



June 4, 2020

To: Local Health Departments
From: Office of Legal Affairs, ISDH
Re: Health Departments Sharing COVID Communicable Disease Information with 911 Call Centers

Issue:

ISDH received questions from local health departments concerning the sharing of the addresses of COVID-19 positive individuals with 911 operators in order to inform first responders of the COVID-19 positive status of a resident if a call is received for that address. This guidance document is meant to address whether that information can be shared and is separate from the release of information when a first responder *has been* exposed to a person and needs to know if that person is COVID positive.

Analysis:

Communicable disease information submitted to ISDH and local health departments pursuant to communicable disease reporting requirements for public health surveillance is subject to confidentiality provisions found in IC 16-41-8-1. This statute is stricter than HIPAA for permitted releases of information and does not authorize the release of information in the 911 dispatch system to use in case of an emergency call to the residence of someone who has been reported as COVID positive.

In general, IC 16-41-8-1 prohibits the release of communicable disease information without the consent of the individual except for: non-identifiable statistical information; information shared to the extent necessary to enforce public health laws; or to protect the life or health of a named individual. The only arguable permitted release to 911 operators is to protect a named individual, a possible first responder. However, protection of a hypothetical responder does not meet the standard of the named individual requirement because, for many of the COVID positive individuals, they will not encounter first responders and the release will not protect anyone. If a first responder *has been* exposed and needs to know about exposure, then release may be made.

From a policy perspective, any person a first responder interacts with may be COVID positive, whether a positive test result has been reported to the health department or not, so first responders must interact with all individuals as though they are positive for COVID. Flagging certain locations could cause responders to be lax if they do not have information about a COVID-positive individual, putting them at greater risk. Additionally, the information reported in the system may be outdated because the individual reported is no longer infectious and it is not clear that the information would be removed or updated. Finally, 911 may ask about COVID status during a call and share that information with first responders.