. CONTROL OF ANIMAL DISEASES TRANSMISSIBLE TO HUMANS.

(a) Quarantine. The standards for quarantine are

(1) Whenever any case of rabies or other animal disease dangerous to the health of human beings is reported as existing in any area, the Department of Health and Social Services will make an investigation as to whether the disease exists and as to the probable area of the state in which man or animal is endangered by it. If the Department of Health and Social Services, in conjunction with the Department of Natural Resources, finds that any such disease exists, a quarantine will be declared against all of those animals which are designated in the quarantine order within the area specified in the order. If the quarantine is for the purpose of preventing the spread of rabies, the order will contain a warning to the owners of animals within the quarantined area to confine on the owner's premises or tie down all animals so as to prevent biting. After such an order is issued, any animal found running at large in the quarantined area or known to have been removed from or to have escaped from the area may be destroyed by a peace officer or by a person designated by the Department of Health and Social Services.

(2) Following the order of quarantine, the Department of Health and Social Services, in conjunction with the Department of Natural Resources, will make a thorough investigation as to the extent of the disease, the probable number of persons and animals exposed, and the area found to be involved.

(3) During the period for which any quarantine order is in force, all peace officers are empowered to kill, or, in their discretion to capture and hold for further action by the Department of Health and Social Services and the Department of Natural Resources all animals in a quarantined area not held in restraint on private premises.

(4) For the purposes of paragraphs (1), (2) and (3) of this subsection, "quarantine" is the strict confinement upon the private premises of the owners under restraint by leash, chain, closed cage, or paddock of all animals specified by the order.

(b) Rabies Vaccination. The standards for animal rabies vaccination are

(1) The "Compendium of Animal Rabies Vaccines," prepared by the National Association of State Public Health Veterinarians, Inc. (1983), is adopted by reference to govern the use of animal rabies vaccines.

(2) The Rabies Vaccination Certificate, developed by the National Association of State Public Health Veterinarians, Inc., is adopted as the only valid rabies vaccination certificate. These certificates will be supplied by the Department of Health and

Social Services.

(3) Rabies vaccination of dogs and cats is required in accordance with schedules in the "Compendium of Animal Rabies Vaccines" as adopted in (1) of this subsection. Evidence of such a vaccination is to be recorded on the Standard Vaccination Certificate specified in (2) of this subsection. At the time of vaccination, the owner or keeper of a dog vaccinated must be given a metal tag bearing the Standard Vaccination Certificate number and the expiration date of the period of immunity. The tag must be affixed by the owner or keeper to a collar or harness and must be worn by the dog for which the certificate is issued except that the dog need not wear the tag while harnessed in a dog team or while participating in organized training or competition.

(4) A rabies vaccination is valid only when performed by or under the direct supervision of a licensed veterinarian, or by an individual approved by the Department of Health and Social Services as qualified to administer the vaccine and for whom the approval is in the best interests of the state in carrying out the purposes of this section and sec. 30 of this chapter. The availability of a licensed veterinarian will not of itself preclude this approval.

(5) Sale of rabies vaccine to any person or entity other than a licensed veterinarian, veterinary biologic supply firm, or public agency is prohibited.

(6) Any dog or cat not vaccinated in compliance with this subsection may be confiscated and either vaccinated or destroyed. Owners of confiscated animals are subject to payment of costs of confiscation, boarding, and vaccination, as well as any other penalties established by a municipality under AS 29.48.035.

(c) Impoundment or Destruction of Animals. The standards for impounding or destroying animals which may be rabid are

(1) A dog or cat vaccinated in accordance with (b)(3) of this section which bites a person must be placed under observation for 10 days, except that a clinically ill or stray animal which does so may be destroyed immediately and submitted to the Department of Health and Social Services or to a laboratory designated by the department for rabies testing.

(2) A dog or cat not vaccinated in accordance with (b)(3) of this section which bites a person may be destroyed immediately and submitted to the Department of Health and Social Services or to a laboratory designated by the department for rabies testing.

(3) A free-ranging wild animal which bites a person must be destroyed immediately and submitted to the Department of Health and Social Services or to a labo-

ratory designated by the department for rabies testing.

(4) An unvaccinated dog or cat bitten by a known rabid animal may be destroyed immediately. If the bitten animal has a current rabies vaccination, as defined in the "Compendium of Animal Rabies Vaccines" under (b)(1) of this section, the animal must be immediately revaccinated and confined a minimum of 30 days. (Eff. 6/10/62, Reg. 6; am 8/21/74, Reg. 51; am 6/21/78, Reg. 66; am 3/28/84, Reg. 89)

Authority AS 18.05.040

7 AAC 27.030. EXPORT AND INTRASTATE TRANSPORTATION OF ANIMALS.

(a) Areas of Infection. Whenever the commissioner of health and social services finds that animals of any kind in a specific area are afflicted with a disease contagious to man and are liable to spread that disease from the area so as to endanger the public health he will, in his discretion, declare it an area of infection. No person may, after the date of that declaration, transport or offer for transportation into or within the State of Alaska any such animal from the area described in the declaration, except with the permission of and in accordance with precautions against the spread of the disease specified by the Department of Health and Social Services.

