

CHAPTER 4605
DEPARTMENT OF HEALTH
COMMUNICABLE DISEASES

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4605.0200 PHYSICIAN TO REPORT.

When called to a case, suspected case, or death from any of the following diseases, the attending physician, within 24 hours, shall provide the local health officer with the information outlined in the form in part 4605.0300. In areas where there is no local health officer, the information shall be reported directly to the Division of Personal Health Services, Minnesota Department of Health. Diseases preceded by an asterisk shall also be reported immediately to the Minnesota Department of Health either by the local health officer or by the attending physician.

- A. amebic dysentery;
- B. *anthrax;
- C. *botulism;
- D. brucellosis (undulant fever);
- E. chickenpox (only patients over 16 years of age);
- F. *cholera;
- G. *diphtheria;

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- H. encephalitis (all types);
- I. food poisoning, or foodborne illness;
- J. hepatitis--A (formerly infectious hepatitis);
- K. hepatitis--B (formerly serum hepatitis);
- L. lead poisoning;
- M. *leprosy;
- N. leptospirosis;
- O. malaria;
- P. measles (rubeola);
- Q. meningitis (all infectious types);
- R. meningococemia;
- S. mumps;
- T. *ophthalmia neonatorum;
- U. *plague;
- V. *poliomyelitis;
- W. *psittacosis;
- X. *rabies (animal and human cases and exposed persons);
- Y. rheumatic fever;
- Z. rubella and congenital rubella syndrome;
- AA. *Rocky Mountain spotted fever;
- BB. salmonellosis (including typhoid);
- CC. shigellosis (bacillary dysentery);
- DD. *smallpox;
- EE. *tetanus;
- FF. *trichinosis;
- GG. tuberculosis;
- HH. tularemia;
- II. *typhus fever;
- JJ. whooping cough (pertussis); and
- KK. yellow fever.

(Note: Some of the above changes represent rearrangements in order, such as typhoid fever.)

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

4605.0300 DISEASE REPORT FORM.

Reports that are required in part 4605.0200 to notify health officials of certain diseases shall contain as much of the following information as is known:

MINNESOTA DEPARTMENT OF HEALTH DISEASE REPORT CARD

As required by Public Health Law, I report to the health officer a case of

Disease _____ Lab. Confirmed? Yes No
(circle one)

Patient's Name _____ Age _____ Sex: M F
(circle one)

Address _____ City or
Township _____ County _____

Phone _____ Occupation _____ or School _____
Place of Work

Date of Onset of First Symptom _____ Date of Report _____

Physician _____ Phone _____

Diagnostic Laboratory Findings _____

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Possible Source(s) of Infection_____

— Check here if additional disease report cards needed. How many?

— Check here if other supplies needed. What? How much?

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

4605.0400 UNUSUAL CASE INCIDENCE.

Any unusual pattern of cases or increased incidence of any illness beyond the expected number of cases in a given period, which may indicate an outbreak, epidemic, or related public health problem associated with one or more reportable diseases in part 4605.0200, shall be reported by telephone by the attending physician as soon as possible to the local health officer or to the Division of Personal Health Services, Minnesota Department of Health.

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

4605.0500 NO PHYSICIAN IN ATTENDANCE.

When no physician is in attendance, it shall be the duty of the head of the household, or other person in charge of any institution, school, hotel, boarding house, camp, dairy farm, or pasteurization plant, or any other person having knowledge of any individual believed to have or suspected of having any disease, presumably communicable, to report immediately the name and address of any such person to the local health officer or if there is no local health officer, to the Division of Personal Health Services, Minnesota Department of Health.

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

4605.0600 REPORTS TO STATE.

Within 24 hours of receipt of such information or other knowledge of a case, the local health officer shall forward same to the Minnesota Department of Health, Division of Personal Health Services, 717 Delaware Street SE, Minneapolis, Minnesota 55440, after transcribing essential information for permanent local record.

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

4605.0700 RESPONSIBILITY FOR REMOVAL OF QUARANTINE PLACARD.

No person or persons shall alter, deface, remove, destroy, or tear down any posted notice relating to a communicable disease. The occupant or person having possession or control of a building upon which such a notice has been posted shall be held responsible for the unauthorized removal of such notice, and shall, within 24 hours after the destruction or unauthorized removal of such notice, notify the local health officer of such removal or destruction.

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

4605.0800 CASES OCCURRING IN HOTELS.

Any person who is infected with diphtheria, epidemic influenza, scarlet fever, smallpox, trachoma, tuberculosis, typhoid fever, or other communicable disease, and is residing in a common lodging house or hotel shall be removed therefrom under the supervision of the local health officer, to a suitable hospital or place of quarantine, if necessary, in order to prevent exposure of other persons to infection. In such cases, if an infected person cannot be removed without danger to his or her health, the local health officer shall make provisions for the care of such individual in the house where he or she may be found and may cause other persons in the house to be removed therefrom after being submitted to the necessary disinfection.

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

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4605.0900 DISINFECTION OF PREMISES AND BODILY DISCHARGES.

It shall be the duty of a person afflicted with a communicable disease or having charge of such a patient:

A. to dispose of any bodily discharge so that no offense or danger will be caused to other persons;

B. to prevent access of flies, insects, vermin, or pets to the patient or to infectious material; and

C. to disinfect or destroy furnishings, bedding, or other articles, under the direction of the health officer, when necessary for the protection of others.

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

4605.1000 FAILURE TO DISINFECT PREMISES.

Whenever the order or direction of the local health officer requiring disinfection or cleansing of articles, premises, or apartments shall not be complied with, he shall cause a placard in words and form as follows, to be placed upon the door of such an apartment or premises, to wit:

NOTICE

_____ is a communicable disease. These apartments have been occupied by a _____ patient and may be infected. They must not be occupied until the order of the health officer directing their renovation and disinfection has been complied with.

This notice must not be removed under penalty of law except by the health officer or an authorized officer.

