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**IDAPA 16  
TITLE 02  
CHAPTER 10**

**16.02.10 - IDAHO REPORTABLE DISEASES**

**000. LEGAL AUTHORITY.**

Sections 39-605, 39-1003, and 39-1603, Idaho Code, grant authority to the Board of Health and Welfare to adopt rules protecting the health of the people of Idaho. Section 39-906, Idaho Code provides for the Director to administer rules adopted by the Board of Health and Welfare. (4-11-06)

**001. TITLE AND SCOPE.**

**01. Title.** The title of these rules is IDAPA 16.02.10, "Idaho Reportable Diseases". (4-11-06)

**02. Scope.** These rules contain the official requirements governing the reporting, control, and prevention of reportable diseases and conditions. The purpose of these rules is to identify, control, and prevent the transmission of reportable diseases and conditions within Idaho. (4-11-06)

**002. WRITTEN INTERPRETATIONS.**

There are no written interpretations for these rules. (4-11-06)

**003. ADMINISTRATIVE APPEALS.**

Administrative appeals are governed by the provisions of IDAPA 16.05.03. "Rules Governing Contested Case Proceedings and Declaratory Rulings". (4-11-06)

**004. DEFINITIONS.**

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

**01. Airborne Precautions.** Methods used to prevent airborne transmission of infectious agents, as described in "Guideline for Isolation Precautions in Hospitals," incorporated in Section 005 of these rules. (4-11-06)

**02. 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)

**03. Bite or Other Exposure to Rabies.** For the purpose of these rules, bite or bitten means 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" also includes contact of saliva with any mucous membrane. In the case of bats, even in the absence of an apparent bite, scratch, or mucous membrane contact, exposure may have occurred, as described in "Human Rabies Prevention -- United States, 1999" incorporated in Section 005 of these rules. (4-11-06)

**04. Board.** The Idaho State Board of Health and Welfare as described in Section 56-1005, Idaho Code. (12-31-91)

**05. Cancers.** Cancers that are designated reportable include the following as described in Section 57-1703, Idaho Code: (4-5-00)

**a.** In-situ or malignant neoplasms, but excluding basal cell and squamous cell carcinoma of the skin unless occurring on a mucous membrane and excluding in-situ neoplasms of the cervix. (4-5-00)

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

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

**07. 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 described in "Case Definitions for Infectious Conditions Under Public Health Surveillance," incorporated in Section 005 of these rules. (4-11-06)

**08. 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)

**09. 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)

**10. 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)

**11. Contact Precautions.** Methods used to prevent contact transmission of infectious agents, as described in Garner, JS, et al., "Guideline for Isolation Precautions in Hospitals," incorporated in Section 005 of these rules. (4-11-06)

**12. 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 39-1102, Idaho Code. (5-3-03)

**13. Department.** The Idaho Department of Health and Welfare. (12-31-91)

**14. District.** Any one of the District Health Departments as established by Section 39-409, Idaho Code. (12-31-91)

**15. 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)

**16. Droplet Precautions.** Methods used to prevent droplet transmission of infectious agents, as described in Garner, JS, et al., "Guideline for Isolation Precautions in Hospitals," incorporated in Section 005 of these rules. (4-11-06)

**17. Extraordinary Occurrence of Illness Including Clusters.** Rare diseases and unusual outbreaks of illness which may be a risk to the public. Illnesses related to drugs, foods, contaminated medical devices, contaminated medical products, illnesses related to environmental contamination by infectious or toxic agents, unusual syndromes, or illnesses associated with occupational exposure to physical or chemical agents may be included in this definition. (5-3-03)

**18. Foodborne Disease Outbreak.** An incident in which two (2) or more persons experience a similar illness after ingestion of a common food. (4-11-06)

**19. Food Employee.** An individual working with unpackaged food, food equipment, or utensils, or food-contact surfaces as defined in IDAPA 16.02.19, "Food Safety and Sanitation Standards for Food Establishments," the Idaho Food Code. (4-11-06)

**20. 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)

**21. Health Care Provider.** A person who has direct or supervisory responsibility for the delivery of health care or medical services. This includes: licensed physicians, nurse practitioners, physician assistants, nurses, dentists, chiropractors, and administrators, superintendents, and managers of clinics, hospitals, and licensed laboratories. (4-11-06)

**22. Idaho Food Code.** Idaho Administrative Code that governs food safety, IDAPA 16.02.19, "Food

Safety and Sanitation Standards for Food Establishments". The Idaho Food Code may be found at: [www.foodsafety.idaho.gov](http://www.foodsafety.idaho.gov). (4-11-06)

**23. 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 will 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 are not reviewable. (4-11-06)

**24. Isolation.** The separation of infected persons, persons who may have been exposed to a highly contagious infectious agent, 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 will be designated by the Department or the District Board of Health. (4-11-06)

**25. Laboratory Director.** A person who has direct responsibility for the operation of a licensed laboratory. (12-31-91)

**26. Livestock.** Cattle, swine, horses, mules, asses, native and non-native ungulates, as provided in Section 25-221, Idaho Code. (9-21-92)

**27. 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 and Prevention. (4-5-00)

**28. Licensed Physician.** Any physician who is licensed by the Board of Medicine to practice medicine and surgery in Idaho. (9-21-92)

**29. Licensed Veterinarian.** Any veterinarian licensed by the Board of Veterinary Medicine. (12-31-91)

**30. Outbreak.** An unusual rise in the incidence of a disease. An outbreak may consist of just one (1) case. (12-31-91)

**31. 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)

**32. 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 will be designated by the Department or District Board of Health. (4-11-06)

**33. Rabies Post-Exposure Prophylaxis (PEP).** The administration of a rabies vaccine series with or without the antirabies immune-globulin, depending on pre-exposure vaccination status, following a documented or suspected rabies exposure, as described in "Human Rabies Prevention -- United States, 1999", incorporated in Section 005 of these rules. (4-11-06)

**34. Rabies Susceptible Animal.** Any animal capable of being infected with the rabies virus. (9-21-92)

**35. 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)

**36. Restrict.** To limit the activities of food employees so that there is no risk of transmitting a disease that is transmissible through food. A restricted food employee does not work with exposed food, clean equipment, utensils, linens, and unwrapped single-service or single-use articles. A restricted employee may still work at a food establishment as outlined in the Idaho Food Code. For those employed in other occupations described in Section 020 of these rules, under specific control measures for reportable diseases, activities are limited to reduce the risk of

disease transmission until such time that they are no longer considered a health risk to others. (4-11-06)

**37. 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)

**38. Severe Reaction to Any Immunization.** Any serious or life-threatening condition which results directly from the administration of any immunization against a communicable disease. (4-5-00)

**39. Significant Exposure to Blood or Body Fluids.** Significant exposure is defined as a percutaneous injury, contact of mucous membrane or non-intact skin, or contact with intact skin when the duration of contact is prolonged or involves an extensive area, with blood, tissue, or other body fluids as defined in "Public Health Service Guidelines for the Management of Health Care Worker Exposures to HIV and Recommendations for Postexposure Prophylaxis," incorporated in Section 005 of these rules. (4-11-06)

**40. Standard Precautions.** Methods used to prevent transmission of all infectious agents, as described in Garner, JS, et al., "Guideline for Isolation Precautions in Hospitals," incorporated in Section 005 of these rules. (4-11-06)

**41. State Epidemiologist.** A person employed by the Department to serve as a statewide epidemiologist. (4-5-00)

**42. 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)

**43. 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 of these rules. (4-11-06)

**44. Vaccination of an Animal Against Rabies.** Vaccination of an animal 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 as described in the "Compendium of Animal Rabies Control, 2005", incorporated in Section 005 of these rules. (4-11-06)

**45. Waterborne Outbreak.** An incident in which two (2) or more persons experience a similar illness after ingestion of water from a common supply and epidemiological analysis implicates the water as the source of the illness. (5-3-03)

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

**005. DOCUMENTS INCORPORATED BY REFERENCE.**

The five (5) documents referenced in Subsections 005.01 through 005.05 of these rules are used as a means of further clarifying these rules. These documents are incorporated by reference and are available at the Idaho State Law Library or at the Department's main office listed in Section 007 of these rules. (4-11-06)

**01. "Guideline for Isolation Precautions in Hospitals."** Garner JS et al. "Guideline for Isolation Precautions in Hospitals". Infect Control Hosp Epidemiol 1996; 17:53-80. (4-5-00)

**02. "Case Definitions for Infectious Conditions Under Public Health Surveillance."** Morbidity and Mortality Weekly Report, May 2, 1997, Vol 46, No. RR-10. Centers for Disease Control and Prevention. (4-5-00)

**03. "Human Rabies Prevention-- United States, 1999."** Morbidity and Mortality Weekly Report, Jan 8, 1999, Vol 48, RR-1. Centers for Disease Control and Prevention. (4-5-00)

**04. "Public Health Service Guidelines for the Management of Health Care Worker Exposures to HIV and Recommendations for Postexposure Prophylaxis."** Mortality and Morbidity Weekly Report, May 15,

1998, Vol 47, RR-7.

