RULES AND REGULATIONS PERTAINING TO THE REPORTING OF COMMUNICABLE, ENVIRONMENTAL AND OCCUPATIONAL DISEASES

(R23-10-DIS)

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health

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INTRODUCTION

These *Rules and Regulations Pertaining to Reporting of Communicable, Environmental and Occupational Diseases (R23-10-DIS)* are promulgated pursuant to the authority set forth in Chapters 23-5, 23-6, 23-10, 23-11, 23-24.6, and 23-24.5 and sections 23-1-18 (2) and 23-8-1, of the General Laws of Rhode Island, as amended, and are established for the purpose of adopting standards pertaining to confidentiality and reporting of communicable, occupational and environmentally related diseases in this state. Surveillance data will be used to initiate appropriate public health responses.

Pursuant to the provisions of section 42-35-3(c) of the General Laws of Rhode Island, as amended, consideration was given to: (1) alternative approaches to the regulations; (2) duplication or overlap with other state regulations; and (3) significant economic impact placed on small business as defined in Chapter 42-35 of the General Laws as a result of the amended regulations. No alternative approach, overlap or duplication nor any significant economic impact was identified, consequently the regulations are adopted in the best interest of the health, safety and welfare of the public.

These rules and regulations shall supersede all previous *Rules and Regulations Pertaining to Reporting of Communicable and Environmentally Related Diseases*, and all previous *Rules and Regulations Pertaining to Reporting of Communicable, Environmental and Occupational Diseases (R23-5-6,10,11,24.6-CD/ERD and R23-24.5 ASB)* promulgated by the Department of Health and filed with the Secretary of State.

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PART I ***Definitions and Reporting Requirements***

1.0 ***Definitions***

Wherever used in these rules and regulations, the following terms shall be construed as follows:

1.1 ***"Asbestos"*** means that unique group of naturally occurring minerals that separate into fibers of high tensile strength, resistant to heat, wear and chemicals, described as the following types: chrysotile, amosite, crocidolite, tremolite, anthopyllite, and actinolite, and every product containing any of these materials that have been chemically treated and/or altered which after manufacture are used for such products and end uses including but not limited to insulation, textiles, paper, cement, sheets, floor tile, wall covering, decorations, coating, sealants, cement pipe and reinforced plastics and other compounds.

1.2 ***"Asbestos-related disease"*** is any illness or disease, other than for benign conditions of the pleura, suspected of being related to asbestos exposure, including, but not limited to, mesothelioma, asbestosis and lung cancer believed to be caused by asbestos exposure.

1.3 ***"Carrier"*** means a person or animal that harbors a specific infectious agent without discernible clinical disease and serves as a potential source of infection.

1.4 ***"Case"*** or ***"patient"*** means the one who is ill, infected, injured or diagnosed with a reportable disease or injury.

1.5 ***"Clinical laboratory"*** means a facility for the biological, microbiological, serological, chemical, immunohematological, hematological, radiobioassay, cytological, pathological, or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of the health of human beings, pursuant to Chapter 23-16.2 of the Rhode Island General Laws, as amended, entitled "Laboratories."

1.6 ***"Communicable disease"*** means an illness due to a specific infectious agent or its toxic products that arises through transmission of that agent or its products from an infected person, animal or inanimate reservoir to a susceptible host.

1.7 ***"Department"*** means the Rhode Island Department of Health.

1.8 ***"Director"*** means the Director of Health.

1.9 ***"Disease report"*** means an official notice to the appropriate authority of the occurrence of a specified disease in humans or animals, in accordance with the requirements stated herein.

1.10 ***"Disease surveillance"*** means the practice of monitoring the occurrence and spread of disease. Included are the systematic collection and evaluation of: morbidity and mortality reports; special reports of field investigations, epidemics and individual cases; isolations and identifications of infectious agents in laboratories; data concerning the availability and use of vaccines; immune globulin, pesticides and other substances used in disease control; information regarding immunity levels in segments of the population, and of other relevant

epidemiologic data. The procedure applies to all jurisdictional levels of public health, from local to international.

