

ORDINANCE NO. 170708

Amending Chapter 34, Code of Ordinances, by repealing Article II, entitled “Contagious Diseases” consisting of Sections 34-51 through 34-111 and enacting in lieu thereof a new Article II entitled “Communicable and Reportable Diseases and Conditions” consisting of Sections 34-51 through 34-72, for the purpose of updating the list of reportable conditions and timeframes for reporting to be consistent with federal and state law.

BE IT ORDAINED BY THE COUNCIL OF KANSAS CITY:

Section 1. That Chapter 34, Code of Ordinances of the City of Kansas City, Missouri, is hereby amended by repealing Article II, entitled “Contagious Diseases” consisting of Sections 34-51 through 34-111 and enacting in lieu thereof a new Article II entitled “Communicable and Reportable Diseases and Conditions” consisting of Sections 34-51 through 34-72, said sections to read as follows:

**ARTICLE II.**  
**COMMUNICABLE AND REPORTABLE DISEASES AND CONDITIONS.**

**Sec. 34-51. Definitions.**

*Administrator* means the person in charge of an institution including, but not limited to, the chief executive officer, chairperson of the board, president, clinician in charge, or any equivalent position, or the authorized designee of any such person.

*Advanced Practice Nurse* means a nurse who has education beyond the basic nursing education and is certified by a nationally recognized professional organization as having a nursing specialty, or who meets the criteria for advanced practice nurses established by the state board of nursing.

*Agent* means a factor, such as a microorganism, chemical substance, or form of radiation, whose presence, excessive presence, or relative absence is essential for the occurrence of a disease.

*Blood Donating Center* means an entity that recruits blood donors and processes and distributes blood.

*Carrier* means a person or animal that harbors a specific infectious agent in the absence of discernible clinical disease and serves as a potential source of infection.

*Case* means a person or animal identified as having the particular disease, health disorder, or condition under investigation.

*Child Care Facility* means any house or other place conducted or maintained by any person who advertises or holds himself out as providing care for children, regardless of the number of children, unless otherwise specified in this article. The term "child care

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facility" also includes all preschools and nursery schools and other such entities. It does not include persons who provide child care services/day care on a short-term non-regular temporary basis.

*Communicable Disease* means an illness caused by an infectious agent or its toxic products that arises through transmission of that agent or its products from an infected person, animal, or reservoir of infection to a susceptible person or animal, either directly or indirectly through an intermediate plant or animal or person, vector, or the inanimate environment.

*Contagious* means the same thing as "communicable disease."

*Containment* means localized eradication of a communicable disease.

*Control* means operations or programs aimed at eliminating or reducing the incidence and/or prevalence of communicable diseases.

*Director* means the director of health for the city, or his or her designee.

*Disease* means a state of physiological or psychological dysfunction.

*Disease Condition* means any health problem listed as reportable under section 34-54.

*Duty Officer* means a health department employee available by pager or phone 24 hours/day, 7 days/week to respond to urgent needs

*Environment* means all that is external to the person or animal.

*Eradication* means termination of transmission of infection by extermination of the agent through surveillance and containment.

*Exposure* means the absorption, ingestion or inhalation of chemical, radiological or other agents by a person or animal that results in biochemical, physiological or histological changes.

*Health Department* means the health department of the City of Kansas City, Missouri.

*HIPAA* means the federal Health Insurance Portability and Accountability Act of 1996 and subsequent amendments. Often referred to as the Health Care Privacy Act, HIPAA is federal legislation that provides data privacy and security provisions for safeguarding medical information. For purposes of public health investigations, covered entities may disclose protected health information without authorization to public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury or disability.

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*Immunization* means the treatment which renders a person less susceptible to the pathologic effects of a disease or provides a measure of protection against the disease.

*Incubation Period* means the time interval between invasion by an infectious agent and the appearance of the first sign or symptom of the disease in question.

*Infection* means the entry and development or multiplication of an infectious agent in the body of a person or animal.

