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IDAPA 16
TITLE 02
CHAPTER 10

16.02.10 - IDAHO REPORTABLE DISEASES

000. LEGAL AUTHORITY.
Sections 39-605, 39-1003, 39-1603, and 56-1005, 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. Section 39-4505(2), Idaho Code, gives the Director authority to promulgate rules regarding the identification of blood- or body fluid-transmitted viruses or diseases. Section 56-1003, Idaho Code, gives the Director the authority to adopt rules protecting the health of the people of Idaho and to recommend rules to the Board of Health and Welfare. Section 54-1119, Idaho Code, authorizes the Director to promulgate rules regarding the handling of dead human bodies as needed to preserve and protect the public health. (3-29-10)

001. TITLE AND SCOPE.

01. Title. The title of these rules is IDAPA 16.02.10, "Idaho Reportable Diseases." (4-2-08)

02. Scope. These rules contain the official requirements governing the reporting, control, and prevention of reportable diseases and conditions and requirements to prevent transmission of health hazards from dead human bodies. The purpose of these rules is to identify, control, and prevent the transmission of reportable diseases and conditions within Idaho. (3-29-10)

002. WRITTEN INTERPRETATIONS.
There are no written interpretations for these rules. (4-2-08)

003. ADMINISTRATIVE APPEALS.
Administrative appeals are governed by the provisions of IDAPA 16.05.03, "Rules Governing Contested Case Proceedings and Declaratory Rulings." (4-2-08)

004. DOCUMENTS INCORPORATED BY REFERENCE.
The documents referenced in Subsections 004.01 through 004.07 of this rule 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 005 of these rules. (1-1-17)T

01. Guideline for Isolation Precautions in Hospitals. Siegel, J.D., et al., "Guideline for Isolation Precautions in Hospitals." Health Care Infection Control Practices Advisory Committee, Atlanta, GA: Centers for Disease Control and Prevention, 2007. (4-2-08)

02. National Notifiable Diseases Surveillance System - Case Definitions. http://wwwn.cdc.gov/nndss/script/casedefDefault.aspx. (4-11-15)

03. Human Rabies Prevention -- United States, 2008. Morbidity and Mortality Weekly Report, May 23, 2008, Vol. 57.RR-3. Centers for Disease Control and Prevention. (4-11-15)

04. Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Postexposure Prophylaxis. Infection Control and Hospital Epidemiology, September 2013, Vol. 34, 9. The Society for Healthcare Epidemiology of America. These guidelines are found online at http://www.jstor.org/stable/10.1086/672271. (1-1-17)T

05. Compendium of Animal Rabies Prevention and Control, 2016. National Association of State Public Health Veterinarians, Inc., Journal of American Veterinary Medical Association Vol. 248(5), March 1, 2016. This document is found online at http://nasphv.org/documentsCompendia.html. (1-1-17)T

06. Standards for Cancer Registries, Volume II, Data Standards and Data Dictionary. North American Association of Central Cancer Registries, Eighteenth Edition, Record Layout Version 14, September 2013.

(4-11-15)

07. Use of Reduced (4-Dose) Vaccine Schedule for Postexposure Prophylaxis to Prevent Human Rabies: Recommendations of the Advisory Committee on Immunization Practices, 2010. Morbidity and Mortality Weekly Report, Recommendations and Reports, March 19, 2010/59(RR02);1-9. This document is found online at https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5902a1.htm. (1-1-17)T

005. 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. (4-2-08)

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. (4-2-08)

03. Street Address. The business office of the Idaho Department of Health and Welfare is located at 450 West State Street, Boise, Idaho 83702. (4-2-08)

04. Telephone. The telephone number for the Idaho Department of Health and Welfare is (208) 334-5500. (4-2-08)

05. Internet Website. The Department's internet website at http://www.healthandwelfare.idaho.gov. (4-2-08)

06. Bureau of Communicable Disease Prevention Epidemiology Program. The Department's Epidemiology Program within the Bureau of Communicable Disease Prevention is located at 450 West State Street, 4th Floor, Boise, ID 83720; Phone: (208) 334-5939, Fax: (208) 332-7307; http://www.epi.idaho.gov. (4-2-08)

006. CONFIDENTIALITY OF RECORDS AND PUBLIC RECORDS REQUESTS.

01. Confidential Records. Disclosure of 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." (4-2-08)

02. Public Records. The Department will comply with Title 74, Chapter 1, 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. (4-2-08)

03. Disclosure of Privacy Information. No employee of the Department or Health District may disclose the identity of persons named in disease reports except to the extent necessary for the purpose of administering the public health laws of this state. (4-2-08)

007. -- 009. (RESERVED)

010. DEFINITIONS A THROUGH K.
For the purposes of this chapter, the following definitions apply. (4-2-08)

01. Airborne Precautions. Methods used to prevent airborne transmission of infectious agents, as described in "Guideline for Isolation Precautions in Hospitals," incorporated in Section 004 of these rules. (4-2-08)

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. (4-2-08)

03. Bite or Other Exposure to Rabies. 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," incorporated in Section 004 of these rules. (1-1-17)T

04. **Board**. The Idaho State Board of Health and Welfare as described in Section 56-1005, Idaho Code. (4-2-08)

05. **Cancer Data Registry of Idaho (CDRI)**. The agency performing cancer registry services under a contractual agreement with the Department as described in Section 57-1703, Idaho Code. (4-2-08)

06. **Cancers**. Cancers that are designated reportable include the following as described in Section 57-1703, Idaho Code: (4-2-08)

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. (4-2-08)

b. Benign tumors of the brain, meninges, pineal gland, or pituitary gland. (4-2-08)

07. **Carrier**. A carrier is a person who can transmit a communicable disease to another person, but may not have symptoms of the disease. (4-2-08)

08. **Case**. (4-2-08)

a. A person, who has been diagnosed as having a specific disease or condition by a physician or other health care provider, is considered a case. The diagnosis may be based on clinical judgment, on laboratory evidence, or on both criteria. Individual case definitions are described in "National Notifiable Diseases Surveillance System Case Definitions," incorporated in Section 004 of these rules. (4-11-15)

b. A laboratory detection of a disease or condition as listed in Section 050 of these rules and as further outlined in Sections 100 through 949 of these rules. (4-2-08)

09. **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 daycare or health care facility. (4-2-08)

10. **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. (4-2-08)

11. **Contact**. A contact is a person who has been exposed to a case or a carrier of a communicable disease while the disease was communicable, or a person by whom a case or carrier of a communicable disease could have been exposed to the disease. (4-11-15)

12. **Contact Precautions**. Methods used to prevent contact transmission of infectious agents, as described in the "Guideline for Isolation Precautions in Hospitals," incorporated in Section 004 of these rules. (4-2-08)

13. **Daycare**. 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. (4-2-08)

14. **Department**. The Idaho Department of Health and Welfare or its designee. (4-2-08)

15. **Director**. The Director of the Idaho Department of Health and Welfare or his designee as described under Sections 56-1003 and 39-414(2), Idaho Code, and Section 950 of these rules. (4-2-08)

16. **Division of Public Health Administrator**. A person appointed by the Director to oversee the

administration of the Division of Public Health, Idaho Department of Health and Welfare, or his designee. (4-2-08)

17. Droplet Precautions. Methods used to prevent droplet transmission of infectious agents, as described in the "Guideline for Isolation Precautions in Hospitals," incorporated in Section 004 of these rules. (4-2-08)

18. Exclusion. An exclusion for a food service facility means a person is prevented from working as a food employee or entering a food establishment except for those areas open to the general public as outlined in the IDAPA 16.02.19, "The Idaho Food Code." (4-2-08)

19. Extraordinary Occurrence of Illness Including Clusters. Rare diseases and unusual outbreaks of illness which may be a risk to the public are considered an extraordinary occurrence of illness. 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. (4-2-08)

20. Fecal Incontinence. A condition in which temporarily, as with severe diarrhea, or long-term, as with a child or adult requiring diapers, there is an inability to hold feces in the rectum, resulting in involuntary voiding of stool. (4-2-08)

21. Foodborne Disease Outbreak. An outbreak is when two (2) or more persons experience a similar illness after ingesting a common food. (4-2-08)

22. Food Employee. An individual working with unpackaged food, food equipment or utensils, or food-contact surfaces as defined in IDAPA 16.02.19, "The Idaho Food Code." (4-2-08)

23. 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. This definition includes hospitals, intermediate care facilities, residential care and assisted living facilities. (4-2-08)

24. 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. (4-2-08)

25. Health District. Any one (1) of the seven (7) public health districts as established by Section 39-409, Idaho Code, and described in Section 030 of these rules. (4-2-08)

26. Health District Director. Any one (1) of the public health districts' directors appointed by the Health District's Board as described in Section 39-413, Idaho Code, or his designee. (4-2-08)

27. Idaho Food Code. Idaho Administrative Code that governs food safety, IDAPA 16.02.19, "Food Safety and Sanitation Standards for Food Establishments," also known as "The Idaho Food Code." These rules may be found online at http://adminrules.idaho.gov/rules/current/16/0219.pdf. (4-2-08)

28. Isolation. The separation of a person known or suspected to be infected with an infectious agent, or contaminated from chemical or biological agents, from other persons to such places, under such conditions, and for such time as will prevent transmission of the infectious agent or further contamination. The place of isolation will be designated by the Director under Section 56-1003(7), Idaho Code, and Section 065 of these rules. (4-2-08)

011. DEFINITIONS L THROUGH Z.

For the purposes of this chapter, the following definitions apply. (4-2-08)

01. Laboratory Director. A person who is directly responsible for the operation of a licensed laboratory or his designee. (4-2-08)

02. 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. Laboratory may also refer to the Idaho State Public Health Laboratory, and to the United States Centers for Disease Control and Prevention. (4-2-08)

03. Livestock. Livestock as defined by the Idaho Department of Agriculture in IDAPA 02.04.03, "Rules Governing Animal Industry." (4-11-15)

04. 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. (4-2-08)

05. Outbreak. An outbreak is an unusual rise in the incidence of a disease. An outbreak may consist of a single case. (4-2-08)

06. 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. (4-2-08)

07. Physician. A person legally authorized to practice medicine and surgery, osteopathic medicine and surgery, or osteopathic medicine in Idaho as defined in Section 54-1803, Idaho Code. (4-2-08)

08. Quarantine. The restriction placed on the entrance to and exit from the place or premises where an infectious agent or hazardous material exists. The place of quarantine will be designated by the Director or Health District Board. (4-2-08)

09. Rabies Post-Exposure Prophylaxis (rPEP). 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 "Use of Reduced (4-Dose) Vaccine Schedule for Postexposure Prophylaxis to Prevent Human Rabies: Recommendations of the Advisory Committee on Immunization Practices," incorporated in Section 004 of these rules. (1-1-17)T

10. Rabies-Susceptible Animal. Any animal capable of being infected with the rabies virus. (4-2-08)

11. 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. Any restriction for this type of facility is included under restrictions for a health care facility. (4-2-08)

12. Restriction. (4-2-08)

a. To limit the activities of a person to reduce the risk of transmitting a communicable disease. Activities of individuals are restricted or limited to reduce the risk of disease transmission until such time that they are no longer considered a health risk to others. (4-2-08)

b. A food employee who is restricted must 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 IDAPA 16.02.19, "The Idaho Food Code." (4-2-08)

13. Restrictable Disease. A restrictable disease is a communicable disease, which if left unrestricted, may have serious consequences to the public's health. The determination of whether a disease is restrictable is based upon the specific environmental setting and the likelihood of transmission to susceptible persons. (4-2-08)

14. Severe Reaction to Any Immunization. Any serious or life-threatening condition which results directly from the administration of any immunization against a communicable disease. (4-2-08)

15. 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 "Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis," incorporated in Section 004 of these rules. (3-29-10)

16. Standard Precautions. Methods used to prevent transmission of all infectious agents, as described in the "Guideline for Isolation Precautions in Hospitals," incorporated in Section 004 of these rules. (4-2-08)

17. State Epidemiologist. A person employed by the Department to serve as a statewide epidemiologist or his designee. (4-2-08)

18. Suspected Case. A person diagnosed with or 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 050 of these rules. (4-2-08)

19. 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 Prevention and Control," incorporated in Section 004 of these rules. (1-1-17)T

20. Veterinarian. Any licensed veterinarian as defined in Section 54-2103, Idaho Code. (4-2-08)

21. Waterborne Outbreak. An outbreak is when two (2) or more persons experience a similar illness after exposure to water from a common source and an epidemiological analysis implicates the water as the source of the illness. (4-11-15)

22. Working Day. A working day is from 8 a.m. to 5 p.m., Monday through Friday, excluding state holidays. (4-2-08)

012. -- 019. (RESERVED)

020. PERSONS REQUIRED TO REPORT REPORTABLE DISEASES, CONDITIONS, AND SCHOOL CLOSURES.

01. Physician. 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 Health District as described in these rules. 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. (4-2-08)

02. Hospital or Health Care Facility Administrator. The hospital or health care facility administrator must report all persons who are diagnosed, treated, or receive care for a reportable disease or condition in his facility unless the attending physician has reported the disease or condition. (4-2-08)

03. Laboratory Director. The laboratory director must report to the Department or Health District the identification of, or laboratory findings suggestive of, the presence of the organisms, diseases, or conditions listed in Section 050 of these rules. (4-2-08)

04. School Administrator. A school administrator must report diseases and conditions to the Department or Health District as indicated in Section 050 of these rules. 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. (4-2-08)

05. Persons in Charge of Food Establishments. A person in charge of an eating or drinking establishment must report diseases and conditions to the Department or Health District as indicated in Section 050 of these rules and obtain guidance on proper actions needed to protect the public. (4-11-15)