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

4605.1100 MILK AND OTHER FOOD FROM INFECTED PREMISES.

No milk, cream, butter, or other food or food products liable to be eaten without being cooked after last handling shall be offered for sale or given to any party or delivered to any creamery, butter factory, store, shop, or market from a house where a case of diphtheria, dysentery (amebic or bacillary), poliomyelitis, scarlet fever, epidemic sore throat, smallpox, typhoid fever, paratyphoid fever exists, nor shall any person resident in such house handle in any capacity milk or milk products offered for sale. The sale of such foods or food products is forbidden from farm premises or other premises where any of the diseases mentioned exist except under the following conditions:

Those having to do with the food or food products shall eat, sleep, and work wholly outside of the house or part of the house in which the patient is isolated, and shall in no way handle anything or person whatever, coming from or connected with the house or part thereof in which the patient is isolated, nor shall those under isolation in the house handle any person or thing connected with the food or food products.

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

4605.1200 SPECIAL PRECAUTIONS DURING EPIDEMIC.

During an epidemic of communicable disease, the meeting, assembling, or gathering together of persons in the health district, or part thereof, where such epidemic prevails, or the communicating of persons living therein with others, when such assembling or communicating is done in such a way as to endanger the public health and facilitate the spread of the epidemic, is hereby prohibited. The commissioner of health shall whenever an epidemic of communicable disease exists in any part of the state, notify the local health officer as to what meetings, assemblings, or gatherings of persons and what forms of communication between them will be prohibited, and thereupon such local health officer shall cause to be conspicuously posted in the territory a notice as follows:

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“Notice of epidemic. An epidemic of communicable disease existing in the territory included within _____ and the commissioner of health having notified me that the following meetings, assemblages, or gatherings of persons therein, and the following forms of communication between people living therein and others are prohibited by the rules of the Minnesota commissioner of health, to wit: _____

Notice is hereby given that the meeting, assembling, or gathering of persons or communicating between them as aforesaid is unlawful, and offenders will be prosecuted.

Dated:

Local Health Officer.”

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

History: *L 1977 c 305 s 39*

4605.1300 REPORTING OF SICK SCHOOL CHILDREN.

Subpart 1. **Exclusion of children from school.** The person in charge of a school shall exclude from school all children who return to school after an illness of unknown cause, appear to be in ill health, have lice or other vermin. The parents of such children shall be notified of the reason for exclusion and such cases shall be referred to the family physician, the school physician, or the health officer. Children shall not be readmitted until they obtain a certificate from the health officer or his authorized agent.

Subp. 2. **Medical examination of pupils, faculty, and staff.** Each school physician or local health officer shall make a medical examination of all pupils referred to him under subpart 1 and such other examinations of pupils, teachers, and janitors, and of school buildings, as in his opinion, the protection of public health, the efficiency of the school, or the welfare of the individual may require, and shall make a written report and appropriate recommendations to the school officials and the local health officer.

Subp. 3. **Permits to reattend school.** A person having a communicable disease (see list under part 4605.0200) or any other transmissible affection (tonsillitis, mumps, conjunctivitis, impetigo contagiosa, itch, ringworm, etc.) or a parasitic infection (lice or other vermin) or any person residing in a house in which any such disease exists, or has recently existed, shall be excluded from attending any public, private, or parochial school, church, or Sunday school, or any public or private gathering whatsoever, until the health officer of the sanitary district concerned shall have given his permission for such attendance.

Subp. 4. **Parental responsibility.** No parent, master, or guardian of a child or minor, having the power and authority to prevent, shall permit any such child or minor to attempt to attend school in violation of the provisions of part 4605.1300.

Subp. 5. **Closure of private schools.** No private boarding school or institutional school of any type where all or part of the pupils are housed within the institution shall be closed because of the presence of a communicable disease without prior notice to the commissioner of health by telephone or telegraph. No child, teacher, or employee of said school or institution shall leave the sanitary district in which the school is located without permission of the local health officer or the commissioner of health.

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

History: *L 1977 c 305 s 39*

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4605.1400 TRANSFER OF PATIENTS.

A patient in the communicable stage of diphtheria, measles, meningitis (meningococcus), scarlet fever, epidemic sore throat, smallpox, typhoid fever, paratyphoid fever, whooping cough, or other dangerous communicable disease, may be transferred from one city, village, or township to another when permission has been secured from the health officers of the respective jurisdictions from which and to which the patient is moved, and from the commissioner of health. Such transfer shall be made in a manner not dangerous to the public health.

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

History: *L 1977 c 305 s 39*

4605.1500 SECURING LABORATORY SPECIMENS FROM TYPHOID AND OTHER GERM CARRIERS.

Any person suspected of being in a condition such that disease may be spread through his or her bodily excretions or discharges shall on request of local health officer or an authorized agent of the commissioner of health submit to the commissioner of health specimens of such bodily excretions or discharges, in manner and amount, at such intervals, and under such supervision as prescribed by the commissioner of health. If deemed necessary by the local board or the commissioner of health for the control of spread of infection, supervision of the collection of specimens shall include temporary hospitalization at public expense.

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

History: *L 1977 c 305 s 39*

4605.1600 ISOLATION OF CONTACTS.

At the discretion of the local health officer, persons exposed to any communicable disease may be held in isolation, or may be required to report to him at reasonable intervals.

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

ADDITIONAL CONTROL MEASURES FOR CERTAIN COMMUNICABLE DISEASES

4605.1700 ANTERIOR POLIOMYELITIS.

Cases of poliomyelitis shall be isolated for one week from the date of onset, or duration of fever if longer. Children in the house and persons associated with the patient may, at the discretion of the health officer, be kept under observation for up to two weeks after last exposure.

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

4605.1800 ANTHRAX.

No person shall manufacture, have, keep, offer for sale, sell, distribute, or give away, in the state of Minnesota, any shaving brush in which horsehair is used in whole or in part.

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

4605.1900 CHICKENPOX.

All cases of reported chickenpox in persons of 16 years of age or over shall be examined by the local health officer, who shall record whether the patient has been successfully vaccinated against smallpox, or not. Children having chickenpox shall be excluded from school for seven days from the first appearance of the exanthem.