*Infectious* means the same thing as "Communicable disease."

*Institution* means any public or private hospital, nursing home, clinic, mental health facility, or home health agency, or medical or professional corporation, association or person.

*Isolate* means recovery or the demonstration of a microorganism by prevailing laboratory techniques.

*Isolation* means separation, for the period of communicability, of infected persons or animals from others in such places and under such conditions as to prevent or limit the direct or indirect transmission of the infectious agent from those infected to those who are susceptible or who may spread the agent to others.

*Medical Record* means a file of information relating to transaction(s) in personal health care. In addition to facts about a patient's illness, the medical record may contain other information of importance to the health disease or condition under investigation.

*Period of Communicability* means the period of time during which an etiologic agent may be transferred, directly or indirectly, from an infected person or animal to another person or animal.

*Person* means any human, individual, partnership, corporation, association, institution, city, county, other political subdivision authority, state agency or institution or federal agency or institution.

*Physician* means a professional person qualified by education and authorized by law to practice medicine.

*Physician's Assistant* means a professional person qualified by education and authorized by law to engage in the examination or treatment of patients while under the supervision, control and responsibility of a licensed physician.

*Plasma Center* means an entity that recruits blood donors and processes and distributes plasma for the manufacture of pharmaceutical products.

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*Quarantine* means the restriction of the activities of persons or animals who have been exposed to a case of communicable disease during its period of communicability to prevent disease transmission during the incubation period if infection should occur. Quarantine may be absolute or modified with regards to limitation of freedom of movement.

*Reportable Disease/Health Condition* means any disease or condition which must be reported to the director of health under the provisions of this article.

*Reservoir of Infection* means the natural habitat of the infectious agent.

*School* means a public or private organization that provides instruction to persons from kindergarten through twelfth grade.

*Smallpox Vaccination* means vaccination with vaccinia vaccine to produce immunity to the smallpox virus.

*Source of Infection* means the person, animal, object or substance from which an infectious agent is transmitted.

*Surveillance* means the continuing scrutiny of all aspects of occurrence and spread of a disease that are pertinent to effective control.

*Syndrome* means a symptom complex in which the symptoms and/or signs coexist more frequently than would be expected by chance.

*Threat to Others* means a carrier who is likely to place others at risk of infection through behavior, proximity, or other circumstances.

*Transmission of Infection* means any mechanism by which an infectious agent is spread from a source or reservoir of infection to another person or animal.

*Vector* means an insect or any living carrier that transports an infectious agent from an infected person or his waste to a susceptible person or his food or immediate surroundings.

*Veterinarian* means a professional person qualified by education and authorized by law to practice veterinary medicine.

*Zoonotic Diseases* means communicable diseases transmissible from an animal to a person.

**Sec. 34-52. Supervision of schools and child care facilities.**

The director shall control and supervise all public and private schools and child care facilities within the city and all persons thereof, as may be necessary to prevent the introduction or spread of communicable diseases. The director shall cause the implementation of appropriate control, containment or eradication measures, including exclusion of persons from such schools or child care facilities, until in the opinion of the director, the disease is controlled or eradicated.

**Sec. 34-53. Report of certain diseases and events required.**

(a) *Immediate Reporting.*

- (1) Upon suspicion of, or laboratory or clinical confirmation, the following diseases must be immediately (within one (1) hour) reported to the director, including all subsequent testing associated with said conditions: anthrax, botulism, poliomyelitis (paralytic), plague, rabies (human), ricin toxin, Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) Disease, smallpox, tularemia (suspected intentional release) viral hemorrhagic fevers, suspected intentional release (e.g., Ebola, Marburg, Lassa, Lujo, new world Arenaviruses (Guanarito, Machupo, Junín, and Sabia viruses), or Crimean-Congo virus).
- (2) Instances, clusters or outbreaks of unusual diseases or manifestations of illnesses or unexplained deaths which appear to be a result of a terrorist act or the intentional or deliberate release of biological, chemical, radiological or physical agents, including exposures through food, water or air are also to be reported immediately upon suspicion to the director of health. Clusters are typically defined as a group of individuals who manifest the same or similar signs or symptoms of disease. An outbreak generally indicates an occurrence in a community or region of an illness (es) similar in nature, clearly in excess of normal expectancy and derived from a common or propagated source.
- (3) Instances, clusters or outbreaks of any unusual, novel and/or emerging disease or findings not otherwise named in this Article, appearing to be naturally occurring, but which may be of public health concern should also be immediately reported to the director of health.
- (4) Incidence of absenteeism of 20 percent greater than the daily norm in any public or private school must be reported to the director; the director shall provide assistance to schools in the calculation of baseline absenteeism rates and reporting thresholds.

