

**TO:** Virginia Department of Planning and Budget  
**FROM:** Lilian Peake, Director, Office of Epidemiology  
**DATE:** October 8, 2019  
**RE:** Economic impact analysis for the regulations to address changes in public health practice in 12VAC5-90.

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**SUBJECT:** Board of Health Regulations Disease Reporting and Control Regulations Action 5208, Stage 8637.

The Economic Impact Analysis prepared by the Virginia Department of Planning and Budget for the fast-track amendment to the Disease Reporting and Control Regulations, 12VAC5-90, (Regulations) reported an adverse impact resulting from the Regulations. The “Adverse Effect on Small Businesses” section indicates that the amendments could potentially impact assisted living and correctional facilities (Economic Impact Analysis, page 4). The Regulations specify that assisted living and correctional facilities have requirements specified in 12VAC5-90-90 subsection D, which requires them to report immediately to the local health department the presence or suspected presence in this program, service, facility, school, child care center, or summer camp of persons who have common symptoms suggesting an outbreak situation. Additionally, the Regulations require that these types of facilities must notify the person practicing funeral services or his agent when transferring a dead body that was known to have an infectious disease which may be transmitted through exposure to any bodily fluids, as indicated in 12VAC5-90-90 subsection F. There were no amendments made to either of these subsections; therefore, the Virginia Department of Health (VDH) does not anticipate that there will be any effect on the directors of assisted living and correctional facilities, their physicians, or their administrative staff.

The Regulations previously required that any suspected or confirmed case of influenza be reported to VDH (12VAC5-90-80 subsection A); however, the Regulations clarified in 12VAC5-90-90 subsections A and C that “each physician who treats or examines any person who is suffering from or who is suspected of having a reportable disease or condition shall report” the information specified, except that “influenza should be reported by number of cases only (and type of influenza, if available).” In the fall of 2018, VDH submitted an amendment to the Regulations, which among other things, changed the requirement in 12VAC5-90-80 subsection A so that only confirmed cases of influenza were required to be reported to VDH. This

amendment was approved and went into effect 10/15/2018. The intent of this amendment was to reduce the influenza reporting burden, but the change created confusion because the requirements in 12VAC5-90-90 subsection A and C still included language about reporting suspected number of cases. As a result, providers and facilities continued to send weekly influenza reports to VDH, which include cases that have not been confirmed. The amendments made during this regulatory action seek to reduce confusion and reduce the reporting burden by removing any language that causes the persons responsible for reporting to believe they need to submit weekly counts of influenza diagnoses. The Economic Impact Analysis indicates that “the proposal to require that each individual confirmed case of influenza be reported would moderately increase costs for physician offices and other medical facilities.” VDH believes that the amendments proposed will actually reduce the costs for physician offices and other medical facilities by clarifying that there is no longer a requirement to send weekly counts of influenza, rather, only laboratory confirmed cases of influenza.