06. Others Required to Report Reportable Diseases. 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, and coroners. (4-2-08)

021. ACCESS TO MEDICAL RECORDS.
No physician, hospital administrative person, or patient may deny the Department, Health Districts, or the Board access to medical records in discharge of their duties in implementing the reportable disease rules. (4-2-08)

022. PENALTY PROVISIONS.
These rules may be enforced under the civil and criminal penalties described in Sections 39-108, 39-109, 39-607, 39-1006, 39-1606, and 56-1008, Idaho Code, and other applicable statutes and rules. Penalties may include fines and imprisonment as specified in Idaho Code. (4-2-08)

023. DELEGATION OF POWERS AND DUTIES.
The Director has the authority to delegate to the Health Districts any of the powers and duties created by these rules under Section 39-414(2), Idaho Code. Any delegation authority will be in writing and signed by the both the Director and the Health District Board. (4-2-08)

024. -- 029. (RESERVED)

030. WHERE TO REPORT REPORTABLE DISEASES AND CONDITIONS.
Subsections 030.01 through 030.09 of this rule provide where information for reporting of suspected, identified, and diagnosed diseases and conditions are to be reported. The diseases and conditions in Sections 100 through 949 of these rules are reportable to the agencies listed in Subsections 030.01 through 030.09 of this rule. (4-2-08)

01. Department of Health and Welfare, Bureau of Communicable Disease Prevention Epidemiology Program. (4-2-08)

a. Main Office Address: 450 West State Street, 4th Floor, Boise, ID 83720. (4-2-08)

b. Phone: (208) 334-5939 and FAX: (208) 332-7307. (4-2-08)

02. Health District I - Panhandle Health District. The Panhandle Health District covers the counties of Benewah, Bonner, Boundary, Kootenai, and Shoshone. (4-2-08)

a. Main Office Address: 8500 N. Atlas Road, Hayden, ID 83835. (4-2-08)

b. Phone: (208) 772-3920 and FAX: 1-866-716-2599 Toll Free. (4-2-08)

03. Health District II - Public Health Idaho North Central District. The North Central District covers the counties of Clearwater, Idaho, Latah, Lewis, and Nez Perce. (4-2-08)

a. Main Office Address: 215 10th Street, Lewiston, ID 83501. (4-2-08)

b. Phone: (208) 799-3100 and FAX: (208) 799-0349. (4-2-08)

04. Health District III - Southwest District Health. Southwest District Health covers the counties of Adams, Canyon, Gem, Owyhee, Payette, and Washington. (4-2-08)

a. Main Office Address: 13307 Miami Lane, Caldwell, ID 83607. (4-2-08)

b. Phone: (208) 455-5442 and FAX: (208) 455-5350. (4-2-08)

05. Health District IV - Central District Health Department. The Central District Health Department covers the counties of Ada, Boise, Elmore and Valley. (4-2-08)

a. Main Office Address: 707 N. Armstrong Place, Boise, ID 83704. (4-2-08)

b. Phone: (208) 327-8625 and FAX: (208) 327-7100. (4-2-08)

06. Health District V - South Central Public Health District. The South Central Public Health District covers the counties of Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls. (4-2-08)

a. Main Office Address: 1020 Washington Street N., Twin Falls, ID 83301. (4-2-08)

b. Phone: (208) 737-5929 and FAX: (208) 736-3009. (4-2-08)

07. Health District VI - Southeastern Idaho Public Health. The Southeastern Idaho Public Health District covers the counties of Bannock, Bear Lake, Bingham, Butte, Caribou, Franklin, Oneida, and Power. (4-2-08)

a. Main Office Address: 1901 Alvin Ricken Drive, Pocatello, ID 83201. (4-2-08)

b. Phone: (208) 233-9080 and FAX: (208) 233-1916. (4-2-08)

08. Health District VII - Eastern Idaho Public Health District. The Eastern Idaho Public Health District covers the counties of Bonneville, Clark, Custer, Fremont, Jefferson, Lemhi, Madison and Teton. (4-2-08)

a. Main Office Address: 1250 Hollipark Drive, Idaho Falls, ID 83401. (4-2-08)

b. Phone: (208) 533-3152 and FAX: (208) 523-4365. (4-2-08)

09. Cancer Data Registry of Idaho (CDRI). (4-2-08)

a. Main Office Address: 615 N. 7th Street, P.O. Box 1278, Boise, ID 83701. (4-2-08)

b. Phone: (208) 338-5100. (4-2-08)

10. Inter-Agency Notification. The Health District must notify the Department of reportable diseases and conditions as listed in Section 050 of these rules. (4-11-15)

a. The Department and the Health District will exchange reported information within one (1) working day on any reported case or suspected case of a reportable disease or condition when required in Sections 100 through 949 of these rules. (4-2-08)

b. The Department and the Health District will exchange reported information no later than weekly of all other cases of reportable diseases and conditions. (4-11-15)

c. The Department will notify the Idaho Department of Agriculture of any identified or suspected source of an animal related disease when required in Sections 100 through 949 of these rules. (4-2-08)

031. -- 039. (RESERVED)

040. REPORT CONTENTS AND METHOD OF REPORTING.

01. Report Contents. Each report of a reportable disease or condition must include: (4-2-08)

a. The identity and address of the attending licensed physician or the person reporting; (4-2-08)

b. The diagnosed or suspected disease or condition; (4-2-08)

c. The name, current address, telephone number, birth date, age, race, ethnicity, and sex of the individual with the disease or other identifier from whom the specimen was obtained; (4-2-08)

d. The date of onset of the disease or the date the test results were received; and (4-2-08)

e. In addition, laboratory directors must report the identity of the organism or other significant test result. (4-2-08)

02. How To Report. A report of a case or suspected case may be made to the Department or Health District by telephone, mail, fax, or through electronic-disease reporting systems as listed in Sections 005 and 030 of these rules. (4-2-08)

03. After Hours Notification. An after hours report of a disease or condition may be made through the Idaho State EMS Communications Center (State Comm) at (800) 632-8000. A public health official will be contacted regarding the report. (4-11-15)

041. -- 049. (RESERVED)

050. REPORTABLE OR RESTRICTABLE DISEASES, CONDITIONS AND REPORTING REQUIREMENTS.
Reportable diseases and conditions must be reported to the Department or Health District by those required under Section 020 of these rules. The table below identifies the reportable and restrictable diseases and conditions, the timeframe for reporting, and the person or facility required to report.

REQUIREMENTS FOR REPORTABLE AND RESTRICTABLE DISEASES AND CONDITIONS TABLE 050				
Reportable or Restrictable Diseases and Conditions	**Section in Rule**	**Reporting Timeframe**	**Restrictable for DC = Daycare FS = Food Service HC = Health Care Facility S = School**	**Which Facilities Must Report in Addition to Health Care Providers, Laboratory Directors, & Hospital Administrators (Section 020)**
Acquired Immune Deficiency Syndrome (AIDS), (including CD-4 lymphocyte counts <200 cells/mm3 blood or < 14%)	100	Within 3 working days	None	
Amebiasis and Free-living Amebae	110	Within 3 working days	DC, FS, HC	Food Service Facility
Anthrax (*Bacillus anthracis*)	120	Immediately	None	
Arboviral Diseases	125	Within 3 working days	None	
Biotinidase Deficiency	130	Within 1 working day (in newborn screening)	None	
Botulism	140	Immediately	None	
Brucellosis (*Brucella* species)	150	Within 1 working day	None	
Campylobacteriosis (*Campylobacter* species)	160	Within 3 working days	DC, FS, HC	Food Service Facility

REQUIREMENTS FOR REPORTABLE AND RESTRICTABLE DISEASES AND CONDITIONS
TABLE 050

Reportable or Restrictable Diseases and Conditions	Section in Rule	Reporting Timeframe	Restrictable for DC = Daycare FS = Food Service HC = Health Care Facility S = School	Which Facilities Must Report in Addition to Health Care Providers, Laboratory Directors, & Hospital Administrators (Section 020)
Cancer	170	Report to Cancer Data Registry of Idaho within 180 days of diagnosis or recurrence (including suspected cases)	None	
Chancroid	180	Within 3 working days	None	
Chlamydia trachomatis Infections	190	Within 3 working days	HC - ophthalmia neonatorum only	
Cholera (*Vibrio cholerae*)	200	Within 1 working day	FS, HC, DC	Food Service Facility
Congenital Hypothyroidism	210	Within 1 working day (in newborn screening)	None	
Conjunctivitis	080, 090	No reporting required	DC, S	
Cryptosporidiosis (*Cryptosporidium* species)	220	Within 3 working days	FS, HC, DC	
Cutaneous Fungal Infections	080, 090	No reporting required	DC, S	
Diarrhea (until common communicable diseases have been ruled out)	085	No reporting required	FS	
Diphtheria (*Corynebacterium diphtheriae*)	230	Immediately	DC, FS, HC, S	School
Echinococcosis	235	Within 3 working days	None	
Encephalitis, Viral or Aseptic	240	Within 3 working days	None	
Escherichia coli O157:H7 and other Shiga-Toxin Producing *E. coli* (STEC)	250	Within 1 working day	DC, FS, HC	Food Service Facility School
Extraordinary Occurrence of Illness, including Clusters	260	Within 1 working day	None	
Fever	085	No reporting required	FS	
Food Poisoning, Foodborne Illness, and Waterborne Illnesses	270	Within 1 working day	None	
Galactosemia	280	Within 1 working day (in newborn screening)	None	

REQUIREMENTS FOR REPORTABLE AND RESTRICTABLE DISEASES AND CONDITIONS TABLE 050				
Reportable or Restrictable Diseases and Conditions	**Section in Rule**	**Reporting Timeframe**	**Restrictable for DC = Daycare FS = Food Service HC = Health Care Facility S = School**	**Which Facilities Must Report in Addition to Health Care Providers, Laboratory Directors, & Hospital Administrators (Section 020)**
Giardiasis (*Giardia lamblia*)	290	Within 3 working days	DC, FS, HC	Food Service Facility
Haemophilus influenzae Invasive Disease	300	Within 1 working day	DC, S	School
Hantavirus Pulmonary Syndrome	310	Within 1 working day	None	
Hemolytic-Uremic Syndrome (HUS) or Thrombotic thrombocytopenic purpura-HUS (TTP-HUS)	320	Within 1 working day	None	
Hepatitis A	330	Within 1 working day	DC, FS, HC	Food Service Facility
Hepatitis B	340	Within 1 working day	None	
Hepatitis C	350	Within 3 working days	None	
Human Immunodeficiency Virus (HIV)	360	Within 3 working days	None	
Human T-Lymphotropic Virus	370	Within 3 working days	None	
Jaundice	085	No reporting required	FS	
Lead Poisoning	380	Within 3 working days	None	
Legionellosis	390	Within 3 working days	None	
Leprosy (Hansen's Disease)	400	Within 3 working days	None	
Leptospirosis	410	Within 3 working days	None	
Listeriosis (*Listeria* species)	420	Within 3 working days	None	
Lyme Disease	430	Within 3 working days	None	
Malaria (*Plasmodium* species)	440	Within 3 working days	None	
Maple Syrup Urine Disease	450	Within 1 working day (in newborn screening)	None	
Measles (Rubeola)	460	Within 1 working day	DC, HC, S	School
Meningitis, Viral or Aseptic	470	Within 3 working days	None	
Methicillin-resistant *Staphylococcus aureus* (MRSA) Invasive Disease	475	Within 3 working days	None	**Note:** Only Laboratory Directors need to report.

REQUIREMENTS FOR REPORTABLE AND RESTRICTABLE DISEASES AND CONDITIONS TABLE 050				
Reportable or Restrictable Diseases and Conditions	**Section in Rule**	**Reporting Timeframe**	**Restrictable for DC = Daycare FS = Food Service HC = Health Care Facility S = School**	**Which Facilities Must Report in Addition to Health Care Providers, Laboratory Directors, & Hospital Administrators (Section 020)**
Methicillin-resistant *Staphylococcus aureus* (MRSA) Non-Invasive Disease	475, 080, 090	No reporting required	DC, FS, HC, S	
Mumps	480	Within 3 working days	DC, S, HC	School
Myocarditis, Viral	490	Within 3 working days	None	
Neisseria gonorrhoeae Infections	500	Within 3 working days	HC-ophthalmia neonatorum only	
Neisseria meningitidis Invasive Disease	510	Within 1 working day	DC, HC, S	School
Norovirus	520	Within 1 working day	DC, FS, HC, S	
Novel Influenza A Virus	522	Within 1 working day	DC, FS, HC, S	
Pediculosis	080, 090	No reporting required	DC, S	
Pertussis (*Bordetella pertussis*)	530	Within 1 working day	DC, HC, S	School
Phenylketonuria (PKU)	540	Within 1 working day (in newborn screening)	None	
Plague (*Yersinia pestis*)	550	Immediately	HC, S	School
Pneumococcal Invasive Disease in Children less than Eighteen (18) Years of Age *(Streptococcus pneumoniae)*	560	Within 3 working days	DC, S	School
Pneumocystis Pneumonia (PCP)	570	Within 3 working days	None	
Poliomyelitis	580	Within 1 working day	DC	School
Psittacosis	590	Within 3 working days	None	
Q Fever	600	Within 1 working day	None	
Rabies - Human, Animal, and Post-Exposure Prophylaxis (rPEP)	610	Immediately (human), Within 1 working day (animal or rPEP)	None	
Relapsing Fever, Tick-borne and Louse-borne	620	Within 3 working days	None	
Respiratory Syncytial Virus (RSV)	630	Within 1 working day	None	**Note:** Only Laboratory Directors need to report.