(b) *Reporting within one (1) calendar day.* Reportable to the health director within one (1) calendar day of first knowledge or suspicion are diseases, findings or

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agents that occur naturally or from accidental exposures or as a result of an undetected bioterrorism event: animal (mammal, including human) bite resulting in wound to, humans, brucellosis, Chikungunya, cholera, Dengue virus infection, diphtheria, glanders (*Burkholderia mallei*), *Escherichia coli* 0157:H7, *Haemophilus influenzae* (invasive disease), hantavirus pulmonary syndrome, Hemolytic uremic syndrome (HUS) (post diarrheal), hepatitis A, hepatitis D, hepatitis E, influenza-associated mortality, influenza-associated public and/or private school closures, lead (blood) level greater than or equal to forty-five micrograms per deciliter ( $\geq 45 \mu\text{g/dl}$ ) in any person, measles (rubeola), Melioidosis (*Burkholderia pseudomallei*), meningococcal disease (invasive), novel influenza A infections in human, outbreaks (including nosocomial) or epidemics of any illness, disease or condition that may be of public health concern, including any foodborne illness or illness in a food handler that is potentially transmissible through food, pertussis, poliovirus infection (nonparalytic), Q fever (acute and chronic), rabies, (animal), rubella (including congenital syndrome), shiga toxin-producing *Escherichia coli* (STEC), shiga toxin positive, unknown organism, shigellosis, staphylococcal enterotoxin B, syphilis (all stages including congenital syndrome; report negative or non-reactive results for any testing associated with positive syphilis findings), T-2 mycotoxin, tetanus, tuberculosis disease, tularemia (all cases other than suspected intentional release), toxic shock syndrome (staphylococcal or streptococcal), trichinosis, Typhoid fever (*Salmonella typhi*), vancomycin-intermediate *Staphylococcus aureus* (VISA), vancomycin-resistant *Staphylococcus aureus* (VRSA), Venezuelan equine encephalitis (VEE) (neuro and non-neuroinvasive disease), viral hemorrhagic fevers other than suspected intentional (e.g., Viral hemorrhagic fever diseases: Ebola, Marburg, Lassa, Lujo, new world Arenavirus (Guarinito, Machupo, Junin and Sabia viruses), or Crimean-Congo), vibriosis, Yellow fever, Zika, and any others declared reportable by the director of health.

(c) *Reporting within one (1) calendar day* Reportable to the health director within one (1) calendar day of first knowledge or suspicion are diseases, findings or adverse events that occur as a result of inoculation to prevent smallpox, including but not limited to the following: accidental administration, contact transmission (i.e., vaccinia virus infection in a contact of a smallpox vaccine), eczema vaccinatum, erythema multiforme (roseola vaccinia, toxic urticarial, fetal vaccinia (congenital vaccinia), generalized vaccinia, inadvertent autoinoculation (accidental implantation), myocarditis, pericarditis, or myopericarditis, ocular vaccinia (can include keratitis, conjunctivitis, or blepharitis), post-vaccinial encephalitis or encephalomyelitis, progressive vaccinia (vaccinia necrosum, vaccinia gangrenosa, disseminated vaccinia), pyogenic infection of the vaccination site, Stevens-Johnson Syndrome.