1.11 ***"Incidence"*** means a term used to characterize the frequency of new occurrences of a disease, infection, or other event over a period of time and in relation to the population in which it occurs. Incidence is expressed as a rate, commonly the number of new cases during a prescribed time in a unit of population. For example, one refers to the number of new cases of tuberculosis per 100,000 population per year.

1.12 ***"Laboratory test diagnostic of HIV infection"*** means a laboratory test approved by the U.S. Food and Drug Administration, performed by a clinical laboratory that indicates the presence of antibody to HIV, HIV structural components, or HIV ribonucleic acid in blood and other body fluid.

1.13 ***"Non-name reporting system"*** means a Department-designed reporting system for cases of infection with human immunodeficiency virus (HIV) that contains no patient identifying information and protects the confidentiality of the patient in compliance with state and federal confidentiality laws and regulations.

1.14 ***"Occupational disease"*** means a disease or condition which is believed to be caused or aggravated by conditions in the individual's workplace.

1.15 ***"Outbreak or cluster"*** means the occurrence in a community or region of cases of an illness clearly in excess of the number of cases normally expected.

1.16 ***"Physician"*** means any individual licensed to practice medicine in this state under the provisions of Chapter 5-37 of the General Laws of Rhode Island, as amended (i.e., M.Ds and D.O.s).

1.17 ***"Poisoning (food)"*** means a poisoning that results from eating foods contaminated with toxins. These toxins may occur naturally, as in certain mushrooms or seafoods; they may be chemical or biologic contaminants; or they may be metabolic products of infectious agents that are present in the food.

Section 2.0 ***Reporting Requirements***

Responsibility for Reporting

2.1 The diseases listed in these regulations shall be reported in the manner set forth in the regulations herein. Reporting of diseases listed in these regulations is required and is the responsibility of the following:

- **Physicians** attending the case or suspected case or his/her designee;
- **Physician assistants**, **certified registered nurse practitioners**, and **midwives;**
- **Clinical laboratories**;

- **Hospitals** (from both inpatient and outpatient settings); When a diagnosis or suspected diagnosis of a case is made within a hospital, the facility administrator, or his/her designee (e.g., infection control practitioner), is charged with the responsibility of ensuring the reporting of the case in accordance with the procedures outlined herein.

- All other **health care facilities** (i.e., organized ambulatory care facility, school-based health center, freestanding emergency care facility, home care/home nursing care provider, hospice, birth center, nursing facility, rehabilitation hospital center, freestanding ambulatory surgical center, outpatient rehabilitation center, kidney disease treatment center, physician office setting providing surgical treatments {office operatory}); When a diagnosis or suspected diagnosis of a case is made within a licensed health care facility, the facility administrator or medical director, or his/her designee (e.g., infection control practitioner), is charged with the responsibility of ensuring the reporting of the case in accordance with the procedures outlined herein.

- **Veterinarians** who have knowledge of a single case of rare and unusual veterinary diagnosis that relates to or has the potential to cause illness in humans and/or clusters or outbreaks of unusual zoonotic vectorborne diseases that can cause illness in humans;

2.2 Reporting of diseases listed in these regulations is recommended by and the responsibility of the following:

- **Certified school nurse-teachers** who have knowledge of a single case of rare and unusual diagnoses and/or clusters or outbreaks of unusual diseases or illnesses;

- **Dentists** who have knowledge of a single case of rare and unusual diagnoses and/or clusters or outbreaks of unusual diseases or illnesses;

- **Other entities or persons** (such as college/university health centers, day care centers, drug treatment facilities, prison health services, travel clinics, social service agencies that serve the homeless, school health centers that treat students in grades K--12) who have knowledge of a single case of rare and unusual diagnoses and/or clusters or outbreaks of unusual diseases or illnesses.

Exemptions

2.3 Reporting of the diseases listed in these regulations shall not be required in the following cases:
1. When laboratory tests are performed for insurance purposes (i.e., non-diagnostic testing) and
2. In research protocols where the person conducting the research is unaware of the identity of the person being tested. (In cases where the identity of the person being tested is known to the person conducting the research, the provisions of these regulations shall apply).