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

4605.2000 DIPHTHERIA.

The local health officer shall post in a conspicuous place upon the entrance to premises where diphtheria exists, a notice in words and form as follows:

DIPHTHERIA

exists on these premises.

All persons except attending physicians are forbidden to go into or away from this house, or to carry anything away from the house without the permission of the health officer.

The occupant of this house will be held responsible for the unauthorized removal of this card.

By order of

_____ 19____
(Date)

Health Officer

So-called laryngeal croup and membranous croup shall be classed, quarantined, and cared for as diphtheria. In suspicious cases of sore throat the same notice shall be posted with the word "suspected" placed above the word "diphtheria."

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

4605.2100 LABORATORY EXAMINATIONS OF DIPHTHERIA.

Subpart 1. Cultures and results. The health officer, personally, or through the attending physician, shall take nose and throat cultures from all doubtful or suspected cases and contacts and submit them to one of the laboratories of the Department of Health for bacterial diagnosis.

If the laboratory diagnosis is "Reserved. Send another specimen," no change shall be made in the notice.

If the laboratory diagnosis is "Diphtheria," the word "suspected" alone shall be removed from the notice, as provided for under part 4605.2000.

If the laboratory diagnosis is "No diphtheria bacilli found," and a clinical diagnosis of diphtheria still cannot be made, the health officer may raise the quarantine.

Subp. 2. Removal of restrictions. In all cases diagnosed "Diphtheria," "Laryngeal Croup," or "Membranous Croup," upon clinical findings, or "Diphtheria" upon laboratory findings, two consecutive negative sets of separate nose and throat cultures are required for the removal of all restrictions. Cultures from patient should be sent at least once a week after recovery, but before raising quarantine separate nose and throat cultures from each member of the household shall be submitted to one of the laboratories of the Department of Health. Quarantine of household shall be raised and all restrictions of individuals removed at once upon obtaining "for release" two consecutive negative sets of separate nose and throat cultures from patient and all infected members of household, and one set of negative cultures from all other members of household.

Subp. 3. Diphtheria bacilli. If any member of household (patients or others) continues to carry diphtheria bacilli, quarantine of the household shall be raised six weeks (42 days) after the subsidence of clinical symptoms in the last case, but restrictions of infected members of household and others must be continued as provided for under subpart 5.

Subp. 4. Isolation and release of household members from quarantine. All members of a household where diphtheria exists shall be quarantined unless the patient is entirely isolated in a portion of the house used for no other purpose and is in charge of a reliable attendant. If proper isolation obtains and the laboratory diagnosis on nose and throat cultures from members of the household employed at gainful occupations is "No diphtheria bacilli found," such persons may be released from quarantine, provided they make a declaration in writing to

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the health officer that they will not come in contact with the patient, the patient's room or anything or any person coming in contact with the patient or the patient's room. The health officer shall issue written permits of release which may be revoked if the above provisions are not complied with.

Subp. 5. Permit to reattend school. Patients or others remaining infected longer than six weeks following subsidence of clinical symptoms in the last case shall not be permitted to attend any public, private, or parochial school, church, or Sunday school, or any public or private gathering, until two consecutive negative sets of separate nose and throat cultures have been reported in accordance with subpart 7.

All children in the household shall be subject to the above restrictions unless isolation of the infected persons obtains, when the health officer shall issue written permit which may be revoked if conditions are not complied with.

The health officer may give permission for persons remaining infected longer than six weeks to go to his office or that of his authorized agent for the purpose of having cultures taken.

Subp. 6. Release from quarantine. Persons associated with a case and wishing to leave the premises before quarantine is raised shall be separated from the patient and shall have nose and throat cultures taken by the health officer or attending physician. If the laboratory diagnosis is "No diphtheria bacilli found," the person may be released from quarantine. After fatal cases, the members of the household shall not be released from quarantine until the above measures have been carried out.

Subp. 7. Cultures taken by physician or sanitary inspection. All cultures must be taken by a physician or sanitary inspector and cultures for release of quarantine shall be taken with at least 24 hours intervening. All cultures must be submitted to one of the laboratories of the Department of Health or to a laboratory having the official endorsement of the commissioner of health. Reports on cultures examined elsewhere will not be officially recognized.

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

History: *L 1977 c 305 s 39*

4605.2200 ENCEPHALITIS.

The patient's room shall be carefully screened throughout the course of the active disease if any flies or insects are about. All cases of encephalitis shall be considered as of the epidemic type, transmissible by vectors, unless another diagnosis is determined. For the welfare of the patient the patient may be isolated during the course of the active disease.

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

4605.2300 MEASLES.

Persons having measles shall be confined to their home premises from the time of diagnosis until five days after the appearance of the rash.

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

4605.2400 MENINGITIS (MENINGOCOCCUS).

Every case of meningitis shall be classed as of meningococcus type and cared for accordingly until proved to be otherwise. Cases of meningococcus meningitis shall be isolated for at least seven days after the first symptoms appear. Children in the house and persons associated with the patient shall be kept under observation for seven days after last exposure.

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

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4605.2500 RABIES.

When any person has been attacked by an animal suspected of being or known to be rabid, the attending physician or the health officer in communication with the Division of Disease Prevention and Control, Minnesota Department of Health, shall determine as soon as practicable the advisability of said person receiving preventive treatment. The offending animal shall not be killed unless it cannot safely be secured. The secured animal shall be observed for symptoms for a period of ten days. If the animal on the tenth day shows clinical symptoms suggestive of rabies, the observation period shall be extended.

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

4605.2600 SCARLET FEVER, SCARLATINA, AND EPIDEMIC SORE THROAT.

A person having scarlet fever, scarlatina, or epidemic sore throat (streptococcal) shall be isolated until clinical recovery, or no less than seven days from onset. Isolation may be terminated after 24 hours after treatment with penicillin provided therapy is continued for seven to ten days. Alternative therapy with erythromycin may be utilized in patients sensitive to penicillin.