(d) *Reporting within three (3) days.* Within three (3) days of suspicion of, or confirmation, the following diseases must be reported to the director: adult respiratory distress syndrome (ARDS) in patients under 50 years of age (without a contributing medical history), Acquired immunodeficiency syndrome (AIDS)/Human immunodeficiency virus (HIV) infection, Stage 3, Babesiosis, California Serogroup virus (neuro- and non-neuroinvasive disease), campylobacter, CD4 T cell count and percent, Chancroid, *Chlamydia trachomatis* infections (all manifestations including ophthalmia

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and pelvic inflammatory disease) , Coccidioidomycosis, Creutzfeldt-Jakob disease, cryptosporidiosis, Cyclosporiasis, Eastern equine encephalitis virus, (neuro and non-neuroinvasive), Ehrlichiosis/Anaplasmosis (*Ehrlichia chaffeensis* infection, *Ehrlichia ewingii* infection, *Anaplasma phagocytophilum* infection and Ehrlichiosis/Anaplasmosis, human undetermined), giardiasis, gonorrhea (all manifestations including ophthalmia and pelvic inflammatory disease), Hansen's Disease (leprosy), Hepatitis B, acute, chronic, surface antigen (prenatal HBsAg positivity (in pregnant women), Hepatitis B infection, perinatal (HBsAg positivity in any infant aged equal to or less than twenty-four ( $\leq 24$ ) months who was born to a HBsAg positive mother, Hepatitis C, acute, chronic, Human immunodeficiency virus (HIV) infection, exposed newborn infant (i.e., newborn infant whose mother is infected with HIV), Human immunodeficiency virus (HIV) infection, including any test or series of tests used for the diagnosis or periodic monitoring of HIV infection. For series of tests which indicate HIV infection, all test results in the series (both positive and negative) must be reported, Human immunodeficiency virus (HIV) infection including any negative, undetectable, or any indeterminate test or series of tests used for the diagnosis or periodic monitoring of HIV infection conducted within one hundred eighty (180) days prior to the test result used for diagnosis of HIV infection, Human immunodeficiency virus (HIV) infection, pregnancy in newly identified or pre-existing HIV positive women, Human immunodeficiency virus (HIV) infection, test results (including both positive and negative results) for children less than two (2) years of age whose mothers are infected with HIV, Human immunodeficiency virus (HIV) infection, viral load measurements (including undetectable results), hyperthermia, hypothermia, legionellosis, leptospirosis, Listeriosis, Lyme disease, malaria, mumps, non-tuberculosis mycobacteria (NTM), paragonimiasis, Powassan virus disease (neuro- or non-neuroinvasive disease), Psittacosis, rabies post-exposure prophylaxis, initiated, Rickettsiosis Spotted Fever, Saint Louis encephalitis/virus (neuro- or non-neuroinvasive disease), salmonellosis, streptococcus pneumoniae, invasive disease (IPD-Invasive Pneumococcal Disease), streptococcal Group A invasive disease, Streptococcal toxic shock syndrome (STSS), toxic shock syndrome, non-streptococcal, Trichinellosis, tuberculosis infection (positive TST or positive IGRA with or without CXR result), varicella (chickenpox; include vaccination history with report), varicella deaths, Vibriosis (non-cholera *Vibrio* species infections), West Nile virus (neuro- and non-neuroinvasive disease), Western equine encephalitis virus (neuro- and non-neuroinvasive disease), Yersiniosis, and others declared reportable by the director of health; and the occurrence of epidemics or outbreaks of any illness or disease which may be of public health concern.

