

**CHAPTER 4605**  
**DEPARTMENT OF HEALTH**  
**COMMUNICABLE DISEASES**

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**4605.7000 DEFINITIONS.**

Subpart 1. **Case.** “Case” means a person infected with a particular infectious agent or having a particular disease diagnosed by a physician.

Subp. 2 **Carrier.** “Carrier” means a person identified as harboring a specific infectious agent and who serves as a potential source of infection.

*[For text of subp 3, see M.R.]*

Subp. 4. **Infection control practitioner.** “Infection control practitioner” means any person designated by a hospital, nursing home, medical clinic, or other health care facility as having responsibility for prevention, detection, reporting, and control of infections within the facility.

*[For text of subps 5 and 6, see M.R.]*

Subp. 7. **Medical laboratory.** “Medical laboratory” means any facility that receives, forwards, or analyzes specimens of original material from the human body, or referred cultures of specimens obtained from the human body, and reports the results to physicians who use the data for purposes of patient care.

*[For text of subps 8 to 10, see M.R.]*

Subp. 11. **Public health hazard.** “Public health hazard” means the presence of an infectious agent or condition in the environment which endangers the health of a specified population.

**Statutory Authority:** *MS s 144.05; 144.072; 144.12; 144.122*

**History:** *20 SR 858*

**4605.7010 PURPOSE.**

This chapter establishes a process and assigns responsibility for reporting, investigating, and controlling disease.

**Statutory Authority:** *MS s 144.05; 144.072; 144.12; 144.122*

**History:** *20 SR 858*

**4605.7020 APPLICABILITY.**

This chapter applies to cases, suspected cases, and deaths from communicable diseases and syndromes, reporting of disease, and disease control.

**Statutory Authority:** *MS s 144.05; 144.072; 144.12; 144.122*

**History:** *20 SR 858*

**4605.7030 PERSONS REQUIRED TO REPORT DISEASE.**

*[For text of subpart 1, see M.R.]*

Subp. 2. **Health care facilities.** Hospitals, nursing homes, medical clinics, or other health care facilities must designate that all individual physicians report as specified in subpart 1; or the health care facility must designate an infection control practitioner or other person as responsible to report to the commissioner, within one working day of knowledge of a

case, suspected case, carrier, or death from any of the diseases and syndromes in part 4605.7040, and the information specified in part 4605.7090.

Subp. 3. **Medical laboratories.** All medical laboratories must provide to the commissioner, within one working day of completion, the results of microbiologic cultures, examinations, immunologic assays for the presence of antigens and antibodies, and any other laboratory tests, which are indicative of the presence of any of the diseases in part 4605.7040 and the information specified in part 4605.7040 as is known.

The medical laboratory must forward to the Minnesota Department of Health, public health laboratory all isolates specified in part 4605.7040.

[For text of subps 4 and 5, see M.R.]

Subp. 6. **Others.** Unless previously reported, it shall be the duty of every other licensed health care provider who provides care to any patient who has or is suspected of having any of the diseases listed in part 4605.7040 to report within one working day to the commissioner as much of the information outlined in part 4605.7090 as is known.

**Statutory Authority:** *MS s 144.05; 144.072; 144.12; 144.122*

**History:** 20 SR 858

#### 4605.7040 DISEASE AND REPORTS; ISOLATE SUBMISSIONS.

Cases, suspected cases, carriers, and deaths due to the following diseases and infectious agents shall be reported. The diseases followed by an asterisk shall be reported immediately by telephone to the commissioner.

- A. Amebiasis (*Entamoeba histolytica*)
- B. Anthrax\* (*Bacillus anthracis*)
- C. Babesiosis (*Babesia* sp.)
- D. Blastomycosis (*Blastomyces dermatitidis*)
- E. Botulism\* (*Clostridium botulinum*)
- F. Brucellosis (*Brucella* sp.)
- G. Campylobacteriosis (*Campylobacter* sp.) Submit isolates to the Minnesota Department of Health, Public Health Laboratory
- H. Cat Scratch disease (infection caused by *Bartonella* species)
- I. Chancroid\* (*Haemophilus ducreyi*)
- J. *Chlamydia trachomatis* infections
- K. Cholera\* (*Vibrio cholerae*) Submit isolates to the Minnesota Department of Health, Public Health Laboratory
- L. Cryptosporidiosis (*Cryptosporidium parvum*)
- M. Dengue virus infection
- N. Diphtheria (*Corynebacterium diphtheriae*) Submit isolates to the Minnesota Department of Health, Public Health Laboratory
- O. *Diphyllobothrium latum* infection
- P. Ehrlichiosis (*Ehrlichia* sp.)
- Q. Encephalitis (caused by viral agents)
- R. Enteric escherichia coli infection (E. coli 0157:H7, other enterohemorrhagic E. coli, enteropathogenic E. coli, enteroinvasive E. coli) Submit isolates to the Minnesota Department of Health, Public Health Laboratory
- S. Giardiasis (*Giardia lamblia*)
- T. Gonorrhea (*Neisseria gonorrhoea* infections)
- U. *Haemophilus influenzae* disease (all invasive disease) Submit isolates to the Minnesota Department of Health, Public Health Laboratory
- V. Hantavirus infection
- W. Hemolytic uremic syndrome
- X. Hepatitis (all primary viral types including A, B, C, D, and E)
- Y. Histoplasmosis (*Histoplasma capsulatum*)

