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[COMMITTEE SUBSTITUTE FOR] ORDINANCE NO. 230940

Sponsor: Mayor Quinton Lucas

Amending Chapter 34, Health and Sanitation, Code of Ordinance, by deleting Chapter 34-53, entitled "Report of certain diseases and events required," and replacing it with a new Chapter 34-53 of same title, for the purpose of adding fatal and nonfatal overdoses to the list of mandatory reporting events; directing the City Manager to evaluate additional funding for two dedicated Health Department overdose investigators; establishing an overdose review board; and establishing an effective date of January 1, 2024.

WHEREAS, opioid overdoses doubled in Kansas City between 2017 and 2021, rising from 46 in 2017 to 102 in 2021; and

WHEREAS, fentanyl deaths have increased by 938 percent between 2017 and 2021, rising from 7 in 2017 to 72 in 2021; and

WHEREAS, fentanyl accounted for 40 percent of all overdose deaths in Kansas City in 2021, constituting 72 out of 182 overdose fatalities; and

WHEREAS, accurate and efficient reporting of fatal and nonfatal overdoses will assist prevention and intervention services; and

WHEREAS, the City endeavors to reduce overdose deaths by accurate reporting; improved staffing; and better collaboration among stakeholders; NOW, THEREFORE,

BE IT ORDAINED BY THE COUNCIL OF KANSAS CITY:

Section 1. That Section 34-53, Code of Ordinance, entitled "Report of certain diseases and events required," is hereby amended by deleting it and adding a new subsection 34-53, for the purpose of adding fatal and nonfatal overdoses to the list of mandatory reporting events, said section to read as follows:

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 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, Junin, 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 calendar day.*

(1) Reportable to the health director within one calendar day of first knowledge or suspicion are diseases, findings or 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 45 micrograms per deciliter in any person, measles (rubeola), meliodosis (Burkholderia pseudomallei), meningococcal disease (invasive), novel influenza A infections in humans, 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 (Guanarito, Machupo, Junin and Sabia viruses), or Crimean-Congo), vibriosis, yellow fever, Zika, and any others declared reportable by the director of health.

(2) Reportable to the health director within one 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.

(3) Overdoses of Schedule I-V substances. Reportable to the health director within one calendar day of first knowledge or suspicion are suspected or confirmed overdoses (fatal and nonfatal) of Schedule I-V substances according to Chapter 195.017, RSMo, pursuant to rules promulgated by the Director Health.

(c) *Reporting within three days.* Within three 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 and pelvic inflammatory disease), Coccidioidomycosis, Creutzfeldt-Jakob disease, cryptosporidiosis, Cyclosporiasis, eastern equine encephalitis virus, (neuro and non-neuroinvasive), ehrlichiosis/anaplasmosis (Ehrlichia chaffeenis 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 and chronic), surface antigen (prenatal HBsAg positivity (in pregnant women), hepatitis B infection, perinatal (HBsAg positivity in any infant aged equal to or less than 24 months who was born to a HBsAg positive mother), hepatitis C (acute and 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 180 days prior to the test result used for diagnosis of HIV infection, human immunodeficiency virus (HIV) infection, pregnancy in newly identified or preexisting HIV positive women, human immunodeficiency virus (HIV) infection, test results (including both positive and negative results) for children less than two 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.

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

(e) *Reporting within one month; other overdoses.* Reportable to the health director within one month of first knowledge or suspicion are suspected or confirmed overdoses (fatal and nonfatal) of substances not contained within Schedule I-V of Chapter 195.017, RSMo, pursuant to rules promulgated by the Director Health.

(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 most recent place of permanent or temporary residence, 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 appropriate laboratory results and other such facts and information which may be available, including specimen site or relevant toxicology results. 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), the report shall be made and received by the director of health within one day of diagnosis or knowledge or suspicion of occurrence in writing or by telephone, facsimile communication or other rapid communication. For diseases listed in (c) the report shall be made and received by the director of health within three days 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 within seven 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.

Section 2. That the City Manager is directed to evaluate funding for the addition of two investigators on Health Department staff to investigate overdoses in a manner consistent with investigation of communicable diseases and, if proceeding with such additions, to amend any Health Department budget request to the City Manager to include such costs for additional investigators.

Section 3. That the City hereby establishes an Overdose Review Board consisting of at least five and not more than nine members appointed by the Mayor, who may include representatives from addiction-based treatment backgrounds; health institutions; the Department of Health; offices of medical examiners in the counties constituting Kansas City; emergency medical services providers or experts; mental health practitioners; and law enforcement, including the Kansas City Police Department.

Section 4. That this Ordinance shall take effect on January 1, 2024.

Approved as to form:

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Joseph A. Guarino
Senior Associate City Attorney