(e) *Reporting within seven (7) calendar days.* Within seven (7) calendar days of laboratory confirmation, the following diseases or findings must be reported to the health director: influenza, laboratory confirmed (including rapid tests),

(f) *Content of Reports.* Unless otherwise specified, the report shall include the patient's name, time and date of diagnosis, date of birth, sex, race, ethnicity, home address or location, telephone number, name of the attending physician, name of the disease, condition or finding diagnosed or suspected, date of onset, all associated treatment for the reportable condition, name and address of treating facility (if any), any

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appropriate laboratory results and other such facts and information which may be available, including specimen site. For diseases listed in (a) the report shall be made and received by the director immediately upon suspicion or confirmation by telephone, facsimile communication or other rapid communication. For diseases listed in (b) and (c) the report shall be made and received by the director of health within one (1) day of diagnosis in writing or by telephone, facsimile communication or other rapid communication. For diseases listed in (d) the report shall be made and received by the director of health within three (3) days of diagnosis in writing or by telephone, facsimile communication or other rapid communication. For diseases listed in (e) the report shall be made and received by the director within seven (7) calendar days of diagnosis in writing by facsimile communication.(g) For influenza, laboratory-confirmed reports, the report notification needs only to include the patient's age, jurisdiction of patient's home residence, date of test, serology/serotype (i.e., A, B, unknown), current influenza vaccination status if known, name and location of the provider and date of the report. These may be reported as line listings.

### **Sec. 34-54. Report of certain conditions required; three days.**

(a) The following disease conditions must be reported to the director within three (3) days of diagnosis in writing or by telephone, facsimile communication or other rapid communication: arsenic poisoning, acute chemical poisoning as defined in the most current ATSDR CERCLA Priority List of Hazardous Substances; if terrorism is suspected, refer to Sec 34-53 (a), carbon monoxide exposure poisoning, hyperthermia, hypothermia, any blood lead level regardless of age, Methemoglobinemia environmentally induced, occupational lung diseases (including silicosis, asbestosis, byssinosis, farmer's lung and toxic organic dust syndrome), heavy metal poisoning (including but not limited to, arsenic, cadmium and mercury), pesticide poisoning, and respiratory diseases triggered by environmental factors (including environmentally or occupationally induced asthma and bronchitis).

(b) Unless otherwise specified, the report notification shall include the patient's name, date of diagnosis, date of birth, sex, race, ethnicity, home address or location, telephone number, name of the physician, disease, condition or finding diagnosed or suspected, date of onset, name and address of treating facility (if any), any appropriate laboratory results and other such facts and information that may be available.

(c) Future electronic reporting. Persons required to report must do so in the manner prescribed by the director. Any reporting method changes, including possible secure, electronic pathways, will be listed at [www.kcmo.org/health/reporting](http://www.kcmo.org/health/reporting).

### **Sec. 34-55. Confidentiality of information and reports.**

(a) The health department is authorized to receive information from patient medical records for official purposes or functions.

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(b) The health department shall maintain the confidentiality of all medical record information abstracted by or reported to the department. The department may only release medical record information in a statistical aggregate form that precludes and prevents the identification of patient, physician, or medical facility, except that all medical record information may be shared with other public health authorities and co-investigators if such person abides by the same confidentiality restrictions required of the department.

(c) All information, records and reports concerning persons or animals with communicable diseases or with reportable disease conditions shall be confidential and shall be inaccessible to the public.

(d) It shall be unlawful for any person to intentionally disseminate a false report or rumor concerning the existence of a communicable disease in any person, animal, or location within the city.

**Sec. 34-56. Persons required to report diseases and conditions.**

(a) The following persons are required to file with the director of health the reports required in sections 34-53 and 34-54:

- (1) Duly licensed physicians;
- (2) Physicians assistants;
- (3) Advanced practice nurses;
- (4) Every nurse, superintendent, or principal of a public or private school;
- (5) Every owner or any person in charge of a child care facility; and
- (6) Administrator of each institution. The reports filed by such administrator shall not be considered the divulging of confidential information, and does not relieve the responsible physician or other person of the duty to report the same case.

(b) Any person in charge of a plasma center or blood donating center shall report when blood extracted from a person tests positive for any reportable disease or disease condition identified deemed reportable.