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

4605.2700 SMALLPOX.

Subpart 1. **Quarantine signs.** The local health officer shall post in a conspicuous place upon the entrance to premises where smallpox exists, a notice in words and form as follows:

SMALLPOX

exists on these premises

Smallpox patients must not leave the house until after the removal of the warning card.

Every person exposed to smallpox, who cannot show evidence of a recent successful vaccination or a recent attack of smallpox, must be vaccinated within three (3) days of first exposure or be isolated twenty-one (21) days after last exposure.

Only those protected by vaccination are allowed to go into or from this house.

The occupants of this house will be held responsible for the unauthorized removal of this card.

By order of

_____ 19____
(Date)

Health Officer

Subp. 2. **Quarantine.** All members of a household where smallpox exists shall be quarantined until released by the local health officer under the following provisions:

A. Before release of a smallpox patient the skin must be free of scabs and the dark-colored plaques, often present under the outer layer of skin of the palms of the hands and the soles of the feet; the patient must take a full bath and shampoo the hair, and all clothing and other articles exposed to infection must be disinfected as directed by the local health officer.

B. Persons not protected by a recent successful vaccination or an attack of smallpox, residing on premises where smallpox exists or directly exposed by association with a case of smallpox, who refuse to be vaccinated shall be isolated and shall not be permitted to leave the premises until 21 days after last exposure.

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C. Persons who are protected by a recent successful vaccination, or an attack of smallpox, or who submit to vaccination within three days after first exposure to smallpox, may be given written authorization by the local health officer to go into and from the premises under quarantine for smallpox.

Subp. 3. **Vaccination.** Whenever smallpox shall be epidemic in Minnesota and in the judgment of the commissioner of health, vaccination shall be necessary to control such disease not only in those health districts where cases of smallpox actually exist, but also in those districts where no smallpox cases are present, then and in such case the health officer of each municipality or the chairman of the board of supervisors of each town shall arrange for the free voluntary vaccination of all of the inhabitants of the health district over which the local board of health has jurisdiction, provided that the governing body of such municipality or town shall appropriate money therefor. The expense thereof shall constitute an item incident to the control of a communicable disease and shall be deemed an incident to the establishment, enforcement, and release of quarantine, and one-half thereof shall be recoverable from the proper county as provided in Minnesota Statutes 1911, section 145.05.

A successful vaccination must be required of all officers and employees in state institutions when such individuals are brought into contact in any way whatever with the wards of the institution.

Subp. 4. **Smallpox in schools.** If smallpox prevails in a community, or if the disease appears in a school, all unvaccinated teachers and pupils must be excluded from school for a period of three weeks unless vaccinated within three days of first exposure. Failing to comply with this requirement, the school must be closed for a period of three weeks. If smallpox appears in any class in any college in Minnesota, all unvaccinated teachers and students in the class must be excluded from school work for a period of three weeks unless vaccinated within three days of first exposure. Failing to comply with this requirement, the classes attended by such teachers or students must be discontinued for a period of three weeks.

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

History: *L 1977 c 305 s 39*

4605.2800 TRACHOMA.

Upon receipt of a report of trachoma the health officer shall investigate the case and if the disease is trachoma or suspected trachoma, he shall give written directions for the continuous treatment of the disease and for the precautions to be taken to prevent its spread to other persons unless the case is under the care of a competent physician and adequate precautions are being taken.

If the circumstances in any case of trachoma or suspected trachoma require it, the patient shall be removed to a hospital or other suitable place and there shall be quarantined and treated during the active, infectious period of the disease.

No person affected with trachoma, or suspected trachoma, shall attend school without a written permit from the health officer, certifying that the disease is under control and that no dangerous eye discharge exists.

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

4605.2900 TUBERCULOSIS.

Subpart 1. **Reporting of cases.** Any licensed physician and surgeon called upon, under the provisions of Laws of Minnesota 1941, chapter 479, to make a physical examination of an applicant for employment in any state institution under the direction of the Department of Human Services:

A. shall submit to the superintendent of the institution in which employment is sought, for reading by the institution's consulting roentgenologist, an X ray film of the applicant's chest;

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B. shall submit to the Minnesota Department of Health, Division of Disease Prevention and Control, for laboratory examination a specimen of any abnormal discharge, as from the lungs or air passages, glands, bones, sinuses, or other source in the applicant which might be suspected of being tuberculous in nature;

C. shall fill out in full the official examination form furnished by the Department of Human Services, giving detail of all findings and indicate thereon the presence or absence of tuberculous infection and disease based upon such findings.

Subp. 2. **Placarding.** If proper precautions are not being taken by the patient or those in charge of the patient, the local health officer shall post in a conspicuous place on the entrance to premises where a case of pulmonary or glandular tuberculosis in the infectious stage exists, a notice in words and form as follows:

WARNING
TUBERCULOSIS
exists on these premises.
Posted by order of

_____ 19_____
(Date)

Health Officer

This notice is posted only when proper precautions are not being taken for the protection of the public health.

Subp. 3. **Handling milk or food products.** No person affected with pulmonary or glandular tuberculosis in the infectious stage shall handle in any capacity milk, cream, butter, other food or food products likely to be eaten without being cooked after handling, if such foods are to be offered for sale.

Subp. 4. **Infectious period.** The infectious stage of pulmonary or glandular tuberculosis, for the purpose of these rules shall be considered as the period or periods following a positive clinical diagnosis of tuberculosis, or the demonstration of tubercle bacilli in the sputum or discharge, during which there is cough with expectoration, or during which there is a discharge through the mouth or externally, from the affected glands.

Subp. 5. **Quarantine of incorrigibles.** A person ill with tuberculosis who neglects or refuses to obey the instructions of the commissioner of health or the local health officer in matters relating to the protection of others against the disease shall be placed under quarantine in a suitable place and shall not be permitted to leave such place until such time as the danger of infecting others no longer exists.

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

History: *L 1977 c 305 s 39; L 1984 c 654 art 5 s 58*

4605.3000 TYPHOID FEVER.

Subpart 1. **Patient's room.** The patient's room shall be carefully screened throughout the course of the disease and during convalescence, if any flies or insects are about.