REQUIREMENTS FOR REPORTABLE AND RESTRICTABLE DISEASES AND CONDITIONS TABLE 050				
Reportable or Restrictable Diseases and Conditions	**Section in Rule**	**Reporting Timeframe**	**Restrictable for DC = Daycare FS = Food Service HC = Health Care Facility S = School**	**Which Facilities Must Report in Addition to Health Care Providers, Laboratory Directors, & Hospital Administrators (Section 020)**
Reye Syndrome	640	Within 3 working days	None	
Rocky Mountain Spotted Fever	650	Within 3 working days	None	
Rubella (including Congenital Rubella Syndrome)	660	Within 1 working day	DC, HC, S	School
Salmonellosis (including Typhoid Fever) (*Salmonella* species)	670	Within 1 working day	DC, FS, HC	Food Service Facility
Scabies	080, 090	No reporting required	DC, S	
Severe Acute Respiratory Syndrome (SARS)	680	Within 1 working day	DC, S	School
Severe Reaction to Any Immunization	690	Within 1 working day	None	
Shigellosis (*Shigella* species)	700	Within 1 working day	DC, FS, HC, S	Food Service Facility School
Smallpox	710	Immediately	DC, HC, S	School
Sore Throat with Fever	085	No reporting required	FS	
Staphylococcal Infections other than MRSA	080, 085, 090	No reporting required	DC, FS, S	
Streptococcal Pharyngeal Infections	080, 090	No reporting required	DC, S	
Streptococcus pyogenes (group A strep), Invasive or Resulting in Rheumatic Fever	720	Within 3 working days	DC, HC, S	School
Syphilis	730	Within 3 working days	None	
Taeniasis	085	No reporting required	FS	
Tetanus	740	Within 3 working days	None	
Toxic Shock Syndrome	750	Within 3 working days	None	
Transmissible Spongiform Encephalopathies (TSE), including Creutzfeldt-Jakob Disease (CJD) and Variant CJD (vCJD)	760	Within 3 working days	None	
Trichinosis	770	Within 3 working days	None	

REQUIREMENTS FOR REPORTABLE AND RESTRICTABLE DISEASES AND CONDITIONS TABLE 050				
Reportable or Restrictable Diseases and Conditions	**Section in Rule**	**Reporting Timeframe**	**Restrictable for DC = Daycare FS = Food Service HC = Health Care Facility S = School**	**Which Facilities Must Report in Addition to Health Care Providers, Laboratory Directors, & Hospital Administrators (Section 020)**
Tuberculosis (*Mycobacterium tuberculosis*)	780	Within 3 working days	DC, FS, HC, S	School Food Service Facility
Tularemia (*Francisella tularensis*)	790	Immediately; Identification of *Francisella tularensis* - within 1 working day	None	
Uncovered and Open or Draining Skin Lesions with Pus, such as a Boil or Open Wound	085	No reporting required	FS	
Varicella (chickenpox)	080, 090	No reporting required	DC, S	
Vomiting (until noninfectious cause is identified)	085	No reporting required	FS	
Yersiniosis (*Yersinia enterocolitica* and *Yersinia pseudotuberculosis*)	810	Within 3 working days; Identification of *Yersinia pestis* - immediately	FS	

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051. -- 059. (RESERVED)

060. TESTING FOR CERTAIN REPORTABLE DISEASES WHEN INFORMED CONSENT IS NOT POSSIBLE.
Under Section 39-4504, Idaho Code, a licensed 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. (4-2-08)

061. -- 064. (RESERVED)

065. INVESTIGATION AND CONTROL OF REPORTABLE DISEASES.

01. Responsibility and Authority. The Department will use all reasonable means to confirm in a timely manner any case or suspected case of a reportable disease or condition, and will determine, when possible, all sources of infection and the extent of exposure. Investigations may be made when the Division of Public Health Administrator, Health District Director, or state epidemiologist determines a disease to be of public health significance. (4-2-08)

a. Every licensed physician or other health care provider attending a person with a reportable disease or condition must report the case or suspected case, as described in Section 050 of these rules. He must instruct the person on applicable control measures as outlined in Sections 100 through 949 of these rules and cooperate with the Department in the investigation and control of the disease or condition. (4-2-08)

b. Any person providing emergency or medical services who believes he has experienced a significant exposure to blood or bodily fluids as defined in Subsection 011.15 of these rules 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 state epidemiologist's judgment, a significant exposure has occurred, the Department will 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 will recommend appropriate counseling and testing for the exposed individual. (4-2-08)

02. Inspection - Right of Entry. The Department may enter private or public property for the purpose of administering or enforcing the provisions of these rules under the authority and constraints granted by Section 56-1009, Idaho Code. (4-2-08)

03. Inviolability of Placards. If it is necessary to use placards, it is unlawful for any person to interfere with, conceal, mutilate or tear down any notices or placards on any house, building or premises placed by the Department. Such placards can only be removed by the health official. (4-2-08)

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 Division of Public Health Administrator or Health District Director. (4-2-08)

05. Closure of Schools and Places of Public Assembly. The Director may order the closing of any public, parochial, or private school, or other place of public assembly when, in his opinion, such closing is necessary to protect public health. The school or other place of public assembly must not reopen until permitted by the health official. (4-2-08)

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 Division of Public Health Administrator or Health District Director. 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. (4-2-08)

07. Order to Report for Examination. The Division of Public Health Administrator or Health District Director 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 one (1) copy bearing the notation of time and place of service and the signature of the person serving the notice with the issuing health authority. (4-2-08)

08. Order for Isolation. The Division of Public Health Administrator or Health District Director may issue and withdraw an order for isolation if he determines that it is necessary to protect the public from a significant risk of the spread of infectious or communicable diseases or from contamination from chemical or biological agents. Orders for isolation must be executed as described in Subsections 065.08.a. and 065.08.b. of this rule. (4-2-08)

a. The order for isolation must be executed as follows: (4-2-08)

i. One (1) copy to the individual being isolated; (4-2-08)

ii. One (1) copy to the attending licensed physician; (4-2-08)

iii. One (1) copy to the prosecuting attorney of the county or city in which the person resides; and (4-2-08)

iv. One (1) copy to be filed in the office of the issuing officer along with an affidavit of service signed by the person who served the order. (4-2-08)

b. The issuing officer will make an assessment and identify the least restrictive means of isolation that effectively protects unexposed and susceptible individuals from the public health threat. Orders of isolation require the individual to isolate himself at a certain place or places, and may require specific precautions to be taken when outside a designated place of isolation as the issuing officer deems appropriate and necessary. If the place of isolation is other than the individual's place of residence, a copy of the order must be provided to the person in charge of that place. (4-2-08)

c. The Division of Public Health Administrator or Health District Director will withdraw an order for isolation once it is determined there is no longer a significant threat to the public's health posed by the individual under order for isolation. (4-2-08)

09. Order for Quarantine. The Division of Public Health Administrator or Health District Director is empowered whenever a case of any communicable disease occurs in any household or other place within his jurisdiction and in his opinion it is necessary that persons residing within 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 issuing officer. Orders for quarantine must be executed as described in Subsections 065.09.a. and 065.09.b. of this rule. (4-2-08)

a. The order for quarantine must be executed as follows: (4-2-08)

i. One (1) copy to any individual being quarantined; (4-2-08)

ii. One (1) copy to the attending licensed physician; (4-2-08)

iii. One (1) copy to the prosecuting attorney of the county or city in which the quarantine occurs; (4-2-08)

iv. One (1) copy to be filed in the office of the issuing officer along with an affidavit of service signed by the person who served the order; and (4-2-08)

v. One (1) copy to the person in charge or owner of the place of quarantine. (4-2-08)

b. The issuing officer will make an assessment and identify the least restrictive timeframe of quarantine that effectively protects unexposed and susceptible individuals to the infection of public health threat. (4-2-08)

c. The Division of Public Health Administrator or Health District Director will withdraw an order for quarantine when he determines there is no longer a significant threat to the public's health posed by the individual or premises under the order for quarantine. (4-2-08)

10. Sexually Transmitted Infection Contacts. Any person infected with a sexually transmitted infection (venereal disease) as defined in Section 39-601, Idaho Code, is 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 the Department or Health District. (4-2-08)

066. -- 067. (RESERVED)

068. PREVENTING SPREAD OF HEALTH HAZARDS FROM DEAD HUMAN BODIES.

01. Embalming. (3-29-10)

a. The Division of Public Health Administrator or Health District Director may order a dead human body to be embalmed or prohibit embalming to prevent the spread of infectious or communicable diseases or exposure to hazardous substances. (3-29-10)

b. The dead human body of a person suspected of or confirmed as having a viral hemorrhagic fever at the time of death must not be embalmed, but wrapped in sealed leak-proof material and cremated or buried.

(3-29-10)

02. Burial. The Division of Public Health Administrator or Health District Director may order a dead human body to be buried or cremated, or prohibit burial or cremation, and may specify a time frame for final disposition to prevent the spread of infectious or communicable diseases or exposure to hazardous substances. As required in Section 39-268, Idaho Code, all orders of cremation will be approved by the coroner and the coroner will be notified of prohibitions of cremation ordered by the Administrator or Director. (3-29-10)

03. Notification of Health Hazard. Any person authorized to release a dead human body of a person suspected of or confirmed as having a prior disease, a viral hemorrhagic fever, other infectious health hazard, or contaminated with a hazardous substance, must notify the person taking possession of the body and indicate necessary precautions on a written notice to accompany the body. (3-29-10)

069. (RESERVED)

070. SPECIAL DISEASE INVESTIGATIONS.
The Department 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 other authorized agency are confidential for the identity of all persons involved. Release of information to the Department as required or permitted by these rules does not subject any party furnishing such information to an action for damages as provided under IDAPA 16.05.01, "Use and Disclosure of Department Records." (4-2-08)

071. -- 079. (RESERVED)

080. DAYCARE FACILITY - REPORTING AND CONTROL MEASURES.

01. Readily Transmissible Diseases. Daycare reportable and restrictable diseases are those diseases that are readily transmissible among children and staff in daycare facilities as listed under Section 050 of these rules. (4-2-08)

02. Restrictable Disease - Work. A person who is diagnosed to have a daycare restrictable disease must not work in any occupation in which there is direct contact with children in a daycare facility, as long as the disease is in a communicable form. (4-11-15)

03. Restrictable Disease - Attendance. A child who is diagnosed to have a daycare restrictable disease must not attend a daycare facility as long as the disease is in a communicable form. 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. (4-11-15)

04. Prevention of the Transmission of Disease. 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 a daycare facility if approval is obtained from the Department or Health District. (4-2-08)

081. -- 084. (RESERVED)

085. FOOD SERVICE FACILITY - REPORTING AND CONTROL MEASURES.

01. Food or Beverage Transmitted Disease in a Communicable Form. Under Section 050 of these rules, a person who is determined to have one (1) or more of the diseases or conditions listed as restrictable for food establishments must not work as a food employee as long as the disease is in a communicable form. (4-11-15)

02. Food Employee Health Examination. The Division of Public Health Administrator 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 listed in Section 050 of these rules as restrictable for food establishments and that disease is in a communicable form. (4-2-08)

03. Notification of Disease in a Communicable Form. If the person in charge of an eating or drinking

establishment has reason to suspect that any employee has a disease listed in Section 050 of these rules as restrictable for food establishments, and that disease is in a communicable form, the person in charge must immediately notify the Department or Health District and obtain guidance on proper actions needed to protect the public. (4-2-08)

086. -- 089. (RESERVED)

090. SCHOOL - REPORTING AND CONTROL MEASURES.

01. Restrictable Diseases. School reportable and restrictable diseases are those diseases that are readily transmissible among students and staff in schools as listed under Section 050 of these rules. (4-2-08)

02. Restrictions - Work. Any person who is diagnosed to have a school restrictable disease must not work in any occupation that involves direct contact with students in a private, parochial, charter, or public school as long as the disease is in a communicable form. (4-2-08)

03. Restrictions - Attendance. 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 form. (4-2-08)

04. Determination Disease Is No Longer Communicable. A licensed physician, public health nurse, school nurse or other person designated by the Department or Health District may determine when a person with a school restrictable disease is no longer communicable. (4-11-15)

05. School Closure. 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. (4-2-08)

091. -- 099. (RESERVED)

REPORTABLE DISEASES AND CONTROL MEASURES
(Sections 100 - 949)

100. ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS).