(c) Any person in charge of a clinical laboratory shall report when a laboratory examination of any specimen derived from the human body yields microscopical, cultural, chemical, immunological, serological, or other evidence suggestive of those communicable diseases or disease conditions deemed reportable. This reporting requirement also applies to laboratory specimens sent to another laboratory for analysis

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or evaluation. Isolates of the following specimens must be submitted to the Missouri Department of Health Laboratory for epidemiological or confirmation purposes:

- (1) Anthrax (*Bacillus anthracis*);
- (2) Cholera (*Vibrio cholera*);
- (3) Diphtheria (*Corynebacterium diphtheria*);
- (4) Escherichia coli 0157:H7;
- (5) Glanders (*Burkholderia mallei*)
- (6) *Haemophilus influenzae* from invasive disease;
- (7) Influenza virus-associated mortality;
- (7) Listeria;
- (8) Malaria (plasmodium species);
- (9) Measles (rubeola);
- (10) Melioidosis (*Burkholderia pseudomallei*)
- (11) *Mycobacterium tuberculosis*;
- (12) *Neisseria meningitides*, invasive disease;
- (13) Orthopoxvirus (smallpox, cowpox-vaccinia, monkeypox);
- (14) Other Shiga Toxin positive organisms;
- (15) Pertussis (*Bordetella pertussis*);
- (16) Plague (*Yersinia pestis*);
- (17) Salmonella, all species;
- (18) Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV);
- (19) Shigella, all species;
- (20) Staphylococcus aureus, vancomycin intermediate and resistant strains (VISA and VRSA);

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- (21) Tularemia (*Francisella tularensis*).

Submission of specimens does not relieve the person in charge of a clinical laboratory from the reporting requirement.

(d) It shall be unlawful for any person to fail to make a report required in this Article within the applicable reporting time.

**Sec. 34-57. Quarantine and isolation.**

The director of health is authorized to use isolation and/or quarantine measures for the control, containment or eradication of communicable diseases or disease vectors. These measures may be used on persons, animals, public or private property, or areas of land.

- (1) Persons who have been exposed to communicable diseases deemed reportable in section 34-53, or who are carriers of infections, or where there is sufficient evidence to cause the director to believe that they may be carriers of infection and represent a health threat to others, may be placed under isolation or quarantine restrictions. These restrictions may include removal to another public or private location, as may be deemed necessary until the nature of the disease has been determined or the communicability of the disease has ceased.
- (2) No physician, administrator or any other person may remove a person from isolation or quarantine or modify the restrictions of the isolation or quarantine without expressed written or verbal authorization from the director.
- (3) Persons infected with or suspected of being infected with tuberculosis shall be isolated or quarantined at a hospital, if deemed necessary.
- (4) The removal or transportation within or from the city, of persons subject to isolation or quarantine shall be done in compliance with the conditions, procedures and requirements established by the director for that person.
- (5) When isolation or quarantine restrictions apply to any public or private property, or area of land, the director may placard the public or private property, or area of land with conspicuous letters stating the name of the disease. The director is authorized to cause such public or private property, or area of land to be vacated by all persons and to prohibit unauthorized persons from entering in or out, except under such rules and regulations as he may prescribe. The isolation or quarantine restrictions shall continue and remain in effect until the director shall order them removed.

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- (6) The director may prohibit the removal or other distribution of any food or property from any public or private property, or area of land under isolation or quarantine, and, if applicable, may direct the method of disinfection or destruction of such food or property.
- (7) It shall be unlawful for any person to refuse to allow the director to place a placard on his/her property or property under his control or to endeavor to prevent the placing of the placard or to take down or remove such placard.
- (8) It shall be unlawful for any person to violate any of the provisions of this section.

**Secs. 34-58—34-65. Reserved.**

**Sec. 34-66. Adult immunization program and international travel immunization program.**

The director is authorized to establish an adult immunization program and an international travel immunization program to provide immunization for prevention of disease and for rabies post-exposure prophylaxis in accordance with established guidelines and recommendations from the Centers for Disease Control and Prevention (CDC) and to set an appropriate fee schedule to offset the costs of the programs.