Public Health Response to Disease Reports

2.4 Any disease reported shall initiate a public health response by the provider and/or the Department in keeping with recommendations that are provided in the *Guidelines for Communicable Disease Prevention and Control* issued by the Rhode Island Department of Health, Division of Disease Prevention and Control.

Reporting of Outbreaks or Clusters

2.5 Any person who is required or recommended to report (cited in sections 2.1 herein) and has knowledge of an outbreak of infectious disease or infestation, or a cluster of unexplained illness, infectious or non-infectious, whether or not listed in these regulations, shall promptly report the facts to the Department of Health. Exotic diseases and unusual group expressions of illness which may be of public health concern shall also be reported immediately. The number of cases indicating an outbreak or cluster will vary according to the infectious agent or the conditions/hazards, size and type of population exposed, previous experience or lack of exposure to the disease, and time and place of occurrence. A single case of a communicable disease long absent from a population or the first invasion by a disease not previously recognized in that area requires immediate reporting and epidemiologic investigation; two (2) cases of such a disease associated in time and place are sufficient evidence of transmission to be considered an outbreak. Outbreaks or clusters are therefore identified by significant increases in the usual incidence of the disease in the same area, among the specified population, at the same season of the year. Some examples of outbreaks are as follows: 1**.** ***Foodborne/poisoning:*** the occurrence of two (2) or more cases of a similar illness resulting from the ingestion of a common food; 2. ***Institutional:*** cluster of similar illness in institutional settings, such as nursing homes, hospitals, schools, day care centers, etc.; 3. ***Waterborne:*** at least two (2) persons experiencing a similar illness after ingestion of water and epidemiologic evidence that implicates water as the probable source of the illness; 4. ***A single case of rare and unusual diagnoses***, such as smallpox, ebola, or human rabies; 5. Outbreaks of ***unusual diseases or illness*** that may indicate ***acts of terrorism*** using biological agents**,** such as anthrax, botulism, ricinosis, epsilon toxin of *Clostridium perfringens,* and *Staphylococcus* enterotoxin B and any condition compatible with radiological or chemical terrorism events are also reportable.

Confidentiality Provisions

2.6 All information concerning cases or suspected cases shall be held in confidence in accordance with the provisions of Chapter 5-37.3 of the Rhode Island General Laws, as amended, ("Confidentiality of Health Care Communications and Information Act"), all other applicable state and federal statutes and regulations, and the *HIV/AIDS Confidentiality and Security Policy* of the Office of HIV & AIDS of the Rhode Island Department of Health.

Mechanism for Reporting

2.7 Clinical providers of care responsible for reporting shall use the most current electronic or paper version of the Rhode Island Department of Health EPI-2002 form, if other specialized forms are not available. Reporting shall be via secured e-mail, telephone, facsimile, U.S. mail, or other secured electronic means of communication, as approved by the Department.

2.8 Specialized report forms for communicable disease reporting may be obtained online: **www.healthri.org**, by calling 401-222-2577, or by writing to the Division of Disease Control, Room 106, Three Capitol Hill, Providence, RI 02908.

PART II ***Reportable Diseases and Disease Surveillance Projects***

Section 3.0 ***Reportable Diseases and Timeframe for Reporting***

3.1 The lists cited below* pertain to individuals and facilities required or recommended to report (see section 2.1 herein). A case shall be reported to the Department of Health, Division of Disease Prevention and Control within four (4) working days following diagnosis, except those diseases that shall be reported **immediately** upon recognition or strong suspicion of disease cited in **bold text** below. Laboratory confirmation is not necessary prior to reporting those diseases that are required to be reported **immediately.**

* Note that some conditions appear under more than one heading.