01. Reporting Requirements. Each case of acquired immune deficiency syndrome (AIDS) that meets the current case definition established by the Centers for Disease Control and Prevention must be reported to the Department or Health District within three (3) working days of identification. 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 of less than two hundred (200) per cubic millimeter (mm3) of blood or less than or equal to fourteen percent (14%) must be reported. (4-2-08)

02. Investigation. Each reported 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. (4-2-08)

101. -- 109. (RESERVED)

110. AMEBIASIS AND FREE-LIVING AMEBAE.

01. Reporting Requirements. Each case of amebiasis or infection with free-living amebae (*Ancanthamoeba* spp., *Balamuthia mandrillaris*, or *Naegleria fowleri*) must be reported to the Department or Health District within three (3) working days of identification. (4-11-15)

02. Investigation. Each reported case of infection with free-living amebae must be investigated to determine the source of infection. Each reported case of amebiasis must be investigated to determine whether the person with amebiasis is employed as a food employee, provides personal care at a health care or daycare facility, or

is a child attending a daycare facility. (4-11-15)

03. Restrictions - Daycare Facility. A person excreting *Entamoeba histolytica* must not attend a daycare facility while fecally incontinent and must not work in any occupation in which they provide personal care to children in a daycare facility, unless an exemption is made by the Department or Health District. (4-2-08)

a. This restriction may be withdrawn if an effective therapeutic regimen is completed; or (4-2-08)

b. At least two (2) successive approved fecal specimens collected at least twenty-four (24) hours apart fail to show *Entamoeba histolytica* upon testing by a licensed laboratory. (4-11-15)

04. Restrictions - Food Service Facility. A symptomatic person excreting *Entamoeba histolytica* is restricted from working as a food employee. (4-2-08)

a. This restriction may be withdrawn if an effective therapeutic regimen is completed; or (4-2-08)

b. At least two (2) successive approved fecal specimens collected at least twenty-four (24) hours apart fail to show *Entamoeba histolytica* upon testing by a licensed laboratory. (4-11-15)

05. Restrictions - Health Care Facility. A person excreting *Entamoeba histolytica* must not work in any occupation in which they provide personal care to persons confined to a health care facility, unless an exemption is made by the Department or Health District. (4-2-08)

a. This restriction may be withdrawn if an effective therapeutic regimen is completed; or (4-2-08)

b. At least two (2) successive approved fecal specimens collected at least twenty-four (24) hours apart fail to show *Entamoeba histolytica* upon testing by a licensed laboratory. (4-11-15)

06. Restrictions - Household Contacts. A member of the household in which there is a case of amebiasis may not work in any occupations in Subsections 110.03 through 110.05 of this rule, unless approved by the Department or Health District. The household member must be asymptomatic and have at least one (1) approved fecal specimen found to be negative for ova and parasites on examination by a licensed laboratory prior to being approved for work. (4-2-08)

111. -- 119. (RESERVED)

120. ANTHRAX.

01. Reporting Requirements. Each case or suspected case of anthrax in humans must be reported to the Department or Health District immediately, at the time of identification, day or night. (4-2-08)

02. Investigation. Each reported case of anthrax must be investigated to confirm the diagnosis, identify clusters or outbreaks of the infection, and identify the source of infection. (4-11-15)

03. Handling of Report. The Department and Health District will exchange reported information within one (1) working day of any reported case of anthrax. The Department will notify the Idaho Department of Agriculture of any identified source or suspected source of anthrax. (4-2-08)

121. -- 124. (RESERVED)

125. ARBOVIRAL DISEASES.

01. Reporting Requirements. Each case of suspected or confirmed arboviral disease must be reported to the Department or Health District within three (3) working days of identification. Arboviral diseases include, but are not limited to, those caused by the following viruses: California encephalitis, chikungunya, Colorado tick fever, Crimean-Congo hemorrhagic fever, dengue (all subtypes), eastern equine encephalitis, Heartland, Jamestown Canyon, Japanese encephalitis, Keystone, La Crosse, Mayaro, O'nyong-nyong, Powassan, Rift Valley fever, Ross

River, St. Louis encephalitis, snowshoe hare, tick-borne encephalitis, Toscana, trivittatus, Venezuelan equine encephalitis, West Nile, western equine encephalitis, yellow fever, and Zika. (1-1-17)T

02. Investigation. Each reported case of arboviral disease must be investigated to confirm the diagnosis, identify the source of infection, and determine if actions need to be taken to prevent additional cases. (1-1-17)T

126. -- 129. (RESERVED)

130. BIOTINIDASE DEFICIENCY.
Each case or suspected case of biotinidase deficiency must be reported to the Department or Health District within one (1) working day of identification. (4-2-08)

131. -- 139. (RESERVED)

140. BOTULISM.

01. Reporting Requirements. Each case or suspected case of botulism must be reported to the Department or Health District immediately, at the time of identification, day or night. (4-2-08)

02. Investigation. Each reported case of botulism must be investigated to confirm the diagnosis, determine if other persons have been exposed to *botulinum* toxins, and identify the source of the disease. (4-2-08)

03. Handling of Report. The Department and the Health District will exchange reported information within one (1) working day on any reported case of botulism. (4-2-08)

141. -- 149. (RESERVED)

150. BRUCELLOSIS.

01. Reporting Requirements. Each case of brucellosis must be reported to the Department or Health District within one (1) working day of identification. (4-2-08)

02. Investigation. Each reported case of brucellosis must be investigated to confirm the diagnosis and identify the source of the disease. (4-2-08)

03. Handling of Report. The Department and the Health District will exchange reported information within one (1) working day of any reported case of brucellosis. The Department will notify the Idaho Department of Agriculture of any identified source or suspected source of the disease. (4-2-08)

151. -- 159. (RESERVED)

160. CAMPYLOBACTERIOSIS.

01. Reporting Requirements. Each case of campylobacteriosis must be reported to Department or Health District within three (3) working days of identification. (4-2-08)

02. Investigation. Each reported case of campylobacteriosis must be investigated to confirm the diagnosis, identify clusters or outbreaks of the infection and identify the source of the disease. (4-11-15)

03. Restrictions - Daycare Facility. A person excreting *Campylobacter* must not provide personal care in a daycare and an fecally incontinent person excreting *Campylobacter* must not attend a daycare facility unless an exemption is obtained from the Department or Health District. Before returning to work or daycare, the person must provide at least two (2) successive approved fecal specimens, collected at least twenty-four (24) hours apart, that fail to show *Campylobacter* upon testing by a licensed laboratory. (4-11-15)

04. Restrictions - Food Service Facility. A symptomatic person excreting *Campylobacter* is restricted

from working as a food employee. (4-2-08)

05. Restrictions - Health Care Facility. A person excreting *Campylobacter* must not provide personal care to persons in a health care facility unless an exemption is obtained from the Department or Health District. Before returning to work, the person must provide at least two (2) successive approved fecal specimens, collected at least twenty-four (24) hours apart, that fail to show *Campylobacter* upon testing by a licensed laboratory. (4-11-15)

161. -- 169. (RESERVED)

170. CANCER.

01. Reporting Requirements. Cancer is to be reported within one hundred and eighty (180) days of its diagnosis or recurrence to the Cancer Data Registry of Idaho (CDRI). (4-2-08)

02. Handling of Report. All data reported to the CDRI is 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 CDRI's confidentiality policies as well as IDAPA 16.05.01, "Use and Disclosure of Department Records." (4-2-08)

03. Cancers Designated as Reportable. Cancers that are designated reportable to the CDRI include the following as described in Section 57-1703, Idaho Code. (4-2-08)

a. Each in-situ or malignant neoplasm diagnosed by histology, radiology, laboratory testing, clinical observation, autopsy, or suggested by cytology is reportable, excluding basal cell and squamous cell carcinoma of the skin unless occurring on a mucous membrane and excluding in-situ neoplasms of the cervix. (4-2-08)

b. Benign neoplasms are reportable if occurring in the central nervous system including the brain, meninges, pineal gland, or pituitary gland. (4-2-08)

c. The use of the words "apparently," "appears to," "comparable with," "compatible with," "consistent with," "favor," "malignant appearing," "most likely," "presumed," "probable," "suspected," "suspicious," or "typical" is sufficient to make a case reportable. (4-2-08)

d. The use of the words "questionable," "possible," "suggests," "equivocal," "approaching," "rule out," "potentially malignant," or "worrisome," is not sufficient to make a case reportable. (4-2-08)

04 Report Content. Each reported case must include the patient's name, demographic information, date of diagnosis, primary site, metastatic sites, histology, stage of disease, initial treatments, subsequent treatment, and survival time. Reporting of cases must adhere to cancer reporting standards as provided in "Standards for Cancer Registries, Vol. II." as incorporated by reference in Section 004 of these rules. (4-2-08)

05. Reported By Whom. Every private, federal, or military hospital, out-patient surgery center, radiation treatment center, pathology laboratory, or physician providing a diagnosis or treatment related to a reportable cancer is responsible for reporting or furnishing cancer-related data, including annual follow-up, to CDRI. (4-2-08)

171. -- 179. (RESERVED)

180. CHANCROID.

01. Reporting Requirements. Each case of chancroid must be reported to the Department or Health District within three (3) working days of identification. (4-2-08)

02. Investigation and Notification of Contacts. Each reported case of chancroid must be investigated to determine the source and extent of contact follow-up that is required. Each person diagnosed with chancroid is required to inform all sexual contacts that they have been exposed to a sexually transmitted infection, or to provide specific information to health officials in order to locate these contacts. The contacts must be notified of the disease in

order to be examined and treated according to Section 39-605, Idaho Code. (4-11-15)

181. -- 189. (RESERVED)

190. CHLAMYDIA TRACHOMATIS.

01. Reporting Requirements. Each case of *Chlamydia trachomatis* infection must be reported to the Department or Health District within three (3) working days of identification. (4-2-08)

02. Investigation. Each reported case of *Chlamydia trachomatis* pelvic inflammatory disease may be investigated to determine the extent of contact follow-up that is required. (4-11-15)

03. Prophylaxis of Newborns. Prophylaxis against *Chlamydia trachomatis* ophthalmia neonatorum is required in IDAPA 16.02.12, "Rules Governing Procedures and Testing To Be Performed on Newborn Infants." (4-2-08)

04. Restrictions - Health Care Facility. A person with *Chlamydia trachomatis* ophthalmia neonatorum in a health care facility must be managed under the "Guideline for Isolation Precautions in Hospitals" as incorporated by reference in Section 004 of these rules. (4-11-15)

191. -- 199. (RESERVED)

200. CHOLERA.

01. Reporting Requirements. Each case or suspected case of cholera must be reported to the Department or Health District within one (1) working day. (4-2-08)

02. Investigation. Each reported case of cholera must be investigated to confirm the diagnosis, identify clusters or outbreaks of the infection, and identify contacts, carriers, and the source of the infection. (4-11-15)

03. Handling of Report. The Department and the Health District will exchange reported information within one (1) working day on any reported case of cholera. (4-2-08)

04. Restrictions - Daycare Facility. A person excreting *Vibrio cholerae* must not attend a daycare facility while fecally incontinent and must not work in any occupation that provides personal care to children in a daycare facility while the disease is in a communicable form, unless an exemption is obtained from the Department or Health District. (4-2-08)

05. Restrictions - Food Service Facility. A symptomatic person excreting *Vibrio cholerae* must be managed under IDAPA 16.02.19, "The Idaho Food Code." (4-11-15)

06. Restrictions - Health Care Facility. A person excreting *Vibrio cholerae* must not work in any occupation that provides personal care to persons confined in a health care or residential facility while in a communicable form, unless an exemption is obtained from the Department or Health District. A person in a health care facility who has cholera must be managed under the "Guideline for Isolation Precautions in Hospitals," as incorporated in Section 004 of these rules. (4-2-08)

07. Restrictions - Household Contacts. A member of the household in which there is a case of cholera may not work in any occupations listed in Subsections 200.04 through 200.06 of this rule, unless approved by the Department or Health District. The household member must be asymptomatic and provide at least one (1) approved fecal specimen found to be negative on a culture by a licensed laboratory prior to being approved for work. (4-2-08)

201. -- 209. (RESERVED)

210. CONGENITAL HYPOTHYROIDISM.
Each case or suspected case of congenital hypothyroidism must be reported to the Department or Health District within one (1) working day of identification. (4-2-08)

211. -- 219. (RESERVED)

220. CRYPTOSPORIDIOSIS.

01. Reporting Requirements. Each case of cryptosporidiosis must be reported to the Department or Health District within three (3) working days of identification. (4-2-08)

02. Investigation. Each reported case must be investigated to identify clusters or outbreaks of the infection, and identify the source of the infection. (4-11-15)

03. Restrictions - Daycare Facility. A fecally incontinent person excreting *Cryptosporidium* must not attend a daycare facility. A person excreting *Cryptosporidium* must not provide personal care in a daycare facility, unless an exemption is obtained from the Department or Health District. This restriction will be withdrawn when: (3-29-10)

a. At least two (2) successive fecal specimens collected at least twenty-four (24) hours apart fail to show *Cryptosporidium* upon testing by a licensed laboratory; or (4-11-15)

b. Diarrhea has ceased for twenty-four (24) hours. (4-2-08)

04. Restrictions - Food Service Facility. A symptomatic person excreting *Cryptosporidium* is restricted from working as a food employee. (3-29-10)

05. Restrictions - Health Care Facility. A person excreting *Cryptosporidium* must not provide personal care in a custodial institution, or health care facility while fecally incontinent, unless an exemption is obtained from the Department or Health District. This restriction will be withdrawn when: (3-29-10)

a. At least two (2) successive fecal specimens collected at least twenty-four (24) hours apart fail to show *Cryptosporidium* upon testing by a licensed laboratory; or (4-11-15)

b. Diarrhea has ceased for twenty-four (24) hours. (4-2-08)

221. -- 229. (RESERVED)

230. DIPHTHERIA.

01. Reporting Requirements. Each case or suspected case of diphtheria must be reported to the Department or Health District immediately, at the time of identification, day or night. (4-2-08)

02. Investigation and Response. Each reported case of diphtheria must be investigated to determine if the illness is caused by a toxigenic strain of *Corynebacterium diphtheriae*, identify clusters or outbreaks of the infection, and identify contacts, carriers, and the source of the infection. Contacts of a person with toxigenic diphtheria will be offered immunization against diphtheria. (4-11-15)

03. Handling of Report. The Department and the Health District will exchange reported information within one (1) working day on any reported case or suspected case of diphtheria. (4-2-08)

04. Restrictions - Daycare Facility. A person diagnosed with diphtheria must be managed under Section 080 of these rules. (4-11-15)

05. Restrictions - Health Care Facility. (4-2-08)

a. A person with oropharyngeal toxigenic diphtheria in a health care facility must be managed under the "Guideline for Isolation Precautions in Hospitals," as incorporated in Section 004 of these rules. The Department or Health District may withdraw 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.(4-2-08)

b. A person with cutaneous toxigenic diphtheria must be placed under contact precautions. The Department or Health District may withdraw these precautions after two (2) cultures from the wound fail to show toxigenic *Corynebacterium diphtheriae* upon testing by a licensed laboratory. (4-2-08)

