

Containing and Preventing the Spread of Infectious Disease



Legislative Prospectus Series: 2025 Public Health Spotlight

Introduction

The core of public health is comprised of preventing, identifying, and containing disease. Public health agencies exist to safeguard community health and safety and have important legal authorities to carry out essential actions to this end. Common public health strategies include the legal authority for prevention measures, issuing standing orders, supporting vaccination programs, and advancing programs and policies to monitor, prevent, screen, and treat sexually transmitted infections (STIs).

Legislative Trends

Keeping Communities Health and Safe

Studies have shown that measures like <u>isolation and</u> <u>quarantine</u>, <u>contact tracing</u>, <u>masking</u>, and <u>venue closures</u> work to prevent the spread of infectious disease. During the 2024 legislative session, at least 28 states considered bills on public health authority and infectious disease. At least four states enacted laws reshaping public health authority this past session: Utah, Oklahoma, Washington, and Hawaii.

Utah (HB 405) and Oklahoma (OK SB426) restricted public health legal authority this past session. Utah's law limits the authority of local public health officials to issue isolation or quarantine orders for specific conditions unless the local legislature agrees that evidence suggests a new, drug resistant, or reemerging infection will likely cause high mortality or morbidity and needs containment. Oklahoma's new law prohibits state officials from enforcing requirements issued by the World Health Organization (WHO) (although it is important to note the WHO only provides public health recommendations).

Washington (<u>SB 6095</u>) and Hawaii (<u>HI SB 3122</u>) enacted laws expanding the legal authorities of public health officials. Both states' new laws expanded public health officials' authority to issue standing orders. Washington's new law authorizes the secretary of health to issue standing orders for a range of interventions to control and prevent the spread of infectious disease or threats to public health while Hawaii's law provides the official the authority to issue standing orders for services recommended by the U.S. Preventative Services Task Force.

Supporting Routine Childhood Immunizations

Vaccinations offer one of public health's most powerful and cost-effective tools to prevent disease, disability, and death. During the 2024 legislative sessions, at least 20 states and Washington, D.C. considered bills related to routine childhood immunizations required for enrollment in school or childcare facilities. At least five states considered bills to weaken vaccine requirements for school enrollment. West Virginia's governor vetoed a bill to remove requirements for routine childhood vaccinations for students enrolled in private, parochial, or virtual public schools (HB 5105). The governor stated in his veto letter that he has "heard constant, strong opposition to this legislation from our State's medical community" and evidence of the state's vaccination policy preventing outbreaks while surrounding states experienced spikes of vaccine-preventable illnesses.

At least seven states considered bills about vaccination in childcare facilities, with Minnesota enacting a law (HF 5237) that allows a licensed childcare center to prohibit children older than two months from enrolling or remaining enrolled if they have not been immunized; exemptions are allowed in certain cases.

Preventing the Spread of Sexually Transmitted Infections

In 2023, over 2.4 million cases of syphilis, gonorrhea, and chlamydia were <u>reported</u> in the United States. While gonorrhea cases declined for the first time in decades, the most alarming concerns center around the syphilis and congenital syphilis epidemics. If left untreated, pregnant people infected with syphilis may pass the infection onto their baby during pregnancy or birth—known as <u>congenital syphilis</u>—resulting in stillbirth or <u>long-term medical problems</u> from deformed bones, brain and nerve problems, or more.

Although <u>nearly every state</u> requires syphilis screening at least once during prenatal care, congenital syphilis cases have more than tripled in recent years, with more than 3,750 <u>cases reported</u> in 2022 alone. In 2024, at least two states, Colorado (<u>HB 24-1456</u>) and Maryland (<u>HB 199</u>), enacted legislation requiring additional syphilis testing at certain points of prenatal care.

At least three states considered legislation that would expand or allow for expedited partner therapy so a person can be prescribed, administered, or dispensed antimicrobial drugs to a sexual partner of a patient clinically diagnosed by a healthcare provider as infected with an STI without a physical examination of the sexual partner. Oklahoma enacted <u>SB 1491</u>, allowing additional healthcare providers (e.g., physician assistants) to provide expedited therapy.

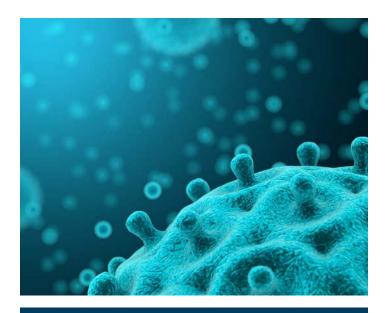
Additionally, state legislatures are expanding access to preexposure prophylaxis (PrEP) and postexposure prophylaxis (PEP) to prevent HIV infection. In 2024, at least 12 states considered legislation related to HIV prevention or PrEP and/or PEP access. Georgia (HB 1028) and Maryland (HB 127) enacted legislation supporting statewide standing orders allowing pharmacists to dispense PEP. Additionally, Delaware (SB 194) and Louisiana (HB 579) enacted legislation that authorizes pharmacists to provide PEP and PrEP under a protocol approved by the state public health department.

Looking Ahead

ASTHO expects some policymakers to continue reassessing the legal authorities that empower public health officials to monitor, identify, contain, and prevent infectious disease outbreaks. Additionally, ASTHO expects more states to consider laws impacting their existing vaccination requirements and STI prevention strategies. Specifically, states are likely to consider:

- Removing or expanding nonmedical exemptions for existing vaccination requirements.
- Building connections between immunization information systems (IISs) and health information exchanges to help providers inform patients whether they have received the recommended vaccines.
- Expanding routine testing and service programs in areas with high rates of STI incidence and prevalence and for populations at increased risk of STI or HIV infection.
- Increasing access to doxycycline PEP (doxy-PEP), since CDC published their <u>Clinical Guidelines</u> on using doxy-PEP to prevent bacterial STIs like gonorrhea, syphilis, and chlamydia.
- Expanding private health insurance as well as Medicaid benefits to cover PrEP and other HIV prevention measures.

Learn more at www.astho.org



U.S. public health officials regularly work to reduce exposure to zoonotic diseases, working with partners to respond to outbreaks like the multi-state avian influenza A(H5N1) virus, or "H5N1 bird flu," among dairy cows, poultry, and other animals



Elevated risk levels of the mosquito-borne Eastern Equine Encephalitis (EEE), a rare but serious infection, have led public health officials to <u>conduct aerial spraying</u> for mosquitoes in areas at high risk for EEE.