Invasive Diseases (Bacterial and Other Pathogens)

***(Invasive disease**: confirmed by isolation from blood, CSF, pericardial fluid, pleural fluid, peritoneal fluid, joint fluid, or other normally sterile site).*

Encephalitis (primary, including arboviral, or parainfectious)
H. influenzae disease, all serotypes
Listeriosis
Meningitis (aseptic, bacterial, viral, or fungal)
Meningococcal disease (invasive)
Pneumococcal disease (invasive)
Streptococcal disease: all invasive disease caused by Groups A and B streptococci (including necrotizing fasciitis)
Streptococcal Toxic Shock
Toxic Shock Syndrome
Vancomycin resistant enterococcal infection (VRE)
Vancomycin resistant/intermediate *Staphylococcus aureus* (VRSA/VISA) infection

Tuberculosis

Tuberculous disease caused by *Mycobacterium tuberculosis*--all sites
PPD positives in children less than six (6) years of age must be reported.

Vaccine Preventable Diseases

Death resulting from complications of varicella
Diphtheria
Hepatitis B surface antigen (HbsAg) positive pregnant women
Measles
Mumps
Pertussis
Poliomyelitis
Rubella (including congenital rubella)
Tetanus

Blood Borne Pathogens

Acquired Immunodeficiency Syndrome (AIDS)
Hepatitis B, C, D, E, and unspecified viral hepatitis
(Also report AST, ALT, and bilirubin.)
Physicians must report acute cases, only.
HIV-1 or HIV-2 infection
Use unique identifier, not name of patient.

Sexually Transmitted Diseases

Chancroid
Chlamydia *Trachomatis* (genital and ophthalmic)
Gonorrhea
Granuloma Inguinale
Lymphogranuloma Venereum
Pelvic inflammatory disease (PID): all cases, based upon clinical diagnosis
Syphilis, late latent
Syphilis: primary, secondary, early latent

Vectorborne and Zoonotic Diseases

Babesiosis
Dengue fever
Ehrlichiosis
Hantavirus Pulmonary Syndrome
Leptospirosis
Lyme disease
Malaria
Ornithosis (psittacosis)
Rabies (human)
Rocky Mountain Spotted Fever
Trichinosis
Yellow fever

Enteric Diseases

Amebiasis
Botulism
Campylobacteriosis
Cholera
Ciguatera poisoning
Cryptosporidiosis
Cyclosporiasis
Enterohemmorrhagic *E. coli* (including E. coli O157:H7)
Giardiasis
Hepatitis A (IgM positive, report liver function tests as well)
Paralytic shellfish poisoning
Salmonellosis
Scombroid poisoning
Shigellosis
Typhoid fever
***Vibrio vulnificus* or *V. parahaemolyticus* infection**
Yersiniosis

Agents of Bioterrorism

Anthrax
Botulism
Brucellosis
***Clostridium perfringens* epsilon toxin poisoning**
Glanders
Plague
Q-fever
Ricin poisoning
Smallpox
***Staphylococcal* enterotoxin B poisoning**
Tularemia
Viral hemorrhagic fevers (Ebola, Lassa, Marburg, etc)

Other Conditions

Animal bites
Coccidioidomycosis
Hansen's disease (leprosy)
Hemolytic uremic syndrome (HUS)
Histoplasmosis
Legionnellosis
Outbreaks and clusters (see section 1.15 herein)
Toxic Shock Syndrome
Transmissible spongioform encephalopathies (including Creutzfeldt Jakob Disease)
Unexplained deaths possibly due to unidentified infectious causes
Vancomycin resistant/intermediate *Staphylococcus aureus* (VRSA/VISA), noninvasive, or invasive.

Special Disease Surveillance Projects

3.2 Surveillance related to special projects (e.g., varicella, influenza, new and emerging disease threats, evaluation and validation projects related to surveillance) may be conducted from time-to-time in accordance with protocols issued by the Rhode Island Department of Health, Division of Disease Prevention and Control. Surveillance systems may be required to prepare for or respond to public health threats on an ad-hoc basis.

Section 4.0 *Special Instructions for Persons Responsible for Reporting (excluding laboratories)*

Special Instructions for Reporting Tuberculosis (all forms)
Positive PPD Results

4.1 PPD/tuberculin test results interpreted as positive on children at any time before their sixth birthday shall be reported by those persons charged with reporting (cited in section 2.1 herein) within four (4) days of the test being read.