06. Restrictions - Contacts. Contacts of a person with toxigenic diphtheria are restricted from working as food employees, working in health care facilities, or from attending or working in daycare 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. These restrictions may be withdrawn by the Department or Health District. (4-2-08)

231. -- 234. (RESERVED)

235. ECHINOCOCCOSIS.

01. Reporting Requirements. Each case of echinococcosis must be reported to the Department or Health District within three (3) working days of identification. (4-11-15)

02. Investigation. Each reported case of echinococcosis must be investigated to confirm the diagnosis and to identify possible sources of the infection. (4-11-15)

236. -- 239. (RESERVED)

240. ENCEPHALITIS, VIRAL OR ASEPTIC.

01. Reporting Requirements. Each case of viral or aseptic encephalitis, including meningoencephalitis, must be reported to the Department or Health District within three (3) working days of identification. (4-11-15)

02. Investigation. Each reported case of viral or aseptic encephalitis meningoencephalitis must be investigated to confirm the diagnosis, identify clusters or outbreaks of the infection, and identify the agent or source of the infection. (4-11-15)

241. -- 249. (RESERVED)

250. ESCHERICHIA COLI O157:H7 AND OTHER SHIGA-TOXIN PRODUCING E. COLI (STEC).

01. Reporting Requirements. Each case or suspected case of *Escherichia coli* O157:H7 or other Shiga-toxin producing *E. coli* (STEC) must be reported to the Department or Health District within one (1) working day of identification. (4-2-08)

02. Investigation. Each reported case must be investigated to determine if the person is employed as a food employee, provides personal care at a health care or daycare facility, or is a child attending a daycare facility. The investigation identifies clusters or outbreaks of the infection, and the most likely source of the infection. (4-11-15)

03. Handling of Report. The Department and the Health District will exchange reported information within one (1) working day on any reported case of *E. coli* O157:H7 or other Shiga-toxin producing *E. coli* (STEC). (4-2-08)

04. Restrictions - Daycare Facility. A person who is excreting *E. coli* O157:H7 or other STEC must not attend daycare facilities while fecally incontinent or provide personal care to children in a daycare facility while the disease is present in a communicable form without the approval of the Department or Health District. Before returning to work or attendance at a daycare, the person must provide two (2) successive approved fecal specimens collected at least twenty-four (24) hours apart, that fail to show *E. coli* O157:H7 or other STEC. (4-11-15)

05. Restrictions - Food Service Facility. A person diagnosed with *E. coli* O157:H7 or other STEC

must be managed under IDAPA 16.02.19, "The Idaho Food Code." (4-11-15)

06. Restrictions - Health Care Facility. A person who is excreting *E. coli* O157:H7 or other STEC must not provide personal care to persons in a health care facility while the disease is present in a communicable form without the approval of the Department or Health District. Before returning to work, the person must provide two (2) successive approved fecal specimens collected at least twenty-four (24) hours apart, that fail to show *E. coli* O157:H7 or other STEC. (4-11-15)

251. -- 259. (RESERVED)

260. EXTRAORDINARY OCCURRENCE OF ILLNESS, INCLUDING CLUSTERS.

01. Reporting Requirements. Cases, suspected cases, and clusters of extraordinary or unusual illness must be reported to the Department or Health District within one (1) working day by the diagnosing person. (4-2-08)

a. 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. (4-11-15)

b. 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 Health District within one (1) working day and investigated. (4-2-08)

02. Investigation. Each reported case of extraordinary occurrence of illness, including clusters, must be investigated to confirm the diagnosis, determine the extent of the cluster or outbreak, identify the source of infection or exposure, and 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 may elect to investigate by conducting special studies as outlined in Section 070 of these rules. (4-11-15)

03. Handling of Report. The Department and the Health District will exchange reported information within one (1) working day on any reported case or suspected case. (4-2-08)

261. -- 269. (RESERVED)

270. FOOD POISONING, FOODBORNE ILLNESS, AND WATERBORNE ILLNESS.

01. Reporting Requirements. Each case, suspected case, or outbreak of food poisoning, foodborne illness, or waterborne illness must be reported to the Department or Health District within one (1) working day of identification. (4-11-15)

02. Investigation. Each reported case or outbreak of food poisoning, foodborne illness, or waterborne illness must be investigated to confirm the diagnosis, determine the extent of transmission, identify the source, and determine if actions need to be taken to prevent additional cases. (4-11-15)

03. Handling of Report. The Department and the Health District will exchange reported information within one (1) working day of any reported case or suspected case. (4-2-08)

271. -- 279. (RESERVED)

280. GALACTOSEMIA.
Each case or suspected case of galactosemia must be reported to the Department or Health District within one (1) working day after diagnosis. (4-2-08)

281. -- 289. (RESERVED)

290. GIARDIASIS.

01. Reporting Requirements. Each case of giardiasis must be reported to the Department or Health District within three (3) working days of identification. (4-2-08)

02. Investigation. Each reported case of giardiasis must be investigated to determine if the person is employed as a food employee, provides personal care at a health care or daycare facility, or is a child attending a daycare facility. The investigation identifies clusters or outbreaks of the infection, and the most likely source of the infection. (4-11-15)

03. Restrictions - Daycare Facility. A person with diarrhea who is excreting *Giardia lamblia* must not attend daycare while fecally incontinent or provide personal care to children in a daycare facility while the disease is present in a communicable form or until therapy is completed. An asymptomatic person may provide these services or attend daycare with specific approval of the Department or Health District. (4-2-08)

04. Restrictions - Food Service Facility. A symptomatic person who is excreting *Giardia lamblia* must be managed under IDAPA 16.02.19, "The Idaho Food Code." (4-11-15)

05. Restrictions - Health Care Facility. A person with diarrhea who is excreting *Giardia lamblia* must not provide personal care to persons in a health care facility while the disease is present in a communicable form or until therapy is completed. An asymptomatic person may provide these services with specific approval of the Department or Health District. (4-2-08)

291. -- 299. (RESERVED)

300. HAEMOPHILUS INFLUENZAE INVASIVE DISEASE.

01. Reporting Requirements. Each case or suspected case of *Haemophilus influenzae* invasive disease, including, but not limited to, meningitis, septicemia, bacteremia, epiglottitis, pneumonia, osteomyelitis and cellulitis, must be reported to the Department or Health District within one (1) working day of identification. (4-11-15)

02. Investigation. Each reported case of *Haemophilus influenzae* invasive disease must be investigated to confirm the diagnosis, identify clusters or outbreaks of the infection, identify contacts, and determine the need for antimicrobial prophylaxis of close contacts. (4-11-15)

03. Handling of Report. The Department and the Health District will exchange reported information within one (1) working day on any reported case of *Haemophilus influenzae* invasive disease. (4-2-08)

04. Restrictions - Daycare Facility. A person who is diagnosed with invasive disease caused by *Haemophilus influenzae* must not work in an occupation providing personal care to children, or attend a daycare facility as long as the disease is in a communicable form. (4-11-15)

05. Restrictions - School. A person who is diagnosed with invasive disease caused by *Haemophilus influenzae* must not work in any occupation where there is direct contact with students or attend a private, parochial, charter, or public school as long as the disease is in a communicable form. (4-11-15)

301. -- 309. (RESERVED)

310. HANTAVIRUS PULMONARY SYNDROME.

01. Reporting Requirements. Each case or suspected case of hantavirus pulmonary syndrome must be reported to the Department or Health District within one (1) working day of identification. (4-2-08)

02. Investigation. Each reported case of hantavirus pulmonary syndrome must be investigated to confirm the diagnosis, determine environmental risk factors leading to the infection, and determine any other at-risk individuals. (4-2-08)

03. Handling of Report. The Department and the Health District will exchange reported information

within one (1) working day by telephone on any reported case or suspected case of hantavirus pulmonary syndrome. (4-2-08)

311. -- 319. (RESERVED)

320. HEMOLYTIC-UREMIC SYNDROME (HUS).

01. Reporting Requirements. Each case of hemolytic-uremic syndrome (HUS) or thrombotic thrombocytopenic purpura-HUS (TTP-HUS) must be reported to the Department or Health District within one (1) working day. (3-29-10)

02. Investigation. Each case of HUS or TTP-HUS must be investigated to confirm the diagnosis, determine the etiologic agent including *E. coli* O157:H7, non-O157 Shiga-toxin producing *E. coli*, or other enteric pathogens, and determine the source of infection. (3-29-10)

321. -- 329. (RESERVED)

330. HEPATITIS A.

01. Reporting Requirements. Each case or suspected case of hepatitis A must be reported to the Department or Health District within one (1) working day of identification. (4-2-08)

02. Investigation. Each reported case of hepatitis A must be investigated to confirm the diagnosis, identify contacts, determine the need for immune serum globulin (gamma globulin) or vaccine, and identify possible sources of the infection. (4-2-08)

03. Testing Without an Informed Consent. 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. (4-2-08)

04. Restrictions - Daycare Facility. A child who has hepatitis A must not attend a daycare facility until the disease is no longer communicable as determined by a licensed physician, or unless an exemption is made by the Department or Health District. (4-2-08)

a. A person with hepatitis A must not work in any occupation in which personal care is provided to children in a daycare facility while the disease is in a communicable form. (4-2-08)

b. The Department or Health District may withdraw this restriction when the illness is considered to no longer be in a communicable form. (4-2-08)

05. Exclusion - Food Service Facility. (4-2-08)

a. A food employee with hepatitis A must be managed under IDAPA 16.02.19, "The Idaho Food Code." (4-2-08)

b. A specific test for recent hepatitis A infection (IgM antiHAV) must be performed by a licensed laboratory on all food employees suspected of having hepatitis A. (4-2-08)

06. Restrictions - Health Care Facility. A person with hepatitis A in a health care facility must be managed under the "Guideline for Isolation Precautions in Hospitals," as incorporated in Section 004 of these rules. (4-2-08)

a. A person with hepatitis A must not work in any occupation in which personal care is provided to persons who are in a health care facility or living in a residential care facility while the disease is in a communicable form. (4-2-08)

b. The Department or Health District may withdraw this restriction when the illness is considered to

no longer be in a communicable form. (4-2-08)

07. Restrictions - Household Contacts. Any unvaccinated household member where there is a case of hepatitis A must not work in any of the occupations listed in Subsections 300.04 through 300.06 of this rule, unless an exemption is obtained from the Department or Health District. (4-2-08)

331. -- 339. (RESERVED)

340. HEPATITIS B.

01. Reporting Requirements. Each case or suspected case of hepatitis B must be reported to the Department or Health District within one (1) working day of identification. (4-2-08)

02. Investigation. Each reported case of hepatitis B must be investigated to confirm the diagnosis, identify contacts and carriers, determine the need for prophylaxis with immune globulins, determine the need for hepatitis B vaccine, determine the exposure of any pregnant women, and identify possible sources of the infection. (4-2-08)

03. Testing Without an Informed Consent. 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. (4-2-08)

04. Carrier Status. The carrier status of a person diagnosed with hepatitis B will be determined six (6) months after the initial diagnosis is established. (4-2-08)

a. 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. (4-2-08)

b. The test for hepatitis B surface antigen (HBsAg) must be performed by a licensed laboratory. (4-2-08)

c. A person who is a carrier of hepatitis B must be reported to the Department or Health District by the physician at the time of determination for inclusion in the hepatitis B carrier registry. (4-2-08)

341. -- 349. (RESERVED)

350. HEPATITIS C.

01. Reporting Requirements. Each case of hepatitis C must be reported to the Department or Health District within three (3) working days of identification. (4-2-08)

02. Investigation. Each reported case of hepatitis C must be investigated to confirm the diagnosis and identify possible sources of the infection. Hepatitis C may be confirmed by presence of hepatitis C antibody or antigen. (4-2-08)

03. Testing Without an Informed Consent. 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. (4-2-08)

351. -- 359. (RESERVED)

360. HUMAN IMMUNODEFICIENCY VIRUS (HIV).

01. Reporting Requirements. Each case of HIV infection, including positive HIV laboratory tests for HIV antibody, HIV antigen (protein or nucleic acid), human immunodeficiency virus isolations, or other tests of infectiousness that indicate HIV infection, must be reported to the Department or Health District within three (3) working days of identification. (4-2-08)

02. Investigation. Each reported case of HIV infection must be investigated to obtain specific clinical information, 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. (4-2-08)

03. Testing Without an Informed Consent. A physician may order blood tests for 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. (4-2-08)

361. -- 369. (RESERVED)

370. HUMAN T-LYMPHOTROPIC VIRUS.

01. Reporting Requirements. Each case of HTLV infection must be reported to the Department or Health District within three (3) working days of identification. (4-2-08)

02. Investigation. Each reported case of HTLV infection must be investigated to determine the source of infection and evaluate risk factors. (4-2-08)

371. -- 379. (RESERVED)

380. LEAD POISONING.

01. Reporting Requirements. Each case of lead poisoning must be reported to the Department or Health District within three (3) working days of the identification of the case when determined by symptoms or a blood level of: (4-11-15)

a. Ten (10) micrograms or more per deciliter (10 ug/dL) of blood in adults eighteen (18) years and older; or (4-11-15)

b. Five (5) micrograms or more per deciliter (5 ug/dL) of blood in children under eighteen (18) years of age. (4-11-15)

02. Investigation. Each reported case of lead poisoning or excess lead exposure may be investigated to confirm blood lead levels, determine the source, and whether actions need to be taken to prevent additional cases. (4-11-15)

381. -- 389. (RESERVED)

390. LEGIONELLOSIS.

01. Reporting Requirements. Each case of legionellosis must be reported to the Department or Health District within three (3) working days of identification. (4-2-08)