Subp. 2. **Handling milk or other foods.** No person convalescent from typhoid fever or paratyphoid fever, or suffering from "walking typhoid," or proven by proper laboratory tests to be a carrier of bacillus typhosus or bacillus paratyphosus, shall be permitted to handle in any capacity milk, cream, butter, other food or food products, liable to be eaten without being cooked after handling, if such foods are offered for sale, until the local health officer, with the approval of the commissioner of health, shall state in writing, with the circumstances indicated, that danger of infection from such person no longer exists.

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Subp. 3. **Water supplies.** Any drinking water supply known to be a positive or probable source of typhoid fever or other disease, shall be condemned either by the local board of health or by the commissioner of health, and when so condemned, shall not be used again as a drinking water supply until declared safe by the condemning party.

Subp. 4. **Reporting of cases in hospitals and sanatoria.** On discharge from any hospital or sanatorium of any person suffering or convalescent from typhoid fever or paratyphoid fever or of any person known to be a carrier of typhoid organisms or paratyphoid organisms, it shall be the duty of the superintendent of such hospital, or sanatorium to report the discharge in writing to the Division of Disease Prevention and Control of the Minnesota Department of Health within a period of 24 hours, giving the destination of such person.

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

History: *L 1977 c 305 s 39*

4605.3100 OPHTHALMIA NEONATORUM.

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

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

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

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

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

4605.3200 WHOOPING COUGH (PERTUSSIS).

Persons having whooping cough shall be confined to their home premises for a period of at least three weeks after first symptoms.

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

4605.3300 CANCER STATISTICAL RESEARCH SERVICE.

There shall be established in the Department of Health a cancer statistical research service which shall be operated with the assistance of an advisory committee to be appointed by the commissioner of health. Superintendents of hospitals, sanatoriums, rest homes, nursing homes, and any institution, place, building, or agency in which any accommodation is maintained, furnished, or offered for the hospitalization of the sick or injured or care of any aged or infirm persons requiring or receiving chronic or convalescent care, and physicians whose principal field of medical service is dermatology, and physicians whose principal field of medical activity is pathology in Minnesota shall upon request of the executive officer of the Department of Health prepare and forward to the Department of Health every month, or as often as requested, a detailed record of all cases of malignant disease having been in their institution during that period or seen by them professionally. These reports shall be made on forms to be

provided by the Department of Health. In lieu of reports made on these special forms, pathologists may submit copies or summaries of their routine reports. The information reported shall be accumulated, classified, and analyzed, and from such data studies shall be made of the incidence of tumors of various types in the state, the procedures instituted in the care of such tumors, and the effectiveness of the different methods of treatment on tumors. The informational and statistical results of such studies shall be made available to the physicians of the state at frequent intervals. A follow-up information service shall also be established for the purpose of completing hospital case records where subsequent data on a tumor case is obtained. Provided, however, that all information reported to the Department of Health pursuant to this regulation shall be treated as confidential with respect to the identity of any person appearing in a report, and, further, that the Department of Health will make no direct or indirect approach to any patient named in a report, or relative of such patient, until the consent of the physician designated in the case shall have first been obtained.

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

History: *L 1977 c 305 s 39*

4605.3400 TUBERCULIN.

Subpart 1. **Tuberculin testing.** Tuberculin testing for employees of school districts, private or parochial schools, day-care centers, and nursery schools.

Subp. 2. **Definitions.** For the purpose of parts 4605.3400 and 4605.3500, the following terms have the meanings given them:

A. "Employment" means an agreement in which a person promises to provide services to a Minnesota school district or school in return for monetary compensation, which services include personal contact with students.

B. "Continuous employment" means yearly employment in Minnesota school districts with no more than a four-month interruption in employment.

Subp. 3. **Tuberculin skin testing.** All employees of school districts, private and parochial schools, day-care centers, and nursery schools, unless certified by a physician to have had a positive reaction (10mm or greater of induration) to a standard intradermal tuberculin test, shall have, within 45 days prior to potential first contact with students, a standard intradermal tuberculin test with purified protein derivative (PPD). If the tuberculin test is negative (less than 10mm of induration), the employee shall be considered free from tuberculosis and need not repeat the standard intradermal tuberculin test during the period of continuous employment in schools or day-care centers in Minnesota, unless exposure to an active tuberculosis case occurs.

Statutory Authority: *MS s 123.69; 144.05; 144.12 subd 1*

NOTE: Minnesota Statutes, section 123.69 expired July 1, 1983, see Laws 1979, chapter 292, section 2

4605.3500 ANNUAL TUBERCULIN EXAMINATIONS OF ALL EMPLOYEES SHOWING POSITIVE REACTIONS.

All employees showing positive reaction (10mm or greater of induration) to the standard intradermal tuberculin test shall have such additional examinations as are necessary to enable their physician to certify their freedom from tuberculosis; however, minimum requirement shall be a report by a roentgenologist of a satisfactory negative full-sized chest X ray taken within 60 days prior to potential first contact with students. All employees showing positive reaction to the standard intradermal tuberculin test shall present annually, a report by a roentgenologist of a satisfactory negative full-sized chest X ray until five years have elapsed since a documented positive skin test, after which time the employee shall be considered free from tuberculosis during the period of continuous employment in schools or day-care centers in Minnesota. All employees showing positive reaction to the intradermal tuberculin test who

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take a complete course of preventive therapy as directed by their physician, will be considered free from tuberculosis at the completion of the treatment program.

Statutory Authority: *MS s 123.69; 144.05; 144.12 subd 1*

NOTE: Minnesota Statutes, section 123.69 expired July 1, 1983, see Laws 1979, chapter 292, section 2

VENEREAL DISEASES

4605.3600 SYPHILIS AND GONORRHEA TO BE REPORTED.

Syphilis, gonorrhea, and chancroid, hereinafter designated venereal diseases, are hereby declared to be contagious, infectious, communicable, and dangerous to the public health.