(b) Rabies Vaccination for Intrastate Travel. No dog or cat may be transported by public intrastate transportation unless the owner or custodian of the animal shows that the animal has an unexpired rabies vaccination. Proof of an unexpired rabies vaccination is the date on the metal tag worn by the animal bearing the Standard Vaccination Certificate number, as required by sec. 20(b)(3) of this chapter, or the date on the Standard Vaccination Certificate required by sec. 20(b)(2) of this chapter, or an affidavit from a person authorized to administer the vaccine stating that the animal has a current rabies vaccination. (Eff. 6/10/62, Reg. 6; am 8/21/74, Reg. 51; am 6/21/78, Reg. 66)

Authority AS 18.05.040(1)

7 AAC 27.040. IMPORTATION OF DOGS.

(a) Every dog imported into the state shall be accompanied by a health certificate issued within 30 days of importation by a licensed veterinarian in the state of origin, and a copy of the certificate shall be forwarded immediately to the state veterinarian of Alaska. The certificate must show that the dog is free from rabies or any communicable disease and has not recently been exposed to any such disease; also, it must give the breed, sex and age, point of origin and destination, and the names and post office addresses of consignee and consignor. If the dog has been vaccinated, the health certificate must include the date of vaccination.

(b) Dogs shall have been properly vaccinated with rabies vaccine within six months prior to the date of importation into the state and may, at the discretion of the commissioner of natural resources, be subject to quarantine at destination for a period of not less than 60 days following arrival within the state.

(c) This section does not apply to any dog passing through the state nor to any dog within the state for temporary stay for exhibition or breeding purposes when the dog is kept properly under control of the owner or custodian. (Eff. 6/10/62, Reg. 6; am 8/21/74, Reg. 51)

Authority AS 18.05.040(1)

Rapid Telephonic Reporting System Report Log

Week Ending

Mon	Day	Year		

Name of Patient <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">(Last)</td> <td style="text-align: center;">First</td> <td style="text-align: center;">Middle</td> <td></td> </tr> </table>							(Last)	First	Middle		Date of Birth <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Mon</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td colspan="2"></td> </tr> </table>								Mon	Day	Year			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race <input type="checkbox"/> Unknown <input type="checkbox"/> White <input type="checkbox"/> Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic		Marital Status <input type="checkbox"/> Unknown <input type="checkbox"/> Never Mar <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Reporting Agency <input type="checkbox"/> Unknown <input type="checkbox"/> Private <input type="checkbox"/> City/State <input type="checkbox"/> Military <input type="checkbox"/> USPHS/IHS <input type="checkbox"/> CHA			
(Last)	First	Middle																														
Mon	Day	Year																														
Disease			Onset/Diagnosis <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Mon</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td colspan="2"></td> </tr> </table>							Mon	Day	Year			Lab Confirmed <input type="checkbox"/> Y <input type="checkbox"/> N		Patient Interview <input type="checkbox"/> Y <input type="checkbox"/> N		# Contacts <input style="width: 20px;" type="text"/>	Report Date <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Mon</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td colspan="2"></td> </tr> </table>								Mon	Day	Year		
Mon	Day	Year																														
Mon	Day	Year																														
Residence			Mon Day Year		Y N		Y N		#	Mon Day Year																						

Name of Patient <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">(Last)</td> <td style="text-align: center;">First</td> <td style="text-align: center;">Middle</td> <td></td> </tr> </table>							(Last)	First	Middle		Date of Birth <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Mon</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td colspan="2"></td> </tr> </table>								Mon	Day	Year			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race <input type="checkbox"/> Unknown <input type="checkbox"/> White <input type="checkbox"/> Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic		Marital Status <input type="checkbox"/> Unknown <input type="checkbox"/> Never Mar <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Reporting Agency <input type="checkbox"/> Unknown <input type="checkbox"/> Private <input type="checkbox"/> City/State <input type="checkbox"/> Military <input type="checkbox"/> USPHS/IHS <input type="checkbox"/> CHA			
(Last)	First	Middle																														
Mon	Day	Year																														
Disease			Onset/Diagnosis <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Mon</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td colspan="2"></td> </tr> </table>							Mon	Day	Year			Lab Confirmed <input type="checkbox"/> Y <input type="checkbox"/> N		Patient Interview <input type="checkbox"/> Y <input type="checkbox"/> N		# Contacts <input style="width: 20px;" type="text"/>	Report Date <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Mon</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td colspan="2"></td> </tr> </table>								Mon	Day	Year		
Mon	Day	Year																														
Mon	Day	Year																														
Residence			Mon Day Year		Y N		Y N		#	Mon Day Year																						

