CHAPTER 4605

DEPARTMENT OF HEALTH

COMMUNICABLE DISEASES

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4605.5400 Subpart 1. [Repealed by amendment, L 1977 c 305 s 39]

Subp. 2. [Renumbered 4605.7703, subpart 1]

Subp. 3. [Renumbered 4605.7703, subp. 2]

Subp. 4. [Renumbered 4605.7703, subp. 3]

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4605.7000 DEFINITIONS.

Subpart 1. **Case.** "Case" means a person or deceased person infected with a particular infectious agent or having a particular disease diagnosed by a health care practitioner.

Subp. 2. **Carrier.** "Carrier" means a person or deceased person identified as harboring a specific infectious agent and who serves as a potential source of infection.

Subp. 3. **Clinical materials.** "Clinical materials" means:

A. a clinical isolate containing the infectious agent for which submission of material is required; or

B. if an isolate is not available, material containing the infectious agent for which submission of material is required, in the following order of preference:

(1) a patient specimen;

(2) nucleic acid; or

(3) other laboratory material.

Subp. 4. **Commissioner.** "Commissioner" means the state commissioner of health or authorized officers, employees, or agents of the Minnesota Department of Health.

Subp. 4a. **Community health board.** "Community health board" means authorized administrators, officers, agents, or employees of the county, multicounty, or city organized under Minnesota Statutes, sections 145A.03 to 145A.11.

Subp. 5. **Contact.** "Contact" means a person who may have been exposed to a case, suspected case, or carrier in a manner that could place the person at risk of acquiring the infection based on known or suspected modes of transmission.

Subp. 6. **Critical illness.** "Critical illness" means the condition of a person who is hospitalized in an intensive care unit or who is critically ill in the judgment of a licensed health care provider.

Subp. 6a. **Health care practitioner.** "Health care practitioner" means a Minnesota-licensed doctor of medicine, a Minnesota-licensed physician assistant acting within the scope of authorized practice, or a Minnesota-licensed advanced practice registered nurse or a certified nurse midwife who has the primary responsibility for the care and treatment of a person diagnosed with a disease that is reportable under this chapter.

Subp. 7. **Infection preventionist.** "Infection preventionist " means a 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 facility.

Subp. 8. **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 to those who may spread the agent to others.

Subp. 9. [Repealed, 41 SR 829]

Subp. 10. **Medical laboratory.** "Medical laboratory" means a facility that receives, forwards, or analyzes specimens of original material from the human body, or referred cultures of specimens obtained from the human body, and reports the results to a health care practitioner who uses the data for purposes of patient care.

Subp. 11. [Repealed, 41 SR 829]

Subp. 12. **Sentinel surveillance.** "Sentinel surveillance" means monitoring a disease or syndrome through reporting of cases, suspected cases, and carriers and submission of clinical materials by selected sites under part 4605.7046.

Subp. 13. **Suspected case.** "Suspected case" means a person or deceased person having a condition or illness in which the signs and symptoms resemble those of a recognized disease.

Subp. 14. **Veterinarian.** "Veterinarian" means a person who is licensed by the Minnesota Board of Veterinary Medicine to practice veterinary medicine.

Subp. 15. **Public health hazard.** "Public health hazard" means the presence of an infectious agent or condition in the environment which endangers the health of a specified population.

Statutory Authority: *MS s 144.05; 144.072; 144.0742; 144.12; 144.122*

History: *9 SR 2584; L 1987 c 309 s 24,26; L 1991 c 106 s 6; 20 SR 858; 30 SR 247; L 2015 c 21 art 1 s 109; 41 SR 829*

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4605.7010 PURPOSE.

This chapter establishes a process and assigns responsibility for reporting, investigating, and controlling disease.

Statutory Authority: *MS s 144.05; 144.072; 144.0742; 144.12; 144.122*

History: *9 SR 2584; 20 SR 858*

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4605.7020 APPLICABILITY.