Special Instructions for Reporting of Acquired Immunodeficiency Syndrome Cases (AIDS/HIV)

4.2 Persons with a laboratory test diagnostic of HIV infection shall be reported by those persons charged with reporting (cited in section 2.1 herein). Such HIV infection shall be reported using the Department's non-name reporting system. Said system includes reporting using a unique identifier code. This code shall consist of:

- the first two (2) letters of the first name;
- the number of letters in the last name;
- the patient's sex (1 = Male, 2=Female);
- the patient's date of birth (month/day/year);
- the last four (4) digits of the patient's social security number;
- the patient's zip code of residence.

4.3 AIDS cases (HIV positive persons with AIDS-defining conditions as outlined in the Appendix of the most recent version of the CDC guidelines entitled, (*Guidelines for National Human Immunodeficiency Virus Case Surveillance, Including Monitoring for Human Immunodeficiency Virus Infection and Acquired Immunodeficiency Syndrome*) shall be reported by name. This includes persons with a CD4+ T-lymophocyte count less than 200 cells/uL or a CD4+ lymphocyte percent less than fourteen percent (14%) of total lymphocytes.

4.4 HIV-1 and HIV-2 cases shall be reported on the most recent version of the AIDS/HIV Case Report form. Said form shall be mailed in the stamped, self-addressed envelope provided by the Office of HIV & AIDS.

Special Instructions for Reporting Sexually Transmitted Diseases (STDs)

4.5 Physicians must report gonorrhea, chlamydia and syphilis with details of treatment and partner notification activities on the Confidential Report for Sexually Transmitted Diseases form.

Section 5.0 ***Reporting by Laboratories***

5.1 Whenever a clinical laboratory performs tests or has the sample(s) tested out of state for those diseases cited in section 3.1 above, the laboratory shall submit to the Division of Disease Prevention and Control all positive findings. The report shall consist of a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. This report shall indicate the name of the case (except in the case of HIV test results), address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physician's name, and race and ethnicity of the case. (See reference 17 herein).

5.2 All laboratories must send an isolate, culture, slide or other appropriate specimen to the State Laboratory in accordance with the requirements of the most current version of the *Rhode Island Epidemiology and Laboratory Reporting and Surveillance Manual* issued by the Division of Disease Prevention and Control and Division of Laboratories.

Laboratory Reporting of Cultures for Tuberculosis

5.3 Clinical laboratories receiving biological samples or specimens for the purposes of tuberculosis testing must submit a portion of the specimen to the State Health Laboratory for analysis. Such specimens may be split to allow a portion to be analyzed at the clinical laboratory. This requirement is waived for a licensed hospital laboratory, provided a written memorandum of agreement is in place between the State Laboratory and the hospital laboratory.

5.4 A clinical laboratory performing AFB smears and/or cultures and sensitivities, or having the samples tested out of state, shall report positive results to the Division of Disease Prevention and Control, Department of Health. Positive culture results must be accompanied by all prior AFB smear results associated with the current episode of illness on the individual whether positive and negative.

HIV Testing and Reporting by Clinical Laboratories

5.5 Non-hospital clinical laboratories receiving serum specimens for the purposes of HIV antibody testing must submit a portion of the specimen to the State Health Laboratory for analysis. Such specimens may be split to allow a portion to be analyzed at the clinical laboratory. This requirement is waived for a hospital laboratory, provided testing is done at the hospital laboratory. This requirement is also waived when the specimens are analyzed for the sole purpose of assuring the safety of the blood supply or for strictly research purposes.

5.6 Clinical laboratories performing CD-4 lymphocyte counts or having the samples tested out of state, shall report counts less than 200/uL, or less than fourteen percent (14%) of the total lymphocytes by name directly to the Office of HIV & AIDS Surveillance Unit, Department of Health.

5.7 All licensed laboratories receiving and testing biological specimens for the purposes of HIV/AIDS testing shall report positive results to the Office of HIV & AIDS, regardless of the testing method being used.

