

CHAPTER 4605
DEPARTMENT OF HEALTH
COMMUNICABLE DISEASES

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- 4605.5400 Subpart 1. [Repealed by amendment, L 1977 c 305 s 39]
 - Subp. 2. [Renumbered 4605.7703, subpart 1]
 - Subp. 3. [Renumbered 4605.7703, subp. 2]
 - Subp. 4. [Renumbered 4605.7703, subp. 3]
 - Subp. 5. [Renumbered 4605.7703, subp. 4]
 - Subp. 6. [Renumbered 4605.7703, subp. 5]
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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.

Subp. 3. **Commissioner.** "Commissioner" means the state commissioner of health or authorized officers, employees, or agents of the Minnesota Department of Health.

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.

Subp. 5. **Isolation.** "Isolation" means the separation, for the period of communicability, of an infected person from others in places and under the condition as to prevent or limit the direct or indirect transmission of the infectious agent to those who are susceptible or may spread the agent to others.

Subp. 6. **Board of health.** "Board of health" means authorized administrators, officers, agents, or employees of the county, multicounty, or city board of health organized under Minnesota Statutes, sections 145A.09 to 145A.14.

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.

Subp. 8. **Physician.** "Physician" means any person who is licensed by the Minnesota Board of Medical Practice to practice medicine.

Subp. 9. **Suspected case.** "Suspected case" means a person having a condition or illness in which the signs and symptoms resemble those of a recognized disease.

Subp. 10. **Veterinarian.** "Veterinarian" means any person who is licensed by the Minnesota Board of Veterinary Medicine to practice veterinary medicine.

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; 144.0742; 144.12; 144.122*

History: *9 SR 2584; L 1987 c 309 s 24,26; L 1991 c 106 s 6; 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; 144.0742; 144.12; 144.122*

History: *9 SR 2584; 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; 144.0742; 144.12; 144.122*

History: *9 SR 2584; 20 SR 858*

REPORTING REQUIREMENTS

4605.7030 PERSONS REQUIRED TO REPORT DISEASE.

Subpart 1. **Physicians.** When attending a case, suspected case, carrier, or death from any of the diseases in part 4605.7040, the physician shall report within one working day to the commissioner, unless previously reported, the information outlined in part 4605.7090.

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.

Subp. 4. **Comprehensive reports.** Any institution, facility, or clinic, staffed by physicians and having medical laboratories which are required to report, as in subparts 1, 2, and 3, may, upon written notification of the commissioner, designate a single person or group of persons to report cases, suspected cases, carriers, deaths, or results of medical laboratory cultures, examinations, and assays for any of the diseases listed in part 4605.7040 to the commissioner.

Subp. 5. **Veterinarians and veterinary medical laboratories.** The commissioner of health shall, under the following circumstances, request certain reports of clinical diagnosis of disease in animals and reports of laboratory tests on animals:

- A. The disease is common to both animals and humans.
- B. The disease may be transmitted directly or indirectly to and between humans and animals.
- C. The persons who are afflicted with the disease are likely to suffer complications, disability, or death as a result.
- D. Investigation based upon veterinarian and veterinary medical laboratory reports will assist in the prevention and control of disease among humans.

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; 144.0742; 144.12; 144.122*

History: 9 SR 2584; 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

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- 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. Meningococemia (*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; 144.0742; 144.12; 144.122*

History: 9 SR 2584; 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; 144.0742; 144.12; 144.122*

History: 9 SR 2584; 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; 144.0742; 144.12; 144.122*

History: 9 SR 2584; 20 SR 858

4605.7070 OTHER REPORTS.

It shall be the duty of any person in charge of any institution, school, child care facility or camp, or any other person having knowledge of any disease which may threaten the public health, to report immediately the name and address of any persons suspected of having disease to the commissioner.

Statutory Authority: *MS s 144.05; 144.0742; 144.12*

History: 9 SR 2584

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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; 144.0742; 144.12; 144.122*

History: *9 SR 2584; 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; 144.0742; 144.12; 144.122*

History: *9 SR 2584; 20 SR 858*

4605.7100 REPORTS TO STATE AND LOCAL BOARDS OF HEALTH.

Upon receipt of information or other knowledge of a case, suspected case, or death or any disease or report required in part 4605.7030, the board of health as defined in Minnesota Statutes, section 145A.02, subdivision 2, shall immediately forward same to the commissioner.