- Z. Human Immunodeficiency Virus (HIV) infection, including Acquired Immunodeficiency Syndrome (AIDS)
- AA. Influenza (unusual case incidence or laboratory confirmed cases)
- BB. Kawasaki disease
- CC. Legionellosis (*Legionella* sp.)
- DD. Leprosy (*Mycobacterium leprae*)
- EE. Leptospirosis (*Leptospira interrogans*)
- FF. Listeriosis (*Listeria monocytogenes*) Submit isolates to the Minnesota Department of Health, Public Health Laboratory
- GG. Lyme Disease (*Borellia burgdorferi*)
- HH. Malaria (*Plasmodium species*)
- II. Measles (Rubeola)\*
- JJ. Meningitis (caused by *Haemophilus influenzae*, *Neisseria meningitidis*, or streptococcus pneumoniae, viral agents) Submit bacterial isolates to the Minnesota Department of Health, Public Health Laboratory
- KK. Meningococcemia (*Neisseria meningitidis*) Submit isolates to the Minnesota Department of Health, Public Health Laboratory
- LL. Mumps\*
- MM. Pertussis\* (*Bordetella pertussis*) Submit isolates to the Minnesota Department of Health, Public Health Laboratory
- NN. Plague (*Yersinia pestis*)
- OO. Poliomyelitis\*
- PP. Psittacosis (*Chlamydia psittaci*)
- QQ. Q Fever (*Coxiella burnetii*)
- RR. Rabies (animal and human cases and suspects)\*
- SS. Retrovirus infections (other than HIV)
- TT. Reye's Syndrome
- UU. Rheumatic Fever (cases meeting the Jones Criteria only)
- VV. Rubella and Congenital Rubella Syndrome
- WW. Rocky Mountain Spotted Fever (*Rickettsia rickettsii*, *R. canada*)
- XX. Salmonellosis, including typhoid (*Salmonella* sp.) Submit isolates to the Minnesota Department of Health, Public Health Laboratory
- YY. Shigellosis (*Shigella* sp.) Submit isolates to the Minnesota Department of Health, Public Health Laboratory
- ZZ. Streptococcal disease (all invasive disease caused by Groups A and B streptococci and S, pneumoniae) Submit isolates to the Minnesota Department of Health, Public Health Laboratory
- AAA. Syphilis\* (*Treponema pallidum*)
- BBB. Tetanus (*Clostridium tetani*)
- CCC. Toxic Shock Syndrome Submit isolates to the Minnesota Department of Health, Public Health Laboratory
- DDD. Toxoplasmosis
- EEE. Trichinosis (*Trichinella spiralis*)
- FFF. Tuberculosis (*Mycobacterium tuberculosis* and *Mycobacterium Bovis*) Submit isolates to the Minnesota Department of Health, Public Health Laboratory
- GGG. Tularemia (*Francisella tularensis*)
- HHH. Typhus (*Rickettsia species*)
- III. Yellow Fever
- JJJ. Yersiniosis (*Yersinia* sp.) Submit isolates to the Minnesota Department of Health, Public Health Laboratory

**Statutory Authority:** MS s 144.05; 144.072; 144.12; 144.122

**History:** 20 SR 858

**4605.7050 UNUSUAL CASE INCIDENCE.**

Any pattern of cases, suspected cases, or increased incidence of any illness beyond the expected number of cases in a given period, which may indicate a newly recognized infectious agent, an outbreak, epidemic, or related public health hazard, including suspected or confirmed outbreaks of food or waterborne disease, epidemic viral gastroenteritis, and any disease known or presumed to be transmitted by transfusion of blood or blood products, must be reported immediately by telephone, by the person having knowledge, to the commissioner.

Any unexplained death which may be caused by an infectious agent must be reported by the attending physician, medical examiner or coroner, or by the person having knowledge about the death to the commissioner within one day.

