



National Association of County & City Health Officials

*The National Connection for Local Public Health*

October 14, 2016

Division of Global Migration and Quarantine  
Centers for Disease Control and Prevention  
1600 Clifton Road NE., MS E-03  
Atlanta, GA 30329  
ATTN: Quarantine NPRM

RE: Notice of Proposed Rulemaking for Control of Communicable Diseases: Interstate and Foreign

On behalf of the National Association for City and County Health Officials (NACCHO), I am writing to provide comment on the proposed rule amending domestic and foreign regulations protecting the public health of the United States. NACCHO serves as the voice of the nearly 3,000 local health departments across the country that work every day to protect and promote health and well-being for all people in their communities. The following comments pertain to the importance of protecting public health through careful regulation of animal importation and the burden of infectious disease response on local health departments.

Hundreds of thousands of animals are imported into the United States every day, increasing the chance for infectious diseases that can be transmitted to humans to be introduced. According to the Centers for Disease Control and Prevention (CDC), scientists estimate more than 60% of infectious diseases in humans are spread from animals. While the responsibility for regulating and providing guidance on animal importation sits primarily with state and federal agencies, local health departments (LHDs) are on the frontlines of protecting their communities from the infectious diseases these animals can bring and are the entities responsible for operationalizing such regulations and guidance.

Infectious disease prevention and response is a costly burden for LHDs. Sometimes financing a response even requires diverting funds from other important health department programs. This is especially challenging as LHD budgets continue to tighten. In a 2015 NACCHO survey of 690 LHDs, in fact, almost one-quarter of respondents reported budget cuts in 2014 and more expect budget cuts in their next fiscal year.<sup>1</sup> To reduce this burden on LHDs, NACCHO supports the proposed rule's clarification of HHS/CDC authority to impose temporary restrictions on importation of animals that could cause an outbreak of a communicable disease. Changes to the current rule will improve CDC's ability to protect the public from emerging infectious diseases by allowing CDC to respond more quickly to potential threats.



NACCHO also recommends CDC restrict the importation of animals to specific ports where there is sufficient staff and only allow animals in when the appropriate staff are present to physically inspect imported animals. Reliance on health certificates only, without physical inspection, poses public health risks. LHDs have reported that fraudulent importation of animals with falsified rabies certificates or other health records have impacted their communities.<sup>2</sup> To address these gaps, CDC released an Advance Notice of Proposed Rulemaking in 2007 to solicit feedback on possible revisions to CDC Animal-Importation Regulations.<sup>3</sup> No further action has been taken on that ANPRM, which could have had a significant impact on the legal and illegal importation of animals for commercial sale and, by extension, on public safety from the introduction of foreign zoonotic diseases.

There are additional areas related to public health law for which NACCHO seeks additional clarity and guidance on behalf of our members due to the nature of their work related to communicable diseases. The following is a summary of these concerns.

When considering personally identifiable information, the proposed rule would benefit from additional clarity regarding the identity of the custodian of records for various scenarios. It is currently assumed that when federal actions are related to a federal order, the federal government would be the custodian of the records generated. Furthermore, to the extent LHDs are recipients/users of the record data shared, they would defer to the federal government for fulfillment of a Public Information Act (PIA) request until they were the ones issuing their own order. The records retained related to their own continued investigation/disease control activities would then be theirs as custodians with the responsibility to disclose/not disclose under PIA standards. Our LHD members have asked if this would be an accurate interpretation of responsibility.

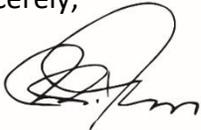
Additionally, clarification is needed regarding the standard for personally identifiable information collected and utilized for an investigation. Would this information fall within HIPAA for data privacy or would it be shared under a public health authority whereby sharing would occur as needed for investigation/disease control only, allowing for the free flow of information between public health officials at the federal, state, and local levels? Clarity is also needed regarding the payment of medical services and screening resulting from an order as described within the proposed rule. When an individual has been detained under the language of the rule, it is possible there would be individuals who receive services outside of the scope of the order of treatment. Information regarding the party responsible for paying for those services would be a desired addition to the rule.

The proposed rule should also clearly identify the jurisdictions of federal, state, and local authorities who interact with individuals impacted by the proposed rule. This clarity would provide LHDs with assurances regarding when legal and physical handoffs of individuals occur and which courts have jurisdiction over legal proceedings for individuals. This latter point is of particular concern due to the potential for issues related to procedural due process.

Finally, clarity is sought regarding the applicability of the proposed rule to those foreign individuals who may be entering the country with diplomatic immunity or may be a member of a diplomatic delegation into the United States.

NACCHO applauds the leadership at HHS and CDC, along with other participating federal departments and agencies, for providing greater transparency and improving the efficiency of operations for the control of communicable diseases, and stands ready to work with HHS and CDC to keep communities healthy and safe. Thank you for the opportunity to provide comments on this proposed rule and input on this important matter. If you have any questions, please contact Dr. Oscar Alleyne, Senior Advisor for Public Health Programs, at 202-507-4228 or [oaalleyne@naccho.org](mailto:oaalleyne@naccho.org).

Sincerely,



LaMar Hasbrouck, MD, MPH  
Executive Director

**References:**

<sup>1</sup> NACCHO. (2015). The Changing Public Health Landscape: Findings from the 2015 Forces of Change Survey. Retrieved September 11, 2015 from <http://nacchoprofilestudy.org/forces-of-change/>

<sup>2</sup> Ehnert K, Kim-Farley R. Reducing Zoonoses: Controlling Animal Importation. Public Health Practice – What Works. Oxford Press; 2013. P. 162-171.

<sup>3</sup> “Foreign Quarantine Regulations, Proposed Revision of HHS/CDC Animal-Importation Regulations; Advance Notice of Proposed Rulemaking,” 42 Code of Federal Regulations Part 71 (31 July 2007) Vol. 72, No. 146, pp. 41676-41679.