

CHAPTER 4605
DEPARTMENT OF HEALTH
COMMUNICABLE DISEASES

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4605.7000 DEFINITIONS.

Subpart 1. **Case.** "Case" means a person having a particular disease diagnosed by a physician.

Subp. 2. **Carrier.** "Carrier" means a person identified as harboring a specific infectious agent in the absence of discernible clinical disease and who serves as a potential source of infection.

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

Subp. 4. **Infection control practitioner.** "Infection control practitioner" means any person designated by a hospital, nursing home, medical clinic, or other health care facility as having responsibility for prevention, detection, reporting, and control of infections within the institution.

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

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

Subp. 7. **Medical laboratory.** "Medical laboratory" means any facility which receives, forwards, or analyzes specimens of original material from the human body, and reports the results to physicians who use the data for purposes of patient care.

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

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

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

Subp. 11. **Public health hazard.** "Public health hazard" means the presence of a disease organism or condition in the environment which endangers the health of a specified population.

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

History: *9 SR 2584; L 1987 c 309 s 24,26*

4605.7010 PURPOSE.

The purpose of this chapter is to establish a process and assign responsibility for reporting, investigating, and controlling disease.

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

History: *9 SR 2584*

4605.7020 SCOPE.

This chapter applies generally to cases, suspect cases, and deaths from communicable diseases and syndromes, reporting of disease, and disease control.

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

History: *9 SR 2584*

REPORTING REQUIREMENTS**4605.7030 PERSONS REQUIRED TO REPORT DISEASE.**

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

Subp. 2. Health care facilities. Hospitals, nursing homes, medical clinics, or other health care facilities shall designate that the individual physicians shall report as provided in subpart 1; or shall designate an infection control practitioner or other person as responsible to report to the commissioner, within one working day of knowledge of a case, suspected case, carrier, or death from any of the diseases in part 4605.7040, the information outlined in part 4605.7090.

Subp. 3. Medical laboratories. Medical laboratories which receive specimens of original material from patients shall, within one working day of completion, provide to the commissioner the results of microbiologic cultures, examinations, and immunologic assays for the presence of antigens and antibodies which are indicative of the presence of any of the diseases in part 4605.7040 and as much of the following information as is known: disease (test, culture, or examination); source of specimen (i.e., blood, stool, type of tissue); name and address of the medical laboratory; date of test, culture, or examination; patient's name or I.D. number, birthdate, and sex; and the name, address, and telephone number of the attending physician.

If necessary, the commissioner shall contact the attending physician who shall be responsible for determining whether a case, suspected case, carrier, or death due to a disease in part 4605.7040 is present.

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

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

A. The disease is common to both animals and humans.

B. The disease may be transmitted directly or indirectly to and between humans and animals.

C. The persons who are afflicted with the disease are likely to suffer complications, disability, or death as a result.

D. Investigation based upon veterinarian and veterinary medical laboratory reports will assist in the prevention and control of disease among humans.

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Subp. 6. **Others.** Unless previously reported, it shall be the duty of every other licensed health care provider who examines any patient who has or is suspected of having any of the diseases listed in part 4605.7040 to report within one working day to the commissioner as much of the information outlined in part 4605.7090 as is known.

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

History: 9 SR 2584

4605.7040 DISEASE AND REPORTS.

Cases, suspected cases, carriers, and deaths due to the following diseases and disease agents shall be reported. The diseases followed by an asterisk shall be reported immediately by telephone to the commissioner.

- A. Acquired Immune Deficiency Syndrome (AIDS)
- B. Amebiasis (*Entamoeba histolytica*)
- C. Anthrax* (*Bacillus anthracis*)
- D. Babesiosis (*Babesia* sp.)
- E. Blastomycosis (*Blastomyces dermatitidis*)
- F. Botulism* (*Clostridium botulinum*)
- G. Brucellosis (*Brucella* sp.)
- H. Campylobacteriosis (*Campylobacter* sp.)
- I. Chancroid (*Haemophilus ducreyi*)
- J. *Chlamydia trachomatis* infections (nonspecific urethritis, cervicitis, salpingitis, neonatal conjunctivitis, pneumonia, and lymphogranuloma venereum)
- K. Cholera* (*Vibrio cholerae*)
- L. Diphtheria (*Corynebacterium diphtheriae*)
- M. *Diphyllobothrium latum* infection
- N. Encephalitis (caused by infectious agents)
- O. Echinococcosis (*Echinococcus* sp.)
- P. Giardiasis (*Giardia lamblia*)
- Q. Gonorrhea infections (including: Gonococcal salpingitis, ophthalmia neonatorum, Penicillin resistant *Neisseria* gonorrhea infections)
- R. *Haemophilus influenzae* disease (only invasive disease including epiglottitis, cellulitis, bacteremia, and meningitis)
- S. Hepatitis (viral types A, B, and non-A, non-B)
- T. *Herpes simplex* infections (neonatal, less than 30 days of age, disease only)
- U. Histoplasmosis (*Histoplasma capsulatum*)
- V. Influenza (unusual case incidence or laboratory confirmed cases)
- W. Lead (poisoning and undue absorption)
- X. Legionellosis (*Legionella* sp.)
- Y. Leprosy (*Mycobacterium leprae*)
- Z. Leptospirosis (*Leptospira interrogans*)
- AA. Lyme Disease (*Borellia burgdorferi*)
- BB. Malaria (*Plasmodium vivax*, *P. malariae*, or *P. falciparum*)
- CC. Measles (Rubeola)*
- DD. Meningitis (caused by all types of bacterial, viral, or fungal agents)
- EE. Meningococemia (*Neisseria meningitidis*)
- FF. Mumps*
- GG. Mycobacteriosis (symptomatic cases only; exclusive of tuberculosis and leprosy)