It shall be the duty of every person who makes a diagnosis of, or gives treatment for, a case of syphilis, gonorrhea, or chancroid, to report immediately to the commissioner of health on a form supplied for the purpose, the name and address, age, sex, color, occupation, marital status, and probable source of infection of such diseased person together with such other information as may be required; provided, that, except as required in part 4605.3700, the name and address need not be reported; and provided further, that physicians in a city of the first class, where required by ordinance to report such cases to the local board of health, may be exempted from reporting such cases direct to the commissioner of health, but the local health officer shall make returns of all such cases reported to him to the commissioner of health once a month on blanks furnished for that purpose by the commissioner of health.

In reporting such cases the patient shall be identified by the serial number on the report: this serial number shall be made part of the physician's record of the case. It shall be the duty of all physicians or others treating or examining persons venereally diseased, to keep a record, including the name and address of all persons diagnosed by them as infected with any venereal disease. This part shall apply to all physicians, superintendents, or managers of hospitals, dispensaries, and charitable or penal institutions, and all other persons treating or examining cases of venereal disease.

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

History: *L 1977 c 305 s 39*

4605.3700 REPORTING CASES BY NAME.

The name and address of a patient having a venereal disease shall be reported under the following conditions:

A. When a person applies to a physician or other person for diagnosis or treatment of syphilis, gonorrhea, or chancroid, it shall be the duty of the physician or person so consulted to inquire of, and ascertain from the person seeking such diagnosis or treatment, whether such person has theretofore consulted with, or been treated by, any other physician or person, and if so, to ascertain the name and address of the physician or person so consulted. It shall be the duty of the applicant for diagnosis or treatment to furnish this information, and a refusal to do so, or a falsification of the name and address of such physician or person consulted by such applicant, shall constitute a violation of these rules. It shall be the duty of the physician or other person whom the applicant then consults, to notify the commissioner of health of such change on form supplied by it for the purpose. Should the physician or other person previously consulted fail to receive notice within two weeks after the last date upon which the patient was instructed by him to report for further examination or treatment, that the patient has changed physicians, it shall be the duty of such physician or person to report the name and address of such venereally diseased person to the commissioner of health.

B. If an attending physician or other person knows or has good reason to suspect that a person has syphilis, gonorrhea, or chancroid, and is so conducting himself or herself as to expose other persons to infection, or is about

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so to conduct himself or herself, he shall notify the commissioner of health of the name and address of the diseased person and the essential facts of the case.

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

History: *L 1977 c 305 s 39*

4605.3800 PRIVACY OF REPORTS.

All information and reports concerning persons having, or reasonably suspected of having, venereal disease shall be inaccessible to the public and shall not be disclosed, except insofar as publicity may necessarily attend the performance of duties imposed by these rules and by the laws of the state or of the United States.

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

4605.3900 EXAMINATION OF SUSPECTS.

All persons reasonably suspected of having a venereal disease shall submit to an examination as shall be deemed necessary by the commissioner of health, provided that where such examination is of a personal nature it shall be made only by a licensed physician.

It shall be the duty of every person attending a case of venereal disease, or suspected case of venereal disease, to secure specimens for examination when required to do so by the commissioner of health.

All laboratories making tests for syphilis and gonorrhea shall require the physician's serial identification number of his case and, in event of a positive finding, shall forward a report of said finding with patient's number to the commissioner of health.

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

History: *L 1977 c 305 s 39*

4605.4000 LENGTH OF TREATMENT.

All persons infected with a venereal disease shall continue under treatment or proper observation until no longer able to transmit the infection. In the case of gonorrhea this shall be until all clinical and microscopic evidence is negative.

In the case of syphilis this shall be until all clinical and laboratory evidence is negative and sufficient treatment to reasonably ensure a cure has been taken.

In the case of chancroid this shall be until all ulcerations are completely healed.

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

4605.4100 TREATMENT OF MINOR.

The parent or guardian of a minor affected with venereal disease shall be responsible for the compliance by such minor with the requirements of the rules relating to venereal disease.

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

4605.4200 INSTRUCTION BY PHYSICIANS.

It shall be the duty of every physician and of every other person who examines or treats a person having syphilis, gonorrhea, or chancroid, to instruct such person in measures for preventing the spread of such disease, and inform him of the necessity for treatment until cured, and to give him a copy of the circular of information provided for this purpose by the commissioner of health.

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

History: *L 1977 c 305 s 39*

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4605.4300 DUTY OF HEALTH OFFICERS.

All local health officers are hereby directed to use every available means to ascertain the existence of, and immediately to investigate, all known or suspected cases of syphilis, gonorrhea, or chancroid, within their respective districts and to ascertain the sources of such infections. In such investigations said health officers are hereby vested with full power of inspection, isolation, or quarantine, and disinfection of all infected persons, places, and things. As such inspectors said local health officers are hereby directed to make such examinations of persons reasonably suspected of having syphilis, gonorrhea, or chancroid, as may be necessary for carrying out these rules, provided, however, that all personal examinations must be made by a competent, regularly licensed physician. Owing to the prevalence of these diseases among prostitutes and persons associated with them, all persons arrested and charged with offenses against public morals and decency, shall be considered within the class to which this part applies.

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

4605.4400 QUARANTINE OF DANGEROUS CASES.

Local health officers are authorized and directed to quarantine persons who have, or are reasonably suspected of having syphilis, gonorrhea, or chancroid, whenever, in the opinion of said local health officer, or the commissioner of health, quarantine is necessary for the protection of the public health. In establishing quarantine the health officer shall designate and define the limits of the area in which the person known to have, or reasonably suspected of having, syphilis, gonorrhea, or chancroid, and his attendant, are to be quarantined and no persons, other than the attending physician, shall enter or leave the area of quarantine without the permission of the local health officer.

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

History: *L 1977 c 305 s 39*

4605.4500 VIOLATION.

It shall be a violation of these rules for any infected person knowingly to expose another person to infection with any of the said venereal diseases or for any person knowingly to perform an act which exposes another person to infection with venereal disease.

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

4605.4600 SALE OF REMEDIES.

No druggist, pharmacist, or other person shall sell, give away, prescribe, or administer to any person, any drug, medicine, or preparation thereof, intended to be used for the treatment, relief, or cure of any venereal disease, except upon written prescription of a duly licensed physician.