**Sec. 34-67. Immunization of children attending school or child care facilities.**

No child shall be permitted to attend any private or public school of any district operating within the city limits, totally or partially, or in any child care facility with an enrollment of ten or more children, unless properly immunized, or exempted from immunization according to the current recommendations of the United States Public Health Service and the Missouri Department of Health and Senior Services, and as set forth by the director. Parents and guardians shall cause their children and wards to be properly immunized or exempted. Every school and child care facility must maintain a current immunization record on each child that includes types of immunizations received and dates administered. Every school and child care facility shall file an annual immunization status report on all children with the director. The principal or administrator is responsible for ensuring attendees are properly immunized or exempted for their age or grade status in accordance with the following levels: an immunization level of at least 98 percent of school attendees or 95 percent of child care facility attendees.

**Sec. 34-68. Disease investigation.**

(a) The director shall investigate, to the extent necessary and practical, each reported communicable disease or disease condition, or other unusual or epidemic illness as deemed necessary for the public health, to verify diagnosis, identify additional cases

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and persons at risk, and to determine the probable source of infection or intoxication, and when appropriate, to institute appropriate control, containment, eradication, or remediation measures. In such investigations, the director is hereby vested with full powers of inspection, examination, isolation, quarantine, and disinfection of all persons, animals, places and things.

(b) Every physician, physician's assistant, advanced practice nurse, coroner or medical examiner who practices within the city or the administrator of any institution within the city, shall cooperate fully with the director in the discharge of any investigation. It shall be unlawful for any such person to fail to or refuse to so cooperate with the director.

(c) Pertinent information from the medical record of each person under investigation for a reportable disease or condition shall be furnished to the director upon demand. Consent of the person afflicted with a reportable disease or condition shall not be required unless information other than that pertaining to the disease or condition being investigated is requested. Information obtained from the medical records shall remain confidential.

(d) It shall be unlawful for any physician, administrator, or other person to secrete any patient or client with a reportable disease or condition, or mislead the director so as to prevent the control of the disease.

**Secs. 34-69—34-70. Reserved.**

**Sec. 34-71. Powers of the director of health regarding animal diseases.**

The director shall be empowered to issue regulations for the control of animal diseases and conditions declared dangerous or potentially dangerous to the health of the public, and to cause any animal to be examined for the presence of suspected diseases or conditions by prevailing accepted procedures. Neither the city nor its employees shall be liable for any expenses incurred in such an examination of an animal or for any damages if the animal is required to be destroyed for any reason.

- (1) Zoonotic diseases of animals declared by the director to be dangerous or potentially dangerous to the public health shall be reported to the director by any veterinarian who practices veterinary medicine within the city.
- (2) The following diseases must be reported to the director: anthrax, arthropod-borne encephalitis, botulism, brucellosis, glanders, plague, Q-fever, psittacosis, rabies and others declared reportable by the director of health; and the occurrence of epidemics or outbreaks of any illness or disease which may be of public health concern. The report shall be made to and received by the director within four hours of suspicion or diagnosis by telephone, facsimile communication or other rapid communication.

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- (3) It shall be unlawful for any veterinarian to fail to make any reports required in this section.

**Sec. 34-72. Penalty for violation of article II.**

(a) Whenever in any section of this Article II the doing of any act is required or is prohibited or is declared to be unlawful or an ordinance violation, any person who shall be convicted of a violation of any such provision of this codification or of any such ordinance shall, for each offense, be fined not less than \$100.00 and not more than \$1000.00, or be punished by imprisonment, not to exceed six months, or be punished by both fine and imprisonment.

(b) In addition to any penalties issued pursuant to this section, the Director is authorized to report repeated patterns of failure to report under this Article to any appropriate licensing boards.

**Secs. 34-73—34-100. Reserved.**

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Approved as to form and legality:

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Joseph Guarino  
Assistant City Attorney