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

Statutory Authority: *MS s 144.05; 144.072; 144.0742; 144.12; 144.122*

History: *9 SR 2584; 20 SR 858; 30 SR 247*

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REPORTING REQUIREMENTS

4605.7030 PERSONS REQUIRED TO REPORT DISEASE.

Subpart 1. **Health care practitioner.** When attending a case, suspected case, carrier, or death from any of the diseases in part 4605.7040 or a pregnancy under part 4605.7044, a health care practitioner shall report to the commissioner according to part 4605.7040 or 4605.7044, unless previously reported, the information specified in part 4605.7090.

Subp. 2. **Health care facilities.** Hospitals, nursing homes, medical clinics, or other health care facilities shall designate that all individual health care practitioners report as specified in subpart 1; or the health care facility shall designate an infection preventionist or other person as responsible to report to the commissioner, according to part 4605.7040 or 4605.7044, knowledge of a case, suspected case, carrier, or death from any of the diseases and syndromes in part 4605.7040 or a pregnancy under part 4605.7044, and the information specified in part 4605.7090.

Subp. 3. **Medical laboratories.**

A. All medical laboratories shall provide to the commissioner, within one working day of completion, the results of microbiologic cultures, examinations, immunologic assays for the presence of antigens and antibodies, and any other laboratory tests, which are indicative of the presence of any of the diseases in part 4605.7040 and the information specified in part 4605.7090 as is known.

B. All medical laboratories shall forward to the Minnesota Department of Health, Public Health Laboratory, all clinical materials specified in this chapter upon a positive laboratory finding for the disease or condition, or upon request of the commissioner in relation to a case or suspected case reported under this chapter.

C. All laboratories must report to the Minnesota Department of Health the results of all CD4+ lymphocyte counts and percents and the results of all HIV, hepatitis B, and hepatitis C viral detection laboratory tests.

D. If a medical laboratory forwards clinical materials out of state for testing, the originating medical laboratory retains the duty to comply with this subpart, either by:

(1) reporting the results and submitting the clinical materials to the commissioner; or

(2) ensuring that the results are reported and materials submitted to the commissioner.

Subp. 4. **Comprehensive reports.** An institution, facility, or clinic, staffed by health care practitioners and having medical laboratories that are required to report, as in subparts 1, 2, and 3, except subpart 3, item C, may upon written notification to 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 or a pregnancy under part 4605.7044 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, reports of laboratory tests on animals, and clinical materials from 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; and

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

Subp. 6. **Others.** Unless previously reported, it shall be the duty of every other licensed health care provider who provides care to any patient who has or is suspected of having any of the diseases listed in part 4605.7040 or a pregnancy under part 4605.7044 to report to the commissioner, according to part 4605.7040 or 4605.7044, as much of the information specified in part 4605.7090 as is known.

Subp. 7. **Out of state testing.** Persons and entities that are required to report under subpart 1, 2, or 6 and that send clinical materials out of state for testing are responsible for ensuring that results are reported and clinical materials are submitted to the commissioner as required under this chapter.

Statutory Authority: *MS s 144.05; 144.072; 144.0742; 144.12; 144.122*

History: *9 SR 2584; 20 SR 858; 30 SR 247; 35 SR 1967; 41 SR 829*

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4605.7040 DISEASE AND REPORTS; CLINICAL MATERIALS SUBMISSIONS.

Cases, suspected cases, carriers, and deaths due to the following diseases and infectious agents shall be reported. When submission of clinical materials is required under this part, submissions shall be made to the Minnesota Department of Health, Public Health Laboratory.

A. Diseases reportable immediately by telephone to the commissioner:

(1) anthrax (*Bacillus anthracis*). Submit clinical materials;

(2) botulism (*Clostridium botulinum*);

(3) brucellosis (*Brucella* spp.). Submit clinical materials;

(4) cholera (*Vibrio cholerae*). Submit clinical materials;

(5) diphtheria (*Corynebacterium diphtheriae*). Submit clinical materials;

(6) free-living amebic infection (including at least: *Acanthamoeba* spp., *Naegleria fowleri*, *Balamuthia* spp., *Sappinia* spp). Submit clinical materials;

(7) hemolytic uremic syndrome. Submit clinical materials;

(8) measles (rubeola). Submit clinical materials;

