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**IDAPA 16
TITLE 02
Chapter 10**

16.02.10 - IDAHO REPORTABLE DISEASES

000. LEGAL AUTHORITY.

Chapters 1, 5, 6, 9, 10, 16, 17, and 43, Title 39, Idaho Code, grants authority to the Board of Health and Welfare to adopt rules protecting the health of the people of Idaho. (12-31-91)

001. TITLE AND SCOPE.

These rules shall be known as Idaho Department of Health and Welfare Rules, IDAPA 16, Title 02, Chapter 10, "Idaho Reportable Diseases." These rules contain the official requirements governing the reporting, control, and prevention of reportable diseases and conditions. (11-17-83)

002. PURPOSE.

The purpose of these rules shall be to identify, control, and prevent the transmission of reportable diseases and conditions within Idaho. (11-17-83)

003. DEFINITIONS.

For the purposes of this chapter, the following definitions apply. (12-31-91)

01. Approved Fecal Specimens. Specimens of feces obtained from the designated person who has not taken any antibiotic orally or parenterally for two (2) days prior to the collection of the fecal specimen. The specimen must be collected and transported to the laboratory in a manner appropriate for the test to be performed. (9-21-92)

02. Bite or Other Exposure to Rabies. For the purpose of these rules, bite or bitten shall mean that the skin of the person or animal has been nipped or gripped, or has been wounded or pierced, including scratches, and includes probable contact of saliva with a break or abrasion of the skin. The term "exposure" shall also include contact of saliva with any mucous membrane. (9-21-92)

03. Board. The Idaho State Board of Health and Welfare as described in Section 39-107, Idaho Code. (12-31-91)

04. Cancers. Cancers that are designated reportable include: (9-21-92)

a; In-situ or malignant neoplasms; (9-21-92)

b. Basal or squamous cell carcinoma of the skin if occurring on mucous membranes or lip, eyelids, labia, vulva, penis, scrotum or anus; and (9-21-92)

c. Benign tumors of the brain, meninges, pineal gland, or pituitary gland. (9-21-92)

05. Carrier. A person who can transmit a communicable disease to another person but may not have symptoms of the disease. (12-31-91)

06. Case. A person who has been diagnosed as having a specific disease or condition by a physician or other health care provider. The diagnosis may be based on clinical judgment, or on laboratory evidence, or on both criteria. Individual case definitions are found in "Case Definitions for Public Health Surveillance," Mortality and Morbidity Weekly Report, October 19, 1990, Vol. 39, No.RR-13. Centers for Disease Control. (9-21-92)

07. Cohort System. A communicable disease control mechanism in which cases having the same disease are temporarily segregated to continue to allow supervision and structured attendance in a day care facility. (9-21-92)

08. Communicable Disease. A disease which may be transmitted from one (1) person or an animal to another person either by direct contact or through an intermediate host, vector, inanimate object, or other means which may result in infection, illness, disability, or death. (12-31-91)

09. Contact. A person who has been exposed to a case or carrier of a communicable disease under circumstances in which he or she could possibly contract the disease or infection. (12-31-91)
10. Day Care. Care and supervision provided for compensation during part of a twenty-four (24) hour day, for a child or children not related by blood or marriage to the person or persons providing the care, in a place other than the child's or children's own home or homes as described by Section 30-1102, Idaho Code. (9-21-92)
11. Department. The Idaho Department of Health and Welfare. (12-31-91)
12. District. Any one of the District Health Departments as established by Section 39-409, Idaho Code. (12-31-91)
13. District Director. Any one of the directors of a district health department appointed by the District Board as described in Section 39-413, Idaho Code. (9-21-92)
14. Enteric Precautions. Standard procedures designed to prevent transmission of diseases which can be conveyed through direct or indirect contact with infected feces or with articles contaminated by feces. The procedures are those described in "Guidelines for the Prevention and Control of Nosocomial Infections," as defined in Section 004. (12-31-91)
15. Extraordinary Occurrence of Illness. An unusual occurrence of a rare communicable disease or other illness which may be a risk to the public. Illnesses related to drugs, foods, contaminated medical devices, contaminated medical products, and illnesses related to environmental contamination by infectious or toxic agents, or illnesses associated with occupational exposure to physical or chemical agents may be included in this definition. (12-31-91)
16. Foodborne Outbreak. An incident in which two (2) or more persons experience a similar illness after ingestion of a common food, and epidemiological analysis implicates the food as the source of the illness. There are two exceptions: one case of botulism or chemical poisoning constitutes an outbreak. (9-21-92)
17. Food Handler. Any person who handles food utensils or who prepares, processes, handles, or serves food for people other than members of his/her immediate household. (12-31-91)
18. Health Care Facility. An establishment organized and operated to provide health care to three (3) or more individuals who are not members of the immediate family. (12-31-91)
19. Health Care Provider. A person who has direct or supervisory responsibility for the delivery of health care or medical services. This shall include, but not be limited to: licensed physicians, nurse practitioners, physician assistants, nurses, dentists, chiropractors, and administrators, superintendents, and managers of clinics, hospitals, and licensed laboratories. (9-21-92)
20. Medical Record. Hospital or medical records are all those records compiled for the purpose of recording a medical history, diagnostic studies, laboratory tests, treatments, or rehabilitation. Access shall be limited to those parts of the record which will provide a diagnosis, or will assist in identifying contacts to a reportable disease or condition. Records specifically exempted by statute shall not be reviewable. (9-21-92)
21. Isolation. The separation of infected persons, or of persons suspected to be infected, from other persons to such places, under such conditions, and for such time as will prevent transmission of the infectious agent. The place of isolation shall be designated by the Department or the District Board of Health. (12-31-91)
22. Laboratory Director. A person who has direct responsibility for the operation of a licensed laboratory. (12-31-91)
23. Livestock. Cattle, swine, horses, mules, asses, native and non-native ungulates, as provided in Section 25-221, Idaho Code. (9-21-92)

24. Licensed Laboratory. A medical diagnostic laboratory which is inspected, licensed, or approved by the Department or licensed according to the provisions of the Clinical Laboratory Improvement Act by the United States Health Care and Financing Administration. Licensed laboratory may also refer to the Idaho State Public Health Laboratory, the branch laboratories, and to the United States Centers for Disease Control. (12-31-91)
25. Licensed Physician. Any physician who is licensed by the Board of Medicine to practice medicine and surgery in Idaho. (9-21-92)
26. Licensed Veterinarian. Any veterinarian licensed by the Board of Veterinary Medicine. (12-31-91)
27. Outbreak. An unusual rise in the incidence of a disease. An outbreak may consist of just one (1) case. (12-31-91)
28. Personal Care. The service provided by one (1) person to another for the purpose of feeding, bathing, dressing, assisting with personal hygiene, changing diapers, changing bedding, and other services involving direct physical contact. (12-31-91)
29. Quarantine. The restriction placed on the entrance to and exit from the place or premise where a case or suspected case of a communicable disease exists. The place of quarantine shall be designated by the Department or District Board of Health. (12-31-91)
30. Rabies Susceptible Animal. Any animal capable of being infected with the rabies virus. (9-21-92)
31. Residential Care Facility. A commercial or non-profit establishment organized and operated to provide a place of residence for three (3) or more individuals who are not members of the same family, but live within the same household. (12-31-91)
32. Respiratory Isolation. A standard isolation procedure which is designed to prevent transmission of organisms by means of direct contact or droplets that are coughed, sneezed, or breathed into the environment. Procedures described in "Guidelines for the Prevention and Control of Nosocomial Infections," as defined in Section 004, satisfy this method of isolation. (12-31-91)
33. Restrictable Disease. A communicable disease which occurs in a setting where predictable and serious consequences may occur to the public. The determination of whether a disease is restrictable is based upon the specific environmental setting and the likelihood of transmission to susceptible persons. (12-31-91)
34. Secretion Precautions. Standard procedures designed to prevent transmission of diseases which can be conveyed through direct contact with wounds, oral secretions, drainages or secretion-contaminated articles. Procedures described in "Guidelines for the Prevention and Control of Nosocomial Infections," as defined in Section 004, satisfy these precautions. (12-31-91)
35. Severe Reaction to Any Immunization. Severe reaction to any immunization means any serious or life-threatening condition which results directly from the administration of any immunization against a communicable disease. (12-31-91)
36. Significant Exposure to Blood or Body Fluids. Significant exposure occurs when a person is exposed to blood or any blood contaminated body fluid, semen, vaginal secretions, cerebrospinal fluid, or other fluids requiring universal precautions from an individual through needle puncture wound, scalpel cut or skin perforation; through any mucous membrane surface such as the eye, nose or mouth; or through an existing open cut, scratch, hangnail or other broken skin barrier. (5-16-90)
37. State Epidemiologist. The person employed by the Department to serve as the statewide epidemiologist. (9-21-92)
38. State Health Officer. The person appointed by the Director of the Department of Health and Welfare to serve as the statewide health officer. (12-31-91)

39. Strict Isolation. A standard isolation procedure which is designed to minimize the likelihood of transmission of all highly communicable diseases. Procedures described in "Guidelines for the Prevention and Control of Nosocomial Infections," as defined in Section 004, satisfy this method of isolation. (12-31-91)

40. Suspected Case. A person who is diagnosed with or reasonably thought to have a particular disease or condition by a licensed physician or other health care provider. The suspected diagnosis may be based on signs and symptoms, or on laboratory evidence, or both criteria. Suspected cases of some diseases are reportable as described in Section 020. (12-31-91)

41. Universal Precautions. Standard procedures designed to prevent transmission of diseases which can be conveyed by direct contact with blood/body fluids or items contaminated with blood or body fluids, according to the recommendations of the Center for Disease Control. (9-21-92)

42. Vaccination Against Rabies. Vaccination by a licensed veterinarian with a rabies vaccine licensed or approved for the animal species and administered according to the specifications on the product label or package insert. (9-21-92)

43. Week. One (1) week means seven (7) days. (9-21-92)

44. Working Day. One (1) 8 a.m. to 5 p.m. official state work shift. (9-21-92)

45. Wound and Skin Precautions. Standard procedures which are designed to minimize the transmission of infectious agents from wound or skin lesions. Procedures for contact isolation described in "Guidelines for the Prevention and Control of Nosocomial Infections," as defined in Section 004, satisfy these precautions. (9-21-92)

004. REFERENCE DOCUMENTS.

The five (5) documents referenced in Subsections 004.01 through 004.05 are used as a means of further clarifying these rules. These documents are not intended to be incorporated by reference pursuant to Section 67-5203A, Idaho Code. The documents referenced in this chapter are: (9-21-92)

01. "Guidelines for the Prevention and Control of Nosocomial Infections". Public Health Service, Centers for Disease Control, National Technical Information Service, U.S. Department of Commerce, Springfield, Virginia, 22161. (9-21-92)

02. Recommendations for Prevention of HIV Transmission in Health Care Settings. Morbidity and Mortality Weekly Report, August 21, 1987, Vol.36 (supplement no.2S); pp. 1S-18S. Centers for Disease Control. (9-21-92)

03. Update: Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and other Bloodborne Pathogens in Health Care Settings. Morbidity and Mortality Weekly Report, June 24, 1988, Vol.37, No. 24, pp. 377-382. Centers for Disease Control. (9-21-92)

04. Case Definitions for Public Health Surveillance. Morbidity and Mortality Weekly Report, October 19, 1990, Vol. 39, No. RR-13. Centers for Disease Control. (9-21-92)

05. Compendium of Animal Rabies Control, 1992. National Association of State Public Health Veterinarians, Inc. (9-21-92)

005. -- 009. (RESERVED).