(4-5-00)

**05. “Compendium of Animal Rabies Control, 2005.”** National Association of State Public Health Veterinarians, Inc., Morbidity and Mortality Weekly Report, March 18, 2005, Vol 54, RR 03. Centers for Disease Control and Prevention. (4-11-06)

**006. CONFIDENTIALITY OF RECORDS AND PUBLIC RECORDS REQUESTS.**

**01. Confidential Records.** Any information about an individual covered by these rules and contained in the Department's records must comply with IDAPA 16.05.01, “Use and Disclosure of Department Records”. (4-11-06)

**02. Public Records.** The Department will comply with Sections 9-337 through 9-350, Idaho Code, when requests for the examination and copying of public records are made. Unless otherwise exempted, all public records in the custody of the Department are subject to disclosure. (4-11-06)

**007. OFFICE HOURS -- MAILING ADDRESS -- STREET ADDRESS -- TELEPHONE -- WEBSITE.**

**01. Office Hours.** Office hours are 8 a.m. to 5 p.m., Mountain Time, Monday through Friday, except holidays designated by the state of Idaho. (4-11-06)

**02. Mailing Address.** The mailing address for the business office is Idaho Department of Health and Welfare, P.O. Box 83720, Boise, Idaho 83720-0036. (4-11-06)

**03. Street Address.** The business office of the Idaho Department of Health and Welfare is located at 450 West State Street, Boise, Idaho 83702. (4-11-06)

**04. Telephone.** The telephone number for the Idaho Department of Health and Welfare is 5500. (208) 334- (4-11-06)

**05. Internet Website.** The Department's internet website is found at <http://www.healthandwelfare.idaho.gov>. (4-11-06)

**008. -- 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. Persons in charge of food establishments must report potential foodborne illnesses. 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 must report as indicated in Subsection 025.03.g. of these rules. (4-11-06)

**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.	Biotinidase deficiency;	(5-3-03)
v.	Botulism;	(11-17-83)
vi.	Brucellosis;	(11-17-83)
vii.	Campylobacteriosis;	(11-17-83)
viii.	Cancer;	(9-21-92)
ix.	Chancroid;	(11-17-83)
x.	Chlamydia trachomatis infections;	(4-1-86)
xi.	Cholera;	(11-17-83)
xii.	Congenital hypothyroidism;	(5-3-03)
xiii.	Cryptosporidiosis;	(4-5-00)
xiv.	Diphtheria;	(11-17-83)
xv.	Encephalitis, viral or aseptic;	(5-3-03)
xvi.	Escherichia coli 0157:H7 and other shiga toxin producing E. coli (STEC);	(4-5-00)
xvii.	Galactosemia;	(5-3-03)
xviii.	Giardiasis;	(11-17-83)
xix.	Hantavirus pulmonary syndrome;	(4-5-00)
xx.	Haemophilus influenza invasive disease;	(9-21-92)
xxi.	Hepatitis A;	(11-17-83)
xxii.	Hepatitis B;	(11-17-83)
xxiii.	Hepatitis C;	(9-21-92)
xxiv.	Legionellosis;	(11-17-83)
xxv.	Leprosy;	(11-17-83)
xxvi.	Leptospirosis;	(11-17-83)
xxvii.	Listeriosis;	(4-5-00)
xxviii.	Lyme Disease;	(9-21-92)
xxix.	Malaria;	(11-17-83)
xxx.	Maple syrup urine disease;	(5-3-03)

xxx.	Measles (Rubeola);	(11-17-83)
xxxii.	Meningitis, viral or aseptic;	(5-3-03)
xxxiii.	Mumps;	(11-17-83)
xxxiv.	Myocarditis, viral;	(4-5-00)
xxxv.	Neisseria gonorrhoeae infections;	(9-21-92)
xxxvi.	Neisseria meningitidis invasive disease;	(9-21-92)
xxxvii.	Norovirus;	(4-11-06)
xxxviii.	Pertussis;	(11-17-83)
xxxix.	Phenylketonuria;	(5-3-03)
xl.	Plague;	(11-17-83)
xli.	Pneumocystis carinii pneumonia (PCP);	(9-21-92)
xlii.	Pneumococcal invasive disease in children less than eighteen (18) years of age;	(5-3-03)
xliii.	Poliomyelitis;	(11-17-83)
xliv.	Psittacosis;	(11-17-83)
xlv.	Q fever;	(11-17-83)
xlvi.	Rabies (human and animal);	(4-5-00)
xlvii.	Relapsing fever, tick-borne and louse-borne;	(4-5-00)
xlviii.	Rocky Mountain spotted fever;	(11-17-83)
xlix.	Rubella (including congenital rubella syndrome);	(11-17-83)
l.	Salmonellosis (including typhoid fever);	(11-17-83)
li.	Severe acute respiratory syndrome (SARS);	(4-6-05)
lii.	Shigellosis;	(11-17-83)
liii.	Smallpox;	(5-3-03)
liv.	Streptococcus pyogenes, Group A, infections which are invasive or result in rheumatic fever;	(9-21-92)
lv.	Syphilis;	(11-17-83)
lvi.	Tetanus;	(11-17-83)
lvii.	Transmissible spongiform encephalopathies (TSEs), including Creutzfeldt-Jakob Disease (CJD) and variant CJD (vCJD).	(4-6-05)



- lviii. Trichinosis; (11-17-83)
- lix. Tuberculosis; (11-17-83)
- lx. Tularemia; (11-17-83)
- lxi. West Nile virus infection; (4-6-05)
- lxii. Yersiniosis. (11-17-83)
- b. Conditions:** (11-17-83)
  - i. CD-4 lymphocyte counts less than two hundred (200) per cubic millimeter of blood or less than or equal to fourteen percent (14%); (4-5-00)
  - ii. Extraordinary occurrence of illness, including clusters; (4-5-00)
  - iii. Food poisoning, foodborne illness, and waterborne illness; (5-3-03)
  - iv. Hemolytic-uremic syndrome (HUS); (4-5-00)
  - v. Human Immunodeficiency Virus (HIV) infections including, positive HIV tests: HIV Antibody, HIV Antigen, Human Immunodeficiency Virus isolations, other tests of infectiousness, as specified by the Department; (4-5-00)
  - vi. Human T-Lymphotropic Virus infections; (4-5-00)
  - vii. Lead levels of ten (10) micrograms or more per deciliter of whole blood (ug/dl); (9-21-92)
  - viii. Reye syndrome; (4-5-00)
  - ix. Severe or unusual reactions to any immunization; (4-5-00)
  - x. Toxic shock syndrome; (4-5-00)
- 02. Form of the Report.** (11-17-83)
  - a.** Each report of a reportable disease or condition must 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, race, ethnicity, and sex of the individual with the disease or condition, and the date of onset of the disease or condition. (4-11-06)
  - b.** A report of a case or suspected case may be made to the Department or the District by telephone, mail or fax. (4-11-06)
  - c.** The identification of any organism known to cause a reportable disease or condition listed in Subsection 010.03.d. of these rules must be reported to the Department or District by the laboratory director or his authorized representative. The report must 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. (4-11-06)
- 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. Anthrax; (4-5-00)

ii.	Botulism;	(11-17-83)
iii.	Diphtheria;	(11-17-83)
iv.	Plague;	(11-17-83)
v.	Rabies in humans;	(5-3-03)
vi.	Smallpox;	(4-11-06)
vii.	Tularemia.	(4-11-06)
<b>b.</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.	Brucellosis;	(4-5-00)
ii.	Biotinidase deficiency;	(5-3-03)
iii.	Cholera;	(9-21-92)
iv.	Congenital hypothyroidism;	(5-3-03)
v.	Escherichia coli O157:H7 and other shiga toxin producing E. coli (STEC);	(4-5-00)
vi.	Galactosemia;	(5-3-03)
vii.	Hantavirus pulmonary syndrome;	(4-5-00)
viii.	Haemophilus influenzae invasive disease;	(9-21-92)
ix.	Hepatitis A;	(9-21-92)
x.	Hepatitis B;	(9-21-92)
xi.	Hemolytic-uremic syndrome (HUS);	(4-5-00)
xii.	Maple syrup urine disease;	(5-3-03)
xiii.	Measles;	(11-17-83)
xiv.	Neisseria meningitidis invasive disease;	(4-5-00)
xv.	Norovirus.	(4-11-06)
xvi.	Pertussis;	(11-17-83)
xvii.	Phenylketonuria;	(5-3-03)
xviii.	Poliomyelitis;	(11-17-83)
xvix.	Q fever;	(5-3-03)
xx.	Rabies in animals;	(9-21-92)
xxi.	Rubella (including congenital rubella syndrome);	(11-17-83)