**Statutory Authority:** *MS s 144.05; 144.072; 144.12; 144.122*

**History:** *20 SR 858*

**4605.7060 CASES, SUSPECTED CASES, CARRIERS, AND DEATHS DUE TO DISEASE ACQUIRED OUTSIDE THE STATE.**

Cases, suspected cases, and deaths due to any infectious disease that a physician determines have been acquired outside the state, and which are considered rare or unusual in Minnesota, or a public health problem in the geographic area of presumed acquisition, must be reported to the commissioner.

**Statutory Authority:** *MS s 144.05; 144.072; 144.12; 144.122*

**History:** *20 SR 858*

**4605.7075 TUBERCULOSIS; SPECIAL REPORTING.**

A physician must immediately report to the commissioner of health the name, address, and essential facts of the case if the physician has reason to believe that a person with active pulmonary tuberculosis:

- A. refuses treatment for tuberculosis; or
- B. has not complied with prescribed therapy for tuberculosis.

**Statutory Authority:** *MS s 144.05; 144.072, 144.12; 144.122*

**History:** *20 SR 858*

**4605.7080 NEW DISEASES AND SYNDROMES.**

The commissioner shall, by public notice, request reporting of newly recognized or emerging diseases and describe a specific, planned mechanism for surveillance of the disease or syndrome including the submission of infectious agents isolated from cases to the Minnesota Department of Health, Public Health Laboratory.

**Statutory Authority:** *MS s 144.05; 144.072; 144.12, 144.122*

**History:** *20 SR 858*

**4605.7090 DISEASE REPORT INFORMATION.**

Reports that are required in parts 4605.7030 and 4605.7050 shall contain as much of the following information as is known:

- A. disease (whether a case, suspected case, carrier; or death);
- B. date of first symptoms;
- C. primary signs and symptoms;
- D. patient:
  - (1) name;
  - (2) birthdate,
  - (3) ethnic or racial origin;
  - (4) residence address, city, county, and zip code;
  - (5) phone number; and
  - (6) place of work, school, or child care;
- E. date of report;

- F. physician name, address, and phone number;
- G. name of hospital (if any);
- H. name of person reporting (if not physician);
- I. diagnostic laboratory findings and dates of test;
- J. name and locating information of contacts (if any); and
- K. other information pertinent to the case.

**Statutory Authority:** *MS s 144.05; 144.072; 144.12; 144.122*

**History:** 20 SR 858

4605.7600 [Repealed, 20 SR 858]

### SEXUALLY TRANSMITTED DISEASE CONTROL

#### 4605.7700 SEXUALLY TRANSMITTED DISEASE; SPECIAL REPORTS.

The following special reports must be given by physicians to the commissioner:

A. Notwithstanding any previous report, physicians who have reason to believe that a person having chlamydia trachomatis, syphilis, gonorrhea, or chancroid has not completed therapy must notify the commissioner immediately of that person's name, address, and other pertinent information.

B. Notwithstanding any previous report, physicians who treat persons infected with chlamydia trachomatis, syphilis, gonorrhea, or chancroid must ensure that sexual contacts are treated or provide the names and addresses of sexual contacts who may also be infected to the commissioner. If known, persons named as sexual contacts or needle-sharing contacts to a person with HIV infection must be reported to the commissioner.

C. Notwithstanding any previous report, physicians must immediately report to the commissioner the name, address, and essential facts of the case for any person known or suspected of being infected with chlamydia trachomatis, syphilis, gonorrhea, or chancroid who refuses treatment.

D. If resources are available, the commissioner may authorize specific outpatient or inpatient facilities to report cases of specific sexually transmitted diseases and clinical syndromes in addition to those specified in part 4605.7040. The diseases and clinical syndromes to be reported shall include urethritis in males, pelvic inflammatory disease, genital herpes simplex infection, ectopic pregnancy, and other sexually transmitted disease as requested by the commissioner.

**Statutory Authority:** *MS s 144.05; 144.072; 144.12; 144.122*

**History:** 20 SR 858

4605.7701 [Repealed, 20 SR 858]

4605.7702 [Repealed, 20 SR 858]

4605.7703 [Repealed, 20 SR 858]

4605.7704 [Repealed, 20 SR 858]

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4605.7710 [Repealed, 20 SR 858]

4605.7711 [Repealed, 20 SR 858]

4605.7712 [Repealed, 20 SR 858]

4605.7713 [Repealed, 20 SR 858]

**4605.7714** [Repealed, 20 SR 858]

**4605.7715** [Repealed, 20 SR 858]

**4605.7800 HEALTH EDUCATION.**

Health care providers working with patients having chlamydia trachomatis, syphilis, gonorrhea, or chancroid must tell the patients how to prevent the spread of the sexually transmitted disease, inform them of the importance of complying with treatment instructions, and of the need to have all relevant sexual contacts promptly treated for the specific sexually transmitted disease.

**Statutory Authority:** *MS s 144.05; 144.072; 144.12; 144.122*

**History:** *20 SR 858*