02. Investigation. Each reported case of legionellosis must be investigated to confirm the diagnosis and identify possible sources of the infection. When two (2) or more cases occur within thirty (30) days of each other, an investigation must be conducted to identify a common environmental source and identify ways to prevent further infections. (4-2-08)

391. -- 399. (RESERVED)

400. LEPROSY (HANSEN'S DISEASE).

01. Reporting Requirements. Each case of leprosy must be reported to the Department or Health District within three (3) working days of identification. (4-2-08)

02. Investigation. Each reported case of leprosy must be investigated to confirm the diagnosis and to

identify household or other close contacts. (4-2-08)

03. Restrictions - Examination of Contacts. All household members or close contacts of a new case must be examined by a licensed physician for signs of leprosy. Household members and close contacts and persons in remission must be registered with the Department and undergo periodic medical examinations every six (6) to twelve (12) months for five (5) years. (4-2-08)

401. -- 409. (RESERVED)

410. LEPTOSPIROSIS.

01. Reporting Requirements. Each case of leptospirosis must be reported to the Department or Health District within three (3) working days of identification. (4-2-08)

02. Investigation. Each reported case of leptospirosis must be investigated to confirm the diagnosis and to identify possible sources of the infection. (4-2-08)

03. Handling of Report. Any identified or suspected source of infection reported to the Department is reported to the Idaho Department of Agriculture if animals are involved. (4-2-08)

411. -- 419. (RESERVED)

420. LISTERIOSIS.

01. Reporting Requirements. Each case of listeriosis must be reported to the Department or Health District within three (3) working days of identification. (4-2-08)

02. Investigation. Each reported case of listeriosis must be investigated to confirm the diagnosis and to identify possible sources of the infection and extent of the outbreak. (4-2-08)

421. -- 429. (RESERVED)

430. LYME DISEASE.

01. Reporting Requirements. Each case of Lyme disease must be reported to the Department or Health District within three (3) working days of identification. (4-2-08)

02. Investigation. Each reported case of Lyme disease must be investigated to confirm the diagnosis and to identify possible sources of the infection. (4-2-08)

03. Handling of Report. Any identified or suspected source of infection reported to the Department is reported to the Idaho Department of Agriculture if animals are involved. (4-2-08)

431. -- 439. (RESERVED)

440. MALARIA.

01. Reporting Requirements. Each case of malaria must be reported to the Department or Health District within three (3) working days of identification. (4-2-08)

02. Investigation. Each reported case of malaria must be investigated to determine the type and the source of the infection. If transmission may have occurred in Idaho, an entomologic investigation will be performed by the Department or Health District to determine the extent of mosquito activity, and to institute control measures if endemic transmission is determined. (4-2-08)

03. Testing Without an Informed Consent. 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. (4-2-08)

441. -- 449. (RESERVED)

450. MAPLE SYRUP URINE DISEASE.
Each case or suspected case of maple syrup urine disease must be reported to the Department or Health District within one (1) working day of identification. (4-2-08)

451. -- 459. (RESERVED)

460. MEASLES (RUBEOLA).

01. Reporting Requirements. Each case or suspected case of measles must be reported to the Department or Health District within one (1) working day of identification. (4-2-08)

02. Investigation. Each reported case of measles must be investigated to confirm the diagnosis, identify clusters or outbreaks of the infection, identify the source of the infection, and to identify susceptible contacts. (4-11-15)

03. Handling of Report. The Department and the Health District will exchange reported information within one (1) working day on any reported case of measles. (4-2-08)

04. Restrictions - Daycare Facility and School. (4-2-08)

a. A child diagnosed with measles must not attend a daycare facility or school as long as the disease is in a communicable form. (4-2-08)

b. In the event of a case of measles in a daycare or school, susceptible children must be excluded until adequate immunization is obtained, or the threat of further spread of the disease is contained, as provided in Sections 33-512(7) and 39-1118, Idaho Code. (4-2-08)

c. A person who is diagnosed as having measles must not work in any occupation in which there is direct contact with children, as long as the disease is in a communicable form. (4-2-08)

05. Restrictions - Health Care Facility. A person diagnosed with measles in a health care facility must be managed under the "Guideline for Isolation Precautions in Hospitals," as incorporated by reference in Section 004 of these rules. (4-2-08)

461. -- 469. (RESERVED)

470. MENINGITIS, VIRAL OR ASEPTIC.

01. Reporting Requirements. Each case of viral or aseptic meningitis must be reported to the Department or Health District within three (3) working days of identification. (4-11-15)

02. Investigation. Each reported case of viral or aseptic meningitis must be investigated to confirm the diagnosis, identify clusters or outbreaks of the infection, and identify the agent or source of the infection. (4-11-15)

471. -- 474. (RESERVED)

475. METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA).

01. Reporting Requirements. Each case or suspected case of invasive methicillin-resistant *Staphylococcus aureus* (MRSA), defined as MRSA isolated from a normally sterile site, must be reported to the Department or Health District within three (3) working days of identification by the laboratory director. (4-2-08)

02. Investigation. Any case of MRSA may be investigated to determine source and recommend

measures to prevent spread. (4-2-08)

03. Restrictions - Daycare Facility. A person who is diagnosed with MRSA infection must not work in an occupation providing personal care to children, or attend a daycare facility, if the infection manifests as a lesion containing pus such as a boil or infected wound that is open or draining; and (4-2-08)

a. The lesion is on the hands, wrists, or exposed portions of the arms, and is not protected by an impermeable cover; or (4-2-08)

b. The lesion is on another part of the body, and is not covered by a dry, durable, tight-fitting bandage. (4-2-08)

04. Restrictions - Food Service Facility. A food employee diagnosed with MRSA infection must be managed under IDAPA 16.02.19, "The Idaho Food Code." (4-2-08)

05. Restrictions - Health Care Facility. A person who is diagnosed with MRSA infection must not provide personal care to persons in a health care facility if the infection manifests as a lesion containing pus such as a boil or infected wound that is open or draining; and (4-2-08)

a. The lesion is on the hands, wrists, or exposed portions of the arms, and is not protected by an impermeable cover; or (4-2-08)

b. The lesion is on another part of the body, and is not covered by a dry, durable, tight-fitting bandage. (4-2-08)

06. Restrictions - School. A person who is diagnosed with MRSA infection must not work in an occupation where there is direct contact with students or attend a private, parochial, charter, or public school, if the infection manifests as a lesion containing pus such as a boil or infected wound that is open or draining; and (4-2-08)

a. The lesion is on the hands, wrists, or exposed portions of the arms, and is not protected by an impermeable cover; or (4-2-08)

b. The lesion is on another part of the body, and is not covered by a dry, durable, tight-fitting bandage. (4-2-08)

476. -- 479. (RESERVED)

480. MUMPS.

01. Reporting Requirements. Each case of mumps must be reported to the Department or Health District within three (3) working days of identification. (4-2-08)

02. Investigation. Each reported case of mumps must be investigated to confirm the diagnosis, identify clusters or outbreaks of the infection, identify the source of the infection, and to identify susceptible contacts. (4-11-15)

03. Restrictions. A person with mumps must be restricted from daycare, school, or work for five (5) days after the onset of parotid swelling. (3-29-10)

481. -- 489. (RESERVED)

490. MYOCARDITIS, VIRAL.

01. Reporting Requirements. Each case of viral myocarditis must be reported to the Department or Health District within three (3) working days of identification. (4-2-08)

02. Investigation. Each reported case of viral myocarditis must be investigated to confirm the

diagnosis, identify clusters or outbreaks of the infection, and identify the agent or source of the infection. (4-2-08)

491. -- 499. (RESERVED)

500. NEISSERIA GONORRHOEAE.

01. Reporting Requirements. Each case of *Neisseria gonorrhoeae* infection must be reported to the Department or Health District within three (3) working days of identification. (4-2-08)

02. Investigation. A person diagnosed with urethral, cervical, oropharyngeal, or rectal gonorrhea is required to inform all sexual contacts or provide sufficient information to health officials in order to locate these contacts. The contacts must be advised of their exposure to a sexually transmitted infection and informed they should seek examination and treatment. (4-11-15)

03. Prophylaxis of Newborns. Prophylaxis against gonococcal ophthalmia neonatorum is described in IDAPA 16.02.12, "Rules Governing Procedures and Testing To Be Performed on Newborn Infants." (4-2-08)

04. Isolation - Health Care Facility. A person with gonococcal ophthalmia neonatorum in a health care facility must be managed under the "Guideline for Isolation Precautions in Hospitals," as incorporated in Section 004 of these rules. (4-2-08)

501. -- 509. (RESERVED)

510. NEISSERIA MENINGITIDIS INVASIVE DISEASE.

01. Reporting Requirements. Each case or suspected case of *Neisseria meningitidis* invasive disease, including meningitis and septicemia, must be reported to the Department or Health District within one (1) working day of identification. (4-2-08)

02. Investigation. Each reported case of *Neisseria meningitidis* invasive disease must be investigated to confirm the diagnosis, identify clusters or outbreaks of the infection, identify contacts, and determine the need for antimicrobial prophylaxis or immunization of close contacts. (4-11-15)

03. Handling of Report. The Department and the Health District will exchange reported information within one (1) working day on any reported case of *Neisseria meningitidis* invasive disease. (4-2-08)

04. Restrictions - Daycare Facility. A person who is diagnosed with a disease caused by *Neisseria meningitidis* must not provide personal care to children, or attend a daycare facility, as long as the disease is present in a communicable form. (4-2-08)

05. Restrictions - Health Care Facility. A person with *Neisseria meningitidis* in a health care facility or residential care facility must be placed under respiratory isolation until twenty-four (24) hours after initiation of effective therapy. (4-2-08)

06. Restrictions - School. A person who is diagnosed with a disease caused by *Neisseria meningitidis* must not work in any occupation that involves direct contact with students, or attend a private, parochial, charter, or public school as long as the disease is present in a communicable form. (4-2-08)

511. -- 519. (RESERVED)

520. NOROVIRUS.

01. Reporting Requirements. Each case or suspected case of norovirus must be reported to the Department or Health District within one (1) working day of identification. (4-2-08)

02. Investigation. Each reported case of norovirus must be investigated to confirm the diagnosis, identify clusters or outbreaks of the infection, and identify the source of the infection. (4-11-15)

03. Restrictions - Daycare Facility. A person excreting norovirus must not attend or provide personal care in a daycare while symptomatic, unless an exemption is obtained from the Department or Health District. This restriction will be withdrawn once asymptomatic for at least twenty-four (24) hours. (4-11-15)

04. Exclusions - Food Service Facility. A person suspected of infection with, or diagnosed with, norovirus is excluded from working as a food employee while symptomatic, unless an exemption is made by the Department or Health District. This exclusion will be withdrawn once the person is asymptomatic for at least twenty-four (24) hours. (4-11-15)

05. Restrictions - Health Care Facility. A person excreting norovirus must not provide personal care in a health care facility, unless an exemption is obtained from the Department or Health District. This restriction will be withdrawn once asymptomatic for at least twenty-four (24) hours. (4-11-15)

06. Restrictions - School. A person excreting norovirus must not attend or work in a private, parochial, charter, or public school while symptomatic, unless an exemption is obtained from the Department or Health District. This restriction will be withdrawn once asymptomatic for at least twenty-four (24) hours. (4-11-15)

521. (RESERVED)

522. NOVEL INFLUENZA A VIRUS.

01. Reporting Requirements. (3-29-10)

a. Each detection of a novel influenza A virus must be reported to the Department or Health District within one (1) working day of identification by the laboratory director. (3-29-10)

b. Each probable or confirmed case of a novel influenza A infection resulting in hospitalization must be reported to the Department or Health District within one (1) working day of the event. (3-29-10)

02. Investigation. Any case of a novel influenza A infection may be investigated to determine severity and recommend measures to prevent spread. (3-29-10)

03. Restrictions. A person diagnosed with novel influenza A virus infection must be restricted from daycare, school, or work for twenty-four (24) hours after the fever is resolved. Fever must be absent without the aid of fever-reducing medicine. (3-29-10)

523. -- 529. (RESERVED)

530. PERTUSSIS.

01. Reporting Requirements. Each case or suspected case of pertussis must be reported to the Department or Health District within one (1) working day of identification. (4-2-08)

02. Investigation. Each reported case of pertussis must be investigated to confirm the diagnosis, identify clusters or outbreaks of the infection, identify susceptible contacts, and identify the source of the infection. (4-11-15)

03. Restrictions - Daycare Facility. A person who is diagnosed with pertussis must not work in any occupation in which there is direct contact with children, or attend a daycare facility, as long as the disease is in a communicable form. (4-2-08)

04. Restrictions - Health Care Facility. A person who is diagnosed with pertussis must not work in any occupation in which there is direct contact with other persons in a health care facility as long as the disease is in a communicable form. (4-2-08)

05. Restrictions - School. A person diagnosed with pertussis must not attend or work in a private,

parochial, charter, or public school as long as the disease is in a communicable form. (4-2-08)

531. -- 539. (RESERVED)

540. PHENYLKETONURIA.
Each case or suspected case of phenylketonuria must be reported to the Department or Health District within one (1) working day of identification. (4-2-08)

541. -- 549. (RESERVED)

550. PLAGUE.

01. Reporting Requirements. Each case or suspected case of plague must be reported to the Department or Health District immediately, at the time of identification, day or night. (4-2-08)

02. Investigation. Each reported case of plague must be investigated to confirm the diagnosis, determine the source, identify clusters or outbreaks of the infection, and whether there has been person-to-person transmission. (4-11-15)

03. Handling of Report. Each case of plague reported to the Department is reported to the Idaho Department of Agriculture if animals are involved. (4-2-08)