010. REPORTABLE DISEASES AND CONDITIONS.

A licensed physician who diagnoses, treats or cares for a person with a reportable disease or condition must make a report of such disease or condition to the Department or District as described in these rules. The hospital or health care facility administrator, or his delegated representative, must report in accordance with these rules all persons who are diagnosed, treated, or receive care for a reportable disease or condition in the administrator's facility. Reports need not be made by the hospital administrator, or his representative, if they can assure that the attending physician has

previously reported the disease or condition. The physician is also responsible for reporting diseases and conditions diagnosed, or treated by physician assistants, nurse practitioners or others under the physician's supervision. In addition to licensed physicians, reports must also be made by physician assistants, certified nurse practitioners, registered nurses, school health nurses, infection surveillance staff, public health officials, laboratory directors, and coroners. No physician, hospital administrative person, or patient may deny Districts or agents of the Board access to medical records in discharge of their duties in implementing the reportable disease rules. School administrators shall report as indicated in Subsection 025.03.g. (9-21-92)

01. Reportable Diseases and Conditions. The following diseases and conditions are reportable to the Department or District. (11-17-83)
 - a. Diseases. (11-17-83)
 - i. Acquired immunodeficiency syndrome (AIDS); (11-17-83)
 - ii. Amebiasis; (11-17-83)
 - iii. Anthrax; (11-17-83)
 - iv. Botulism; (11-17-83)
 - v. Brucellosis; (11-17-83)
 - vi. Campylobacteriosis; (11-17-83)
 - vii. Cancer; (9-21-92)
 - viii. Chancroid; (11-17-83)
 - ix. Chlamydia trachomatis infections; (4-1-86)
 - x. Cholera; (11-17-83)
 - xi. Diphtheria; (11-17-83)
 - xii. Escherichia coli 0157:H7; (9-21-92)
 - xiii. Giardiasis; (11-17-83)
 - xiv. Haemophilus influenza invasive disease; (9-21-92)
 - xv. Hepatitis A; (11-17-83)
 - xvi. Hepatitis B; (11-17-83)
 - xvii. Hepatitis C; (9-21-92)
 - xviii. Herpes simplex, genital; (11-17-83)
 - xix. Legionellosis; (11-17-83)
 - xx. Leprosy; (11-17-83)
 - xxi. Leptospirosis; (11-17-83)
 - xxii. Lyme Disease; (9-21-92)

xxiii.	Malaria;	(11-17-83)
xxiv.	Measles (Rubeola);	(11-17-83)
xxv.	Mumps;	(11-17-83)
xxvi.	Neisseria gonorrhoeae infections;	(9-21-92)
xxvii.	Neisseria meningitidis invasive disease;	(9-21-92)
xxviii.	Pertussis;	(11-17-83)
xxix.	Plague;	(11-17-83)
xxx.	Pneumocystis carinii pneumonia (PCP);	(9-21-92)
xxxi.	Poliomyelitis;	(11-17-83)
xxxii.	Psittacosis;	(11-17-83)
xxxiii.	Q fever;	(11-17-83)
xxxiv.	Rabies;	(11-17-83)
xxxv.	Relapsing fever;	(11-17-83)
xxxvi.	Reye syndrome;	(11-17-83)
xxxvii.	Rocky Mountain spotted fever;	(11-17-83)
xxxviii.	Rubella (including congenital rubella syndrome);	(11-17-83)
xxxix.	Salmonellosis (including typhoid fever);	(11-17-83)
xl.	Shigellosis;	(11-17-83)
xli.	Streptococcus pyogenes, Group A, infections which are invasive or result in rheumatic fever;	(9-21-92)
xlii.	Syphilis;	(11-17-83)
xliii.	Tetanus;	(11-17-83)
xliv.	Trichinosis;	(11-17-83)
xlv.	Toxic shock syndrome;	(11-17-83)
xlvi.	Tuberculosis;	(11-17-83)
xlvii.	Tularemia;	(11-17-83)
xlviii.	Viral myocarditis, encephalitis, and aseptic meningitis;	(9-21-92)
xlix.	Yersinosis.	(11-17-83)
b.	Conditions:	(11-17-83)

- i. CD-4 lymphocyte counts less than two hundred (200) per cubic millimeter of blood. (9-21-92)
- ii. Extraordinary occurrence of illness. (11-17-83)
- iii. Severe reactions to any immunization. (11-17-83)
- iv. Food poisoning and foodborne illness. (11-17-83)
- v. Human Immunodeficiency Virus (HIV) infections including, but not limited to AIDS related complex (ARC). (9-21-92)
- vi. Human T-Lymphotropic Virus Type I (HTLV I) infections. (9-21-92)
- vii. Lead levels of ten (10) micrograms or more per deciliter of whole blood (ug/dl). (9-21-92)
- viii. Positive HIV tests: HIV Antibody, HIV Antigen, Human Immunodeficiency Virus isolations, other tests of infectiousness, as specified by the Department. (9-21-92)
- 02. Form of the Report. (11-17-83)
 - a. Each report of a reportable disease or condition shall include the identity and address of the attending licensed physician or the person reporting, the diagnosed or suspected disease or condition, the name, current address, telephone number and birth date or age of the individual with the disease or condition, and the date of onset of the disease or condition. (11-17-83)
 - b. A written report of a case or suspected case shall be made to the Department or the District on a form, specified and provided by the Department and distributed by Districts, or reports can be made by telephone to the Department or District where a report form shall be completed on each case. (9-21-92)
 - c. The identification of any organism known to cause a reportable disease or condition listed in Subsection 010.03.d. shall be reported to the Department or District by the laboratory director or his authorized representative. The report shall include the name (if known) or other identifier of the individual from whom the specimen was obtained, the name and address of the individual's physician or other person requesting the test, and the identity of the organism or other significant test result. (9-21-92)
- 03. When to Report. (11-17-83)
 - a. Some reportable diseases are considered to be of urgent public health importance, and must be reported to the Department or District immediately, day or night. These diseases include: (11-17-83)
 - i. Botulism; (11-17-83)
 - ii. Diphtheria; (11-17-83)
 - iii. Neisseria meningitidis invasive disease; (9-21-92)
 - iv. Plague; (11-17-83)
 - v. Rabies in humans. (9-21-92)
 - b. The following reportable diseases and conditions must be reported to the Department or District within one (1) working day after diagnosis: (9-21-92)
 - i. Anthrax; (11-17-83)
 - ii. Cholera; (9-21-92)

iii.	Haemophilus influenzae invasive disease;	(9-21-92)
iv.	Hepatitis A;	(9-21-92)
v.	Hepatitis B;	(9-21-92)
vi.	Hepatitis C;	(9-21-92)
vii.	Measles;	(11-17-83)
viii.	Pertussis;	(11-17-83)
ix.	Poliomyelitis;	(11-17-83)
x.	Rabies in animals;	(9-21-92)
xi.	Rubella (including congenital rubella syndrome);	(11-17-83)
xii.	Salmonellosis (including typhoid fever);	(11-17-83)
xiii.	Extraordinary occurrence of illness;	(11-17-83)
xiv.	Severe or unusual reactions to any immunization;	(11-17-83)
xv.	Food poisoning and foodborne illness;	(11-17-83)
c.	The remaining reportable diseases and conditions listed below shall be reported to the Department or District by telephone or by report form within one (1) week of the identification of a case;	(9-21-92)
i.	Acquired immunodeficiency syndrome (AIDS);	(9-21-92)
ii.	Amebiasis;	(9-21-92)
iii.	Brucellosis;	(9-21-92)
iv.	CD-4 lymphocyte counts less than two hundred (200) per cubic millimeter of blood;	(9-21-92)
v.	Campylobacteriosis;	(9-21-92)
vi.	Chancroid;	(9-21-92)
vii.	Chlamydia trachomatis infections;	(9-21-92)
viii.	Escherichia coli 0157:H7;	(9-21-92)
ix.	Giardiasis;	(9-21-92)
x.	Gonococcal infections;	(9-21-92)
xi.	Herpes simplex, genital;	(11-17-83)
xii.	Human Immunodeficiency Virus (HIV) infections including, but not limited to AIDS related complex (ARC);	(9-21-92)
xiii.	Human T-Lymphotropic Virus Type I (HTLV I) infections;	(9-21-92)
xiv.	Lead levels of ten (10) micrograms or more per deciliter of whole blood (ug/dl);	(9-21-92)