- xxii. Salmonellosis (including typhoid fever); (11-17-83)
- xxiii. Severe acute respiratory syndrome (SARS); (4-6-05)
- xxiv. Shigellosis; (4-11-06)
- xxv. Extraordinary occurrence of illness including clusters; (4-5-00)
- xxvi. Severe or unusual reactions to any immunization; (11-17-83)
- xxvii. Food poisoning, foodborne illness, or waterborne illness. (5-3-03)
- c. The remaining reportable diseases and conditions listed below must be reported to the Department or District within three (3) working days of the identification of a case: (4-11-06)
  - i. Acquired immunodeficiency syndrome (AIDS); (9-21-92)
  - ii. Amebiasis; (9-21-92)
  - iii. CD-4 lymphocyte counts less than two hundred (200) per cubic millimeter of blood or less than or equal to fourteen percent (14%); (4-5-00)
  - iv. Campylobacteriosis; (9-21-92)
  - v. Chancroid; (9-21-92)
  - vi. Chlamydia trachomatis infections; (9-21-92)
  - vii. Cryptosporidiosis; (4-5-00)
  - viii. Encephalitis, viral or aseptic; (5-3-03)
  - ix. Giardiasis; (9-21-92)
  - x. Gonococcal infections; (9-21-92)
  - xi. Hepatitis C; (4-5-00)
  - xii. Human Immunodeficiency Virus (HIV) infections including, positive HIV tests: HIV Antibody, HIV Antigen, Human Immunodeficiency Virus isolations, other tests of infectiousness, as specified by the Department. (4-5-00)
  - xiii. Human T-Lymphotropic Virus infections; (4-5-00)
  - 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. Listeriosis; (4-5-00)
  - xix. Lyme Disease; (9-21-92)

xx.	Malaria;	(9-21-92)
xxi.	Meningitis, viral or aseptic;	(5-3-03)
xxii.	Mumps;	(9-21-92)
xxiii.	Myocarditis, viral;	(4-5-00)
xxiv.	Pneumococcal invasive disease in children less than eighteen (18) years of age;	(5-3-03)
xxv.	Pneumocystis carinii pneumonia (PCP);	(9-21-92)
xxvi.	Psittacosis;	(9-21-92)
xxvii.	Relapsing fever, tick-borne or louse-borne;	(4-5-00)
xxviii.	Reye syndrome;	(9-21-92)
xxix.	Rocky Mountain spotted fever;	(9-21-92)
xxx.	Streptococcus pyogenes, Group A, infections which are invasive or result in rheumatic fever;	(9-21-92)
xxxi.	Syphilis;	(9-21-92)
xxxii.	Tetanus;	(9-21-92)
xxxiii.	Transmissible spongiform encephalopathies (TSEs), including Creutzfeldt-Jakob Disease (CJD) and variant CJD (vCJD).	(4-6-05)
xxxiv.	Trichinosis;	(9-21-92)
xxxv.	Toxic shock syndrome;	(9-21-92)
xxxvi.	Tuberculosis;	(9-21-92)
xxxvii.	West Nile virus infection;	(4-6-05)
xxxviii.	Yersiniosis;	(9-21-92)

**d.** The laboratory director or his authorized representative must report the identification of the following organisms or significant serologic results or chemical determinations to the Department or District immediately, day or night. The organisms, serologic tests, and chemical determinations to be reported include:

(4-11-06)

- |      |                              |           |
|------|------------------------------|-----------|
| i.   | Bacillus anthracis;          | (4-5-00)  |
| ii.  | Yersinia pestis;             | (4-5-00)  |
| iii. | Corynebacteria diphtheria;   | (4-11-06) |
| iv.  | Rabies, human or animal; and | (4-11-06) |
| v.   | Tularemia.                   | (4-11-06) |

**e.** The laboratory director or his authorized representative must report the identification of the following organisms or significant serologic results or chemical determinations to the Department or District within

one (1) working day after identification. The organisms, serologic tests, and chemical determinations to be reported include: (4-11-06)

- i. Biotinidase deficiency; (5-3-03)
- ii. Bordetella pertussis; (4-5-00)
- iii. Brucella species; (4-5-00)
- iv. Congenital hypothyroidism; (5-3-03)
- v. Escherichia coli 0157:H7 or other shiga-toxin producing E. coli (STEC); (4-5-00)
- vi. Francisella tularensis; (5-3-03)
- vii. Galactosemia; (5-3-03)
- viii. Hantavirus; (4-5-00)
- ix. Hepatitis A (4-11-06)
- x. Maple syrup urine disease; (5-3-03)
- xi. Neisseria meningitidis from CSF or blood; (5-3-03)
- xii. Norovirus. (4-11-06)
- xiii. Phenylketonuria; (5-3-03)
- xiv. Salmonella species; (4-11-06)
- xv. Severe acute respiratory syndrome (SARS); (4-6-05)
- xvi. Shigella species; (4-11-06)
- xvii. Vibrio cholerae. (4-5-00)

**f.** The laboratory director or his authorized representative must report the identification of, or laboratory findings suggestive of, the presence of the following organisms or conditions to the Department or District within three (3) working days. (4-6-05)

- i. CD-4 Lymphocyte Counts below two hundred (200) per cubic millimeter (cu/mm) of blood or less than or equal to fourteen percent (14%); (4-5-00)
- ii. Campylobacter species; (4-5-00)
- iii. Chlamydia trachomatis; (4-1-86)
- iv. Cryptosporidium; (4-5-00)
- v. Giardia; (4-5-00)
- vi. Haemophilus influenzae from CSF or blood; (11-17-83)
- vii. Hepatitis B surface antigen; (11-17-83)
- xiii. Hepatitis C antibody or antigen; (9-21-92)

- ix. Human Immunodeficiency Virus (HIV) tests: positive HIV Antibody, HIV Antigen, Human Immunodeficiency Virus culture, or other tests of infectiousness, as specified by the Department; (4-5-00)
- x. Human T-Lymphotropic Virus positive tests; (4-5-00)
- xi. Lead levels of ten (10) micrograms or more per deciliter (ug/dl) of whole blood; (9-21-92)
- xii. Listeria species; (4-5-00)
- xiii. Mycobacterium tuberculosis complex; (4-5-00)
- xiv. Neisseria gonorrhoeae; (11-17-83)
- xv. Plasmodium species; (11-17-83)
- xvi. Syphilis tests (positive or reactive USR, RPR, VDRL, FTA, darkfield, others); (11-17-83)
- xvii. Transmissible spongiform encephalopathies (TSEs), including Creutzfeldt-Jakob Disease (CJD) and variant CJD (vCJD). (4-6-05)
- xviii. West Nile virus; (4-6-05)
- xix. Yersinia enterocolitica; (11-17-83)
- xx. Yersinia pseudotuberculosis; (9-21-92)
- g.** Cancer is to be reported within one hundred and eighty (180) days of its diagnosis or recurrence to the Department or the Department's designated agent or contractor. (4-5-00)
- 04. Handling of Reports by the Department and Districts.** (9-21-92)
- a.** The Department and the District will exchange reported information within one (1) working day by telephone on any reported case or suspected case of the following reportable diseases or conditions: (4-11-06)
  - i. Anthrax; (4-5-00)
  - ii. Botulism; (11-17-83)
  - iii. Brucellosis; (5-3-03)
  - iv. Cholera; (11-17-83)
  - v. Diphtheria; (11-17-83)
  - vi. E. coli O157:H7 and other shiga toxin producing E. coli (STEC); (4-5-00)
  - vii. Food poisoning, foodborne illness, or waterborne illness; (5-3-03)
  - viii. Hantavirus pulmonary syndrome; (4-5-00)
  - ix. Haemophilus influenzae invasive disease; (9-21-92)
  - x. Measles; (11-17-83)
  - xi. Neisseria meningitidis invasive disease; (9-21-92)

- xii. Pertussis; (11-17-83)
- xiii. Plague; (11-17-83)
- xiv. Poliomyelitis; (11-17-83)
- xv. Rabies in humans or animals; (4-5-00)
- xvi. Rubella (including congenital rubella syndrome); (11-17-83)
- xvii. Salmonella typhi infection; (11-17-83)
- xviii. Severe acute respiratory syndrome (SARS); (4-6-05)
- xix. Smallpox; (5-3-03)
- xx. Syphilis; (11-17-83)
- xxi. Tularemia; (5-3-03)
- xxii. Extraordinary occurrence of illness including clusters; (4-5-00)
- xxiii. Severe or unusual reaction to any immunization. (11-17-83)

**b.** The District must notify the Department no later than weekly of all other cases of reportable diseases and conditions not specified in Subsection 010.04.a. of these rules. (4-11-06)

**c.** No employee of the Department or District may disclose the identity of persons named in disease reports except when necessary for the purpose of administering the public health laws of this state. (4-11-06)

**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 39-4504, Idaho Code) (4-11-06)

**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 003.36 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. (4-5-00)

**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 Infection Contacts.** Any person infected with a sexually transmitted infection (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. (4-5-00)