(9) meningococcal disease (*Neisseria meningitidis*) (all invasive disease). Submit clinical materials;

(10) Middle East Respiratory Syndrome (MERS). Submit clinical materials;

(11) orthopox virus. Submit clinical materials;

(12) plague (*Yersinia pestis*). Submit clinical materials;

(13) poliomyelitis. Submit clinical materials;

(14) Q fever (*Coxiella burnetii*). Submit clinical materials;

(15) rabies (animal and human cases and suspected cases);

(16) rubella and congenital rubella syndrome. Submit clinical materials;

(17) severe acute respiratory syndrome (SARS). Submit clinical materials;

(18) smallpox (variola). Submit clinical materials;

(19) tularemia *(Francisella tularensis*). Submit clinical materials; and

(20) viral hemorrhagic fever (including but not limited to Ebola virus disease and Lassa fever). Submit clinical materials.

B. Diseases reportable within one working day:

(1) amebiasis (*Entamoeba histolytica/dispar*);

(2) anaplasmosis (*Anaplasma phagocytophilum*);

(3) arboviral disease, including, but not limited to, La Crosse encephalitis, eastern equine encephalitis, western equine encephalitis, St. Louis encephalitis, West Nile virus disease, Powassan virus disease, and Jamestown Canyon virus disease;

(4) babesiosis (*Babesia* spp.);

(5) blastomycosis (*Blastomyces dermatitidis*);

(6) campylobacteriosis (*Campylobacter* spp.). Submit clinical materials;

(7) carbapenem-resistant Enterobacteriaceae (CRE). Submit clinical materials;

(8) cat scratch disease (infection caused by *Bartonella* species);

(9) chancroid (*Haemophilus ducreyi*);

(10) Chikungunya virus disease;

(11) *Chlamydia trachomatis* infections;

(12) coccidioidomycosis;

(13) *Cronobacter sakazakii* in infants under one year of age. Submit clinical materials;

(14) cryptosporidiosis (*Cryptosporidium* spp.). Submit clinical materials;

(15) cyclosporiasis (*Cyclospora* spp.). Submit clinical materials;

(16) dengue virus infection;

(17) *Diphyllobothrium latum* infection;

(18) ehrlichiosis (*Ehrlichia* spp.);

(19) encephalitis (caused by viral agents);

(20) enteric *Escherichia coli* infection (*E. coli* O157:H7, other Shiga toxin-producing (enterohemorrhagic) *E. coli*, enteropathogenic *E. coli*, enteroinvasive *E. coli*, enteroaggregative *E. coli*, enterotoxigenic *E. coli*, or other pathogenic *E. coli*). Submit clinical materials;

(21) giardiasis (*Giardia intestinalis*);

(22) gonorrhea (*Neisseria gonorrhoeae* infections);

(23) *Haemophilus influenzae* disease (all invasive disease). Submit clinical materials;

(24) hantavirus infection;

(25) hepatitis (all primary viral types including A, B, C, D, and E);

(26) histoplasmosis (*Histoplasma capsulatum*);

(27) human immunodeficiency virus (HIV) infection, including acquired immunodeficiency syndrome (AIDS);

(28) influenza (unusual case incidence, critical illness, or laboratory confirmed cases). Submit clinical materials;

(29) Kawasaki disease;

(30) *Kingella* spp. (invasive only). Submit clinical materials;

(31) legionellosis (*Legionella* spp.). Submit clinical materials;

(32) leprosy (Hansen's disease) (*Mycobacterium leprae*);

(33) leptospirosis (*Leptospira interrogans*);

(34) listeriosis (*Listeria monocytogenes*). Submit clinical materials;

(35) Lyme disease (*Borrelia burgdorferi* and other *Borrelia* spp.);

(36) malaria (*Plasmodium* spp.);

(37) meningitis (caused by viral agents);

(38) mumps. Submit clinical materials;

(39) neonatal sepsis (bacteria isolated from a sterile site, excluding coagulase-negative *Staphylococcus*) less than seven days after birth. Submit clinical materials;