- xv. Legionellosis; (9-21-92)
- xvi. Leprosy; (9-21-92)
- xvii. Leptospirosis; (9-21-92)
- xviii. Lyme Disease; (9-21-92)
- xix. Malaria; (9-21-92)
- xx. Mumps; (9-21-92)
- xxi. Positive HIV tests: HIV Antibody, HIV Antigen, Human Immunodeficiency Virus isolations, other tests of infectiousness, as specified by the Department; (9-21-92)
- xxii. Pneumocystis carinii pneumonia (PCP); (9-21-92)
- xxiii. Psittacosis; (9-21-92)
- xxiv. Q fever; (9-21-92)
- xxv. Relapsing fever; (9-21-92)
- xxvi. Reye syndrome; (9-21-92)
- xxvii. Rocky Mountain spotted fever; (9-21-92)
- xxviii. Shigellosis; (9-21-92)
- xxix. Streptococcus pyogenes, Group A, infections which are invasive or result in rheumatic fever; (9-21-92)
- xxx. Syphilis; (9-21-92)
- xxxi. Tetanus; (9-21-92)
- xxxii. Trichinosis; (9-21-92)
- xxxiii. Toxic shock syndrome; (9-21-92)
- xxxiv. Tuberculosis; (9-21-92)
- xxxv. Tularemia; (9-21-92)
- xxxvi. Viral myocarditis, encephalitis, and aseptic meningitis; (9-21-92)
- xxxvii. Yersiniosis; (9-21-92)
- d. The laboratory director or his authorized representative shall report the identification of the following organisms or significant serologic results or chemical determinations to the Department or District within one (1) week. The organisms, serologic tests, and chemical determinations to be reported include: (9-21-92)
- i. Positive Human Immunodeficiency Virus (HIV) tests: HIV Antibody, HIV Antigen, Human Immunodeficiency Virus culture, other tests of infectiousness, as specified by the Department.; (9-21-92)
- ii. Positive Human T-Lymphotropic Virus Type I (HTLV-I) tests; (9-21-92)

- iii. CD-4 Lymphocyte Counts below two hundred (200) per cubic millimeter (cu/mm) of blood; (9-21-92)
- iv. *Campylobacter jejuni*; (11-17-83)
- v. *Chlamydia trachomatis*; (4-1-86)
- vi. *Corynebacterium diphtheriae*; (11-17-83)
- vii. *Escherichia coli* 0157:H7; (9-21-92)
- viii. *Giardia lamblia*; (11-17-83)
- ix. *Haemophilus influenzae* from CSF or blood; (11-17-83)
- x. Hepatitis A (IgM antibody); (11-17-83)
- xi. Hepatitis B surface antigen; (11-17-83)
- xii. Hepatitis C antibody or antigen; (9-21-92)
- xiii. Lead levels of ten (10) micrograms or more per deciliter (ug/dl) of whole blood; (9-21-92)
- xiv. *Mycobacterium tuberculosis*; (11-17-83)
- xv. *Neisseria gonorrhoeae*; (11-17-83)
- xvi. *Neisseria meningitidis* from CSF or blood; (11-17-83)
- xvii. *Plasmodium* species; (11-17-83)
- xviii. *Salmonella* species; (11-17-83)
- xix. *Shigella* species; (11-17-83)
- xx. Syphilis tests (positive or reactive USR, RPR, VDRL, FTA, darkfield, others); (11-17-83)
- xxi. *Vibrio cholerae*; (11-17-83)
- xxii. *Yersinia enterocolitica*; (11-17-83)
- xxiii. *Yersinia pseudotuberculosis*; (9-21-92)
- xxiv. *Yersinia pestis*; (11-17-83)
- e. Cancer is to be reported within one (1) year of its diagnosis or recurrence to the Department or the Department's designated agent or contractor. (9-21-92)
- 04. Handling of Reports by the Department and Districts. (9-21-92)
 - a. The Department and the District shall exchange reported information within one (1) working day by telephone on any reported case or suspected case of the following reportable diseases or conditions: (9-21-92)
 - i. Botulism; (11-17-83)
 - ii. Cholera; (11-17-83)

- iii. Diphtheria; (11-17-83)
- iv. Food poisoning and foodborne illness; (9-21-92)
- v. *Haemophilus influenzae* invasive disease; (9-21-92)
- vi. Measles; (11-17-83)
- vii. *Neisseria meningitidis* invasive disease; (9-21-92)
- viii. Pertussis; (11-17-83)
- xix. Plague; (11-17-83)
- x. Poliomyelitis; (11-17-83)
- xi. Rabies in humans; (9-21-92)
- xii. Rubella (including congenital rubella syndrome); (11-17-83)
- xiii. *Salmonella typhi* infection; (11-17-83)
- xiv. Syphilis; (11-17-83)
- xv. Extraordinary occurrence of illness; (11-17-83)
- xvi. Severe or unusual reaction to any immunization. (11-17-83)
- b. The District shall notify the Department no later than weekly of all other cases of reportable diseases and conditions not specified in Subsection 010.04.a. (9-21-92)
- c. No employee of the Department or District shall disclose the identity of persons named in disease reports except when necessary for the purpose of administering the public health laws of this state. (11-17-83)

011. TESTING FOR CERTAIN REPORTABLE DISEASES WITHOUT PRIOR CONSENT.

A physician may order blood or body fluid tests for hepatitis viruses, malaria, syphilis, or the human immunodeficiency virus (HIV) when an informed consent is not possible and there has been or is likely to be significant exposure to a person's blood or body fluids by a person providing emergency or medical services. (Section 39-4303A, Idaho Code) (9-21-92)

012. -- 014. (RESERVED).

015. INVESTIGATION AND CONTROL OF REPORTABLE DISEASES.

- 01. Responsibility and Authority. (11-17-83)
 - a. The Department or its authorized representative shall use all reasonable means to confirm in a timely manner any case or suspected case of a reportable disease or condition, and shall determine, so far as possible, all sources of infection and extent of exposure. Investigations may be made when the state health officer, state epidemiologist, or authorized representative determines a disease to be of public health significance. (11-17-83)
 - b. Every licensed physician or other health care provider attending a person with a reportable disease or condition shall report the case or suspected case, as described in Section 010, shall instruct the person on applicable control measures as outlined in Section 020 and cooperate with the Department or its authorized representative in the investigation and control of the disease or condition. (12-31-91)

c. Any person providing emergency or medical services who believes he has experienced a significant exposure as defined in Subsection 003.31 may report said exposure as soon as possible or within fourteen (14) days of the occurrence to the Department on a significant exposure report form. When, in the Department's judgment, a significant exposure has occurred, the Department or its designee shall inform the exposed individual that he may have been exposed to the HIV or HBV virus, or that there is no information available based on the Department's current HIV or HBV registry and shall recommend appropriate counseling and testing for the exposed individual.

(9-21-92)

02. Inspection - Right of Entry. Pursuant to the authority granted in Section 39-108, Idaho Code, and for the purposes of administering or enforcing the provisions of these rules, any duly authorized representative of the Department shall be permitted to enter upon private or public property, and to enter into any dwelling, building, trailer, aircraft, train, or other vehicle.

(11-17-83)

03. Inviolability of Placards. If it is necessary to use placards, it shall be unlawful for any person to interfere with, conceal, mutilate or tear down any notices or placards on any house, building or premises placed by any authorized representative of the Department. Such placards will be removed only by a health official of the Department or an authorized representative.

(11-17-83)

04. Verification of Diagnosis. Cases of diseases or conditions reported to the Department will be treated as such upon the statement of the attending licensed physician or other health care provider, unless there is reason to doubt the diagnosis. Final decision as to the diagnosis for administrative purposes will rest with the state health officer or his authorized representative.

(11-17-83)

05. Closure of Schools and Places of Public Assembly. The Director or an authorized representative may order the closing of any public, parochial, or private school, or other place of public assembly when, in his or her opinion, such closing is necessary to protect public health. The school or other place of public assembly shall not reopen until permitted by the authorized health official.

(9-21-92)

06. Transportation of Patients with Communicable Disease. No person with a reportable disease in a communicable form, who is under orders of isolation, nor any contact who is restricted under an order of quarantine, may travel or be transported from one place to another without the permission of the state health officer or his authorized representative. An exception may be made in instances where the patient is to be admitted directly to a hospital or treatment facility, provided adequate precautions are taken to prevent dissemination of the disease by the patient enroute to the hospital or treatment facility.

(11-17-83)

07. Quarantine of Contacts Within Septic Premises. The state health officer or any authorized representative of the Department is empowered whenever a case of any communicable disease occurs in any household or other place within their jurisdiction and, in their opinion, it is necessary that persons residing therein must be kept from contact with the public, to declare the house, building, apartment, or room a place of quarantine and to require that no persons will leave or enter during the period of quarantine except with specific permission of the Department or authorized representative of the Department.

(11-17-83)

08. Order to Report for Examination. The state health officer or other authorized health official may issue an order to report for examination. An order to report for examination must be served by delivering one (1) copy to the person to be examined, one (1) copy to the prosecuting attorney of the county or city in which the person resides, and filing the third copy bearing the notation of time and place of service and the signature of the person serving the notice, with the issuing health authority.

(9-21-92)

09. Order for Isolation. The state health officer or other authorized health official may issue and rescind an order for isolation. Orders for isolation must be executed as follows: one (1) copy to the individual, one (1) copy to the attending licensed physician, one (1) copy to the prosecuting attorney of the county or city in which the person resides, and one (1) copy to be filed in the office of the issuing health authority along with an affidavit of service signed by the person who served the order. If the place of isolation is other than the individual's place of residence, a copy must be provided to the person in charge of that place.

(9-21-92)

10. Sexually Transmitted Disease Contacts. Any person infected with a venereal disease as defined in Section 39-601, Idaho Code, shall be required to provide the name, address, and telephone number(s) of all persons

from whom the disease may have been acquired and to whom the disease may have been transmitted, when such information is requested by authorized representatives of the Department. (9-21-92)

11. Treatment of Minors. Minors fourteen (14) years of age or older may consent to diagnosis, treatment or prevention of reportable diseases or conditions as provided in Section 39-3801, Idaho Code. This includes the administration of vaccines. (9-21-92)

016. CONDUCT OF SPECIAL DISEASE INVESTIGATIONS.

The Department or other authorized representative may conduct special investigations of diseases or conditions to identify causes and means of prevention. All records of interviews, reports, studies, and statements obtained by or furnished to the Department or authorized agency shall be confidential for the identity of all persons involved. Release of information to the Department does not subject any party furnishing such information to an action for damages. (Idaho Department of Health and Welfare Rules, IDAPA 16, Title 05, Chapter 01, "Rules Governing the Protection and Disclosure of Department Records") (11-17-83)

017. -- 019. (RESERVED).