04. Restrictions - Daycare Facility. A person who is diagnosed with pneumonic plague must not work in any occupation in which there is direct contact with children, or attend a daycare facility, as long as the disease is in a communicable form. (4-11-15)

05. Restrictions - Health Care Facility. (4-2-08)

a. A person with or suspected of having pneumonic plague in a health care facility must be managed under the "Guideline for Isolation Precautions in Hospitals," as incorporated in Section 004 of these rules. (4-2-08)

b. A person with or suspected of having bubonic plague in health care facility must be managed under the "Guideline for Isolation Precautions in Hospitals," as incorporated in Section 004 of these rules. (4-2-08)

06. Restrictions - School. A person diagnosed with pneumonic plague must not attend or work in any occupation in which there is direct contact with children, in a private, parochial, charter, or public school as long as the disease is in a communicable form. (4-11-15)

07. Prophylaxis of Contacts. Household members and face-to-face contacts of a person with pneumonic plague must be placed on chemoprophylaxis and placed under surveillance for seven (7) days. A person who refuses chemoprophylaxis must be maintained under droplet precautions with careful surveillance for seven (7) days. (4-2-08)

551. -- 559. (RESERVED)

560. PNEUMOCOCCAL INVASIVE DISEASE IN CHILDREN LESS THAN EIGHTEEN YEARS OF AGE.

01. Reporting Requirements. Each case of pneumococcal invasive disease in children under eighteen (18) years of age including, but not limited to, meningitis, septicemia, and bacteremia, must be reported to the Department or Health District within three (3) working days of identification. (4-11-15)

02. Investigation. Each reported case of pneumococcal invasive disease in children must be investigated to confirm the diagnosis and determine relevant vaccine history. (4-2-08)

03. Restrictions - Daycare Facility. A person who is diagnosed with pneumococcal invasive disease must not attend daycare or work in any occupation in which there is direct contact with children in a daycare facility

as long as the disease is in a communicable form. (4-2-08)

04. Restrictions - School. A person diagnosed with pneumococcal invasive disease must not attend or work in any occupation in which there is direct contact with children in a private, parochial, charter, or public school as long as the disease is in a communicable form. (4-2-08)

561. -- 569. (RESERVED)

570. PNEUMOCYSTIS PNEUMONIA (PCP).

01. Reporting Requirements. Each case of *Pneumocystis* pneumonia (PCP) must be reported to the Department or Health District within three (3) working days of identification. (4-2-08)

02. Investigation. Each reported case of *Pneumocystis* pneumonia (PCP) must be investigated to confirm the diagnosis, and to determine the underlying cause of any immune deficiency which may have contributed to the disease. When the underlying cause is an HIV infection, it must be reported as described in Section 360 of these rules. (4-2-08)

571. -- 579. (RESERVED)

580. POLIOMYELITIS.

01. Reporting Requirements. Each case or suspected case of poliomyelitis infection must be reported to the Department or Health District within one (1) working day of identification. (4-2-08)

02. Investigation. Each reported case of poliomyelitis infection must be investigated to confirm the diagnosis, to determine whether the case is polio vaccine associated or wild virus associated, identify clusters or outbreaks of the infection, whether there has been person-to-person transmission, and to identify susceptible contacts, carriers, and source of the infection. (4-11-15)

03. Immunization of Personal Contacts. The immunization status of personal contacts is determined and susceptible contacts are offered immunization. (4-2-08)

04. Restrictions - Daycare Facility. A person who is diagnosed with poliomyelitis infection must not work in any occupation in which there is direct contact with children, or attend a daycare facility, as long as the disease is in a communicable form. (4-11-15)

05. Restrictions - School. A person diagnosed with poliomyelitis infection must not attend or work in any occupation in which there is direct contact with children, in a private, parochial, charter, or public school as long as the disease is in a communicable form. (4-11-15)

581. -- 589. (RESERVED)

590. PSITTACOSIS.

01. Reporting Requirements. Each case of psittacosis must be reported to the Department or Health District within three (3) working days of identification. (4-2-08)

02. Investigation. Each reported case must be investigated to confirm the diagnosis, identify clusters or outbreaks of the infection, and identify possible sources of the infection. (4-11-15)

03. Handling of Report. 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. (4-2-08)

591. -- 599. (RESERVED)

600. Q FEVER.

01. Reporting Requirements. Each case or suspected case of Q fever must be reported to the Department or Health District within one (1) working day of identification. (4-2-08)

02. Investigation. Each reported case of Q fever must be investigated to confirm the diagnosis, identify clusters or outbreaks of the infection, and identify the source of the infection. (4-11-15)

03. Handling of Report. 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. (4-2-08)

601. -- 609. (RESERVED)

610. RABIES - HUMAN, ANIMAL, AND POST-EXPOSURE PROPHYLAXIS (RPEP).

01. Reporting Requirements. (4-2-08)

a. Each case or suspected case of rabies in humans must be reported to the Department or Health District immediately, at the time of identification, day or night. (4-2-08)

b. Each case of rabies in animals must be reported to the Department or Health District within one (1) working day of identification. Each case of rabies in animals must also be reported to the Department of Agriculture as required in IDAPA 02.04.03, "Rules Governing Animal Industries." (3-29-10)

c. Each instance of rabies post-exposure prophylaxis (rPEP) series initiation must be reported to the Department or Health District within one (1) working day. (4-2-08)

02. Investigation. (4-2-08)

a. Each reported case or suspected case of rabies in humans must be investigated to confirm the diagnosis, identify the source and other persons or animals that may have been exposed to the source, and identify persons who may need to undergo rPEP. (3-29-10)

b. Each suspected or confirmed case of rabies in animals will be investigated to determine if potential human or animal exposure has occurred and identify persons who may need to undergo rPEP. (3-29-10)

c. Each reported rPEP series initiation must be investigated to determine if additional individuals require rPEP and identify the source of possible rabies exposure. (3-29-10)

03. Handling of Report. The Health District must notify the Department within one (1) working day of each reported case of this disease. (4-11-15)

04. Management of Exposure to Rabies. All exposures to a suspected or confirmed rabid animal must be managed under the guidelines in the "Compendium of Animal Rabies Prevention and Control," incorporated by reference in Section 004 of these rules. In the event that a human or animal case of rabies occurs, any designated representative of the Department, Health District, or Idaho Department of Agriculture, will establish such isolation and quarantine of animals involved as deemed necessary to protect the public health. (1-1-17)T

a. The handling of a rabies-susceptible animal that has bitten a person must be as follows: (4-2-08)

i. Any livestock which has bitten a person must be managed by the Idaho Department of Agriculture. (4-2-08)

ii. Any healthy domestic dog, cat, or ferret that 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, Health District, 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. (4-2-08)

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. (4-2-08)

iv. Any domestic dog, cat, or ferret that has not been vaccinated against rabies by a licensed veterinarian and can not 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. (4-2-08)

v. Rabies 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 Health District. (3-29-10)

vi. No person will destroy, or allow to be destroyed, the head of a rabies-susceptible animal that has bitten a person without authorization from the Department or Health District. (4-2-08)

b. 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, mauled by, or closely confined in the same premises with a known rabid animal must be as follows: (4-2-08)

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 four (4) months under the observation of a licensed veterinarian or a person designated by the Idaho Department of Agriculture, Health District, or the Department and vaccinated according to the Rabies Compendium. An animal 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 animals for which an approved rabies vaccine is available. (1-1-17)T

ii. The quarantine of such animal must be within an enclosure deemed adequate by a person designated by the Idaho Department of Agriculture, the Department, or Health District to prevent contact with any person or rabies-susceptible animal. (4-2-08)

iii. The owner of the animal is financially responsible for the cost of isolating and quarantining the animal and for specimen collection and testing. (4-2-08)

iv. Destruction of such animal is permitted as an alternative to quarantine. (4-2-08)

c. Any rabies-susceptible animal other than domestic dogs, cats, ferrets, or livestock that 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 unless an exemption is granted by the Department or Health District. (3-29-10)

05. City or County Authority. 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. (4-2-08)

611. -- 619. (RESERVED)

620. RELAPSING FEVER, TICK-BORNE AND LOUSE-BORNE.

01. Reporting Requirements. Each case of tick-borne or louse-borne relapsing fever must be reported to the Department or Health District within three (3) working days of identification. (4-2-08)

02. Investigation. Each reported case of tick-borne or louse-borne relapsing fever must be investigated to confirm the diagnosis, identify clusters or outbreaks of the infection, and whether transmission was from lice or ticks. (4-11-15)

621. -- 629. (RESERVED)

630. RESPIRATORY SYNCYTIAL VIRUS (RSV).
A laboratory director must report each detection of respiratory syncytial virus (RSV) infection to the Department or Health District within one (1) working day of identification. (4-2-08)

631. -- 639. (RESERVED)

640. REYE SYNDROME.

01. Reporting Requirements. Each case of Reye syndrome must be reported to the Department or Health District within three (3) working days of identification. (4-2-08)

02. Investigation. Each reported case of Reye syndrome must be investigated to obtain specific clinical information and to learn more about the etiology, risk factors, and means of preventing the syndrome. (4-2-08)

641. -- 649. (RESERVED)

650. ROCKY MOUNTAIN SPOTTED FEVER.

01. Reporting Requirements. Each case of Rocky Mountain spotted fever must be reported to the Department or Health District within three (3) working days of identification. (4-2-08)

02. Investigation. Each reported case of Rocky Mountain spotted fever must be investigated to confirm the diagnosis, identify the source of infection, and determine if control measures should be initiated. (4-2-08)

651. -- 659. (RESERVED)

660. RUBELLA - INCLUDING CONGENITAL RUBELLA SYNDROME.

01. Reporting Requirements. Each case or suspected case of rubella or congenital rubella syndrome must be reported to the Department or Health District within one (1) working day of identification. (4-2-08)

02. Investigation. Each reported case of rubella or congenital rubella syndrome must be investigated to confirm the diagnosis, identify clusters or outbreaks of the infection, identify any contacts who are susceptible and pregnant, and document the presence of the congenital rubella syndrome. (4-11-15)

03. Restrictions - Daycare Facility. A person who is diagnosed with rubella must not attend daycare or work in any occupation in which there is close contact with children in a daycare facility as long as the disease is in a communicable form. (4-11-15)

04. Restrictions - Health Care Facility. A person who is diagnosed with rubella must not work in any occupation in which there is close contact with other persons in a health care facility as long as the disease is in a communicable form. (4-11-15)

05. Restrictions - Schools. A person who is diagnosed with rubella must not attend, be present, or work in any occupation in which there is close contact with children or other persons in a private, parochial, charter, or public school as long as the disease is in a communicable form. (4-11-15)

06. Restrictions - Personal Contact. A person who is diagnosed with rubella must not work in occupations in which there is close contact with women likely to be pregnant as long as the disease is in a communicable form. (4-11-15)

661. -- 669. (RESERVED)

670. SALMONELLOSIS - INCLUDING TYPHOID FEVER.

01. Reporting Requirements. Each case or suspected case of salmonellosis or typhoid fever must be reported to the Department or Health District within one (1) working day of identification. (4-2-08)

02. Investigation. Each reported case of salmonellosis or typhoid fever must be investigated to confirm the diagnosis, identify clusters or outbreaks of the infection, and to identify contacts, carriers, and the source of infection. (4-11-15)

03. Handling of Report. The Department and the Health District will exchange reported information within one (1) working day on any suspected or reported case. (4-2-08)

04. Restrictions - Chronic Carrier. Chronic carriers, which are those who excrete *Salmonella* for more than one (1) year after onset, are restricted from working as food employees. Chronic carriers must not work in any occupation in which they provide personal care to children in daycare 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. (4-2-08)

05. Restrictions - Non-Typhi Salmonella. (4-2-08)

a. A fecally incontinent person excreting non-Typhi *Salmonella* must not attend a daycare facility. (4-2-08)

b. A person excreting non-Typhi *Salmonella* must not work in any occupation in which they provide personal care to children in a daycare facility or provide personal care to persons confined to a health care facility, unless an exemption is obtained from the Department or Health District. (4-2-08)

c. A symptomatic food employee excreting non-Typhi *Salmonella* must be managed under the IDAPA 16.02.19, "The Idaho Food Code." (4-2-08)

d. Before a person can attend or work in a daycare facility or a health care facility, or work as a food employee, the person must provide two (2) successive approved fecal specimens collected at least twenty-four (24) hours apart, that fail to show *Salmonella*. (4-11-15)

e. The Department may withdraw this restriction on a case of non-Typhi *Salmonella* provided that the person is asymptomatic. (4-2-08)

f. Any member of a household in which there is a case of non-Typhi salmonellosis must not work as a food employee until the member provides at least one (1) approved fecal specimen that fails to show *Salmonella* upon testing by a licensed laboratory. (4-11-15)

06. Restrictions - Salmonella Typhi. (4-2-08)

a. Any person with typhoid fever will remain subject to the supervision of the Department until *Salmonella Typhi* is not isolated by a licensed laboratory from three (3) successive approved fecal specimens collected at least twenty-four (24) hours apart and not earlier than one (1) month after onset. (4-11-15)

b. A food employee excreting *Salmonella Typhi* must be managed under IDAPA 16.02.19, "The Idaho Food Code." (4-2-08)

c. Any member of a household in which there is a case of *Salmonella Typhi* must not work in the occupations described in Subsection 670.05.d. of this rule until the member provides at least two (2) successive approved fecal specimens collected twenty-four (24) hours apart that fail to show *Salmonella* upon testing by a licensed laboratory. (4-11-15)

d. All chronic carriers of *Salmonella Typhi* must abide by a written agreement called a typhoid fever carrier agreement. This agreement is between the chronic carrier and the Department or Health District. Failure of the

carrier to abide by the carrier agreement may cause the carrier to be isolated under Section 065 of these rules. The carrier agreement requires: (4-2-08)

i. The carrier cannot work as a food employee; (4-2-08)

ii. Specimens must be furnished for examination in a manner described by the Department or Health District; and (4-2-08)

iii. The Department or Health District must be notified immediately of any change of address, occupation, and cases of illness suggestive of typhoid fever in his family or among immediate associates. (4-2-08)

e. 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 and urine specimens collected at least one (1) month apart. (4-2-08)