**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 16.05.01, "Use 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 AIDS meeting the current case definition established by the Centers for Disease Control and Prevention must be reported to the Department or District within three (3) working days of identification. (4-11-06)

**b.** Positive laboratory tests for HIV Antibody, HIV Antigen (protein or nucleic acid), HIV culture or other tests that indicate prior or existing HIV infection or CD-4 lymphocyte counts below two hundred (200) per cubic millimeter (cu/mm) of blood must be reported. (4-5-00)

**c.** Each report of a case of AIDS must 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 and Prevention may be investigated. (4-11-06)

**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 must be reported to the Department or District within three (3) working days of the identification. (4-11-06)

**b.** A preliminary investigation of each case must be performed to determine if the case is employed as a food employee, provides personal care at a health care or day care facility, or is a child attending a day care facility. (4-11-06)

**c.** Symptomatic persons excreting *Entamoeba histolytica* are restricted from working as food employees in accordance with IDAPA 16.02.19, "Food Safety and Sanitation Standards for Food Establishments," Idaho Food Code. (4-11-06)

**d.** Members of the household in which there is a case of amebiasis may not work as a food employee 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. (4-11-06)

**e.** Persons excreting *Entamoeba histolytica* must not attend day care facilities while incontinent and must 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. (4-11-06)

**i.** This restriction may be rescinded if an effective therapeutic regimen has been completed 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. (4-11-06)

ii. Members of the household in which there is a case of amebiasis 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. (4-11-06)

**03. Anthrax.** (11-17-83)

a. Each case or suspected case of anthrax in humans must be reported to the Department or District by telephone at the time of identification, day or night. (4-11-06)

b. Each report of a case or suspected case must 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 must be reported to the Department which will notify the Idaho Department of Agriculture. (4-11-06)

**04. Botulism.** (11-17-83)

a. Each case or suspected case of botulism must be reported to the Department or District at the time of identification, day or night. (4-11-06)

b. An investigation of each case or suspected case of botulism will 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. (4-11-06)

**05. Brucellosis.** (11-17-83)

a. Each case of brucellosis must be reported to the Department or District within one (1) working day of the identification. (4-11-06)

b. Each report of a case will be investigated to confirm the diagnosis and to identify the source of the infection. Any identified or suspected source of infection will be reported to the Department, which will notify the Idaho Department of Agriculture. (4-11-06)

**06. Campylobacteriosis.** (11-17-83)

a. Each case of campylobacteriosis must be reported to Department or District within three (3) working days of the identification. (4-11-06)

b. An investigation of each case will be performed to determine the extent of the outbreak and to identify the source of the infection. (4-11-06)

c. Symptomatic persons excreting *Campylobacter* are restricted from working as food employees in accordance with IDAPA 16.02.19, "Food Safety and Sanitation Standards for Food Establishments," Idaho Food Code. (4-11-06)

d. Persons excreting *Campylobacter* spp. must not attend day care facilities while incontinent or provide personal care in day care, custodial institutions, or medical facilities unless exemption is obtained from the Department or District. This restriction will be rescinded once asymptomatic, unless hygienic practices are insufficient and the person remains culture-positive. In that case, before returning to work or day care they must provide at least two (2) approved fecal specimens, collected at least twenty-four (24) hours apart, that fail to show *Campylobacter* upon testing by a licensed laboratory. (4-11-06)

**07. Cancer.** (11-17-83)

a. The following neoplasms are designated as reportable to the cancer data registry of Idaho within one hundred and eighty (180) days of diagnosis or recurrence: (4-5-00)

i. Each in-situ or malignant neoplasm diagnosed by histology, radiology, laboratory testing, clinical

observation, autopsy, or suggested by cytology, but excluding basal cell and squamous cell carcinoma of the skin unless occurring on a mucous membrane and excluding in-situ neoplasms of the cervix is reportable. (4-5-00)

ii. 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, including annual follow-up, to the cancer data registry. (5-3-03)

f. All data reported to the cancer data registry will 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 16.05.01, “Use and Disclosure of Department Records”. (4-11-06)

**08. Chancroid.** (11-17-83)

a. Each case of chancroid must be reported to the Department or District within three (3) working days of the identification. (4-11-06)

b. Each person diagnosed with chancroid is 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). (4-11-06)

c. Each case or suspected case of chancroid will be investigated by a representative of the Department or District after notification has been received. (4-11-06)

**09. Chlamydia Trachomatis Infections.** (9-21-92)

a. Each case of Chlamydia trachomatis infection must be reported to the Department or District within three (3) working days of identification. (4-11-06)

b. Each person diagnosed with Chlamydia trachomatis pelvic inflammatory disease will be investigated to determine the extent of the contact follow-up required. (4-11-06)

c. Cases of Chlamydia trachomatis ophthalmia neonatorum in health care facilities will be placed under contact precautions. (4-11-06)

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 must be reported to the Department or District by telephone within one (1) working day. (4-11-06)

**b.** Each report of a case or suspected case will be investigated to confirm the diagnosis, to determine the extent of the outbreak, and to identify contacts, carriers, and the source of the infection. (4-11-06)

**c.** Persons in health care facilities who have cholera will be placed under contact precautions. (4-11-06)

**d.** Symptomatic persons excreting *Vibrio cholerae* are restricted from working as food employees in accordance with IDAPA 16.02.19, "Food Safety and Sanitation Standards for Food Establishments," Idaho Food Code. (4-11-06)

**e.** Persons excreting *Vibrio cholerae* must not attend day care facilities while incontinent and must not engage in any occupation that provides personal care to children in day care facilities or to persons confined to health care or residential facilities while in a communicable form unless an exemption is obtained from the Department or District. (4-11-06)

**f.** 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)

**11. Cryptosporidiosis.** (4-5-00)

**a.** Each case of cryptosporidiosis must be reported to the Department or District within three (3) working days of the identification. (4-11-06)

**b.** An investigation of each case will be performed to determine the extent of the outbreak and to identify the source of the infection. (4-11-06)

**c.** Symptomatic persons excreting *Cryptosporidium parvum* are restricted from working as food employees in accordance with IDAPA 16.02.19, "Food Safety and Sanitation Standards for Food Establishments," Idaho Food Code. (4-11-06)

**d.** Persons excreting *Cryptosporidium parvum* must not attend day care facilities while incontinent or provide personal care in day care facilities, custodial institutions, or medical facilities unless exemption is obtained from the Department or District. This restriction will be rescinded provided at least two (2) approved fecal specimens collected at least twenty-four (24) hours apart fail to show *Cryptosporidium* upon testing by a licensed laboratory or twenty-four (24) hours after diarrhea has ceased. (4-11-06)

**12. Diphtheria.** (11-17-83)

**a.** Each case or suspected case of diphtheria must be reported to the Department or District by telephone immediately, day or night, upon identification. (4-11-06)

**b.** Each report of a case or suspected case will 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. (4-11-06)

**c.** Cases of oropharyngeal toxigenic diphtheria in health care facilities will be placed under droplet precautions. 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. (4-11-06)

**d.** Cases of cutaneous toxigenic diphtheria will be placed under contact 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. (4-11-06)

**e.** Contacts of cases of toxigenic diphtheria will be offered immunization against diphtheria.

(4-11-06)

**f.** Cases and contacts are restricted from working as food employees, 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. (4-11-06)

**13. Escherichia coli (E. coli) 0157:H7 and Other Shiga Toxin Producing E. coli (STEC). (4-5-00)**

**a.** Each case of infection with E. coli 0157:H7 and other STEC must be reported to the Department or District within one (1) working day of the identification. (4-11-06)

**b.** A preliminary investigation of each case will be performed to determine if the person is employed as a food employee, provides personal care at a health care or day care facility, or is a child attending a day care facility. The investigation determines the extent of the outbreak and identifies the most likely source of the infection. (4-11-06)

**c.** Food employees excreting E. coli O157:H7 and other STEC must be managed in accordance with IDAPA 16.02.19, "Food Safety and Sanitation Standards for Food Establishments," Idaho Food Code. (4-11-06)

**d.** Persons who are excreting E. coli 0157:H7 and other STEC may not attend day care facilities while incontinent or provide personal care to children in day care facilities or to persons in health care facilities while the disease is present in a communicable form without the approval of the Department or District. Two (2) negative fecal specimens for E. coli 0157:H7 and other STEC is sufficient to remove restrictions. (4-11-06)

**14. Giardiasis. (11-17-83)**

**a.** Each case of giardiasis must be reported to the Department or District within three (3) working days of the identification. (4-11-06)

**b.** A preliminary investigation of each case will be performed to determine if the person is employed as a food employee, provides personal care at a health care or day care facility, or is a child attending daycare facility. The preliminary investigation also determines the water sources used by the person with giardiasis, the extent of the outbreak, and the most likely source of the infection. (4-11-06)

**c.** Symptomatic persons who are excreting Giardia lamblia are restricted from working as food employees in accordance with IDAPA 16.02.19, "Food Safety and Sanitation Standards for Food Establishments," Idaho Food Code. (4-11-06)