(40) pertussis (*Bordetella pertussis*). Submit clinical materials;

(41) psittacosis (*Chlamydophila psittaci*);

(42) retrovirus infections;

(43) salmonellosis, including typhoid (*Salmonella* spp.). Submit clinical materials;

(44) shigellosis (*Shigella* spp.). Submit clinical materials;

(45) Spotted fever rickettsiosis (*Rickettsia* spp. infections, including Rocky Mountain spotted fever);

(46) *Staphylococcus aureus* (only vancomycin-intermediate *Staphylococcus aureus* (VISA), vancomycin-resistant *Staphylococcus aureus* (VRSA), and death or critical illness due to community-associated *Staphylococcus aureus* in a previously healthy individual). Submit clinical materials;

(47) streptococcal disease (all invasive disease caused by Groups A and B streptococci and *S. pneumoniae* [including urine antigen laboratory-confirmed pneumonia]). Except for urine, submit clinical materials;

(48) syphilis (*Treponema pallidum*);

(49) tetanus (*Clostridium tetani*);

(50) toxic shock syndrome. Submit clinical materials;

(51) toxoplasmosis (*Toxoplasma gondii*);

(52) transmissible spongiform encephalopathy;

(53) trichinosis (*Trichinella spiralis*);

(54) tuberculosis (*Mycobacterium tuberculosis* complex) (pulmonary or extrapulmonary sites of disease, including clinically diagnosed disease). Latent tuberculosis infection is not reportable. Submit clinical materials;

(55) typhus (*Rickettsia* spp.);

(56) varicella (chickenpox). Submit clinical materials;

(57) *Vibrio* spp. Submit clinical materials;

(58) yellow fever;

(59) yersiniosis, enteric (*Yersinia* spp.). Submit clinical materials;

(60) zika virus disease; and

(61) zoster (shingles) (all cases <18 years old; other unusual case incidence or complications regardless of age). Submit clinical materials.

Statutory Authority: *MS s 144.05; 144.072; 144.0742; 144.12; 144.122*

History: *9 SR 2584; 20 SR 858; 30 SR 247; 41 SR 829*

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4605.7044 CHRONIC INFECTIONS; PERINATALLY TRANSMISSIBLE.

Pregnancy in a person chronically infected with hepatitis B, human immunodeficiency virus (HIV) infection, including acquired immunodeficiency syndrome (AIDS), or other reportable perinatally transmissible diseases shall be reported to the commissioner within one working day of knowledge of the pregnancy.

Statutory Authority: *MS s 144.05; 144.12*

History: *30 SR 247*

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4605.7046 SENTINEL SURVEILLANCE.

Subpart 1. **Disease selection.** The commissioner may select an infectious disease or syndrome for sentinel surveillance, other than a disease or syndrome for which general reporting is required under this chapter, if the commissioner determines that sentinel surveillance will provide adequate data for epidemiological purposes and the surveillance is necessary for:

A. characterization of the pathogen;

B. monitoring vaccine effectiveness; or

C. achieving other significant public health purposes for a disease or syndrome that can cause serious morbidity or mortality.

Subp. 2. **Site selection.** The commissioner shall select, after consultation with the sites, sentinel surveillance sites that have epidemiological significance to each disease or syndrome selected under subpart 1. In selecting the sites, the commissioner shall consider:

A. the potential number of cases at the site;

B. the geographic distribution of cases or potential cases in Minnesota, if indicated by the epidemiology of the disease or syndrome;

C. the epidemiology of the disease or syndrome; and

D. the overall impact of sentinel surveillance on a site and the benefit to public health in conducting sentinel surveillance at the site.

Subp. 3. **Removal from sentinel surveillance.** The commissioner shall remove a disease or syndrome from sentinel surveillance under this part if the commissioner determines that the disease or syndrome no longer meets the criteria in subpart 1.

Subp. 4. **Surveillance mechanism.** The commissioner shall provide a description, in writing, to sentinel surveillance sites of a specific, planned mechanism for surveillance of the disease or syndrome, including the rationale for site selection, a time frame for reporting, and protocols for the submission of test results and clinical materials from cases and suspected cases to the Minnesota Department of Health, Public Health Laboratory.