020. SPECIFIC CONTROL MEASURES FOR REPORTABLE DISEASES.

01. Acquired Immune Deficiency Syndrome (AIDS). (9-21-92)

a. Each case of acquired immune deficiency syndrome meeting the current case definition established by the Centers for Disease Control shall be reported to the Department or District within one (1) week of identification. Other manifestations of human immunodeficiency virus (HIV) infection including, but not limited to AIDS related complex (ARC) and tests for HIV Antibody, HIV Antigen, HIV culture or other tests of infectiousness shall also be reported to the Department or District within one (1) week. (9-21-92)

b. Positive laboratory tests for HIV Antibody, HIV Antigen, HIV culture or other tests that indicate prior or existing HIV infection must be reported as described in Subsection 010.03.d.i. (9-21-92)

c. Each report of a case shall be investigated to obtain specific clinical information, to identify possible sources, risk factors, and contacts. Other manifestations of HIV infection as defined by the Centers for Disease Control may be investigated. (9-21-92)

d. A physician may order blood tests for the human immunodeficiency virus (HIV) when an informed consent is not possible and there has been or is likely to be significant exposure to a person's blood or body fluids by a person providing emergency or medical services. (9-21-92)

02. Amebiasis. (11-17-83)

a. Each case of amebiasis shall be reported to the Department or District within one (1) week of the identification. (11-17-83)

b. A preliminary investigation of each case shall be performed to determine if the case is employed as a food handler, provides personal care at a health care or day care facility, or is a child attending a day care facility. (11-17-83)

c. Persons excreting *Entamoeba histolytica* shall not work as food handlers and shall not engage in any occupation in which they provide personal care to children in day care facilities or to persons confined to health care facilities unless special exemption is made by the Department or authorized representative of the Department. (11-17-83)

i. This restriction may be rescinded if an effective therapeutic regimen has been completed and/or at least two (2) approved fecal specimens collected at least twenty-four (24) hours apart fail to show *Entamoeba histolytica* upon testing by a licensed laboratory. (9-21-92)

ii. Any member of a household in which there is a case of amebiasis may engage in any of the above

occupations at the discretion of the Department provided at least one (1) approved fecal specimen is negative for ova and parasites on examination by a licensed laboratory. (9-21-92)

d. Fecally incontinent persons who are excreting *Entamoeba histolytica* shall not attend day care facilities unless special exemption is made by the Department or authorized representative of the Department. (9-21-92)

03. Anthrax. (11-17-83)

a. Each case or suspected case of anthrax in humans shall be reported to the Department or District by telephone within one (1) working day. (9-21-92)

b. Each report of a case or suspected case shall be investigated to confirm the diagnosis, to determine the extent of the outbreak, and to identify the source of infection. Any identified or suspected source of infection shall be reported to the Department which shall notify the Idaho Department of Agriculture. (11-17-83)

04. Botulism. (11-17-83)

a. Each case or suspected case of botulism shall be reported to the Department or District at the time of identification, day or night. (11-17-83)

b. An investigation of each case or suspected case of botulism shall be performed to confirm the diagnosis, to determine if other persons have been exposed to botulinum toxins, and to identify the source of the disease. (9-21-92)

05. Brucellosis. (11-17-83)

a. Each case of brucellosis shall be reported to the Department or District within one (1) week of the identification. (11-17-83)

b. Each report of a case shall be investigated to confirm the diagnosis and to identify the source of the infection. Any identified or suspected source of infection shall be reported to the Department, which shall notify the Idaho Department of Agriculture. (9-21-92)

06. Cancer. (11-17-83)

a. The following neoplasms are designated as reportable to the cancer data registry of Idaho within one (1) year of diagnosis or recurrence: (9-21-92)

i. Each in-situ or malignant neoplasm diagnosed by histology, radiology, laboratory testing, clinical observation, autopsy, or suggested by cytology, is reportable. (9-21-92)

ii. Basal and squamous cell cancers of the skin are reportable if occurring on a mucous membrane or lip, eyelid, labia, vulva, penis, scrotum, or anus. (9-21-92)

iii. Benign neoplasms are reportable if occurring in the brain, meninges, pineal gland, or pituitary gland. (9-21-92)

b. The use of the words "apparently", "compatible with", "consistent with", "favor", "most likely", "presumed", "probable", "suspected", "suspicious", or "typical" is sufficient to make a case reportable. (9-21-92)

c. The use of the words "questionable", "possible", "suggests", "equivocal", "approaching", and "rule out" is not sufficient to make a case reportable. (9-21-92)

d. Each case must be reported by patient's name, demographic information, date of diagnosis, primary site, metastatic sites, histology, stage of disease, initial treatments, subsequent treatment, and survival time. (9-21-92)

e. Every private, federal, or military hospital, pathology laboratory, or physician providing a diagnosis and/or treatment related to a reportable cancer is responsible for reporting or furnishing cancer-related data to the cancer data registry. (9-21-92)

f. All data reported to the cancer data registry shall be available for use in aggregate form for epidemiologic analysis of the incidence, prevalence, survival, and risk factors associated with Idaho's cancer experience. Disclosure of confidential information for research projects must comply with the cancer data registry's confidentiality policies, as well as the Idaho Department of Health and Welfare's Rules, IDAPA 16, Title 05, Chapter 01, "Rules Governing the Protection and Disclosure of Department Records." (9-21-92)

07. Campylobacteriosis. (11-17-83)

a. Each case of campylobacteriosis shall be reported to the Department or District within one (1) week of the identification. (11-17-83)

b. An investigation of each case shall be performed to determine the extent of the outbreak and to identify the source of the infection. (11-17-83)

c. Persons excreting *Campylobacter jejuni* shall not work as food handlers and shall not provide personal care to children in day care facilities unless exemption is obtained from the Department. This restriction will be rescinded provided at least two (2) approved fecal specimens collected at least twenty-four (24) hours apart fail to show *Campylobacter jejuni* upon testing by a licensed laboratory. (9-21-92)

d. Fecally incontinent persons who are excreting *Campylobacter jejuni* shall not attend day care facilities unless exemption is made by the Department. (9-21-92)

08. Chancroid. (11-17-83)

a. Each case of chancroid shall be reported to the Department or District within one (1) week of the identification. (11-17-83)

b. Each person diagnosed with chancroid shall be required to inform their sexual contacts that they have been exposed to a venereal disease, or provide specific information so public health officials may locate such contacts, so the contacts can be examined and treated (Section 39-605, Idaho Code). (11-17-83)

09. Chlamydia trachomatis Infections. (9-21-92)

a. Each case of Chlamydia trachomatis infection shall be reported to the Department or District within one (1) week of identification. (9-21-92)

b. Each person diagnosed with genital Chlamydia trachomatis shall be investigated to determine the extent of the contact follow-up required. (9-21-92)

c. Cases of Chlamydia trachomatis ophthalmia neonatorum in health care facilities shall be placed under secretion precautions. (9-21-92)

d. Prophylaxis against Chlamydia trachomatis ophthalmia neonatorum is required in Idaho Department of Health and Welfare Rules, IDAPA 16, Title 02, Chapter 12, "Rules Governing Procedures and Testing to be Performed on Newborn Infants". (9-21-92)

10. Cholera. (9-21-92)

a. Each case or suspected case of cholera shall be reported to the Department or District by telephone within one (1) working day. (9-21-92)

b. Each report of a case or suspected case shall be investigated to confirm the diagnosis, to determine the extent of the outbreak, and to identify contacts, carriers, and the source of the infection. (11-17-83)

c. Persons in health care facilities who have cholera shall be placed under enteric precautions. Strict isolation is not necessary. (11-17-83)

d. Persons excreting *Vibrio cholerae* shall not work as food handlers, and shall not engage in any occupation which provides personal care to children in day care facilities or to persons confined to health care or residential facilities. (11-17-83)

e. Members of the household in which there is a case of cholera may not engage in any of the above occupations unless approved by the Department, or District and provided that they are asymptomatic and at least one (1) approved fecal specimen is found to be negative on culture by a licensed laboratory. (9-21-92)

f. Fecally incontinent persons who are excreting *Vibrio cholerae* shall not attend day care facilities. (9-21-92)

11. Diphtheria. (11-17-83)

a. Each case or suspected case of diphtheria shall be reported to the Department or District by telephone immediately, day or night, upon identification. (11-17-83)

b. Each report of a case or suspected case shall be investigated to determine if illness is caused by a toxigenic strain of *Corynebacterium diphtheriae*, to determine the extent of the outbreak, and to identify contacts, carriers, and the source of the infection. (11-17-83)

c. Cases of oropharyngeal toxigenic diphtheria in health care facilities shall be placed under strict isolation. The Department or authorized representative of the Department may rescind this isolation requirement after two (2) cultures of the nose and two (2) cultures from the throat, taken at least twenty-four (24) hours apart and at least twenty-four (24) hours after the completion of antibiotic therapy, fail to show toxigenic *Corynebacterium diphtheriae* upon testing by a licensed laboratory. (11-17-83)

d. Cases of cutaneous toxigenic diphtheria shall be placed under wound and skin precautions. The Department or authorized representative of the Department may rescind these precautions after two (2) cultures from the wound fail to show toxigenic *Corynebacterium diphtheriae* upon testing by a licensed laboratory. (11-17-83)

e. Contacts of cases of toxigenic diphtheria shall be offered immunization against diphtheria. (11-17-83)

f. Contacts shall be restricted from working as food handlers, working in health care facilities, or residential facilities, or from attending or working in day care facilities or schools until they are determined not to be carriers by means of a nasopharyngeal culture or culture of other site suspected to be infected. This restrictions may be rescinded by the Department or authorized representative of the Department. (11-17-83)

12. *Escherichia coli* 0157:H7. (9-21-92)

a. Each case of infection with *E. coli* 0157:H7 shall be reported to the Department or District within one (1) week of the identification. (9-21-92)

b. A preliminary investigation of each case shall be performed to determine if the person is employed as a food handler, provides personal care at a health care or day care facility, or is a child attending a day care facility. The investigation shall determine the extent of the outbreak and identify the most likely source of the infection. (9-21-92)

c. Persons who are excreting *E. coli* 0157:H7 may not provide personal care to children in day care facilities or to persons in health care facilities or work as food handlers while the disease is present in a communicable form without the approval of the Department or the District. One (1) negative fecal specimen for *E. coli* 0157:H7 is sufficient to remove restrictions on personnel. (9-21-92)

d. Fecally incontinent persons who are excreting *E. coli* 0157:H7 may not attend day care facilities unless exemption is made by the Department or District. One (1) negative fecal specimen for *E. coli* 0157:H7 is sufficient to remove day care attendance restrictions. (9-21-92)