- HH. Pertussis (*Bordetella pertussis*)
- II. Plague (*Yersinia pestis*)
- JJ. Poliomyelitis*
- KK. Psittacosis (*Chlamydia psittaci*)
- LL. Q Fever (*Coxiella burnetii*)
- MM. Rabies (animal and human cases and suspects)*
- NN. Reye's Syndrome
- OO. Rheumatic Fever (cases meeting the Jones Criteria only)
- PP. Rubella and Congenital Rubella Syndrome
- QQ. Rocky Mountain Spotted Fever (*Rickettsia rickettsii*, *R. canada*)
- RR. Salmonellosis, including typhoid (*Salmonella* sp.)
- SS. Shigellosis (*Shigella* sp.)
- TT. Staphylococcal disease (*Staphylococcus aureus* outbreaks only)
- UU. Streptococcal disease (only *Streptococcus agalactiae* (Group B) neonatal, less than 30 days of age, disease)
- VV. Syphilis* (*Treponema pallidum*)
- WW. Tetanus (*Clostridium tetani*)
- XX. Toxic Shock Syndrome
- YY. Trichinosis (*Trichinella spiralis*)
- ZZ. Tuberculosis (*Mycobacterium tuberculosis*)
- AAA. Tularemia (*Francisella tularensis*)
- BBB. Typhus (*Rickettsia prowazeki* and *R. typhus*)
- CCC. Yellow Fever
- DDD. Yersiniosis (*Yersinia* sp.)

Statutory Authority: MS s 144.05; 144.0742; 144.12

History: 9 SR 2584

4605.7050 UNUSUAL CASE INCIDENCE.

Any pattern of cases, suspected cases, or increased incidence of any illness beyond the expected number of cases in a given period, which may indicate an outbreak, epidemic, or related public health hazard, including but not limited to suspected or confirmed outbreaks of food or waterborne disease, epidemic viral gastroenteritis, and any disease known or presumed to be transmitted by transfusion of blood or blood products, shall be reported immediately by telephone, by the person having knowledge, to the commissioner.

Statutory Authority: MS s 144.05; 144.0742; 144.12

History: 9 SR 2584

4605.7060 CASES, SUSPECTED CASES, CARRIERS, AND DEATHS DUE TO DISEASE ACQUIRED OUTSIDE THE STATE.

Cases, suspected cases, and deaths due to any viral, bacterial, fungal, or parasitic disease that a physician thinks have been acquired outside the state, and which are considered rare or unusual in Minnesota, or a public health problem in the area of presumed acquisition, shall be reported to the commissioner.

Statutory Authority: MS s 144.05; 144.0742; 144.12

History: 9 SR 2584

4605.7070 OTHER REPORTS.

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

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

History: 9 SR 2584

4605.7080 NEW DISEASES AND SYNDROMES.

The commissioner shall, by public notice, request reporting of specified diseases when all of the following circumstances exist:

A. There is evidence that epidemiologic investigation based upon reports of cases, suspect cases, and deaths due to the disease or syndrome will assist in further understanding of the disease.

B. Persons afflicted with the disease or syndrome are likely to suffer complications, disability, or death as a result.

C. A case-oriented public health response will be helpful for control.

D. There is a specific, planned mechanism for surveillance of the disease or syndrome.

E. Reports of individual cases of the disease will serve as indicators of possible widespread contamination or increased risk which may be preventable.

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

History: 9 SR 2584

4605.7090 DISEASE REPORT INFORMATION.

Reports that are required in part 4605.7030 shall contain as much of the following information as is known:

A. disease (whether a case, suspected case, or death);

B. date of first symptoms;

C. patient:

(1) name;

(2) birthdate;

(3) ethnic or racial origin;

(4) residence address, city, and county;

(5) phone number; and

(6) place of work, school, or daycare;

D. date of report;

E. physician name, address, and phone number;

F. name of hospital (if any);

G. name of person reporting (if not physician);

H. diagnostic laboratory findings and dates of test;

I. name and locating information of contacts (if any); and

J. other information pertinent to the case.

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

History: 9 SR 2584

4605.7100 REPORTS TO STATE AND LOCAL BOARDS OF HEALTH.

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

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

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

4605.7200 RECORDS OF DISEASE.

The commissioner shall maintain records of reports of cases, suspected

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

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

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

4605.7300 COPIES OF DISEASE REPORTS.

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

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

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

PREVENTING SPREAD OF DISEASE

4605.7400 PREVENTION OF DISEASE SPREAD.

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

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

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

History: *9 SR 2584*

INVESTIGATIONS

4605.7500 DISEASE INVESTIGATIONS.

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

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

History: *9 SR 2584*

RABIES CONTROL

4605.7600 RABIES.

Subpart 1. **Treatment of exposed person.** When any person has been bitten or is otherwise exposed to rabies virus by an animal known or suspected to be rabid, a physician shall determine as soon as practical the advisability of the person receiving preventive treatment.