Name of Patient <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">(Last)</td> <td style="text-align: center;">First</td> <td style="text-align: center;">Middle</td> <td></td> </tr> </table>							(Last)	First	Middle		Date of Birth <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Mon</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td colspan="2"></td> </tr> </table>								Mon	Day	Year			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race <input type="checkbox"/> Unknown <input type="checkbox"/> White <input type="checkbox"/> Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic		Marital Status <input type="checkbox"/> Unknown <input type="checkbox"/> Never Mar <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Reporting Agency <input type="checkbox"/> Unknown <input type="checkbox"/> Private <input type="checkbox"/> City/State <input type="checkbox"/> Military <input type="checkbox"/> USPHS/IHS <input type="checkbox"/> CHA			
(Last)	First	Middle																														
Mon	Day	Year																														
Disease			Onset/Diagnosis <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Mon</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td colspan="2"></td> </tr> </table>							Mon	Day	Year			Lab Confirmed <input type="checkbox"/> Y <input type="checkbox"/> N		Patient Interview <input type="checkbox"/> Y <input type="checkbox"/> N		# Contacts <input style="width: 20px;" type="text"/>	Report Date <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Mon</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td colspan="2"></td> </tr> </table>								Mon	Day	Year		
Mon	Day	Year																														
Mon	Day	Year																														
Residence			Mon Day Year		Y N		Y N		#	Mon Day Year																						

Name of Patient <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">(Last)</td> <td style="text-align: center;">First</td> <td style="text-align: center;">Middle</td> <td></td> </tr> </table>							(Last)	First	Middle		Date of Birth <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Mon</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td colspan="2"></td> </tr> </table>								Mon	Day	Year			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race <input type="checkbox"/> Unknown <input type="checkbox"/> White <input type="checkbox"/> Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic		Marital Status <input type="checkbox"/> Unknown <input type="checkbox"/> Never Mar <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Reporting Agency <input type="checkbox"/> Unknown <input type="checkbox"/> Private <input type="checkbox"/> City/State <input type="checkbox"/> Military <input type="checkbox"/> USPHS/IHS <input type="checkbox"/> CHA			
(Last)	First	Middle																														
Mon	Day	Year																														
Disease			Onset/Diagnosis <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Mon</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td colspan="2"></td> </tr> </table>							Mon	Day	Year			Lab Confirmed <input type="checkbox"/> Y <input type="checkbox"/> N		Patient Interview <input type="checkbox"/> Y <input type="checkbox"/> N		# Contacts <input style="width: 20px;" type="text"/>	Report Date <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Mon</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td colspan="2"></td> </tr> </table>								Mon	Day	Year		
Mon	Day	Year																														
Mon	Day	Year																														
Residence			Mon Day Year		Y N		Y N		#	Mon Day Year																						

Name of Patient <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">(Last)</td> <td style="text-align: center;">First</td> <td style="text-align: center;">Middle</td> <td></td> </tr> </table>							(Last)	First	Middle		Date of Birth <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Mon</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td colspan="2"></td> </tr> </table>								Mon	Day	Year			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race <input type="checkbox"/> Unknown <input type="checkbox"/> White <input type="checkbox"/> Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic		Marital Status <input type="checkbox"/> Unknown <input type="checkbox"/> Never Mar <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Reporting Agency <input type="checkbox"/> Unknown <input type="checkbox"/> Private <input type="checkbox"/> City/State <input type="checkbox"/> Military <input type="checkbox"/> USPHS/IHS <input type="checkbox"/> CHA			
(Last)	First	Middle																														
Mon	Day	Year																														
Disease			Onset/Diagnosis <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Mon</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td colspan="2"></td> </tr> </table>							Mon	Day	Year			Lab Confirmed <input type="checkbox"/> Y <input type="checkbox"/> N		Patient Interview <input type="checkbox"/> Y <input type="checkbox"/> N		# Contacts <input style="width: 20px;" type="text"/>	Report Date <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Mon</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td colspan="2"></td> </tr> </table>								Mon	Day	Year		
Mon	Day	Year																														
Mon	Day	Year																														
Residence			Mon Day Year		Y N		Y N		#	Mon Day Year																						

Name of Patient <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">(Last)</td> <td style="text-align: center;">First</td> <td style="text-align: center;">Middle</td> <td></td> </tr> </table>							(Last)	First	Middle		Date of Birth <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Mon</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td colspan="2"></td> </tr> </table>								Mon	Day	Year			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race <input type="checkbox"/> Unknown <input type="checkbox"/> White <input type="checkbox"/> Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic		Marital Status <input type="checkbox"/> Unknown <input type="checkbox"/> Never Mar <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Reporting Agency <input type="checkbox"/> Unknown <input type="checkbox"/> Private <input type="checkbox"/> City/State <input type="checkbox"/> Military <input type="checkbox"/> USPHS/IHS <input type="checkbox"/> CHA			
(Last)	First	Middle																														
Mon	Day	Year																														
Disease			Onset/Diagnosis <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Mon</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td colspan="2"></td> </tr> </table>							Mon	Day	Year			Lab Confirmed <input type="checkbox"/> Y <input type="checkbox"/> N		Patient Interview <input type="checkbox"/> Y <input type="checkbox"/> N		# Contacts <input style="width: 20px;" type="text"/>	Report Date <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Mon</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td colspan="2"></td> </tr> </table>								Mon	Day	Year		
Mon	Day	Year																														
Mon	Day	Year																														
Residence			Mon Day Year		Y N		Y N		#	Mon Day Year																						