

Diana, Sherri A. (CDC/NIOSH/EID) (CTR)

From: Katherine West [Kwest8388@earthlink.net]
Sent: Tuesday, January 11, 2011 1:11 PM
To: NIOSH Docket Office (CDC)
Subject: "Infectious diseases" and 42-U.S.C. 300ff-131
Attachments: RyanWhiteComments.docx

Please see attached comments for consideration

Infection Control/Emerging Concepts, Inc.
7715 Knightshayes Drive
Manassas, VA 20111-2996
(o) 703-365-8388
(fax) 703-365-8405

January 11, 2011

NIOSH Docket Officer

Docket # 219

RE: Comments on the Revised CDC Disease Listing for Public Law 111-87: Infectious Diseases and Circumstances Relevant to Notification Requirements

I offer the following comments for consideration:

1. Infectious diseases are not all communicable. I suggest using the term "communicable" diseases for this listing as more accurate and appropriate. This might be problematic for CDC because the wording in the statute, mistakenly, is "infectious" rather than "communicable." An explanation of this distinction in CDC's final revised disease listing would be helpful.
2. Given the current outbreaks of Pertussis across the country, Pertussis needs to be added to this listing. It is "life threatening," which is the criterion for inclusion on the list.
3. I am not aware of person-to-person transmission of rabies and do not understand why this is listed for occupational exposure in patient care. Again, inclusion of this disease on the list likely relates to the incorrect usage of the term "infectious" instead of "communicable" in the law. If so, an explanation by CDC in the final revised disease listing would be helpful.
4. Even though the statute requires medical facilities to notify EREs of possible exposure to TB, this has not had a high compliance rate since the law went into effect in 1994. It would be helpful to clarify this, as well as the need for hospitals to notify the Designated Officer for the ERE agency/department regarding the newly added airborne and droplet transmitted diseases.
5. There has been a long standing issue with many medical facilities not understanding that notification of source patient test results is not a HIPAA violation. Clarification of this is important.
6. There is still a need for the identification of who will be the Administrative Contact person for issues of non-compliance with this legislation and what that Administrative process will be. This has not been addressed in this revised listing.
7. In practice, most exposure situations need to be handled in a timely manner and the requirement for a "written" request for notification is not practical.

8. It is not stated that the CDC Guidelines and OSHA Bloodborne Pathogen Regulation (1910.1030) required that source patient testing be conducted according to the State Law.
9. To prevent the elimination of Part G in the future reauthorizations of the Ryan White Law, this should be a stand- alone law.

Respectfully submitted,

Katherine West, BSN, MEd, CIC
Infection Control Consultant
Infection Control/Emerging Concepts, Inc.
7715 Knightshayes Dr.
Manassas, VA 20111
(703) 365-8388