Subp. 2. **Dogs and cats.** The commissioner shall ensure that dogs and cats which bite or otherwise expose a person to rabies virus are confined and observed for signs suggestive of rabies for a period of ten days or are sacrificed, and the tissues of the brain examined for evidence of infection by rabies virus. If at any time during the ten-day observation the veterinarian determines that the animal shows signs suggestive of rabies or the animal dies, the commissioner shall have the brain tissue examined for evidence of infection by rabies virus.

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Subp. 3. Test mammals. The following mammals are suspected of being rabid at any time following a bite or other exposure of a person to the rabies virus. The commissioner shall have the animal sacrificed immediately and the tissues of the brain tested for evidence of infection by rabies virus; or in the case where the animal is owned, the commissioner shall have the animal examined by a veterinarian who shall advise the commissioner as to the health of the animal, and whether the animal should be sacrificed, and the tissues of the brain examined for evidence of infection by rabies virus:

- A. bat;
- B. badger;
- C. bear;
- D. beaver;
- E. bobcat;
- F. civet cat;
- G. ferret;
- H. fox;
- I. mink;
- J. muskrat;
- K. ocelot;
- L. opossum;
- M. raccoon;
- N. skunk;
- O. weasel;
- P. woodchuck; or
- Q. wolf.

Subp. 4. Mammal examined. The following mammals are suspected of being rabid at any time following a bite or other exposure of a person to rabies virus. The commissioner shall have the animal examined by a veterinarian who shall advise the commissioner and the animal's owner as to the health of the animal and whether the animal shall be sacrificed and the tissues of the brain examined for evidence of infection by rabies virus:

- A. bovine;
- B. goat;
- C. horse;
- D. monkey;
- E. sheep; or*
- F. swine.

Subp. 5. Commissioner determination of mammal testing. The commissioner shall determine if any mammal not otherwise addressed in these rules which bites or otherwise exposes a human is possibly rabid, and whether to have the animal sacrificed and the tissues of the brain examined for evidence of infection by rabies virus.

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

History: *9 SR 2584*

VENEREAL DISEASE CONTROL

4605.7700 VENEREAL DISEASE.

The following special reports shall be given by physicians to the commissioner:

A. Notwithstanding any previous report, physicians who have reason to believe that a person having syphilis, gonorrhoea, or chancroid has not completed

therapy shall notify the commissioner immediately of that person's name, address, and other pertinent information.

B. Notwithstanding any previous report, physicians who treat persons infected with syphilis, gonorrhea, or chancroid shall ensure that the names and addresses of sexual contacts who may also be infected are reported to the commissioner.

C. Notwithstanding any previous report, physicians shall immediately report to the commissioner the name, address, and essential facts of the case for any person known or suspected of being infected with syphilis, gonorrhea, or chancroid who refuses examination or treatment.

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

History: *9 SR 2584*

4605.7701 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*

History: *9 SR 2584*

4605.7702 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*

History: *9 SR 2584*

4605.7703 DEFINITIONS.

Subpart 1. **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.

Subp. 2. **Department.** "Department" means the Minnesota Department of Health.

Subp. 3. **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. 4. **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. 5. **Venereal disease.** "Venereal disease" means an acute, asymptoma-

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tic, or chronic infection caused by *Neisseria gonorrhoeae* or *Treponema pallidum*.

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

History: 9 SR 2584

4605.7704 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*

History: 9 SR 2584

4605.7705 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*

History: 9 SR 2584

4605.7706 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*

History: 9 SR 2584

4605.7707 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*

History: 9 SR 2584

4605.7708 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 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*

History: 9 SR 2584

4605.7709 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*

History: *9 SR 2584*

4605.7710 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*

History: *9 SR 2584*

4605.7711 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*

History: *9 SR 2584*

4605.7712 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*

History: *9 SR 2584*

4605.7713 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 multicounty 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.

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*

History: *9 SR 2584*

4605.7714 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*

History: *9 SR 2584*

4605.7715 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*

History: *9 SR 2584*

4605.7800 HEALTH EDUCATION.

Health care providers working with patients having syphilis, gonorrhea, or chancroid shall instruct the patients how to prevent the spread of venereal disease, and inform them of the importance of complying with treatment instructions and the necessity of having all relevant sexual contacts promptly examined for the specific venereal disease.

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

History: *9 SR 2584*

OPHTHALMIA NEONATORUM CONTROL

4605.7900 OPHTHALMIA NEONATORUM.

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

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

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

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

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

History: *9 SR 2584*

4605.8000 [Repealed, 13 SR 528]