**d.** Persons with diarrhea who are excreting Giardia lamblia may not attend day care while incontinent or provide personal care to children in day care facilities or to persons in health care facilities while the disease is present in a communicable form or until of therapy has been completed. Asymptomatic persons may provide these services or attend day care with specific approval of the Department or District. (4-11-06)

**15. Hantavirus Pulmonary Syndrome. (4-5-00)**

**a.** Each case of acute hantavirus infection manifesting as the hantavirus pulmonary syndrome, must be reported to the Department or District within one (1) day of identification. (4-11-06)

**b.** Each report of a case will be investigated to confirm the diagnosis, determine environmental risk factors leading to infection, and determine any other at-risk individuals. (4-11-06)

**16. 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, must be reported to the Department or District within one (1) working day of identification. (4-11-06)

**b.** Each report of a case will 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. (4-11-06)

**c.** Any person who is diagnosed with a disease caused by invasive *Haemophilus influenzae* must 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. (4-11-06)

**d.** Any person who is diagnosed with a disease caused by invasive *Haemophilus influenzae* must not attend a day care facility, or a private, parochial, or public school as long as the disease is in a communicable form. (4-11-06)

**17. Hemolytic Uremic Syndrome (HUS). (4-5-00)**

**a.** Each case of HUS must be reported to the Department or District within one (1) working day. (4-11-06)

**b.** Each case of HUS will be investigated to confirm the diagnosis, determine the etiologic agent including *E. coli* O157:H7, non-O157 shiga-toxin producing *E. coli*, other enteric pathogens, and determine the source of infection. (4-11-06)

**18. Hepatitis A. (9-21-92)**

**a.** Each case or suspected case of hepatitis A must be reported to the Department or District within one (1) working day of identification. (4-11-06)

**b.** Each report of a case or suspected case will 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. (4-11-06)

**c.** Food employees with hepatitis A must be managed in accordance with IDAPA 16.02.19, "Food Safety and Sanitation Standards for Food Establishments," Idaho Food Code. (4-11-06)

**d.** Any unvaccinated member of the household in which there is a case of hepatitis A must not work as a food employee unless exemption is obtained from the Department or District. (4-11-06)

**e.** Persons with hepatitis A in health care facilities must be placed under contact precautions as long as the disease is present in a communicable form. (4-11-06)

**f.** Persons with hepatitis A must 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 while in a communicable state. (4-11-06)

**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 unvaccinated 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 or District. (4-5-00)

**iii.** A specific test for recent hepatitis A infection (IgM antiHAV) should be performed by a licensed laboratory on all food employees suspected of having hepatitis A. (4-11-06)

**g.** Children who have hepatitis A must 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. (4-11-06)

**h.** 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)

**19. Hepatitis B.** (9-21-92)

**a.** Each case of hepatitis B must be reported to the Department or District within one (1) working day of identification. (4-11-06)

**b.** Each report of a case will 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. (4-11-06)

**c.** The carrier status of all persons diagnosed with hepatitis B will be determined six (6) months after the initial diagnosis is established. (4-11-06)

**i.** The carrier status will 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. (4-11-06)

**ii.** The test for hepatitis B surface antigen (HBsAg) must be performed by a licensed laboratory. (4-11-06)

**iii.** All persons who are carriers of hepatitis B must be reported to the Department or District by their physician at the time of determination for inclusion in the hepatitis B carrier registry. (4-11-06)

**d.** 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)

**20. Hepatitis C.** (9-21-92)

**a.** Each case of hepatitis C must be reported to the Department or District within three (3) working days of identification. (4-11-06)

**b.** Each reported case of hepatitis C will be investigated to confirm the diagnosis, and to identify possible sources of the infection so subsequent cases may be prevented. (4-11-06)

**c.** 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)

**21. Human Immunodeficiency Virus (HIV) Infection.** (4-5-00)

**a.** Each case of HIV infection must be reported to the Department or District within three (3) working days of identification. (4-11-06)

**b.** Positive laboratory tests for HIV Antibody, HIV Antigen (protein or nucleic acid), HIV culture or other tests that indicate prior or existing HIV infection must be reported as described in Subsection 010.03.d.i. of these rules. (4-11-06)

**c.** Each reported case of HIV infection will 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 and Prevention may be investigated. (4-11-06)

**d.** A physician may order blood tests for the 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. (4-5-00)
- 22. Human T-Lymphotropic Virus (HTLV) Positive Tests.** (4-5-00)
- a.** HTLV infections (I and II) must be reported to the Department or District within three (3) working days of the identification. (4-11-06)
- b.** Each reported case of HTLV infection may be investigated to determine the source of infection and evaluate risk factors. (4-5-00)
- 23. Legionellosis.** (11-17-83)
- a.** Each case of legionellosis must be reported to the Department or District within three (3) working days of the identification. (4-11-06)
- b.** Each reported case of legionellosis will be investigated to confirm the diagnosis, and to identify possible sources of the infection so subsequent cases may be prevented. (4-11-06)
- c.** When two (2) or more cases occur within thirty (30) days of each other, an investigation will be conducted to identify a common environmental source, and to identify ways to prevent further infections. (4-11-06)
- 24. Leprosy.** (11-17-83)
- a.** Each case of leprosy must be reported to the Department or District within three (3) working days of the identification. (4-11-06)
- b.** Each reported case or suspected case will be investigated to confirm the diagnosis and to identify all household or other close contacts. (4-11-06)
- c.** All household or close contacts of a new case must be examined by a licensed physician for signs of leprosy. Household contacts and patients in remission must be registered with the Department and undergo periodic medical examinations every six (6) to twelve (12) months for five (5) years. (4-11-06)
- 25. Leptospirosis.** (11-17-83)
- a.** Each case of leptospirosis must be reported to the Department or District within three (3) working days of identification. (4-11-06)
- b.** Each report of a case or suspected case will be investigated to confirm the diagnosis and to identify possible sources of the infection. Any identified or suspected source of infection will be reported to the Department, which will notify the Idaho Department of Agriculture if animals are involved. (4-11-06)
- 26. Listeriosis.** (4-5-00)
- a.** Each case of listeriosis must be reported to the Department or District within three (3) working days of the identification. (4-11-06)
- b.** Each report of a case or suspected case will be investigated to confirm the diagnosis and to identify possible sources of the infection and extent of the outbreak. (4-11-06)
- 27. Lyme Disease.** (9-21-92)
- a.** Each case of Lyme Disease must be reported to the Department or District within three (3) working days of the identification. (4-11-06)
- b.** Each report of a case will be investigated to confirm the diagnosis and to identify possible sources of the infection. Any identified or suspected source of infection will be reported to the Department, which will notify



the Idaho Department of Agriculture if animals are involved. (4-11-06)

**28. Malaria.** (9-21-92)

**a.** Each case of malaria must be reported to the Department or District within three (3) working days of identification. (4-11-06)

**b.** Each report of a case will be investigated to determine the type and the source of the infection. (4-11-06)

**c.** If transmission may have occurred in Idaho, an entomologic investigation will be performed by the Department or District to determine the extent of mosquito activity, and to institute control measures if endemic transmission has been determined. (4-11-06)

**d.** 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)

**29. Measles.** (9-21-92)

**a.** Each case or suspected case of measles (rubeola) must be reported to the Department or District by telephone within one (1) working day after identification. (4-11-06)

**b.** Each report of a case or suspected case will 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. (4-11-06)

**c.** Cases or suspected cases of measles in health care facilities must be placed under airborne precautions until the fifth day after the onset of rash. (4-11-06)

**d.** A person who is diagnosed as having measles must not engage, as long as the disease is in a communicable stage, in any occupation in which there is direct contact with children. (4-11-06)

**e.** A child diagnosed with measles must not attend a day care facility as long as the disease is in a communicable stage. (4-11-06)

**f.** Any person, regardless of age, must not attend a private, parochial, charter, or public school as long as the disease is in a communicable stage. (4-11-06)

**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)

**30. Mumps.** (9-21-92)

**a.** Each case of mumps must be reported to the Department or District within three (3) working days of identification. (4-11-06)

**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)

**c.** Each case of mumps must be restricted from school or work for nine (9) days after onset of parotid swelling. (4-11-06)

**31. Myocarditis, Viral.** (4-5-00)

**a.** Each case of diagnosed or suspected viral myocarditis must be reported within three (3) working

days of identification. (4-11-06)

**b.** Each report of a case will be investigated to confirm the diagnosis, to identify clusters or outbreaks of the infection, and to identify the agent or source of the infection. (4-11-06)

**32. Neisseria Gonorrhoeae Infections.** (9-21-92)

**a.** Each case of Neisseria gonorrhoeae infection must be reported to the Department or District within three (3) working days of identification. (4-11-06)

**b.** Each person diagnosed with urethral, cervical, oropharyngeal, or rectal gonorrhea is 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 sexually transmitted infection (venereal disease) and should seek examination and treatment. (4-11-06)