Statutory Authority: *MS s 144.05; 144.0742; 144.12*

History: *9 SR 2584; L 1987 c 309 s 24*

4605.7200 RECORDS OF DISEASE.

The commissioner shall maintain records of reports of cases, suspected cases, carriers, and deaths for the disease reports required in this section and shall prepare statewide summary information which shall be made available for each board of health as defined in Minnesota Statutes, section 145A.02, subdivision 2, on request.

Statutory Authority: *MS s 144.05; 144.0742; 144.12*

History: *9 SR 2584; L 1987 c 309 s 24*

4605.7300 COPIES OF DISEASE REPORTS.

Local boards of health operating under agreements in part 4735.0110, subpart 2, shall be forwarded copies of all disease reports and information received by the commissioner which pertain to the jurisdiction and biennial agreement between the commissioner and the board of health as defined in Minnesota Statutes, section 145A.02, subdivision 2.

Statutory Authority: *MS s 144.05; 144.0742; 144.12*

History: *9 SR 2584; L 1987 c 309 s 24*

PREVENTING SPREAD OF DISEASE**4605.7400 PREVENTION OF DISEASE SPREAD.**

Subpart 1. **Isolation.** The physician attending a case, suspected case, or carrier (or in the absence of a physician, the commissioner) shall make certain that isolation precautions are taken to prevent spread of disease to others.

Subp. 2. **Report of noncompliance.** Physicians shall report immediately to the commissioner the name, address, and other pertinent information for all cases, suspected cases, and carriers who refuse to comply with prescribed isolation precautions. The commissioner shall then seek injunctive relief under Minnesota Statutes, section 145.075, if the person represents a public health hazard.

Statutory Authority: *MS s 144.05; 144.0742; 144.12*

History: *9 SR 2584*

INVESTIGATIONS**4605.7500 DISEASE INVESTIGATIONS.**

The commissioner shall investigate the occurrence of cases, suspected cases, or carriers of reportable diseases or unusual disease occurrences in a public or private place for the purpose of verification of the existence of disease, ascertaining the source of the disease causing agent, identifying unreported cases, locating contacts of cases, identifying those at risk of disease, determining necessary control measures, and informing the public if necessary.

Statutory Authority: *MS s 144.05; 144.0742; 144.12*

History: *9 SR 2584*

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 syn-

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dromes 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; 144.0742; 144.12; 144.122*

History: 9 SR 2584; 20 SR 858

4605.7701 [Repealed, 20 SR 858]

4605.7702 [Repealed, 20 SR 858]

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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; 144.0742; 144.12; 144.12*

History: 9 SR 2584; 20 SR 858

OPHTHALMIA NEONATORUM CONTROL

4605.7900 OPHTHALMIA NEONATORUM.

Subpart 1. **Definition.** Any condition of the eye or eyes of an infant, independent of the nature of the infection, in which there is any inflammation, swelling, or redness in either one or both eyes of any such infant, either apart from, or together with, any unnatural discharge from the eye or eyes of any such infant within two weeks of the birth of such infant, shall be known as ophthalmia neonatorum.

Subp. 2. **Prophylaxis.** The licensed health professional in charge of the delivery at the time of the birth of any newborn infant shall instill or have instilled, within one hour of birth or as soon as possible thereafter, a one percent solution of silver nitrate, or tetracycline ointment or drops, or erythromycin ointment or drops.

Subp. 3. **Treatment.** A licensed health professional who is not a licensed physician but who is in charge of the care of a newborn infant shall immediately bring to the attention of a licensed physician every case in which symptoms of inflammation develop in one or both eyes of an infant in his or her care.

Subp. 4. **Objections.** If a parent objects or both parents object to the prophylactic treatment of a newborn infant and the health professional has honored the objection, the health professional shall retain a record of the objection.

Statutory Authority: *MS s 144.05; 144.12 subd 1*

History: 9 SR 2584

4605.8000 [Repealed, 13 SR 528]