13. Giardiasis. (11-17-83)

a. Each case of giardiasis shall be reported to the Department or District within one (1) week of the identification. (11-17-83)

b. A preliminary investigation of each case shall be performed to determine if the person is employed as a food handler, provides personal care at a health care or day care facility, or is a child attending day care facility. The preliminary investigation shall also determine the water sources used by the person with giardiasis. The investigation shall determine the extent of the outbreak, and identify the most likely source of the infection. (11-17-83)

c. Persons with diarrhea who are excreting *Giardia lamblia* may not provide personal care to children in day care facilities or to persons in health care facilities or work as food handlers while the disease is present in a communicable form or until two (2) days of therapy have been completed. Asymptomatic persons may provide these services with specific approval of the Department or District. (9-21-92)

d. Fecally incontinent persons with diarrhea who are excreting *Giardia lamblia* may not attend day care facilities. Asymptomatic children who are excreting *Giardia lamblia* may attend after investigation is made, hygiene of the facility is determined adequate, and an exemption is made by the Department. (9-21-92)

14. Haemophilus Influenzae Invasive Disease. (9-21-92)

a. Each case of invasive *Haemophilus influenzae* invasive disease, including but not limited to meningitis, septicemia, bacteremia, epiglottitis, pneumonia, osteomyelitis and cellulitis, shall be reported to the Department or District within one (1) working day of identification. (9-21-92)

b. Each report of a case shall be investigated to confirm the diagnosis, to determine the extent of the outbreak, to identify contacts, and to determine the need for antimicrobial prophylaxis of close contacts. (11-17-83)

c. Any person who is diagnosed with a disease caused by invasive *Haemophilus influenzae* shall not provide personal care to children attending a day care facility, or be engaged in any occupation where there is direct contact with students in a private, parochial, or public school as long as the disease is in a communicable form. (11-17-83)

d. Any person who is diagnosed with a disease caused by invasive *Haemophilus influenzae* shall not attend a day care facility, or a private, parochial, or public school as long as the disease is in a communicable form. (11-17-83)

15. Hepatitis A. (9-21-92)

a. Each case or suspected case of hepatitis A shall be reported to the Department or District within one (1) working day of identification. (9-21-92)

b. Each report of a case or suspected case shall be investigated to confirm the diagnosis, to identify contacts, to determine the need for immune serum globulin (gamma globulin), and to identify possible sources of the infection so subsequent cases may be prevented. (11-17-83)

c. Persons with hepatitis A in health care facilities shall be placed under enteric precautions as long as the disease is present in a communicable form. (11-17-83)

d. Persons with hepatitis A shall be restricted from working as a food handler and shall not engage in any occupation in which he/she provides personal care to children in a day care facility or to persons who are confined to health care or residential care facilities. (11-17-83)

i. The Department or authorized representative of the Department may rescind this restriction when the illness is considered no longer to be in a communicable stage. (11-17-83)

ii. Any member of the household in which there is a case of hepatitis A may not engage in any of the above mentioned occupations unless exemption is obtained from the Department. (11-17-83)

iii. A specific test for recent hepatitis A infection (IgM antiHAV) shall be performed by a licensed laboratory on all food handlers suspected of having hepatitis A (9-21-92)

e. Children who have hepatitis A shall not attend nurseries or day care facilities until the disease is no longer communicable as determined by a licensed physician, or unless exemption is made by the Department or District. (9-21-92)

f. A physician may order blood tests for hepatitis A when an informed consent is not possible and there has been or is likely to be significant exposure to a person's blood or body fluids by a person providing emergency or medical services. (5-16-90)

16. Hepatitis B. (9-21-92)

a. Each case of hepatitis B shall be reported to the Department or District within one (1) working day of identification. (9-21-92)

b. Each report of a case shall be investigated to confirm the diagnosis, to identify contacts and carriers, to determine the need for prophylaxis with immune globulins, to determine the need for hepatitis B vaccine, to determine the exposure of any pregnant women, and to identify possible sources of the infection so subsequent cases can be prevented. (9-21-92)

c. Persons with hepatitis B in health care facilities shall be placed under universal precautions as long as the disease is present in a communicable form. (9-21-92)

d. The carrier status of all persons diagnosed with hepatitis B shall be determined six (6) months after the initial diagnosis is established. (11-17-83)

i. The carrier status shall be determined by the presence of hepatitis B surface antigen (HBsAg) in blood obtained at least six (6) months after the initial diagnosis of hepatitis B. (9-21-92)

ii. The test for hepatitis B surface antigen (HBsAg) shall be performed by a licensed laboratory. (11-17-83)

iii. All persons who are carriers of hepatitis B shall be reported to the Department or District by their physician at the time of determination for inclusion in the hepatitis B carrier registry. (9-21-92)

e. A physician may order blood tests for hepatitis B when an informed consent is not possible and there has been or is likely to be significant exposure to a person's blood or body fluids by a person providing emergency or medical services. (5-16-90)

17. Hepatitis C. (9-21-92)

a. Each case of hepatitis C shall be reported to the Department or District within one (1) working day of identification. (9-21-92)

b. Each reported case of hepatitis C shall be investigated to confirm the diagnosis, and to identify possible sources of the infection so subsequent cases may be prevented. (9-21-92)

c. Persons with hepatitis C in health care facilities shall be placed under universal precautions for such time as determined by the facility. (9-21-92)

d. A physician may order blood tests for hepatitis C when an informed consent is not possible and there has been or is likely to be significant exposure to a person's blood or body fluids by a person providing emergency or medical services. (9-21-92)

18. Herpes Simplex, Genital. (9-21-92)

a. Each case of genital herpes simplex shall be reported to the Department or District within one (1) week of the identification. (11-17-83)

b. Each person diagnosed with a genital herpes infection shall be informed by their physician, or other health care provider, that they have the disease and what precautions can be taken to prevent the transmission of the infection. (11-17-83)

c. Each person diagnosed with a genital herpes infection shall be encouraged to inform their sexual contacts that they may have been exposed to a venereal disease. (9-21-92)

19. Legionellosis. (11-17-83)

a. Each case of legionellosis shall be reported to the Department or District within one (1) week of the identification. (11-17-83)

b. When two (2) or more cases occur among closely associated persons, an investigation shall be conducted to identify a common environmental source, and to identify ways to prevent further infections. (11-17-83)

20. Leprosy. (11-17-83)

a. Each case of leprosy shall be reported to the Department or District within one (1) week of the identification. (9-21-92)

b. Each reported case or suspected case shall be investigated to confirm the diagnosis and to identify all household or other close contacts. (11-17-83)

c. All household or close contacts of a new case shall be examined by a licensed physician for signs of leprosy. Household contacts and patients in remission shall be registered with the Department and undergo periodic medical examinations every six (6) to twelve (12) months for five (5) years. (11-17-83)

21. Leptospirosis. (11-17-83)

a. Each case of leptospirosis shall be reported to the Department or District within one (1) week of identification. (11-17-83)

b. Each report of a case or suspected case shall be investigated to confirm the diagnosis and to identify possible sources of the infection. Any identified or suspected source of infection shall be reported to the Department, which shall notify the Idaho Department of Agriculture if animals are involved. (11-17-83)

22. Lyme Disease. (9-21-92)

a. Each case of Lyme Disease shall be reported to the Department or District within one (1) week of the identification. (9-21-92)

b. Each report of a case shall be investigated to confirm the diagnosis and to identify possible sources of the infection. Any identified or suspected source of infection shall be reported to the Department, which shall notify the Idaho Department of Agriculture if animals are involved. (9-21-92)

23. Malaria. (9-21-92)

- a. Each case of malaria shall be reported to the Department or District within one (1) week of identification. (9-21-92)
- b. Each report of a case shall be investigated to determine the type and the source of the infection. (9-21-92)
- c. If transmission may have occurred in Idaho, an entomologic investigation may be performed by the Department to determine the extent of mosquito activity, and to institute control measures if necessary. (9-21-92)
- d. Persons with malaria in health care facilities shall be placed under universal precautions while the disease is present in an infectious form. (9-21-92)
- e. A physician may order blood tests for malaria when an informed consent is not possible and there has been or is likely to be significant exposure to a person's blood or body fluids by a person providing emergency or medical services. (5-16-90)
24. Measles. (9-21-92)
- a. Each case or suspected case of measles (rubeola) shall be reported to the Department or District by telephone within one (1) working day after identification. (9-21-92)
- b. Each report of a case or suspected case shall be investigated promptly to confirm the diagnosis, to determine the extent of the outbreak, to identify the source of the infection, and to identify susceptible contacts. (11-17-83)
- c. Cases or suspected cases of measles in health care facilities shall be placed under respiratory isolation until the fifth day after the onset of rash. (11-17-83)
- d. A person who is diagnosed as having measles shall not engage, as long as the disease is in a communicable stage, in any occupation in which there is direct contact with children in day care facilities, or persons in schools, health care, or residential care facilities. (11-17-83)
- e. A child diagnosed with measles shall not attend a day care facility as long as the disease is in a communicable stage. (11-17-83)
- f. Any person, regardless of age, shall not attend a private, parochial, or public school as long as the disease is in a communicable stage. (11-17-83)
- g. In the event of an outbreak, susceptible children must be excluded from day care facilities and schools until adequate immunization is obtained, or the threat of further spread is contained (Section 33-512, Idaho Code). (9-21-92)
25. Mumps. (9-21-92)
- a. Each case of mumps shall be reported to the Department or District within one (1) week of identification. (9-21-92)
- b. Each report of a case may be investigated to determine the immunization history or if there is an unusual cause for an outbreak. (9-21-92)
26. Neisseria Gonorrhoeae Infections. (9-21-92)
- a. Each case of Neisseria gonorrhoeae infection shall be reported to the Department or District within one (1) week of identification. (9-21-92)
- b. Each person diagnosed with urethral, cervical, oropharyngeal, or rectal gonorrhea shall be required to inform their sexual contacts, or provide sufficient information so public health officials may locate such contacts,

advise that they have been exposed to a venereal disease and should seek examination and treatment. (9-21-92)

c. Cases of gonococcal ophthalmia neonatorum in health care facilities shall be placed under wound and skin precautions. (11-17-83)

d. Prophylaxis against gonococcal ophthalmia neonatorum shall be as described in Idaho Department of Health and Welfare Rules, IDAPA 16, Title 02, Chapter 12, "Rules Governing Procedures and Testing to be Performed on Newborn Infants." (11-17-83)