Statutory Authority: *MS s 144.05; 144.12*

History: *30 SR 247*

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4605.7050 UNUSUAL CASE INCIDENCE.

Subpart 1. **Cases, suspected cases, or increased 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 a newly recognized infectious agent, an outbreak, epidemic, emerging drug resistance, or public health hazard, including 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.

Subp. 2. **Unexplained death or critical illness.** An unexplained death or unexplained critical illness in a previously healthy individual that may be caused by an infectious agent shall be reported by the attending

health care practitioner, medical examiner or coroner, or by the person having knowledge about the death or illness to the commissioner within one day.

Subp. 3. **Submissions.** Upon request of the commissioner, medical laboratories shall submit test results and clinical materials for cases and suspected cases reported under subparts 1 and 2 to the Minnesota Department of Health, Public Health Laboratory.

Statutory Authority: *MS s 144.05; 144.072; 144.0742; 144.12; 144.122*

History: *9 SR 2584; 20 SR 858; 30 SR 247; 41 SR 829*

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

A health care practitioner shall report to the commissioner cases, suspected cases, carriers, and deaths due to any infectious disease that a health care practitioner determines has been acquired outside the state and that is considered:

A. rare or unusual in Minnesota; or

B. a public health problem in the geographic area of presumed acquisition.

Statutory Authority: *MS s 144.05; 144.072; 144.0742; 144.12; 144.122*

History: *9 SR 2584; 20 SR 858; 30 SR 247; 41 SR 829*

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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 person or deceased person suspected of having the disease to the commissioner.

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

History: *9 SR 2584; 30 SR 247*

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4605.7075 TUBERCULOSIS; SPECIAL REPORTING.

A health care practitioner or other person required to report under part 4605.7030 or Minnesota Statutes, section 144.4804, shall within one working day report to the commissioner of health the name, address, and essential facts of the case if the health care practitioner or other person required to report under part 4605.7030 or Minnesota Statutes, section 144.4804, has reason to believe that a person with active pulmonary tuberculosis:

A. refuses treatment for active tuberculosis; or

B. has not complied with prescribed therapy for active tuberculosis.

Statutory Authority: *MS s 144.05; 144.072; 144.12; 144.122*

History: *20 SR 858; 30 SR 247; 41 SR 829*

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4605.7080 NEW DISEASES AND SYNDROMES; REPORTING AND SUBMISSIONS.

Subpart 1. **Disease selection.** The commissioner shall, by public notice, require reporting of newly recognized or emerging diseases and syndromes suspected to be of infectious origin or previously controlled or eradicated infectious diseases if:

A. the disease or syndrome can cause serious morbidity or mortality; and

B. report of the disease or syndrome is necessary to monitor, prevent, or control the disease or syndrome to protect public health.

Subp. 2. **Surveillance mechanism.** The commissioner shall describe a specific, planned mechanism for surveillance of the disease or syndrome including persons and entities required to report, a time frame for reporting, and protocols for the submission of test results and clinical materials from cases and suspected cases to the Minnesota Department of Health, Public Health Laboratory.

Statutory Authority: *MS s 144.05; 144.072; 144.0742; 144.12; 144.122*

History: *9 SR 2584; 20 SR 858; 30 SR 247*

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4605.7090 DISEASE REPORT INFORMATION.

Reports that are required under this chapter shall contain as much of the following information as is known:

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

B. date of first symptoms;

C. primary signs and symptoms;

D. patient:

(1) name;

(2) birthdate;

(3) gender;

(4) ethnic and racial origin;

(5) residence address, city, county, and zip code;

(6) telephone number; and

(7) place of work, school, or child care;

E. date of report;

F. health care practitioner name, address, and telephone number;

G. name of hospital (if any);

H. name of person reporting (if not health care practitioner);

I. diagnostic laboratory findings and dates of tests;

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

K. vaccination history for the disease reported;

L. pregnancy status and expected date of delivery, if the infection can be transmitted during pregnancy or delivery; and

M. other information pertinent to the case.

Statutory Authority: *MS s 144.05; 144.072; 144.0742; 144.12; 144.122*

History: *9 SR 2584; 20 SR 858; 30 SR 247; 41 SR 829*

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4605.7100 REPORTS TO COMMUNITY HEALTH BOARDS.