**c.** Cases of gonococcal ophthalmia neonatorum in health care facilities must be placed under wound and skin precautions. (4-11-06)

**d.** Prophylaxis against gonococcal ophthalmia neonatorum is as described in Idaho Department of Health and Welfare Rules, IDAPA 16.02.12, "Rules Governing Procedures and Testing To Be Performed on Newborn Infants". (4-11-06)

**33. 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 must be reported to the Department or District by telephone within one (1) working day of identification. (4-11-06)

**b.** Each report of a case will 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. (4-11-06)

**c.** Any person who is diagnosed with a disease caused by Neisseria meningitidis must 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, charter, or public schools as long as the disease is present in a communicable form. (4-11-06)

**d.** Any person who is diagnosed with a disease caused by Neisseria meningitidis must not attend a day care facility, or a private, parochial, charter, or public school as long as the disease is present in a communicable form. (4-11-06)

**e.** Persons with meningococcal disease in health care facilities or residential care facilities must be placed under respiratory isolation until twenty-four (24) hours after the initiation of effective therapy. (4-11-06)

**34. Norovirus.** (4-11-06)

**a.** Each case of Norovirus must be reported to the Department or District within one (1) working day of identification. (4-11-06)

**b.** Each report of a case must be investigated to confirm the diagnosis, determine the extent of the outbreak, and determine the source of the infection. (4-11-06)

**c.** Persons suspected or diagnosed with Norovirus are excluded from working as food employees while symptomatic unless an exemption is made by the Department or District. (4-11-06)

**d.** Persons excreting Norovirus must not attend day care facilities or schools while symptomatic or provide personal care in day care, custodial institutions, or medical facilities unless exemption is obtained from the

Department or District. This restriction will be rescinded once asymptomatic, unless hygienic practices are insufficient. (4-11-06)

**35. Pertussis.** (9-21-92)

**a.** Each case or suspected case of pertussis must be reported to the Department or District by telephone within one (1) working day of identification. (4-11-06)

**b.** Each report of a case or suspected case will 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. (4-11-06)

**c.** A person who is diagnosed with pertussis must 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. (4-11-06)

**d.** Any person diagnosed with pertussis must not attend a private, parochial, charter, or public school or a day care facility as long as the disease is in a communicable stage. (4-11-06)

**36. Plague.** (11-17-83)

**a.** Each case or suspected case of plague must be reported to the Department or District by telephone immediately, day or night, upon identification, which will notify the Idaho Department of Agriculture if animals are involved. (4-11-06)

**b.** Each report of a case or suspected case will 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. (4-11-06)

**c.** Cases or suspected cases of pneumonic plague in health care facilities must be placed under droplet precautions until two (2) full days of appropriate antibiotic therapy has been completed, and there has been a favorable clinical response. (4-11-06)

**d.** Cases or suspected cases of bubonic plague in health care facilities must be placed under strict isolation precautions and treated with appropriate antibiotics. (4-11-06)

**e.** Household and face-to-face contacts of persons with pneumonic plague must be placed on chemoprophylaxis and placed under surveillance for seven (7) days. Persons who refuse chemoprophylaxis shall be maintained under droplet precautions with careful surveillance for seven (7) days. (4-11-06)

**37. Pneumococcal Disease.** (5-3-03)

**a.** Each case of invasive Pneumococcal disease in children less than eighteen (18) years of age, including but not limited to meningitis, septicemia, bacteremia, and pneumonia must be reported to the Department or District within three (3) working days of identification. (4-11-06)

**b.** Each report of a case will be investigated to confirm the diagnosis and determine relevant vaccine history. (4-11-06)

**c.** Any child who is diagnosed with Pneumococcal invasive disease will be restricted from a day care facility, school, or work as long as the disease is in a communicable form. (4-11-06)

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

**a.** Each case of Pneumocystis carinii pneumonia must be reported to the Department or District within three (3) working days of identification. (4-11-06)

**b.** Each report of a case will 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 must be reported. (4-11-06)

**39. Poliomyelitis.** (9-21-92)

**a.** Each case or suspected case of poliomyelitis must be reported to the Department or District by telephone within one (1) working day of identification. (4-11-06)

**b.** Each report of a case or suspected case will 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. (4-11-06)

**c.** The immunization status of all contacts will be ascertained and all susceptible contacts will be offered immunization. (4-11-06)

**40. Psittacosis.** (11-17-83)

**a.** Each case of psittacosis must be reported to the Department or District within three (3) working days of identification. (4-11-06)

**b.** Each case will be investigated to confirm the diagnosis, to determine the extent of the outbreak, and to identify contact with possible sources of the infection. (4-11-06)

**c.** Any identified sources or suspected sources of infection must be reported to the Department which will notify the Idaho Department of Agriculture if birds or other animals are involved. (4-11-06)

**41. Q Fever.** (11-17-83)

**a.** Each case must be reported to the Department or District within one (1) working day of identification. (4-11-06)

**b.** Each reported case will be investigated to confirm the diagnosis, to determine the extent of the outbreak, and to identify the source of the infection. (4-11-06)

**c.** Any identified or suspected sources of infection must be reported to the Department which will notify the Idaho Department of Agriculture if animals are involved. (4-11-06)

**42. Rabies.** (11-17-83)

**a.** Each case or suspected case of rabies in humans must be reported immediately to the Department or District, day or night, upon identification. Each case of rabies in animals will be reported to the Department or District and the Idaho Department of Agriculture within one (1) working day. (4-11-06)

**b.** Each report of a case or suspected case of rabies in humans will 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. (4-11-06)

**c.** Each instance of post-exposure prophylaxis (PEP) initiation must be reported to the Department or District within one (1) working day. (4-11-06)

**d.** Each reported PEP initiation will be investigated to determine if additional individuals require PEP and to identify the source of possible exposure. (4-11-06)

**e.** 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 will establish such isolation and quarantine of animals as deemed necessary to protect the public health. (4-11-06)

- f. The handling of a rabies susceptible animal which has bitten a person must be as follows: (4-11-06)
  - i. Any livestock which has bitten a person must be managed by the Idaho Department of Agriculture. (4-11-06)
  - ii. Any healthy domestic dog, cat, or ferret which has bitten a person must 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 must be within an enclosure, or with restraints deemed adequate to prevent contact with any member of the public or other animals. (4-11-06)
  - iii. It is 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. (4-11-06)
  - iv. Any domestic dog, cat, or ferret that has not been vaccinated against rabies and cannot be quarantined, must be destroyed by a means other than shooting in the head. The head must be submitted to an approved laboratory for rabies analysis. (4-11-06)
  - v. Susceptible animals other than domestic dogs, cats, ferrets, or livestock must be destroyed and the head submitted to an approved laboratory for rabies analysis unless an exemption is given by the Department or District. (4-11-06)
  - vi. No person will destroy or allow to be destroyed the head of a rabies susceptible animal which has bitten a person without authorization from the Department. (4-11-06)
  - g. 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 must be as follows: (4-11-06)
    - i. Any domestic dog, cat, ferret, or livestock which has not been vaccinated as recommended by the American Veterinary Medical Association, must 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 Idaho Department of Agriculture and vaccinated according to the Rabies Compendium. Animals with current vaccinations including livestock should be revaccinated immediately with an appropriate rabies vaccine and quarantined for forty-five (45) days. These provisions apply only to domestic animals for which an approved rabies vaccine is available. (4-11-06)
    - ii. The quarantine of such animal must 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. (4-11-06)
    - iii. The owner of the animal is financially responsible for the cost of isolating and quarantining the animal and costs for specimen collection and testing. (4-11-06)
    - iv. Destruction of such animal is permitted as an alternative to quarantine. (4-11-06)
  - h. Any rabies susceptible animal other than domestic dogs, cats, ferrets, or livestock which are suspected of having rabies, or which have been in close contact with an animal known to be rabid must be destroyed. The animal must 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. (4-11-06)
  - i. Nothing in these rules is intended or will 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. (4-11-06)
- 43. Relapsing Fever.** (11-17-83)
- a. Each case of relapsing fever must be reported to the Department or District within three (3)