27. Neisseria Meningitidis Invasive Disease. (9-21-92)

a. Each case of invasive disease caused by Neisseria meningitidis, including but not limited to meningitis and septicemia shall be reported to the Department or District by telephone at the time of identification, day or night. (9-21-92)

b. Each report of a case shall be investigated to confirm the diagnosis, to determine the extent of the outbreak, to identify contacts, and to determine the need for antimicrobial prophylaxis and/or immunization of close contacts. (9-21-92)

c. Any person who is diagnosed with a disease caused by Neisseria meningitidis shall not provide personal care to children attending a day care facility, or engage in any occupation where there is direct contact with students in private, parochial, or public schools as long as the disease is present in a communicable form. (11-17-83)

d. Any person who is diagnosed with a disease caused by Neisseria meningitidis shall not attend a day care facility, or a private, parochial, or public school as long as the disease is present in a communicable form. (11-17-83)

e. Persons with meningococcal disease in health care facilities or residential care facilities shall be placed under respiratory isolation until twenty-four (24) hours after the initiation of effective therapy. (11-17-83)

28. Pertussis. (9-21-92)

a. Each case or suspected case of pertussis shall be reported to the Department or District by telephone within one (1) working day of identification. (9-21-92)

b. Each report of a case or suspected case shall be investigated to confirm the diagnosis, to determine the extent of the outbreak, to identify susceptible contacts, and to identify the source of the infection so additional cases can be prevented. (11-17-83)

c. Cases or suspected cases of pertussis in health care facilities shall be placed under respiratory isolation until no longer considered communicable by the attending physician. (11-17-83)

d. A person who is diagnosed with pertussis shall not engage in any occupation in which there is direct contact with children in a day care facility or other persons in health care facilities, residential care facilities, or schools as long as the disease is in a communicable stage. (11-17-83)

e. Any person diagnosed with pertussis shall not attend a private, parochial, or public school or a day care facility as long as the disease is in a communicable stage. (11-17-83)

29. Plague. (11-17-83)

a. Each case or suspected case of plague shall be reported to the Department or District by telephone, day or night, upon identification. (11-17-83)

b. Each report of a case or suspected case shall be investigated to confirm the diagnosis, determine the source and extent of the outbreak, and to ascertain if there has been person-to-person transmission. (11-17-83)

c. Cases or suspected cases of pneumonic plague in health care facilities shall be placed under strict isolation until two (2) full days of appropriate antibiotic therapy has been completed, and there has been a favorable clinical response. (11-17-83)

d. Cases or suspected cases of bubonic plague in health care facilities shall be placed under strict isolation precautions and treated with appropriate antibiotics. (9-21-92)

e. Household and face-to-face contacts of persons with pneumonic plague shall be placed on chemoprophylaxis and placed under surveillance for seven (7) days. Persons who refuse chemoprophylaxis shall be maintained in strict isolation with careful surveillance for seven (7) days. (11-17-83)

30. *Pneumocystis Carinii* Pneumonia (PCP). (9-21-92)

a. Each case of *Pneumocystis carinii* pneumonia shall be reported to the Department or District within one week of identification. (9-21-92)

b. Each report of a case shall be investigated to confirm the diagnosis, and to determine the underlying cause of any immune deficiency which may have contributed to the disease. If the underlying cause is an HIV infection, that shall be reported. (9-21-92)

31. Poliomyelitis. (9-21-92)

a. Each case or suspected case of poliomyelitis shall be reported to the Department or District by telephone within one (1) working day of identification. (9-21-92)

b. Each report of a case or suspected case shall be investigated to confirm the diagnosis, to determine whether the case is polio vaccine associated, or wild virus associated, to determine the extent of the outbreak, to ascertain if there has been person-to-person transmission, to identify susceptible contacts, carriers, and the source of the infection. (9-21-92)

c. Cases and suspected cases of poliomyelitis in health care facilities shall be placed under enteric precautions. (11-17-83)

d. The immunization status of all contacts shall be ascertained and all susceptible contacts shall be offered immunization. (11-17-83)

32. Psittacosis. (11-17-83)

a. Each case of psittacosis shall be reported to the Department or District within one (1) week of identification. (11-17-83)

b. Each case shall be investigated to confirm the diagnosis, to determine the extent of the outbreak, and to identify contact with possible sources of the infection. (11-17-83)

c. Any identified sources or suspected sources of infection shall be reported to the Department which shall notify the Idaho Department of Agriculture if birds or other animals are involved. (11-17-83)

33. Q Fever. (11-17-83)

a. Each case shall be reported to the Department or District within one (1) week of identification. (11-17-83)

b. Each reported case shall be investigated to confirm the diagnosis, to determine the extent of the outbreak, and to identify the source of the infection. (11-17-83)

c. Any identified or suspected sources of infection shall be reported to the Department which shall notify the Idaho Department of Agriculture if animals are involved. (11-17-83)

34. Rabies. (11-17-83)
- a. Each case of rabies in humans shall be reported immediately to the Department or District, day or night, upon identification. Each case of rabies in animals shall be reported to the Department or District and the Department of Agriculture within one (1) working day. (9-21-92)
- b. Each report of a case of rabies in humans shall be investigated to confirm the diagnosis, to identify the source and other persons or animals that may have been exposed to the source, and to identify persons who may need to undergo prophylaxis with rabies immune globulin and rabies vaccine. (9-21-92)
- c. A case or suspected case of rabies in humans shall be placed under strict isolation in a health care facility. (11-17-83)
- d. In the event that a human or animal case of rabies occurs, any authorized representative of the Idaho Department of Agriculture or Department or District shall establish such isolation and quarantine of animals as deemed necessary to protect the public health. (9-21-92)
- e. The handling of a rabies susceptible animal which has bitten a person shall be as follows: (9-21-92)
- i. Any livestock which has bitten a person shall be managed by the Department of Agriculture. (9-21-92)
- ii. Any domestic dog or cat which has bitten a person shall be observed for ten (10) days following the bite under the supervision of a licensed veterinarian or other person designated by the Idaho Department of Agriculture or the Department. Such observation shall be within an enclosure, or with restraints deemed adequate to prevent contact with any member of the public or other animals. (11-17-83)
- iii. It shall be the animal owner's responsibility to carry out the quarantine of the biting animal and to follow instructions provided for the quarantine of the animal. (11-17-83)
- iv. Any domestic dog or cat that has not been vaccinated against rabies and cannot be quarantined, shall be destroyed by a means other than shooting in the head. The head shall be submitted to an approved laboratory for rabies analysis. (9-21-92)
- v. Susceptible animals other than domestic dogs, cats, or livestock shall be destroyed and the head submitted to an approved laboratory for rabies analysis. (9-21-92)
- vi. No person shall destroy or allow to be destroyed the head of a rabies susceptible animal which has bitten a person without authorization from the Department. (11-17-83)
- f. The handling of a rabies susceptible animal that has not bitten a person, but has within the past one hundred eighty (180) days been bitten, mouthed, or mauled by, or closely confined in the same premises with a known rabid animal shall be as follows: (9-21-92)
- i. Any domestic dog or cat or livestock which has not been vaccinated as recommended by the American Veterinary Medical Association, shall be placed in quarantine for a period of six (6) months under the observation of a licensed veterinarian or a person designated by the Department or the Department of Agriculture and vaccinated one (1) month prior to release from quarantine. Vaccinated animals including livestock should be revaccinated immediately with a currently recommended rabies vaccine and quarantined for ninety (90) days. These provisions apply only to domestic animals for which an approved rabies vaccine is available. (9-21-92)
- ii. The quarantine of such animal shall be within an enclosure deemed adequate by an authorized representative of the Idaho Department of Agriculture or the Department, or District to prevent contact with any person or rabies susceptible animal. (9-21-92)
- iii. The owner of the animal shall be financially responsible for the cost of isolating and quarantining

- the animal and costs for specimen collection and testing. (11-17-83)
- iv. Destruction of such animal shall be permitted as an alternative to quarantine. (11-17-83)
- g. Any rabies susceptible animal other than domestic dogs, cats or livestock which are suspected of having rabies, or which have been in close contact with an animal known to be rabid shall be destroyed. The animal shall be tested by an approved laboratory for rabies if a person has been bitten, or has had direct contact with the animal which might result in the person becoming infected. (9-21-92)
- h. Nothing in these rules is intended or shall be construed to limit the power of any city or county in its authority to enact more stringent requirements to prevent the transmission of rabies. (11-17-83)
35. Relapsing Fever. (11-17-83)
- a. Each case of relapsing fever shall be reported to the Department or District within one (1) week of identification. (11-17-83)
- b. Each report of a case shall be investigated to confirm the diagnosis, determine the extent and source of the outbreak, and to ascertain whether transmission by lice or ticks is likely. (11-17-83)
36. Reye Syndrome. (9-21-92)
- a. Each case of Reye syndrome shall be reported to the Department or District within one (1) week of identification. (9-21-92)
- b. Each case shall be investigated to obtain specific clinical information, to learn more about the etiology, risk factors, and means of preventing the syndrome. (9-21-92)
37. Rocky Mountain Spotted Fever. (11-17-83)
- a. Each case of Rocky Mountain spotted fever shall be reported to the Department or District within one (1) week of identification. (11-17-83)
- b. Each report shall be investigated to confirm the diagnosis, to identify the source of infection, and to determine if control measures should be initiated. (11-17-83)
38. Rubella. (11-17-83)
- a. Each case or suspected case of rubella (including congenital rubella syndrome) shall be reported to the Department or District within one (1) working day of identification. (9-21-92)
- b. Each report of a case or suspected case shall be investigated to confirm the diagnosis, determine the extent of the outbreak, to identify any contacts who are susceptible, pregnant women, and to document the presence of the congenital rubella syndrome. (11-17-83)
- c. Newborns with congenital rubella syndrome shall be placed under strict isolation. Other rubella cases in health care facilities shall be placed under respiratory isolation. (11-17-83)
- d. Persons diagnosed with rubella shall not engage, as long as the disease is in a communicable stage, in any occupation in which there is close contact with children in day care facilities or other persons in schools, health care, or residential care facilities, or with women likely to be pregnant. (11-17-83)
- e. Any person with rubella, regardless of age, shall not attend or be present in a private, parochial, or public school as long as the disease is in a communicable stage. (11-17-83)
- f. A person diagnosed with rubella shall not attend or be present in a day care facility as long as the disease is in a communicable form. (11-17-83)

