



2026 Summary of Updates

To R386-702 Communicable Disease Rule

Primary purposes:

- Improve clarity and consistency
- Strengthen electronic disease reporting
- Phase out manual reporting methods
- Consolidate guidance for rabies control measures

Key changes:

Laboratory Reporting

ELR or the online reporting portal (when approved by DHHS) are now the required methods for lab reporting. Reporting by telephone is allowed only for immediately reportable events listed in Section 702-7 of the rule. To determine if the online portal is a reporting option, the rule categorizes Utah's laboratories into two groups: Category 1 and Category 2.

Category 1 Laboratories must use ELR for reporting

Category 1 is defined as a facility that conducts any type of CLIA-certified testing which identifies reportable conditions listed in Sections 702-4, 702-6, and 702-7 of this rule.



Category 2 Laboratories may use ELR or the reporting portal

Category 2 is defined as a facility that **only** conducts CLIA-waived tests, which identify reportable conditions listed in sections 702-4, 702-6, and 702-7 of this rule.

Category 2 laboratories can work with the EDX Team (edx@utah.gov) to create a reporting portal account.

Previously acceptable laboratory reporting methods	Acceptable laboratory reporting methods under the revised rule
ELR, Fax, Email, Mail, and Telephone	ELR (required for all Category 1 laboratories, optional for Category 2) DHHS Reporting Portal (Category 2 labs only) Telephone only for emergency reporting of conditions on the 'immediately reportable events' list

Case Reporting

Acute Care Hospitals must now report all cases to the Department via Electronic Case Reporting (eCR). All non-Acute Care Hospitals and other health care entities that identify cases and are required to report can report through eCR or to their local health department using an alternative electronic method approved by that local health department. In addition to submitting the electronic case report, all immediately reportable events still require an initial telephone report.

Under the updated rule, Acute Care Hospitals are defined as hospitals that, at minimum, offer emergency care 24 hours a day and have at least one physician on staff or medical roster who is available to the emergency care area within 30 minutes.



Previously acceptable case reporting methods	Acceptable case reporting methods under the revised rule
eCR, Fax, Email, Mail, Telephone	<p>For all Acute Care Hospitals: eCR</p> <p>For all other reporters: eCR or an alternative electronic method approved by their local health department</p> <p>Telephone only for emergency reporting of conditions on the 'immediately reportable events' list</p>

Reportable Conditions

Conditions Added	Conditions Modified	Conditions Removed
<p>Cronobacter sakazakii</p> <p>free-living amoebae</p> <p>meliodosis</p> <p>mpox</p> <p>Oropouche virus disease</p> <p>Pseudomonas aeruginosa (with resistance to specific antibiotics)</p> <p>St. Louis encephalitis virus disease (SLE)</p> <p>Toxoplasmosis</p>	<p>'Enterobacter species' expanded to 'any Enterobacterales organism'</p> <p>measles added to R386-702-4(6)(b), which requires all lab results (positive, negative, equivocal, etc.) to be reported</p>	<p>encephalitis</p> <p>Louse-borne relapsing fever</p> <p>meningitis</p>



Syndromic Surveillance

While syndromic surveillance is a longstanding practice in Utah, the rule change strengthens Utah's syndromic surveillance policy by establishing a formal requirement for any hospital or other health care facility that treats patients in an emergency department to report all emergency department encounters in line with updated departmental syndromic surveillance requirements.

Any hospital or health care facility may also report non-emergency room encounters via syndromic surveillance. For more information on updated guidance and requirements for syndromic surveillance, refer to section 702-9 of the rule or <https://epi.utah.gov/disease-reporting/>.

Compliance

Reporting entities must designate an individual within their organization responsible for ensuring compliance with all requirements set forth in the Communicable Disease Rule. A list of potential staff who can fulfill this role is provided in section 702-5 of the rule. Once entities have formally designated an individual responsible for compliance, they must be prepared to provide that individual's name and contact information upon the Department's request.

Rabies Control Measures

Guidance was consolidated from DHHS, local health departments, animal control authorities and veterinarians into section 702-14 of the rule. These were language updates for clarity, but the actual policy remains the same.