671. -- 679. (RESERVED)

680. SEVERE ACUTE RESPIRATORY SYNDROME (SARS).

01. Reporting Requirements. Each case or suspected case of severe acute respiratory syndrome (SARS) must be reported to the Department or Health District within one (1) working day of identification. (4-2-08)

02. Investigation. Each reported case of SARS must be investigated to confirm the diagnosis, review the travel and other exposure history, identify other persons potentially at risk, and identify the most likely source of the infection. (4-2-08)

03. Isolation. Recommendations for appropriate isolation of the suspected or confirmed case will be made by the Department or Health District. (4-2-08)

681. -- 689. (RESERVED)

690. SEVERE REACTION TO ANY IMMUNIZATION.

01. Reporting Requirements. Each case or suspected case of a severe reaction to any immunization must be reported to the Department or Health District within one (1) working day of identification. (4-2-08)

02. Investigation. Each reported case of severe reaction to any immunization must be investigated to confirm and document the circumstances relating to the reported reaction to the immunization. (4-2-08)

03. Handling of Report. The Department and the Health District will exchange reported information within one (1) working day on any reported case. (4-2-08)

691. -- 699. (RESERVED)

700. SHIGELLOSIS.

01. Reporting Requirements. Each case or suspected case of shigellosis must be reported to the Department or Health District within one (1) working day of identification. (4-2-08)

02. Investigation. Each reported case of shigellosis must be investigated to confirm the diagnosis and identify clusters or outbreaks of the infection. An attempt must be made to identify contacts, carriers, and the source of the infection. (4-11-15)

03. Handling of Report. The Department and the Health District will exchange reported information within one (1) working day on any suspected or reported case. (4-2-08)

04. Restrictions - Daycare Facility. (4-2-08)

a. A person excreting *Shigella* must not attend a daycare facility while fecally incontinent. (4-2-08)

b. A person excreting *Shigella* must not work in any occupation in which he provides personal care to children in a daycare facility while the disease is present in a communicable form, unless an exemption is obtained from the Department or Health District. During an outbreak in a daycare facility, a cohort system may be approved. (4-2-08)

c. The Department or Health District may withdraw the daycare restriction when the person has provided two (2) successive approved fecal specimens collected at least twenty-four (24) hours apart that fail to show *Shigella* upon testing by a licensed laboratory. (4-11-15)

05. Exclusions - Food Service Facility. (4-2-08)

a. A food employee excreting *Shigella* must be managed under IDAPA 16.02.19, "The Idaho Food Code." (4-2-08)

b. The Department or Health District may withdraw the food service restriction when the employee has provided two (2) successive approved fecal specimens collected at least twenty-four (24) hours apart that fail to show *Shigella* upon testing by a licensed laboratory. (4-11-15)

06. Restrictions - Health Care Facility. (4-11-15)

a. A person excreting *Shigella* must not work in any occupation in which he provides personal care to persons who are confined to a health care facility while the disease is present in a communicable form, unless an exemption is obtained from the Department or Health District. During an outbreak in a facility, a cohort system may be approved. (4-11-15)

b. The Department or Health District may withdraw the health care facility restriction when the employee has provided two (2) successive approved fecal specimens collected at least twenty-four (24) hours apart that fail to show *Shigella* upon testing by a licensed laboratory. (4-11-15)

c. During an outbreak in a facility, a cohort system may be approved. (4-11-15)

07. Restrictions - Household Contacts. No member of a household, in which there is a case of shigellosis, may work in any occupations in Subsections 700.04 through 700.06 of this rule, unless the Department or Health District approves and at least one (1) approved fecal specimen is negative for *Shigella* upon testing by a licensed laboratory. (4-11-15)

701. -- 709. (RESERVED)

710. SMALLPOX.

01. Reporting Requirements. Each case or suspected case of smallpox must be reported to the Department or Health District immediately, at the time of identification, day or night. (4-2-08)

02. Investigation. Each reported case of smallpox must be investigated promptly to confirm the diagnosis, identify clusters or outbreaks of the infection, and identify the source of the infection and susceptible contacts. (4-11-15)

03. Restrictions - Daycare Facility. (4-2-08)

a. A person diagnosed with smallpox must not attend a daycare facility as long as the disease is in a communicable form. (4-2-08)

b. In the event of an outbreak, the Department or Health District may exclude susceptible children and employees from daycare facilities where a case has been identified until adequate immunization is obtained or the

threat of further spread is contained. (4-2-08)

04. Restrictions - Health Care Facility. A person diagnosed or suspected of having smallpox in a health care facility must be managed under the "Guideline for Isolation Precautions in Hospitals," as incorporated in Section 004 of these rules. (4-2-08)

05. Restrictions - Public Gatherings. A person diagnosed with smallpox must not attend public gatherings as long as the disease is in a communicable form. (4-2-08)

06. Restrictions - School. (4-2-08)

a. A person diagnosed with smallpox, regardless of age, must not attend a private, parochial, charter, or public school as long as the disease is in a communicable form. (4-2-08)

b. In the event of an outbreak, the Department or Health District may exclude susceptible children and employees from schools where a case has been identified until adequate immunization is obtained or the threat of further spread is contained under Section 33-512(7), Idaho Code. (4-2-08)

07. Restrictions - Working. A person diagnosed with smallpox must not work in any occupation as long as the disease is in a communicable form. (4-2-08)

711. -- 719. (RESERVED)

720. STREPTOCOCCUS PYOGENES (GROUP A STREP) INFECTIONS.

01. Reporting Requirements. Each case of *Streptococcus pyogenes* (group A strep) infection which is invasive or results in rheumatic fever or necrotizing fasciitis must be reported to the Department or Health District within three (3) working days of identification. (4-11-15)

02. Investigation. Each reported case of *Streptococcus pyogenes* (group A strep) infection which is invasive or results in rheumatic fever or necrotizing fasciitis must be investigated to confirm the diagnosis, to determine if the infection is part of an outbreak, and to identify the source of the infection. (4-11-15)

03. Restrictions - Daycare Facility. An infected person must not attend or work in a daycare until twenty-four (24) hours has elapsed after treatment is initiated or until he is no longer infectious as determined by a physician, the Department or Health District. (4-2-08)

04. Restrictions - Health Care Facility. An infected person must not work in a health care facility until twenty-four (24) hours has elapsed after treatment is initiated or until he is no longer infectious as determined by a physician, the Department or Health District. (4-2-08)

05. Restrictions - School. An infected person must not attend or work in a private, parochial, charter, or public school until twenty-four (24) hours has elapsed after treatment is initiated or until the patient is no longer infectious as determined by a physician, the Department or Health District. (4-2-08)

721. -- 729. (RESERVED)

730. SYPHILIS.

01. Reporting Requirements. Each case or suspected case of syphilis must be reported to the Department or Health District within three (3) working days of identification. (4-2-08)

02. Investigation. Each reported case of primary, secondary, or early latent syphilis must be investigated by the Department or Health District. Each person diagnosed with primary, secondary, or early latent infectious syphilis is required to inform all sexual contacts that they may have been exposed to a sexually transmitted infection, or provide sufficient information to public health officials so they may locate contacts and assure that each is offered prompt diagnosis and treatment under Section 39-605, Idaho Code. (4-11-15)

03. Testing Without an Informed Consent. 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. (4-2-08)

731. -- 739. (RESERVED)

740. TETANUS.

01. Reporting Requirements. Each case of tetanus must be reported to the Department or Health District within three (3) working days of identification. (4-2-08)

02. Investigation. Each reported case of tetanus must be investigated to confirm the diagnosis and to determine the immunization status of the case. (4-2-08)

741. -- 749. (RESERVED)

750. TOXIC SHOCK SYNDROME.

01. Reporting Requirements. Each case of toxic shock syndrome must be reported to the Department or Health District within three (3) working days of identification. (4-2-08)

02. Investigation. Each reported case of toxic shock syndrome must be investigated to obtain specific clinical information on the syndrome and to determine the etiology, risk factors, and means of preventing the syndrome. (4-2-08)

751. -- 759. (RESERVED)

760. TRANSMISSIBLE SPONGIFORM ENCEPHALOPATHIES (TSE), INCLUDING CREUTZFELDT-JAKOB DISEASE (CJD) AND VARIANT CJD (VCJD).

01. Reporting Requirements. Each case or suspected case of transmissible spongiform encephalopathy (TSE), including Creutzfeldt-Jakob disease (CJD) and variant CJD (vCJD) must be reported to the Department or Health District within three (3) working days of identification. (3-29-10)

02. Investigation. Each reported case of transmissible spongiform encephalopathy (TSE) must be investigated to determine the cause and confirm the diagnosis. (4-2-08)

03. Autopsy. The state epidemiologist may order an autopsy for suspected CJD or vCJD deaths as per Section 39-277, Idaho Code. (3-29-10)

761. -- 769. (RESERVED)

770. TRICHINOSIS.

01. Reporting Requirements. Each case of trichinosis must be reported to the Department or Health District within three (3) working days of identification. (4-2-08)

02. Investigation. Each reported case of trichinosis must be investigated to confirm the diagnosis, identify clusters or outbreaks of the infection, and identify the source of the infection. (4-11-15)

03. Handling of Report. The Department will notify the Idaho Department of Agriculture and other regulatory agencies as applicable. (4-2-08)

771. -- 779. (RESERVED)

780. TUBERCULOSIS.

01. Reporting Requirements. Each case of tuberculosis must be reported to the Department or Health District within three (3) working days of identification. (4-2-08)

02. Investigation. Each reported case of tuberculosis must be investigated to confirm the diagnosis, identify contacts, associated cases, and the source of the infection. (4-2-08)

03. Active Pulmonary Tuberculosis - Definition. Tuberculosis disease of the lungs, determined by a physician to be potentially contagious by clinical or bacteriological evidence or by evidence of the spread of the disease to others. Tuberculosis is considered active until cured. (4-2-08)

04. Cure of Tuberculosis - Definition. The completion of a course of antituberculosis treatment. (4-2-08)

05. Restrictions - Daycare Facility. A person with active pulmonary tuberculosis must not attend or work in any occupation in which he has direct contact or provides personal care to children in a daycare facility, until he is determined to be noninfectious by a licensed physician, the Department or Health District. (4-2-08)

06. Restrictions - Health Care Facility. (4-2-08)

a. A person suspected to have pulmonary tuberculosis in a health care facility must be managed under the "Guideline for Isolation Precautions in Hospitals," as incorporated in Section 004 of these rules, until the diagnosis of active pulmonary tuberculosis is excluded by a licensed physician. (4-2-08)

b. A person with active pulmonary tuberculosis in a health care facility must be managed under the "Guideline for Isolation Precautions in Hospitals," as incorporated in Section 004 of these rules, until he is determined to be noninfectious by a licensed physician, the infection control committee of the facility, or the Department. (4-2-08)

c. A person with active pulmonary tuberculosis must not work in any occupation in which he has direct contact or provides personal care to persons confined to a health care or residential care facility, until he is determined to be noninfectious by a licensed physician, infection control committee of the facility, or the Department. (4-2-08)

d. In the event that active pulmonary tuberculosis is diagnosed in an employee, patient, or resident, the health care facility must conduct an investigation to identify contacts. The Department or Health District may assist in the investigation. (4-2-08)

07. Restrictions - School. A person with active pulmonary tuberculosis must not attend or work in any occupation in which he has direct contact with students in a private, parochial, charter, or public school until he is determined to be noninfectious by a licensed physician, the Department or Health District. (4-2-08)

08. Restrictions - Household Contacts. Any member of a household, in which there is a case of active pulmonary tuberculosis, must not attend or work in any occupation in which he provides direct supervision of students in a school, personal care to children in a daycare facility or persons confined to a health care facility, or works in a food service facility, until he has been determined to be noninfectious by a licensed physician, the Department, or Health District. (4-2-08)

781. -- 789. (RESERVED)

790. TULAREMIA.

01. Reporting Requirements. Each case or suspected case of tularemia must be reported to the Department or Health District immediately, at the time of identification, day or night. (4-2-08)

02. Investigation. Each reported case of tularemia must be investigated to confirm the diagnosis and to identify the source of the infection. (4-2-08)

03. Handling of Report. The Department will notify the Idaho Department of Agriculture of any identified source or suspected source of the infection. (4-2-08)

791. -- 809. (RESERVED)

810. YERSINIOSIS, OTHER THAN PLAGUE.

01. Reporting Requirements. Each case of yersiniosis, other than plague, must be reported to the Department or Health District within three (3) working days of identification. Plague must be reported immediately as described in Section 550 of these rules. (4-2-08)

02. Investigation. Each reported case of yersiniosis must be investigated to confirm the diagnosis, identify carriers, and the source of the infection. (4-2-08)

03. Restrictions - Food Service Facility. A symptomatic person must be managed under IDAPA 16.02.19, "The Idaho Food Code." (4-11-15)

811. -- 949. (RESERVED)

DELEGATION OF POWERS AND DUTIES
(Sections 950 - 999)

950. DELEGATION OF POWERS AND DUTIES.
The Director has the authority to delegate to the Health Districts any of the powers and duties created by these rules under Section 39-414(2), Idaho Code. Any delegation authority will be in writing and signed by both the Director and the Health District Board. (4-2-08)

951. -- 999. (RESERVED)

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