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

4605.4700 PROSTITUTION.

Prostitution is hereby declared to be a prolific source of syphilis, gonorrhea, and chancroid, and the repression of prostitution is declared to be a public health measure. All health officers are therefore directed to cooperate with the proper officers whose duty it is to enforce laws directed against prostitution, and otherwise to use every proper means for the repression of prostitution.

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

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4605.4800 COMMUNICABLE DISEASES

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4605.4800 CERTIFICATES OF FREEDOM FROM VENEREAL DISEASES.

Physicians, health officers, and all other persons are prohibited from issuing certificates of freedom from venereal disease, providing this part shall not prevent the issuance of necessary statements of freedom from communicable diseases, written in such form or given under such safeguards as will prevent their use in solicitation for sexual intercourse. Such statements shall not be used or exhibited for solicitation for immoral purposes.

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

4605.4900 PLACARDING DANGEROUS CASES.

Whenever a case or suspected case of venereal disease is found on premises used for immoral purposes, or whenever a case of venereal disease is found upon premises where it cannot be properly isolated or controlled, or where the infected person will not consent to removal to a hospital or sanatorium where he or she can be properly isolated or controlled during the period of infectiousness, the health officer or representative of the commissioner of health shall put in a conspicuous place on the entrance to the premises where such venereal disease exists, a notice in words and form as follows:

WARNING

VENEREAL DISEASE

Exists on These premises

Posted by order of

_____ 19____
(Date)

Health Officer

Such notice shall be printed in black boldface type upon a red card with the words "Venereal Disease" in letters not less than three inches high.

Statutory Authority: *MS s 144.05; 144.065; 144.12 subd 1*

History: *L 1977 c 305 s 39*

4605.5000 QUARANTINE OF DANGEROUS CASES.

A person affected with a venereal disease who neglects or refuses to obey the instructions of the commissioner of health or the local health officer in matters relating to the protection of others against the disease shall be placed under quarantine in a suitable place and shall not be permitted to leave such place until such time as the danger of infecting others no longer exists.

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

History: *L 1977 c 305 s 39*

4605.5100 RELEASE FROM QUARANTINE.

No one but the local health officer, or commissioner of health, or the authorized agent of one of them, shall terminate said quarantine, and this shall not be done until the diseased person has become noninfectious.

The local health officer shall inform all persons who are about to be released from quarantine for venereal disease, in case they are not cured, what further treatment should be taken to complete their cure. Any person not cured before release from quarantine shall be required to sign the following statement after the blank spaces have been filled to the satisfaction of the health officer:

"I, _____ residing at _____ hereby acknowledge the fact that I am at this time infected with _____ and agree to place myself under the medical care of _____ (name of physician or clinic) within _____ hours, and that I will remain under treatment of said physician or clinic until released by the health

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officer of _____ or until my case is transferred with the approval of said health officer to another regularly licensed physician or an approved clinic.

I hereby agree to report to the health officer within four days after beginning treatment as above agreed, and will bring with me a statement from the above physician or clinic of the medical treatment applied in my case, and thereafter will report as often as may be demanded of me by the health officer.

I agree, further, that I will take all precautions recommended by the health officer to prevent the spread of the above disease to other persons, and that I will not perform any act which would expose other persons to the above disease.

I agree, until finally released by the health officer, to notify him of any change of address and to obtain his consent before moving my abode outside his jurisdiction.

Signature

Date

All persons signing the above agreement shall observe its provisions and any failure so to do shall be a violation of these rules.

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

History: *L 1977 c 305 s 39*

STANDARDS FOR COMMUNITY VENEREAL DISEASE CONTROL CLINICS

4605.5200 PURPOSE OF RULES ON STANDARDS FOR COMMUNITY VENEREAL DISEASE CONTROL CLINICS.

Gonorrhea is epidemic in Minnesota as it is in other parts of the United States and the incidence of syphilis is increasing. Effective control of these venereal diseases as well as the other sexually transmitted diseases requires:

A. an adequate number of readily accessible and strategically located community clinics to facilitate and encourage individuals to seek diagnosis and treatment;

B. the location and treatment of sexual contacts of diagnosed cases to prevent further spread and to identify asymptomatic carriers of the infection;

C. effective arrangements to assure that personal information regarding sexual contacts and suspects is fully protected; and

D. public education to assure that individuals are aware of what to do when venereal infection is suspected.

Statutory Authority: *MS s 144.05; 144.065; 144.12 subd 1*

4605.5300 OBJECTIVE OF STANDARDS.

The objective of these rules is to assure that community venereal disease control clinics maintain acceptable standards relating to medical diagnosis and treatment of gonorrhea, syphilis, and the other sexually transmitted diseases, confidentiality of personal information, interviewing and counseling of patients, contact investigation activities, and public education.

Statutory Authority: *MS s 144.05; 144.065; 144.12 subd 1*

4605.5400 DEFINITIONS.

Subpart 1. [Repealed by amendment, L 1977 c 305 s 39]

Subp. 2. **Contact.** "Contact" means a person named by an infectious patient as someone with whom he has had sexual relations during a time frame in which the disease could have been transmitted.

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Subp. 3. **Department.** "Department" means the Minnesota Department of Health.

Subp. 4. **Other sexually transmitted diseases.** "Other sexually transmitted diseases" means an acute or chronic infection caused by organisms other than the causative agent of gonorrhea or syphilis which can be passed venereally and includes, but is not limited to chancroid, granuloma inguinale, lymphogranuloma venereum, candidiasis, trichomoniasis, pythirus pubis, and herpes virus related diseases.

Subp. 5. **Suspect.** "Suspect" means a person other than a contact who for legitimate public health reasons is in need of an examination for venereal disease.

Subp. 6. **Venereal disease.** "Venereal disease" means an acute, asymptomatic, or chronic infection caused by *Neisseria gonorrhoeae* or *Treponema pallidum*.

