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SENATE FINANCE COMMITTEE REPORT

DATE: 3/8/90

FURTHER: _____

DATE TURNED INTO OFFICE: 3/13/90

The Finance Committee considered

SB 408

"An Act requiring health care providers to report cases of fetal alcohol syndrome."

and recommended:

replace with _____
 or adopt _____

CS _____
CS _____

SB 408 (FIN)

same title
 new title
 technical title change (HB only)

attached amendment(s)

letter of intent adopted

do pass

do not pass

no recommendation

individual recommendations

further referral to _____

ATTACHES NEW FISCAL NOTE(S):

APPROVES PREVIOUS:

Dept/Date:

Dept/Date:

fiscal note(s) DHSS 5.0 2/23/90

fiscal note(s) _____

zero fiscal note(s) _____

zero fiscal note(s) _____

appropriation-no fiscal note

SIGNING DO PASS:

OTHER RECOMMENDATIONS:

[Signature]

Paul Davis

[Signature]

Ira Leach

[Signature]

1. Paul Davis

2. [Signature] DO PASS

Co-Chairs: Signatures and Recommendations

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
 Division: Division of Public Health

Phone: 465-3090
 Date: 2/23/90

Approved by Commissioner: Myra M. Munson
 Agency: Department of Health and Social Services

Date: _____

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

776

R/o SFC 3-13-90

0-1903n

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.
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OLD

6-1905E
Lauterbach
3/12/90

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

1 IN THE SENATE

2 CS FOR SENATE BILL NO. 408 ()

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 SIXTEENTH LEGISLATURE - SECOND SESSION

5 A BILL

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8 reports of common diseases of public health signifi-
9 cance."

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16 private or governmental organization, institution, or individual may
17 not furnish information to the registry without the written consent of
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26 after first discovering or suspecting the existence of the condition.
27 Each report must give the birth date, geographical area of residence,
28 sex, and race of the child diagnosed as having the condition, and the
29 name and address of the health care professional making the report.

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2 of oral reports made under this section are confidential and are not
3 subject to public inspection or copying under AS 09.25.110 - 09.25.-
4 120.

5 (c) The commissioner shall annually report to the legislature by
6 January 31 concerning the incidence of fetal alcohol syndrome in the
7 state as reported under this section. The report may not include
8 personally identifying information, but must include the geographical
9 distribution of the condition and any other information considered
10 important by the commissioner.

11 (d) The commissioner may adopt regulations to implement this
12 section.

13 Sec. 18.05.049. CONTENTS OF DISEASE REPORTS. The department may
14 not require reports of common diseases of public health significance
15 authorized under AS 18.05.040(a)(1) to include the name or address of
16 the person who has, or is suspected of having, the disease. The
17 department shall require the reports to include the date of birth and
18 geographical area of residence of the person who has, or is suspected
19 of having, the disease.
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Official Business

Alaska State Legislature

SENATE

Committee on Finance

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

MEMORANDUM

March 12, 1990

TO: Senate Finance Committee Members

FROM: Senator John Binkley

RE: CSSB 408 () - Requiring health care providers to report cases of fetal alcohol syndrome

Sectional Analysis

Section 1. Amends AS 18.05.044 to exempt the reporting of FAS from the provision that a person with an impairment shall not be required to report.

This section should be added to original bill in the event the CS is not adopted.

Section 2. Adds a new section to Title 18 to require physicians, nurses, and other health care professionals who treat a child with fetal alcohol syndrome to report that condition to the State Office of Epidemiology.

(a) The proposed CS would require the report to include the date of birth, geographic areas of residence, sex and race of the child diagnosed as having FAS. [Original bill required name and address of child, intended to avoid duplicative counting.]

(b) Reports are confidential.

(c) The commissioner would report to the legislature each year concerning the incidence of FAS in Alaska. No personal data would be disclosed, but geographic distribution would be indicated.

(d) The commissioner may adopt regulations.

CS also adds a new section, 18.05.049, which requires other reports of common diseases to include date of birth and geographic area but not name and address.

March 12, 1990
Page 2

SB 408 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 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.

Dr. James Berner, an IHS physician who has been instrumental in the development of the FAS incidence studies, says that with a minimal amount of training it is easy to recognize the full blown syndrome at birth. Some may not be readily observable at birth, but diagnosis can be made as the child grows and demonstrates difficulties in performing and developing in relation to his or her peers. In Dr. Berner's opinion, it makes sense to have reporting at all stages, at birth and along the way.

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.

STATE OF ALASKA
THE LEGISLATURE

POUCH Y - STATE CAPITOL
JUNEAU, ALASKA 99811
907-465-3800

LEGISLATIVE AFFAIRS AGENCY

MEMORANDUM

March 12, 1990

SUBJECT: Reports of Diseases and FAS
(CSSB 408())

TO: Senator Johne Binkley

FROM: Terri Lauterbach
Legislative Counsel

Enclosed is a blank CS for SB 408.

As requested by Pat Jackson, the bill now includes a prohibition against requiring the names and addresses of persons with reportable diseases. One effect of this change would be to make it impossible for DHSS to contact a patient directly without going through the patient's physician or the laboratory that reported test results. Under 7 AAC 27.-007(c) (copy enclosed), this kind of direct contact is authorized in "instances of overriding public health consideration."

I have also added a new section 1 to the bill. It should be added as an amendment to SB 408, even if CSSB 408() is not adopted by the committee, because it corrects an oversight in the original bill. I believe FAS would be considered an "impairment" for which consent is required for disclosure under AS 18.05.044. This would contradict what appears to be mandatory reporting under AS 18.05.048, enacted by sec. 2 of the CS. The new sec. 1 resolves the contradiction by removing the consent requirement of AS 18.05.044 for FAS reports.

Please let me know if I can be of further assistance.

TL:pl
WKP3/034

Enclosures

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.

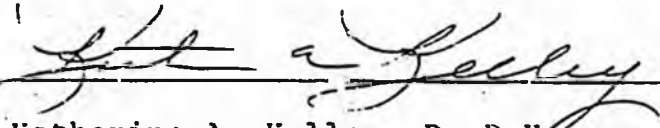
If the main purpose of the proposed legislation is to define the FAS problem more precisely in Alaska, it might be preferable to explore the possibilities of conducting prevalence studies in selected populations or geographic areas instead of relying on an on-going case reporting system with problematical 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 CSSB 408 (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.

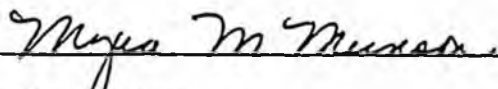
Recommended by:


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

Date:

3/15/90

Approved by:


Myra M. Munson
Commissioner
Department of Health and Social Services

Date:

3/20/90

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



RECEIVED 11 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.

****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			Date of Birth			Sex	Race	Marital Status	Reporting Agency
Last First Middle			Mon Day Year			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Unknown <input type="checkbox"/> White <input type="checkbox"/> Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic	<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	<input type="checkbox"/> Unknown <input type="checkbox"/> Private <input type="checkbox"/> City State <input type="checkbox"/> Military <input type="checkbox"/> LSPHS IHS <input type="checkbox"/> CHA
Disease	Onset/Diagnosis		Lab Confirmed	Patient Interview	# Contacts	Report Date			
	Mon Day Year		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	#	Mon Day Year			

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