39. Salmonellosis. (11-17-83)
- a. Each case of salmonellosis (including typhoid fever) shall be reported to the Department or District within one (1) working day of identification. (9-21-92)
 - b. Each report of a case shall be investigated to confirm the diagnosis, to determine the extent of the outbreak, and to identify contacts, carriers, and the source of contamination. (11-17-83)
 - c. Cases or suspected cases in health care facilities shall be placed under enteric precautions. (11-17-83)
 - d. Fecally incontinent persons who are excreting *Salmonella* shall not attend day care facilities unless exemption is obtained from the Department or District. Any exemptions may be based on the absence of symptoms, and the hygiene of the facility and staff. (9-21-92)
 - e. Persons excreting *Salmonella* shall be restricted from working as food handlers, and shall not engage in any occupation in which they provide personal care to children in day care facilities or to persons who are confined to health care facilities or residential care facilities unless exemption is obtained from the Department. Any exemption for day care, health care, or residential care facilities may be based on the absence of symptoms and the hygiene of the facility and staff. (9-21-92)
 - i. The Department or authorized representative for the Department may rescind this restriction on cases other than *Salmonella typhi* infection provided that two (2) approved fecal specimens, collected not less than twenty-four (24) hours apart, fail to show *Salmonella* upon testing by a licensed laboratory. (11-17-83)
 - ii. Any member of a household in which there is a case of salmonellosis may not engage in the above occupations until at least one (1) fecal specimen is negative for *Salmonella* testing on examination by a licensed laboratory. (9-21-92)
 - f. Identification and management of non-*Salmonella typhi* carriers. (11-17-83)
 - i. Any person who excretes *Salmonella* for more than four (4) weeks and less than one (1) year is defined to be a convalescent carrier. (11-17-83)
 - ii. Any person who excretes *Salmonella* for more than one (1) year after onset is defined to be a chronic carrier. (11-17-83)
 - iii. Convalescent carriers may not engage in the occupations listed in Subsection 020.35.e. until *Salmonella* species is not identified by a licensed laboratory in either of two (2) successive approved fecal specimens collected not less than twenty-four (24) hours apart. (11-17-83)
 - iv. Chronic carriers may not engage in the occupations listed in Subsection 020.35.e. until *Salmonella* species is not identified by a licensed laboratory in any of three (3) successive approved fecal specimens collected at least seventy-two (72) hours apart. (11-17-83)
 - g. Identification and management of typhoid fever cases and carriers. (11-17-83)
 - i. Any person with typhoid fever shall remain subject to the supervision of the Department or authorized representative of the Department until *Salmonella typhi* is not isolated by a licensed laboratory from four (4) successive approved fecal specimens. These specimens are to be collected at least twenty-four (24) hours apart and not earlier than one (1) month after onset. (11-17-83)
 - ii. All carriers of *Salmonella typhi* shall abide by the typhoid fever carrier agreement. Failure to abide by the carrier agreement may cause the carrier to be isolated. (11-17-83)
- (1) The typhoid carrier agreement is a written agreement between the carrier and the Department.

(11-17-83)

(2) The carrier agrees to not work as a food handler, to notify the Department at once of any change in address or occupation, to report to the District immediately any cases of illness suggestive of typhoid fever in his/her family or among immediate associates, and to furnish specimens for examination in a manner prescribed by the Department. (11-17-83)

iii. Convalescent carriers of typhoid fever may be released from the carrier status when *Salmonella typhi* is not identified by a licensed laboratory from three (3) successive approved fecal specimens collected not more than twenty-four (24) hours apart. (11-17-83)

iv. Chronic carriers of typhoid fever may be released from carrier status when *Salmonella typhi* is not identified by a licensed laboratory in any of six (6) consecutive approved fecal specimens and urine specimens collected at least one (1) month apart. (11-17-83)

40. Shigellosis. (11-17-83)

a. Each case of shigellosis shall be reported to the Department or District within one (1) week of identification. (9-21-92)

b. Each report of a case shall be investigated to confirm the diagnosis and to determine the extent of the outbreak. An attempt shall be made to identify contacts, carriers, and the source of infection. (11-17-83)

c. Persons excreting *Shigella* in health care facilities shall be placed under enteric precautions. (11-17-83)

d. Persons excreting *Shigella* shall not work as food handlers nor attend day care facilities. They shall not engage in any occupation in which they provide personal care to children in day care facilities or to persons who are confined to health care or residential care facilities unless exemption is obtained from the Department or District. In an outbreak in a facility, a cohort system may be approved. (9-21-92)

i. The Department or authorized representative of the Department may rescind this restriction provided that two (2) approved fecal specimens collected at least twenty-four (24) hours apart fail to show *Shigella* upon testing by a licensed laboratory. (11-17-83)

ii. No member of the household in which there is a case of shigellosis may engage in any of the above-mentioned occupations unless the Department approves and at least one (1) fecal specimen is negative for *Shigella* testing on examination by a licensed laboratory. (9-21-92)

41. *Streptococcus pyogenes*, Group A, Infections Which are Invasive or Result in Rheumatic Fever. (11-17-83)

a. Each case of *Streptococcus pyogenes*, Group A, infection which is invasive or results in rheumatic fever shall be reported to the Department or District within one (1) week of identification. (9-21-92)

b. Each case may be investigated to confirm the diagnosis, to determine if the infection is part of an outbreak, and to identify the source of the infection. (9-21-92)

c. Infected persons should not attend day care, school, or work in health care facilities until twenty-four (24) hours has elapsed after treatment is initiated, or until the patient is no longer infectious as determined by a physician, District or the Department. (9-21-92)

42. Syphilis. (9-21-92)

a. Each case or suspected case of infectious, or recently infectious, syphilis shall be reported to the Department or District within one (1) week of identification. Cases of late latent syphilis shall be reported to the Department or District within one (1) week of identification. (9-21-92)

b. Each case or suspected case of primary, secondary, or early latent syphilis shall be investigated by a representative of the Department or District after notification has been received. (9-21-92)

c. Each person diagnosed with infectious syphilis shall be required to inform their sexual contacts that they may have been exposed to a venereal disease, or provide sufficient information so public health officials may locate contacts and assure that each is offered prompt diagnosis and treatment (Section 39-605, Idaho Code). (11-17-83)

d. A physician may order blood tests for syphilis when an informed consent is not possible and there has been or is likely to be significant exposure to a person's blood or body fluids by a person providing emergency or medical services. (5-16-90)

43. Tetanus. (9-21-92)

a. Each case of tetanus shall be reported to the Department or District within one (1) week of identification. (11-17-83)

b. Each report of a case shall be investigated to confirm the diagnosis and to determine the immunization status of the case. (9-21-92)

44. Trichinosis. (11-17-83)

a. Each case of trichinosis shall be reported to the Department or District within one (1) week of identification. (11-17-83)

b. Each report of a case shall be investigated to confirm the diagnosis, to determine the extent of the outbreak, and to identify the source of infection. (11-17-83)

c. Any identified or suspected source of infection shall be reported to the Department which shall immediately notify the Idaho Department of Agriculture and/or other regulatory agency. (11-17-83)

45. Toxic Shock Syndrome. (11-17-83)

a. Each case of toxic shock syndrome shall be reported to the Department or District within one (1) week of identification. (11-17-83)

b. Each case shall be investigated to obtain specific clinical information on the syndrome to learn more about the etiology of the syndrome, risk factors associated with the syndrome, and means of preventing the syndrome. (11-17-83)

46. Tuberculosis. (11-17-83)

a. Each case or suspected case of tuberculosis shall be reported to the Department or District within one (1) week of identification. (9-21-92)

b. Each report of a case or suspected case shall be investigated to confirm the diagnosis and to identify contacts, associated cases, and the source of the infection. (11-17-83)

c. Restriction of cases and contacts. (11-17-83)

i. In health care facilities, persons with active pulmonary tuberculosis shall be placed in respiratory isolation until they have been determined to be noninfectious by the licensed physician, the infection control committee of the facility or the Department. Patients suspected to have pulmonary tuberculosis shall be placed in respiratory isolation until the diagnosis of infectious pulmonary tuberculosis has been excluded by the attending physician. (9-21-92)

ii. Patients with infectious pulmonary tuberculosis shall not engage in any occupation in which they have direct contact with students in schools, provide personal care to children in day care facilities, or provide personal care to persons confined to health care or residential care facilities until they have been determined to be noninfectious by their physician. (9-21-92)

iii. Patients with infectious pulmonary tuberculosis may not attend a school or day care facility until they have been determined to be noninfectious by their licensed physician and the Department or District. (9-21-92)

iv. Any member of the household in which there is a case of infectious tuberculosis shall not engage in any occupation in which he provides direct supervision of students in schools, personal care to children in day care facilities, or personal care to persons who are confined to health care or residential facilities, or attend a school or day care facility until he has been determined to be free from communicable tuberculosis. (9-21-92)

d. In the event that a case of communicable tuberculosis is diagnosed in an employee or patient of a health care facility, the facility shall conduct an investigation to identify contacts. The Department or District authorized representative may assist in the investigation. (9-21-92)

47. Tularemia. (11-17-83)

a. Each case of tularemia shall be reported to the Department or District within one (1) week of identification. (11-17-83)

b. Each report of a case may be investigated to confirm the diagnosis and to identify the source of the infection. (9-21-92)

c. Any source or suspected source of the infection shall be reported to the Department, which shall notify the Idaho Department of Agriculture. (11-17-83)

48. Viral Myocarditis, Encephalitis, and Aseptic Meningitis. (9-21-92)

a. Each case of diagnosed or suspected viral myocarditis, encephalitis, and aseptic meningitis shall be reported within one (1) week of identification. (9-21-92)

b. Each report of a case may be investigated to confirm the diagnosis, to identify clusters or outbreaks of the infection, and to identify the agent or source of the infection. (9-21-92)

49. Yersiniosis. (11-17-83)

a. Each case of yersiniosis shall be reported to the Department or District within one (1) week of identification. (11-17-83)

b. Each report of a case shall be investigated to confirm the diagnosis and to identify carriers and the source of the infection. (11-17-83)