Statutory Authority: *MS s 144.05; 144.065; 144.12 subd 1*

4605.5500 FACILITIES.

Venereal disease control clinics shall provide facilities which shall include at least an examination room or rooms equipped as determined necessary by the licensed physician responsible for the diagnostic and treatment procedures conducted by the clinic and a private interview room or area to assure the full protection of personal information for the counseling of infected patients.

Statutory Authority: *MS s 144.05; 144.065; 144.12 subd 1*

4605.5600 STAFFING.

The supervision of the venereal disease control clinic shall be by a licensed physician. Day-to-day clinic service may be performed by a registered nurse and/or a physician's assistant, under a physician's written standing orders specifying diagnostic and therapeutic procedures authorized to be performed by registered nurses and/or qualified trained assistants. The written standing orders shall be signed by the supervising physician. The supervising physician shall be available for consultation with the staff, but need not be present in the clinic when patients are being examined and treated.

Statutory Authority: *MS s 144.05; 144.065; 144.12 subd 1*

4605.5700 RECORDS.

Venereal disease clinics shall maintain appropriate medical records relative to patients seen in the facility. All positive laboratory findings shall be immediately reported to the department on forms provided for that purpose. All diagnosed and/or treated cases of venereal disease shall be immediately reported to the department on forms provided for that purpose.

Statutory Authority: *MS s 144.05; 144.065; 144.12 subd 1*

4605.5800 CONFIDENTIALITY.

Locked files shall be provided for medical records. Only clinic staff with a need to review the records shall have access to medical records. All transactions shall be held in confidence, except for required reporting to the department.

Statutory Authority: *MS s 144.05; 144.065; 144.12 subd 1*

4605.5900 DIAGNOSTIC PROCEDURE.

Patients shall have an appropriate physical examination which includes history of previous venereal disease symptoms, dark-field examination of all suspicious lesions, serology, cervical culture of all female patients, smear or culture of all male patients, and search for the presence of clinical manifestations of either venereal disease or other sexually transmitted disease.

All laboratory tests procedure must be acceptable to the department. A portion of patient's serum reactive to serologic test for syphilis and all throat

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culture suspected to be *Neisseria gonorrhoeae* shall be sent to the state laboratory for confirmation.

Statutory Authority: *MS s 144.05; 144.065; 144.12 subd 1*

4605.6000 TREATMENT.

All diagnosed cases shall be treated with treatment regimens currently recommended by the therapy advisory committee of the United States Public Health Service. All clinically negative contacts to infectious syphilis and to gonorrhea shall receive prophylactic treatment.

Statutory Authority: *MS s 144.05; 144.065; 144.12 subd 1*

4605.6100 PATIENT INTERVIEWING AND COUNSELING.

All diagnosed venereal disease patients in the infectious stage shall be interviewed and, when appropriate, reinterviewed for contacts and suspects to their infection. All patients presenting themselves to community venereal disease clinics shall receive appropriate counseling related to their infection. All information obtained in the interviewing and counseling process shall be regarded as confidential medical information and shall not be disclosed, except as required by the performance of duties required by these rules.

Statutory Authority: *MS s 144.05; 144.065; 144.12 subd 1*

4605.6200 INVESTIGATION.

Venereal disease clinics shall provide investigative service to assure that patients within their jurisdiction who have not completed their evaluation and therapy and have not returned, as well as contacts of gonorrhea cases are located and report for examination.

Patients outside of the clinic's area of jurisdiction who have not completed their evaluation and therapy and have not returned, as well as contacts to infectious syphilis and gonorrhea shall immediately be reported to the department on forms provided for that purpose.

Statutory Authority: *MS s 144.05; 144.065; 144.12 subd 1*

4605.6300 PUBLIC EDUCATION.

Venereal disease clinics shall provide appropriate venereal disease information and educational materials in a conspicuous place within the facility.

Statutory Authority: *MS s 144.05; 144.065; 144.12 subd 1*

4605.6400 GRANT-IN-AID.

Subpart 1. **Grant-in-aid purposes.** The department may make grants-in-aid directly to local health agencies for the purpose of establishing and/or maintaining venereal disease control clinics. Grants-in-aid may also be made indirectly in the form of drugs. Application shall be made in accordance with departmental instructions and on forms provided for that purpose. Grants shall be limited to a maximum of one year subject to the availability of funds.

Subp. 2. **Application.** The application shall present a plan that extends health care services to areas of the community that are currently underserved, with special consideration given to areas with concentrations of persons of high risk. Applicants may propose a multi-county service system where the population base in a single county is less than 50,000.

Rates of reimbursement for described services shall be mutually agreed upon by the department and the grantee.

The application shall include an endorsement from the appropriate governmental boards (city or county commissioner) and shall be submitted for review and comment to the appropriate areawide comprehensive health planning agency.

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Subp. 3. **Affirmative action.** The department's affirmative action program extends to all organizations receiving financial assistance from the department. Therefore, grantees shall include a statement of compliance with this plan in the grant-in-aid application.

Statutory Authority: *MS s 144.05; 144.065; 144.12 subd 1*

4605.6500 FISCAL ACCOUNTABILITY.

The grantee shall maintain adequate financial records pertaining to all services relating to the grant. These records shall be available to the department at all reasonable times during the duration of the grant. The grantee shall submit to the department on a quarterly basis a narrative report of progress and a claim for reimbursement of expenditures describing how grant funds were expended for that period.

The grantee shall keep and make available all fiscal records relating to the grant-in-aid until the completion of the fiscal audit of the grant, or for three years after its termination, whichever is earlier.

Statutory Authority: *MS s 144.05; 144.065; 144.12 subd 1*

4605.6600 LOCATION PARTICIPATION.

Funds provided by the department through grants-in-aid to supplement resources of the applicant. The application shall show the amount of local matching resources that are available for venereal disease control service and shall describe a mechanism whereby an annually increasing share of the cost of the proposed project will be assumed by the applicant.

The use of qualified volunteers to perform services required by these rules under the supervision of a licensed physician shall be permitted. Their time may be listed as in-kind funding and considered part of the local funding.

Statutory Authority: *MS s 144.05; 144.065; 144.12 subd 1*