- working days of identification. (4-11-06)
- b.** Each report of a case will 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. (4-11-06)
- 44. Reye Syndrome.** (9-21-92)
- a.** Each case of Reye syndrome must be reported to the Department or District within three (3) working days of identification. (4-11-06)
- b.** Each case will be investigated to obtain specific clinical information, to learn more about the etiology, risk factors, and means of preventing the syndrome. (4-11-06)
- 45. Rocky Mountain Spotted Fever.** (11-17-83)
- a.** Each case of Rocky Mountain spotted fever must be reported to the Department or District within three (3) working days of identification. (4-11-06)
- b.** Each report will be investigated to confirm the diagnosis, to identify the source of infection, and to determine if control measures should be initiated. (4-11-06)
- 46. Rubella.** (11-17-83)
- a.** Each case or suspected case of rubella (including congenital rubella syndrome) must be reported to the Department or District within one (1) working day of identification. (4-11-06)
- b.** Each report of a case or suspected case will 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. (4-11-06)
- c.** Persons diagnosed with rubella must 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. (4-11-06)
- d.** Any person with rubella, regardless of age, must not attend or be present in a private, parochial, charter, or public school as long as the disease is in a communicable stage. (4-11-06)
- e.** A person diagnosed with rubella must not attend or be present in a day care facility as long as the disease is in a communicable form. (4-11-06)
- 47. Salmonellosis.** (11-17-83)
- a.** Each case of salmonellosis (including typhoid fever) must be reported to the Department or District within one (1) working day of identification. (4-11-06)
- b.** Each report of a case will be investigated to confirm the diagnosis, to determine the extent of the outbreak, and to identify contacts, carriers, and the source of contamination. (4-11-06)
- c.** Symptomatic persons excreting non-Typhi Salmonella are restricted from working as food employees in accordance with the IDAPA 16.02.19, "Food Safety and Sanitation Standards for Food Establishments," Idaho Food Code. (4-11-06)
- d.** Persons excreting non-Typhi Salmonella must not attend day care facilities while incontinent nor 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 or District. (4-11-06)

i. The Department or authorized representative for the Department may rescind this restriction on cases of non-Typhi Salmonella provided that they are asymptomatic. If hygienic practices are insufficient for persons in any of the above mentioned occupations or activities, before returning to work or day care they must provide two (2) approved fecal specimens, collected not less than twenty-four (24) hours apart and forty-eight (48) hours after the last dose of antimicrobials, which fail to show Salmonella upon testing by a licensed laboratory. (4-11-06)

ii. Any member of a household in which there is a case of non-typhi salmonellosis may not engage in the above occupations or work as a food employee until they produce at least one (1) negative fecal specimen for Salmonella testing on examination by a licensed laboratory. (4-11-06)

e. Chronic carriers, which are those who excrete Salmonella for more than one (1) year after onset, are restricted from working as food employees, and must 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 until Salmonella is not identified by a licensed laboratory in any of three (3) successive approved fecal specimens collected at least seventy-two (72) hours apart. (4-11-06)

f. Food employees excreting Salmonella Typhi must be managed in accordance with IDAPA 16.02.19, "Food Safety and Sanitation Standards for Food Establishments," Idaho Food Code. (4-11-06)

g. Persons excreting Salmonella Typhi must not attend day care facilities while incontinent and must 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 or District. (4-11-06)

h. Any person with typhoid fever will 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 three (3) 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. (4-11-06)

i. Any member of a household in which there is a case of Salmonella Typhi may not engage in the occupations described in Subsections 020.47.e. and 020.47.g. of these rules until at least two (2) fecal specimens are negative for Salmonella testing on examination by a licensed laboratory. (4-11-06)

j. All chronic carriers of Salmonella Typhi must abide by the typhoid fever carrier agreement. Failure to abide by the carrier agreement may cause the carrier to be isolated. (4-11-06)

i. The typhoid carrier agreement is a written agreement between the carrier and the Department or District. (4-11-06)

ii. The carrier agrees to not work as a food employee, to notify the Department or District 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 family or among immediate associates, and to furnish specimens for examination in a manner prescribed by the Department or District. (4-11-06)

k. 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)

**48. Severe Acute Respiratory Syndrome (SARS).** (4-6-05)

a. Each case of suspected or confirmed SARS must be reported to the Department or District within one (1) working day. (4-6-05)

b. Each report of a case of suspected or confirmed SARS must be investigated to confirm the diagnosis, review the travel and other exposure history, identify other persons potentially at risk, and to identify the most likely source of infection. (4-6-05)

- c.** Recommendations for appropriate isolation of the suspected or confirmed case will be made. (4-6-05)
- 49. Shigellosis.** (11-17-83)
- a.** Each case of shigellosis must be reported to the Department or District within one (1) working day of identification. (4-11-06)
- b.** Each report of a case must be investigated to confirm the diagnosis and to determine the extent of the outbreak. An attempt must be made to identify contacts, carriers, and the source of infection. (4-11-06)
- c.** Food employees excreting *Shigella* must be managed in accordance with IDAPA 16.02.19, "Food Safety and Sanitation Standards for Food Establishments," Idaho Food Code. (4-11-06)
- d.** No member of the household in which there is a case of shigellosis may work as a food employee unless the Department or District approves and at least one (1) fecal specimen is negative for *Shigella* testing on examination by a licensed laboratory. (4-11-06)
- e.** Persons excreting *Shigella* must not attend day care facilities while incontinent and must 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 while the disease is present in a communicable form unless exemption is obtained from the Department or District. In an outbreak in a facility, a cohort system may be approved. (4-11-06)
- 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 or District approves and at least one (1) fecal specimen is negative for *Shigella* testing on examination by a licensed laboratory. (4-11-06)
- 50. Smallpox.** (5-3-03)
- a.** Each case or suspected case of smallpox must be reported to the Department or District by telephone immediately upon identification. (4-11-06)
- b.** Each report of a case or suspected case will 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. (4-11-06)
- c.** Cases or suspected cases of smallpox in health care facilities must be placed under airborne, contact, and standard precautions until the disease is no longer in a communicable stage. (4-11-06)
- d.** A person who is diagnosed as having smallpox must not engage in any occupation as long as the disease is in a communicable stage. (4-11-06)
- e.** A child diagnosed with smallpox must not attend a day care facility as long as the disease is in a communicable stage. (4-11-06)
- f.** Any person, regardless of age, must not attend a private, parochial, charter, or public school or attend public gatherings as long as the disease is in a communicable stage. (4-11-06)
- g.** In the event of an outbreak, the Department or District may exclude susceptible children and employees from day care facilities and schools where a case has been identified until adequate immunization is obtained, or the threat of further spread is contained (Section 33-512, Idaho Code). (5-3-03)



**51. 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 must be reported to the Department or District within three (3) working days of identification. (4-11-06)

**b.** Each case will be investigated to confirm the diagnosis, to determine if the infection is part of an outbreak, and to identify the source of the infection. (4-11-06)

**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)

**52. Syphilis.** (9-21-92)

**a.** Each case or suspected case of infectious, or recently infectious, syphilis must be reported to the Department or District within three (3) working days of identification. Cases of late latent syphilis must be reported to the Department or District within three (3) working days of identification. (4-11-06)

**b.** Each case or suspected case of primary, secondary, or early latent syphilis will be investigated by a representative of the Department or District after notification has been received. (4-11-06)

**c.** Each person diagnosed with infectious syphilis is required to inform their sexual contacts that they may have been exposed to a sexually transmitted infection (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). (4-11-06)

**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)

**53. Tetanus.** (9-21-92)

**a.** Each case of tetanus must be reported to the Department or District within three (3) working days of identification. (4-11-06)

**b.** Each report of a case will be investigated to confirm the diagnosis and to determine the immunization status of the case. (4-11-06)

**54. Transmissible Spongiform Encephalopathies (TSEs), Including Creutzfeldt-Jakob Disease (CJD) and Variant CJD (vCJD).** (4-6-05)

**a.** Each case or suspected case of a transmissible spongiform encephalopathy (TSE) must be reported to the Department or District within three (3) working days of identification. (4-6-05)

**b.** Each report of a case must be investigated to determine the cause and confirm the diagnosis. (4-6-05)

**55. Trichinosis.** (11-17-83)

**a.** Each case of trichinosis must be reported to the Department or District within three (3) working days of identification. (4-11-06)

**b.** Each report of a case will be investigated to confirm the diagnosis, to determine the extent of the outbreak, and to identify the source of infection. (4-11-06)

**c.** Any identified or suspected source of infection must be reported to the Department which will

immediately notify the Idaho Department of Agriculture or other regulatory agency. (4-11-06)

**56. Toxic Shock Syndrome.** (11-17-83)

**a.** Each case of toxic shock syndrome must be reported to the Department or District within three (3) working days of identification. (4-11-06)

**b.** Each case will 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. (4-11-06)

**57. Tuberculosis.** (11-17-83)

**a.** Each case or suspected case of tuberculosis must be reported to the Department or District within three (3) working days of identification. (4-11-06)

**b.** Each report of a case or suspected case will be investigated to confirm the diagnosis and to identify contacts, associated cases, and the source of the infection. (4-11-06)

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

**i.** In health care facilities, persons with active pulmonary tuberculosis must be placed under airborne precautions 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 must be placed under airborne precautions until the diagnosis of infectious pulmonary tuberculosis has been excluded by the attending physician. (4-11-06)

**ii.** Patients with infectious pulmonary tuberculosis must 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. (4-11-06)

**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 must 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. (4-11-06)

**d.** In the event that a case of communicable tuberculosis is diagnosed in an employee or patient of a health care facility, the facility must conduct an investigation to identify contacts. The Department or District authorized representative may assist in the investigation. (4-11-06)

