



March 13, 2020

The Honorable Alex Azar  
Secretary, United States Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Secretary Azar,

On behalf of the nation's fire and emergency services, we are writing to respectfully request that SARS-CoV-2, the virus commonly referred to as COVID-19, be explicitly included as a potentially life-threatening infectious disease requiring notification under Section 2695 of the Public Health Service Act.

The Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87) addresses notification procedures and requirements regarding exposure of emergency response employees to potentially-life threatening infectious diseases. A list of diseases mandating notification was last updated in November of 2011. In the final notice, the Centers for Disease Control and Prevention (CDC) noted "In the event that CDC determines that a newly emerged infectious disease fits the criteria for inclusion in the list of potentially life threatening infectious diseases required by the Ryan White HIV/AIDS Treatment Extension Act of 2009, CDC will amend the list and add the disease."

SARS-CoV-2 should be added to the list of potentially life-threatening infectious diseases routinely transmitted through aerosolized droplet means. Early reports suggest person-to-person transmission most commonly happens during close exposure to a person infected with COVID-19, primarily via respiratory droplets produced when the infected person coughs or sneezes. The nature of their work requires emergency response employees be in close proximity to patients; particularly in the patient compartment of an ambulance, it is easy to see how the disease could be spread from the patient to the emergency response employee.

We are also aware of cases where hospitals have refused to notify a fire department's designated infection control officer of a patient's positive diagnosis of SARS-CoV-2 and other infectious conditions. As you know, Part G of the Ryan White Act requires hospitals to conduct rapid source patient testing when an exposure is reported by an emergency response agency's designated infection control officer. Since the patient's personal identifying information is removed prior to sharing, this source patient testing information may be shared with an emergency response agency's designated infection control officer and is not subject to protections under the Health Insurance Portability and Accountability Act (P.L. 104-191). Furthermore, Part G also does not require an emergency response employee to be admitted to the hospital or enroll in the hospital's occupational health clinic prior to sharing this source patient testing.

The lack of an enforcement mechanism to compel hospitals to comply with Part G prevents emergency response employees from obtaining the necessary information to decide whether to take appropriate precautions, including entering into quarantine or taking medications meant to limit the spread of the disease. Any delays or refusals by hospitals to share this source patient information with the respective emergency response agency's designated infection control officer may exacerbate the spread of COVID-19 and other infection diseases as the emergency response employee continues to respond to emergencies in their community.

Lastly, due to the rapid spread of the virus and to promote containment, we urge you take whatever actions are necessary to make this update immediately.

Thank you for your attention to this important matter.

Sincerely,



Harold A. Schaitberger  
General President  
International Association of Fire Fighters



Fire Chief Gary Ludwig  
President and Chairman of the Board  
International Association of Fire Chiefs



Dr. William Jenaway  
President  
Congressional Fire Services Institute



Steven W. Hirsch  
Chair  
National Volunteer Fire Council

cc: Dr. Robert Ray Redfield  
Dr. John J. Howard