

(VIII) THE INFORMATION REQUIRED UNDER SECTION 18-332 (A) (1) THROUGH (3) OF THIS SUBTITLE.

(B) THE DEPARTMENT BY REGULATION GUIDELINE AND CONSISTENT WITH § 18-331(B) OF THIS SUBTITLE SHALL PRESCRIBE THE FORM AND CONTENT OF THE INFORMATION PROVIDED TO PARENTS IN ACCORDANCE WITH THIS SECTION.

18-330.

(A) AT THE TIME OF ADMINISTRATION OF PERTUSSIS VACCINE TO AN INDIVIDUAL, THE HEALTH CARE PROVIDER SHALL RECORD IN THE INDIVIDUAL'S PERMANENT MEDICAL RECORD A PERMANENT RECORD TO WHICH THE PATIENT OR THE PATIENT'S PARENT OR GUARDIAN SHALL HAVE ACCESS ON REQUEST:

- (1) THE DATE OF EACH VACCINATION;
- (2) THE MANUFACTURER AND LOT NUMBER OF THE VACCINE USED FOR EACH;
- (3) ANY OTHER IDENTIFYING INFORMATION ON THE VACCINE USED; AND
- (4) THE NAME AND TITLE OF THE HEALTH CARE PROVIDER.

(B) WITHIN 24 HOURS ANY HEALTH CARE PROVIDER WHO HAS ADMINISTERED PERTUSSIS VACCINE TO AN INDIVIDUAL AND HAS REASON TO BELIEVE THAT THE INDIVIDUAL HAS HAD A MAJOR ADVERSE REACTION TO THE VACCINE SHALL:

(1) RECORD ALL RELEVANT INFORMATION IN THE INDIVIDUAL'S PERMANENT MEDICAL RECORD A PERMANENT RECORD TO WHICH THE PATIENT OR THE PATIENT'S PARENT OR GUARDIAN SHALL HAVE ACCESS ON REQUEST THE INDIVIDUAL'S PERMANENT MEDICAL RECORD; AND

(2) REPORT THE INFORMATION, INCLUDING THE MANUFACTURER'S NAME AND LOT NUMBER, TO THE COUNTY HEALTH OFFICER WHO SHALL IMMEDIATELY NOTIFY THE MANUFACTURER AND PROMPTLY FORWARD THE INFORMATION TO THE DEPARTMENT. TO THE LOCAL HEALTH OFFICER WHO SHALL IMMEDIATELY FORWARD THE INFORMATION TO THE DEPARTMENT. ON RECEIPT OF THE INFORMATION, THE DEPARTMENT SHALL IMMEDIATELY NOTIFY THE VACCINE MANUFACTURER.

18-331.

(A) BY REGULATION GUIDELINE, THE DEPARTMENT SHALL ESTABLISH A SYSTEM, SUFFICIENT FOR THE PURPOSES OF SUBSECTIONS (B) AND (C) OF THIS SECTION, TO COLLECT DATA FROM THE COUNTY LOCAL HEALTH OFFICERS AND, FROM PUBLIC AND PRIVATE HEALTH CARE PROVIDERS AND FROM PARENTS ON THE INCIDENCE OF PERTUSSIS AND MAJOR ADVERSE REACTIONS TO PERTUSSIS VACCINE.

(B) ON THE BASIS OF INFORMATION COLLECTED UNDER THIS SUBSECTION AND OF OTHER INFORMATION AVAILABLE, THE DEPARTMENT