PART III ***Other Diseases***

Section 6.0 ***Childhood Lead Poisoning*** (Under age 18: ≥ 15 ug/dl)

6.1 Reporting of all childhood blood lead levels shall be accomplished by using confidential morbidity cards mailed by the attending physician or other persons charged with reporting (cited in section 2.1 herein) directly to the Division of Family Health, RI Department of Health, by first class mail. (Morbidity report cards are supplied by the Department of Health.)

6.2 Each physician licensed in Rhode Island and any employee of a licensed, registered, or approved health care facility working under the auspices of or in collaboration with a physician, making the diagnosis of childhood lead poisoning shall report such diagnosis within ten (10) business days of the diagnosis.

6.3 Physicians or other persons charged with reporting (cited in section 2.1 herein) using the State Laboratory shall be exempt from this reporting requirement.

Reporting by Laboratories:

6.4 Whenever a laboratory performs tests or has the sample(s) tested out-of-state for childhood lead poisoning, the laboratory shall submit to the Division of Family Health all positive and negative findings. If submitted electronically, these reports shall be in accordance with Rhode Island Department of Health standards for electronic reporting of blood lead results.

Section 7.0 ***Occupational Diseases***

7.1 Every physician licensed pursuant to the provisions of Chapter 5-37 or other person charged with reporting (cited in section 2.1 herein) attending on or called in to visit a patient whom he/she believes to be suffering from the following occupational diseases shall report such occurrences to the Rhode Island Department of Health.

7.1.1 Diseases diagnosed as being related to occupational exposures to any of the following substances:

- arsenic
- cadmium
- carbon monoxide
- lead (defined as ≥ 25ug/dl)
- mercury

7.1.2 Any of the following occupational diseases:

- metal fume fever
- simple asphyxiation
- silicosis

7.2 Whenever a laboratory performs an analysis for, or has a blood sample tested out-of-state for a blood lead level in a person age sixteen (16) or over, the laboratory shall submit to the Office of

Occupational and Radiological Health all results. The report, which shall be submitted electronically or in hard copy, shall consist of a copy of the laboratory result submitted to the physician or other person charged with reporting (cited in section 2.1 herein) who ordered the test.

Occupational Disease Reporting

7.3 The physician, or other person charged with reporting (cited in section 2.1 herein), immediately on being called in to visit a patient with carbon monoxide intoxication or simple asphyxiation and within thirty (30) days of attending on or being called in to visit a patient with any illness or condition specified in section 7.1 shall report the following information to the Office of Occupational and Radiological Health, Rhode Island Department of Health:

a) Name, address, phone number and occupation of patient;
b) Name, address, phone number and business of employer;
c) Nature of disease;
d) Such other information as may be reasonably required by the Department of Health;
e) Name and phone number of the reporting physician or other person charged with reporting (cited in section 2.1 herein).

7.4 The Department of Health shall prepare and furnish standard schedule blanks for the reports required in this section.

Section 8.0 ***Asbestos-Related Disease***

Responsibility for Reporting

8.1 Any physician, facility administrator or other person charged with reporting (cited in section 2.1 herein) associated with making the diagnosis of mesothelioma, asbestosis, or any other asbestos-related disease, other than benign conditions of the pleura, shall report the disease to the Director of Health within six (6) months of the diagnosis.

8.2 The physician or licensed medical facility involved shall also inform the patient or patient's next-of-kin in a dated letter by first-class mail of the suspected role of asbestos as it relates to the patient's condition.

8.3 Reporting of asbestos-related diseases, such as asbestosis or any illness or disease suspected as being due to asbestos exposure, other than benign conditions of the pleura, shall be accomplished through the use of confidential reports of occupational disease, which shall be mailed directly by the attending physician or licensed health care facility to the Office of Occupational and Radiological Health of the Rhode Island Department of Health. The asbestos-related disease, mesothelioma, is also reportable under the provisions of the *Rules and Regulations Pertaining to the Rhode Island Cancer Registry (R-23-12-CA).*

8.4 Such reports of occupational disease are supplied by the Office of Occupational and Radiological Health of the Rhode Island Department of Health.

PART IV *Confidentiality and Severability*

Section 9.0 *Confidentiality*

9.1 All information and reports relative to testing and reporting of reportable diseases shall be confidential and subject to the provisions of all laws governing the confidentiality of this information including, but not limited to, Chapters 23-6, 23-11 and 5-37.3 of the General Laws of Rhode Island, as amended.