**58. Tularemia.** (11-17-83)

**a.** Each case or suspected case of tularemia must be reported to the Department or District immediately upon identification. (4-11-06)

**b.** Each report of a case will be investigated to confirm the diagnosis and to identify the source of the infection. (4-11-06)

**c.** Any source or suspected source of the infection must be reported to the Department, which will notify the Idaho Department of Agriculture. (4-11-06)

**59. Viral or Aseptic Encephalitis and Meningitis.** (4-5-00)

**a.** Each case of diagnosed or suspected viral or aseptic encephalitis and meningitis must be reported within three (3) working days of identification. (4-11-06)

**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)

**60. West Nile Virus (WNV) Infection. (4-6-05)**

**a.** Each case of diagnosed west nile virus (WNV) infection must be reported to the Department or District within three (3) working days. A WNV infection will be defined as asymptomatic (determined through blood donation screening), fever, encephalitis, meningitis, meningoencephalitis, acute flaccid paralysis or other central or peripheral nervous system manifestation. (4-6-05)

**b.** Each report of a case of WNV infection must be investigated to confirm the diagnosis, review any travel history, review any blood donations, and identify the most likely source of infection including exposure to vectors, blood transfusion or organ receipt. (4-6-05)

**61. Yersiniosis. (11-17-83)**

**a.** Each case of yersiniosis must be reported to the Department or District within three (3) working days of identification. (4-11-06)

**b.** Each report of a case must be investigated to confirm the diagnosis and to identify carriers and the source of the infection. (4-11-06)

**c.** Symptomatic persons excreting *Yersinia* are restricted from working as food employees in accordance with IDAPA 16.02.19, "Food Safety and Sanitation Standards for Food Establishments," Idaho Food Code. (4-11-06)

**62. Extraordinary Occurrence of Illness, Including Clusters. (4-5-00)**

**a.** Cases, suspected cases, and clusters of extraordinary or unusual illness must be reported to the Department or District within one (1) working day by the diagnosing person. (4-11-06)

**i.** Each case, suspected case, and cluster will be investigated to confirm the diagnosis, to determine the extent of the outbreak, to identify the source of infection or exposure, and to determine whether there is a risk to the public warranting intervention by a public health agency. Evaluation and control measures will 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 of these rules. (4-11-06)

**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)

**iii.** Even in the absence of a defined etiologic agent or toxic substance, clusters of unexplained acute illness and early-stage disease symptoms must be reported to the Department or District within one (1) working day and investigated. (4-11-06)

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

**a.** Each case or suspected case of a severe reaction to any immunization must be reported by telephone to the Department or District within one (1) working day of identification. (4-11-06)

**b.** Each case or suspected case will be investigated to confirm and to document the circumstances relating to the reported reaction. (4-11-06)

**64. Food Poisoning, Foodborne Illness, and Waterborne Illness. (5-3-03)**

**a.** Each case or suspected case of food poisoning, foodborne illness, or waterborne illness must be reported to the Department or District within one (1) working day of identification. (4-11-06)

**b.** Each report of a case or suspected case of food poisoning, food borne illness, or waterborne 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. (5-3-03)

**65. 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 must be reported to the Department within one (1) week of identification. (4-11-06)

**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: (4-11-06)

i. Amebiasis; (11-17-83)

ii. Campylobacteriosis; (11-17-83)

iii. Diphtheria; (11-17-83)

iv. Escherichia coli 0157:H7 and other shiga toxin producing E. coli (STEC); (4-5-00)

v. Giardiasis; (11-17-83)

vi. Hepatitis A; (9-21-92)

vii. Haemophilus influenzae invasive disease; (9-21-92)

viii. Measles; (11-17-83)

ix. Mumps; (11-17-83)

x. Neisseria meningitidis invasive disease; (9-21-92)

xi. Norovirus; (4-11-06)

xii. Pertussis; (11-17-83)

xiii. Pneumococcal invasive disease in children less than eighteen (18) years of age; (5-3-03)

xiv. Poliomyelitis; (11-17-83)

- xv. Rubella; (11-17-83)
- xvi. Salmonellosis; (11-17-83)
- xvii. Severe acute respiratory syndrome (SARS); (4-6-05)
- xviii. Shigellosis; (11-17-83)
- xix. Smallpox; (5-3-03)
- xx. Streptococcus pyogenes, Group A, infections which are invasive or result in rheumatic fever; (9-21-92)
- xxi. Tuberculosis; (11-17-83)
- c.** Examples of day care restrictable diseases not on the reportable list include: (11-17-83)
  - i. Conjunctivitis; (11-17-83)
  - ii. Cutaneous fungal infections; (11-17-83)
  - iii. Pediculosis; (11-17-83)
  - iv. Scabies; (11-17-83)
  - v. Staphylococcal infections; (11-17-83)
  - vi. Streptococcal pharyngeal infections; (9-21-92)
  - vii. Varicella (chickenpox). (5-3-03)
- d.** A person who is diagnosed to have a day care restrictable disease must 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. (4-11-06)
- e.** A child who is diagnosed to have a day care restrictable disease must 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. (4-11-06)
- 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 which can be transmitted from one (1) person to another through food or beverage must not work as a food employee as long as the disease is in a communicable stage. These diseases include: (4-11-06)
    - i. Amebiasis; (11-17-83)
    - ii. Campylobacteriosis; (11-17-83)
    - iii. Cholera; (11-17-83)
    - iv. Cryptosporidiosis; (4-11-06)

- v. Diphtheria; (11-17-83)
- vi. Escherichia coli 0157:H7 and other shiga toxin producing E. coli (STEC); (4-5-00)
- vii. Giardiasis; (11-17-83)
- viii. Hepatitis A; (9-21-92)
- ix. Norovirus; (4-11-06)
- x. Salmonellosis; (11-17-83)
- xi. Shigellosis; (11-17-83)
- xii. Taeniasis; (11-17-83)
- xiii. Tuberculosis (active); (11-17-83)
- xiv. Yersiniosis (4-11-06)

**b.** 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. of these rules that is in a communicable form, he must immediately notify the Department or District and obtain guidance on proper actions needed to protect the public. (4-11-06)

**c.** A person exhibiting the following conditions which are consistent with diseases that may be transmitted from one (1) person to another through food or beverage must not work as a food employee and must be managed by the person in charge in accordance with IDAPA 16.02.19, "Food Safety and Sanitation Standards for Food Establishments," Idaho Food Code. (4-11-06)

- i. Diarrhea (until common communicable causes have been ruled out); (4-11-06)
- ii. Fever; (4-11-06)
- iii. Jaundice; (4-11-06)
- iv. Sore throat with fever; (4-11-06)
- v. Uncovered and open or draining skin lesions with pus, such as a boil or open wound; (4-11-06)
- vi. Vomiting (until noninfectious cause is identified). (4-11-06)

**d.** The state health officer or his authorized representative may require a food employee 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 employee is afflicted with a disease or condition listed in Subsections 025.02.a. and 025.02.c. of these rules. (4-11-06)

**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: (4-11-06)

- i. Diphtheria; (11-17-83)

- ii. Escherichia coli 0157:H7 and other shiga toxin producing E. coli (STEC); (4-5-00)
- iii. Haemophilus influenzae invasive diseases; (9-21-92)
- iv. Measles; (11-17-83)
- v. Mumps; (11-17-83)
- vi. Neisseria meningitidis invasive disease; (9-21-92)
- vii. Norovirus; (4-11-06)
- viii. Pertussis; (11-17-83)
- ix. Plague; (11-17-83)
- x. Pneumococcal invasive disease in children less than eighteen (18) years of age; (5-3-03)
- xi. Rubella; (11-17-83)
- xii. Severe acute respiratory syndrome (SARS); (4-6-05)
- xiii. Shigellosis; (11-17-83)
- xiv. Smallpox; (5-3-03)
- xv. Streptococcus pyogenes, Group A, infections which are invasive or result in rheumatic fever; (9-21-92)
- xvi. Tuberculosis (active). (11-17-83)
- c.** Examples of school restrictable diseases not on the reportable list include: (11-17-83)
  - i. Conjunctivitis; (11-17-83)
  - ii. Cutaneous fungal infections; (11-17-83)
  - iii. Pediculosis; (11-17-83)
  - iv. Scabies; (11-17-83)
  - v. Staphylococcal skin infections; (11-17-83)
  - vi. Streptococcal pharyngeal infections; (9-21-92)
  - vii. Varicella (chickenpox). (5-3-03)
- d.** Any person who is diagnosed to have a school restrictable disease must 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 charter, or public school. (4-11-06)
- e.** Any person who is diagnosed with or reasonably suspected to have a school restrictable disease must not attend a private, parochial, charter, or public school as long as the disease is in a communicable stage. (4-11-06)
- 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, charter, or private school within one (1) working day when, in his opinion, such closing is related to a communicable disease. (4-5-00)

**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, 39-607, 39-1006, 39-1606, and 56-1008, 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. -- 999. (RESERVED).**



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