

SB

408

STATE OF ALASKA
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Mary Van Nimwegen

SB 408

H. HESS

5/2/90

HOUSE COMMITTEE REPORT

(7)

Date Referred: April 6, 1990

FURTHER REFERRALS:

FINANCE

Date of Committee Action: 5/2/90

The HESS 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
- have attached amendment(s) a new title
- 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 _____
- zero fiscal note _____
- zero with analysis _____

- fiscal note(s) 3/13/90 / DHSS
- zero fiscal note(s) 2 3/13/90 / Rev. Dep.
- zero fn/analysis _____

SIGNING DO PASS:

SIGNING:

(Check approp. column)

Do Not Pass No Rec Amend

[Signature]
[Signature]
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[Signature]

	Do Not Pass	No Rec	Amend
<u>[Signature]</u>		X	

[Signature]
Chairman's Signature

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						
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REVENUE						
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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

POSITION PAPER

COMMITTEE SUBSTITUTE FOR SENATE BILL NO. 408 (Finance)

For an Act entitled: "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."

CSSB 408 (Finance) amends existing legislation requiring the department to add to its annual report to the legislature information concerning the incidence and geographic distribution of diseases which, by regulation, are required to be reported to the department. The Bill also modifies existing legislation governing the registry of persons with impairments by permitting information on fetal alcohol syndrome (FAS) to be reported to the registry without the written consent of the person with the impairment or the parent or guardian of that person.

CSSB 408 (Finance) would also require the reporting by physicians, nurses, or other health care professionals of each case or suspected case of fetal alcohol syndrome (FAS) to the Department of Health and Social Services by birth date, geographic area of residence, sex, and race of the child. Reports made to the department are confidential. The bill also would require the department to make an annual report to the legislature concerning the incidence of fetal alcohol syndrome but forbids inclusion of information which would identify an individual case.

Background: The worldwide incidence of FAS is said to be about 1.9 per 1000 live births. The United States rate is about 1.3 per 1000 live births and, according to estimates made by the Alaska Native Health Service and the Alaska Native Health Board, the rate in Alaska Natives is approximately 4.3 per 1000 live births. Rates for the non-Native Alaska population are not known. Because FAS is not curable and because of its lifelong effects on the physical health and mental development, the disproportionately high incidence of FAS in Alaska is of special concern.

The intent of the legislation is presumably to increase the knowledge of incidence and prevalence by geographic area, age, sex, and race in order to permit improved programming and budgeting of services aimed at prevention of the problem and amelioration of its effects.

According to A Manual on Indian Adolescents and Adults with Fetal Alcohol Syndrome prepared by staff of the University of Washington for the Indian Health Service in 1986, a "[d]iagnosis of FAS is a clinical judgement best made by a specially trained physician with experience in syndrome identification, usually a dysmorphologist or a medical geneticist. The diagnosis is made from physical examination of the patient supplemented with information regarding the prenatal exposures, the birth record, and the medical history." If case reporting is to be required of practicing health care

providers who have not had extensive experience with the syndrome, a clear and consistent case definition will be especially important and will have to be uniformly applied. Health care professionals would have to be made familiar with the criteria and with the new legal requirement for reporting. The Fetal Alcohol Study Group of the Research Society on Alcoholism recommended that the diagnosis of FAS should be made only when a patient has, in addition to a history of prenatal alcohol exposure, one or more signs in each of the following categories: (1) Prenatal or postnatal growth retardation -- weight, length, or head circumference abnormally small for age; (2) Central nervous system involvement -- signs of neurological abnormality, delayed development, or intellectual impairment; and (3) Characteristic cranial and facial malformations -- at least two of the following signs: (a) abnormally small head; (b) small eyes or short palpebral fissures; (c) poorly developed philtrum, thin upper lip, or flattening of cheekbones. Although diagnostic criteria appear to be straight-forward, authorities agree that training is important in diagnosing FAS and some have suggested that many cases are undetected because health care providers have not been trained in recognition of FAS. There is no diagnostic laboratory test available.

A requirement to report suspicious cases would also necessitate a case definition and would be considerably less precise than diagnosis of the full-blown syndrome.

Position: Thanks to studies already performed by the Alaska Native Health Board and the Alaska Native Health Service, there is reasonably good information available on prevalence of FAS in the Native population.

There is little experience in Alaska with compulsory reporting of non-communicable diseases. It is known that passive reporting systems even for communicable diseases are subject to varying degrees of incompleteness, perhaps particularly when a socially unacceptable lifestyle factor is involved, e.g., sexually transmitted diseases. Under-reporting would probably be a significant problem, even if providers could be trained in FAS recognition. There may also be problems with duplicate reporting.

If the main purpose of the proposed legislation is to define the FAS problem more precisely in Alaska, it might be preferable to explore the possibilities of conducting prevalence studies in selected populations or geographic areas instead of relying on an on-going case reporting system with problematical completeness and precision.