Section 10.0 *Severability*

10.1 If any provisions of these rules and regulations or the application thereof to any persons or circumstances shall be held invalid, such invalidity shall not affect the provisions which can be given effect, and to this end the provisions of the rules and regulations are declared severable.

Thursday, August 22, 2002
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REFERENCES

1. *Rules and Regulations for Asbestos Control (R23-24.5-ASB),* Rhode Island Department of Health, Division of Occupational and Radiological Health, December 1996 and subsequent amendments thereto.

2. *Rules and Regulations Pertaining to HIV-1 Counseling, Testing, Reporting, and Confidentiality (R23-6-HIV-1),* Rhode Island Department of Health, September 2001 and subsequent amendments thereto.

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3. *Rules and Regulations Pertaining to the Rhode Island Cancer Registry (R23-12-CA),* Rhode Island Department of Health, December 1997 and subsequent amendments thereto.

4. Rhode Island General Laws, as amended, sections 23-6-25 ("Alternative Test Sites"); 23-17-31 ("Human Immunodeficiency Virus [HIV] Testing--Hospitals"); 23-11-17 ("Human Immunodeficiency Virus [HIV] Testing"); 23-13-19 ("Human Immunodeficiency Virus [HIV] Testing"); 40.1-24-20 ("Human Immunodeficiency Virus [HIV] Testing--Facilities for Drug Abusers"); 11-34-10 ("Human Immunodeficiency Virus [HIV] Testing"); 21-28-4.20 ("Human Immunodeficiency Virus [HIV] Testing"); and 28-20-4.1 ("Adoption of Regulations Pertaining to HIV and Hepatitis").

5. "Confidentiality of Health Care Communications and Information Act," Chapter 5-37.3 of the General Laws of Rhode Island, as amended.

6. "Board of Medical Licensure and Discipline", Chapter 5-37 of the Rhode Island General Laws, as amended.

7. *Rules and Regulations for the Licensure and Discipline of Physicians (R5-37-MD/DO),* Rhode Island Department of Health, January 2000 and subsequent amendments thereto.

8. "Laboratories", Chapter 23-16.2 of the Rhode Island General Laws, as amended.

9. *Rules and Regulations for Licensing Clinical Laboratories and Stations (R23-16.2-C&S/LAB),* Rhode Island Department of Health, November 2000 and subsequent amendments thereto.

10. "Nurses", Chapter 5-34 of the Rhode Island General Laws, as amended.

11. *Rules and Regulations for the Licensing of Professional (Registered), Certified Registered Nurse Practitioners, Certified Registered Nurse Anesthetists & Practical Nurses & Standards for the Approval of Basic Nursing Education Programs (R5-34-NUR/ED),* Rhode Island Department of Health, September 2001 and subsequent amendments thereto.

12. *Rules and Regulations for Licensing of Midwives (R23-13-MID),* Rhode Island Department of Health, November 2001 and subsequent amendments thereto.

13. "Physician Assistants", Chapter 5-54 of the Rhode Island General Laws, as amended.

14. *Rules and Regulations for the Licensure of Physician Assistants (R5-54-PA),* Rhode Island Department of Health, November 2001, and subsequent amendments thereto.

15. "Licensing of Health Care Facilities", Chapter 23-17 of the Rhode Island General Laws, as amended.

16. *CDC Guidelines for National Human Immunodeficiency Virus Case Surveillance, Including Monitoring for Human Immunodeficiency Virus Infection and Acquired Immunodeficiency Syndrome* (see Appendix page 29), U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), Morbidity and Mortality Weekly Review (MMWR), December 10, 1999, vol. 48/No. RR-13. Available online: **ftp://ftp.cdc.gov/pub/publications/mmwr/rr/rr4813.pdf.**

17. Office of Minority Health and Office of Health Statistics. *Policy for Maintaining, Collecting, and Presenting Data on Race and Ethnicity*. Providence, RI: Rhode Island Department of Health. July 2000.