50. Extraordinary Occurrence of Illness. (11-17-83)

a. Extraordinary occurrence of illness refers to rare communicable diseases and or unusual outbreaks of illness. (11-17-83)

i. Some communicable diseases are not endemic in Idaho and are unlikely to be introduced into Idaho, but nonetheless have the potential to be serious when brought into or transmitted in Idaho. (9-21-92)

(1) Each case shall be investigated to confirm the diagnosis, to determine the extent of the outbreak, and to identify the source of infection. (11-17-83)

ii. Extraordinary or unusual outbreaks include illnesses which may be a significant risk to the public, may involve a large number of persons, or are a newly described entity. (9-21-92)

(1) Cases or suspected cases of extraordinary or unusual illness shall be reported to the Department or District within one (1) working day by the diagnosing person. (9-21-92)

(2) Each reported case shall be investigated to determine whether there is a risk to the public and whether intervention by public health agencies is warranted. Evaluation and control measures shall be undertaken in consultation with the Department and other appropriate agencies. The Department or authorized representative of the Department may elect to investigate by conducting special studies as outlined in Section 016. (9-21-92)

51. Severe Reaction to Any Immunization. (9-21-92)

a. A severe reaction to any immunization is any serious or life-threatening condition which results directly from the administration of any immunization against any communicable disease. (9-21-92)

b. Each case or suspected case of a severe reaction to any immunization shall be reported by telephone to the Department or District within one (1) working day of identification. (9-21-92)

c. Each case or suspected case shall be investigated to confirm and to document the circumstances relating to the reported reaction. (11-17-83)

52. Food Poisoning and Foodborne Illness. (9-21-92)

a. Each case or suspected case of food poisoning or foodborne illness shall be reported to the Department or District within one (1) working day of identification. (9-21-92)

b. Each report of a case or suspected case of food poisoning or food borne illness may be investigated to confirm the diagnosis, to determine the extent of the outbreak, to identify the source, and to determine if actions need to be taken to prevent additional cases. (11-17-83)

53. Lead Poisoning or Excess Lead Exposure. (9-21-92)

a. Each case of symptomatic lead poisoning or excess lead exposure as determined by a blood lead level of ten (10) micrograms or more per deciliter (10 ug/dl) of whole blood shall be reported to the Department within one (1) week of identification. (9-21-92)

b. Each case of lead poisoning or excess lead exposure may be investigated to determine the source, and to determine if actions need to be taken to prevent additional cases. (9-21-92)

021. -- 024. (RESERVED).

025. CONTROL OF REPORTABLE AND RESTRICTABLE DISEASES IN CERTAIN FACILITIES.

01. Day Care Facilities. (11-17-83)

a. Day care reportable and restrictable diseases are those diseases that are readily transmissible among children and staff in day care facilities. (11-17-83)

b. Examples of day care restrictable diseases that are reportable include, but are not limited to: (11-17-83)

i. Amebiasis; (11-17-83)

ii. Campylobacteriosis; (11-17-83)

iii. Diphtheria; (11-17-83)

iv. Giardiasis; (11-17-83)

- v. Hepatitis A; (9-21-92)
 - vi. Haemophilus influenzae invasive disease; (9-21-92)
 - vii. Measles; (11-17-83)
 - viii. Mumps; (11-17-83)
 - ix. Neisseria meningitidis invasive disease; (9-21-92)
 - x. Pertussis; (11-17-83)
 - xi. Poliomyelitis; (11-17-83)
 - xii. Rubella; (11-17-83)
 - xiii. Salmonellosis; (11-17-83)
 - xiv. Shigellosis; (11-17-83)
 - xv. Streptococcus pyogenes, Group A, infections which are invasive or result in rheumatic fever; (9-21-92)
 - xvi. Tuberculosis; (11-17-83)
 - c. Examples of day care restrictable diseases not on the reportable list include: (11-17-83)
 - i. Chickenpox; (11-17-83)
 - ii. Conjunctivitis; (11-17-83)
 - iii. Cutaneous fungal infections; (11-17-83)
 - iv. Pediculosis; (11-17-83)
 - v. Scabies; (11-17-83)
 - vi. Staphylococcal infections; (11-17-83)
 - vii. Streptococcal pharyngeal infections; (9-21-92)
 - d. A person who is diagnosed to have a day care restrictable disease shall not engage, as long as the disease is in a communicable stage, in any occupation in which there is direct contact with children in a day care facility. (11-17-83)
 - e. A child who is diagnosed to have a day care restrictable disease shall not attend a day care facility as long as the disease is in a communicable stage. This restriction may be removed by the written certification of a licensed physician, public health nurse or school nurse that the person's disease is no longer communicable. (11-17-83)
 - f. When satisfactory measures have been taken to prevent the transmission of disease, the affected child or employee may continue to attend or to work in the day care facility if approval is obtained from the Department or District. (9-21-92)
02. Food Service Facilities. (11-17-83)

a. A person who is diagnosed to have one (1) of the following diseases or conditions which can be transmitted from one (1) person to another through food or beverage shall not work as a food handler as long as the disease is in a communicable stage. These diseases and conditions include, but are not limited to: (11-17-83)

- i. Amebiasis; (11-17-83)
- ii. Campylobacteriosis; (11-17-83)
- iii. Cholera; (11-17-83)
- iv. Diarrhea (until common communicable causes have been ruled out); (11-17-83)
- v. Diphtheria; (11-17-83)
- vi. Giardiasis; (11-17-83)
- vii. Hepatitis A; (9-21-92)
- viii. Salmonellosis; (11-17-83)
- ix. Shigellosis; (11-17-83)
- x. Staphylococcal skin infections; (11-17-83)
- xi. Streptococcal skin infections; (11-17-83)
- xii. Taeniasis; (11-17-83)
- xiii. Tuberculosis (active); (11-17-83)
- xiv. Vomiting (until noninfectious cause is identified); (11-17-83)

b. The state health officer or his authorized representative may require a food handler to submit to an examination to determine the presence of a disease that can be transmitted by means of food when there is reasonable cause to believe the food handler is afflicted with a disease listed in this section. (11-17-83)

c. If the person in charge of the eating or drinking establishment has reason to suspect that any employee has a disease listed in Subsection 025.02.a. that is in a communicable form, he must immediately notify the Department and obtain guidance on proper actions needed to protect the public. (12-31-91)

03. Schools. (11-17-83)

a. School reportable and restrictable diseases are those diseases that are readily transmissible among students and staff in schools. (11-17-83)

b. Examples of school restrictable diseases that are reportable include, but are not limited to: (11-17-83)

- i. Diphtheria; (11-17-83)
- ii. Haemophilus influenzae invasive diseases; (9-21-92)
- iii. Measles; (11-17-83)
- iv. Mumps; (11-17-83)
- v. Neisseria meningitidis invasive disease; (9-21-92)

- vi. Pertussis; (11-17-83)
- vii. Plague; (11-17-83)
- viii. Rubella; (11-17-83)
- ix. Shigellosis; (11-17-83)
- x. Streptococcus pyogenes, Group A, infections which are invasive or result in rheumatic fever; (9-21-92)
- xi. Tuberculosis (active); (11-17-83)
- c. Examples of school restrictable diseases not on the reportable list include: (11-17-83)
 - i. Chickenpox; (11-17-83)
 - ii. Conjunctivitis; (11-17-83)
 - iii. Cutaneous fungal infections; (11-17-83)
 - iv. Pediculosis; (11-17-83)
 - v. Scabies; (11-17-83)
 - vi. Staphylococcal skin infections; (11-17-83)
 - vii. Streptococcal pharyngeal infections; (9-21-92)
- d. Any person who is diagnosed to have a school restrictable disease shall not engage, as long as the disease is in a communicable stage, in any occupation that involves direct contact with students in a private, parochial or public school. (11-17-83)
- e. Any person who is diagnosed with or reasonably suspected to have a school restrictable disease shall not attend a private, parochial, or public school as long as the disease is in a communicable stage. (11-17-83)
- f. A licensed physician, public health nurse, school nurse or other person authorized by the Department may determine when a person with a school restrictable disease can no longer transmit the disease to others. (11-17-83)
- g. A school administrator must report the closure of any public, parochial, or private school within one (1) working day when, in his opinion, such closing is related to a communicable disease. (9-21-92)

026. -- 993. (RESERVED).

994. DELEGATION OF POWERS AND DUTIES.

The Director shall have the authority to delegate to the Districts any of the powers and duties created by these rules (Section 39-414(2), Idaho Code). Any delegation shall be in writing and shall be signed by the Director and the District Board. (9-21-92)

995. PENALTY PROVISIONS.

These rules may be enforced pursuant to the civil and criminal penalties described, Sections 39-108, 39-109, 39-117, 39-607, 39-1006, and 39-1606, Idaho Code, and all other applicable statutes and rules. Penalties may include fines and imprisonment as specified in the Idaho Code. (9-21-92)

996. ADMINISTRATIVE PROVISIONS.

Contested case appeals shall be governed by Idaho Department of Health and Welfare Rules, IDAPA 16, Title 05, Chapter 03, Sections 000., et seq., "Rules Governing Contested Cases and Declaratory Rulings." (12-31-91)

997. CONFIDENTIALITY.

Before any information about a patient, client, registrant, applicant, or recipient contained in the departmental records may be released to the person who is the subject of the record, to another departmental unit, to another governmental agency, or to a private individual or organization, the unit of the Department with custody of the record must comply with Idaho Department of Health and Welfare Rules, IDAPA 16, Title 05, Chapter 01, "Rules Governing Protection and Disclosure of Department Records." (11-17-83)

998. INCLUSIVE GENDER AND NUMBER.

For the purpose of Idaho Department of Health and Welfare Rules, IDAPA 16, Title 02, Chapter 10, "Idaho Reportable Diseases," words used in the masculine gender include the feminine and vice-versa where appropriate. (11-17-83)

999. SEVERABILITY.

The rules of Idaho Department of Health and Welfare Rules, IDAPA 16, Title 02, Chapter 10, "Idaho Reportable Diseases," are severable. If any rule, or part thereof, or the application of such rule to any person or circumstance, is declared invalid, that invalidity does not affect the validity of any remaining portion of this chapter. (11-17-83)