Upon receipt of information or other knowledge of a case, suspected case, carrier, or death or any disease or report required under this chapter, the community health board as defined in Minnesota Statutes, section 145A.02, subdivision 5, 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; 30 SR 247; L 2015 c 21 art 1 s 109*

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4605.7200 RECORDS OF DISEASE.

The commissioner shall maintain records of reports of cases, suspected 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 community health board as defined in Minnesota Statutes, section 145A.02, subdivision 5, on request.

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

History: *9 SR 2584; L 1987 c 309 s 24; L 2015 c 21 art 1 s 109*

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4605.7300 COPIES OF DISEASE REPORTS.

Community health boards 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 community health board as defined in Minnesota Statutes, section 145A.02, subdivision 5.

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

History: *9 SR 2584; L 1987 c 309 s 24; L 2015 c 21 art 1 s 109*

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PREVENTING SPREAD OF DISEASE

4605.7400 PREVENTION OF DISEASE SPREAD.

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

Subp. 2. **Report of noncompliance.** A health care practitioner 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; 41 SR 829*

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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 and evaluating contacts of cases and suspected cases by assessing relevant risk factors and testing and treatment history, 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; 30 SR 247*

Published Electronically: *September 15, 2005*

4605.7600 [Repealed, 20 SR 858]

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SEXUALLY TRANSMITTED DISEASE CONTROL

4605.7700 SEXUALLY TRANSMITTED DISEASE; SPECIAL REPORTS.

The following special reports in items A to D shall be given by health care practitioners to the commissioner.

A. Notwithstanding any previous report, a health care practitioner who has reason to believe that a person having chlamydial infection, syphilis, gonorrhea, 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, a health care practitioner who treats persons infected with chlamydial infection, syphilis, gonorrhea, or chancroid shall ensure that contacts are treated or provide

the names and addresses of contacts who may also be infected to the commissioner. If known, persons named as contacts to a person with human immunodeficiency virus (HIV) infection, including acquired immunodeficiency syndrome (AIDS), shall be reported to the commissioner.

C. Notwithstanding any previous report, a health care practitioner shall immediately report to the commissioner the name, address, and essential facts of the case for any person known to have or suspected of having chlamydial infection, syphilis, gonorrhea, or chancroid who refuses treatment.

D. If resources are available, the commissioner may authorize specific outpatient or inpatient facilities to report cases of specific sexually transmitted diseases and clinical syndromes in addition to those specified in part 4605.7040. The diseases and clinical syndromes to be reported shall include urethritis in males, pelvic inflammatory disease, genital herpes simplex infection, ectopic pregnancy, and other sexually transmitted disease as requested by the commissioner.

Statutory Authority: *MS s 144.05; 144.072; 144.0742; 144.12; 144.122*

History: *9 SR 2584; 20 SR 858; 30 SR 247; 41 SR 829*

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4605.7714 [Repealed, 20 SR 858]

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4605.7715 [Repealed, 20 SR 858]

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4605.7800 HEALTH EDUCATION.

Health care providers working with patients having chlamydial infection, syphilis, gonorrhea, chancroid, or human immunodeficiency virus infection (HIV), including acquired immunodeficiency syndrome (AIDS), shall tell the patients how to prevent the spread of the infection and inform them of the importance of complying with treatment instructions and of the need to have all relevant contacts promptly tested and treated for the infection.

Statutory Authority: *MS s 144.05; 144.072; 144.0742; 144.12; 144.122*

History: *9 SR 2584; 20 SR 858; 30 SR 247*

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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.

Subp. 3. **Treatment.** A licensed health professional who is not a licensed health care practitioner but who is in charge of the care of a newborn infant shall immediately bring to the attention of a licensed health care practitioner 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*

History: *9 SR 2584; 41 SR 829*

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4605.8000 [Repealed, 13 SR 528]

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