Although the registry of persons with impairments was authorized in 1968, no functioning registry has ever existed. However, the department could collect and compile information on FAS under the authority of this legislation.

The department supports the intent of CSB 108 (Finance), but believes that other methods of investigation would yield more

accurate and usable information. However, even if the incidence and prevalence figures are less than complete, some additional information will be obtained and a reporting requirement will also serve to increase awareness of the importance of FAS among health care providers.

Recommended by:

Katherine A. Kelley

Katherine A. Kelley, Dr.P.H.
Director
Division of Public Health

Date:

3/15/90

Approved by:

Myra M. Munson

Myra M. Munson
Commissioner
Department of Health and Social Services

Date:

3/20/90

FISCAL NOTE

REQUEST:

Revision Date: _____ Agency Affected: Health & Social Services
 Title: An Act Requiring Reporting of FAS Syndrome BRU: State Health Services
 Sponsor: Binkley et al Components: Maternal Child & Family Health
 Requester: House HESS

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 90	FY 91	FY 92	FY 93	FY 94	FY 95
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	0.0	0.0	0.0	0.0	0.0	0.0
REVENUE	0.0	0.0	0.0	0.0	0.0	0.0

FUNDING: (Thousands of Dollars)

General Funds	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)

Contract cost for development of diagnostic definitions, report computerization, data analysis, communication with health care providers, mailing report forms, and legislative report duplication and distribution.

No funding impact for FY 90.

Prepared By: Katherine Kelley, Dr.P.H.
 Division: Division of Public Health
 Approved By Commissioner: Myra M. Munson
 Agency: Department of Health and Social Services

Phone: 465-3090
 Date: 03/21/90
 Date: _____

Distribution (by preparer):

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



Alaska State Legislature

SENATE

Committee on Finance

Official Business

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

MEMORANDUM

April 21, 1990

TO: Representative Johnny Ellis, Chairman
House Health Education and Social Services Committee

FROM: Senator John Binkley *John Binkley*

RE: CSSB 408 (Finance) - 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 very much appreciate your consideration of calendaring CSSB 408 (Finance) before the House HESS Committee.

CSSB 408(Finance) 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. Attached is a copy of the Disease Reporting and Rapid Telephonic Reporting System (RTR) manual which is currently being used by physicians.

The bill would also require reports of common diseases issued by the department be broken into geographic districts of the state. This provision was added in the Senate Finance Committee at the request of regional health corporations who felt the data would be more useful with a geographic breakdown.

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.

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 be better equipped to plan for those children who will impact our educational and other social service systems.

Thank you for your consideration.

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



RECEIVED 11 1 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.

****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.

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
Echinococcus	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
BOTULISM
DIPHTHERIA
MENINGOCOCCAL MENINGITIS
PARALYTIC SHELLFISH POISONING
POLIO

RABIES
RUBELLA
RUBEOLA
SMALLPOX
TETANUS

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 27.020. 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

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.

Rapid Telephonic Reporting System Report Log

week Ending

Mon	Day	Year			

Name of Patient Last First Middle	Date of Birth 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
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Disease	Onset/Diagnosis Mon Day Year	Lab Confirmed <input type="checkbox"/> Y <input type="checkbox"/> N	Patient Interview <input type="checkbox"/> Y <input type="checkbox"/> N	# Contacts #	Report Date Mon Day Year
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Disease	Onset/Diagnosis Mon Day Year	Lab Confirmed <input type="checkbox"/> Y <input type="checkbox"/> N	Patient Interview <input type="checkbox"/> Y <input type="checkbox"/> N	# Contacts #	Report Date Mon Day Year
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Disease	Onset/Diagnosis Mon Day Year	Lab Confirmed <input type="checkbox"/> Y <input type="checkbox"/> N	Patient Interview <input type="checkbox"/> Y <input type="checkbox"/> N	# Contacts #	Report Date Mon Day Year
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Name of Patient Last First Middle	Date of Birth 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
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Disease	Onset/Diagnosis Mon Day Year	Lab Confirmed <input type="checkbox"/> Y <input type="checkbox"/> N	Patient Interview <input type="checkbox"/> Y <input type="checkbox"/> N	# Contacts #	Report Date Mon Day Year
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Name of Patient Last First Middle	Date of Birth 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
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Disease	Onset/Diagnosis Mon Day Year	Lab Confirmed <input type="checkbox"/> Y <input type="checkbox"/> N	Patient Interview <input type="checkbox"/> Y <input type="checkbox"/> N	# Contacts #	Report Date Mon Day Year
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Disease	Onset/Diagnosis Mon Day Year	Lab Confirmed <input type="checkbox"/> Y <input type="checkbox"/> N	Patient Interview <input type="checkbox"/> Y <input type="checkbox"/> N	# Contacts #	Report Date Mon Day Year
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