

1 Department of Health

2

3 Adopted Rules Governing Communicable Diseases; Duties of the
4 Commissioner and Local Boards of Health

5

6 Rules as Adopted

7 4605.7000 DEFINITIONS.

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

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

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

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

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

27 Subp. 6. Local board of health. "Local board of health"
28 means authorized administrators, officers, agents, or employees
29 of the county, multi-county, or city board of health organized
30 under Minnesota Statutes, sections 145.911 to 145.921.

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

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

1 medicine.

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

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

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

11 4605.7010 PURPOSE.

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

15 4605.7020 SCOPE.

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

19 4605.7030 PERSONS REQUIRED TO REPORT DISEASE.

20 Subpart 1. Physicians. When attending a case, suspected
21 case, carrier, or death from any of the diseases in part
22 4605.7040, the physician shall report within one working day to
23 the commissioner, unless previously reported, the information
24 outlined in part 4605.7090.

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

33 Subp. 3. Medical laboratories. Medical laboratories which
34 receive specimens of original material from patients shall,
35 within one working day of completion, provide to the

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1 commissioner the results of microbiologic cultures,
 2 examinations, and immunologic assays for the presence of
 3 antigens and antibodies which are indicative of the presence of
 4 any of the diseases in part 4605.7040 and as much of the
 5 following information as is known: disease (test, culture, or
 6 examination); source of specimen (i.e., blood, stool, type of
 7 tissue); name and address of the medical laboratory; date of
 8 test, culture, or examination; patient's name or I.D. number,
 9 birthdate, and sex; and the name, address, and telephone number
 10 of the attending physician.

11 If necessary, the commissioner shall contact the attending
 12 physician who shall be responsible for determining whether a
 13 case, suspected case, carrier, or death due to a disease in part
 14 4605.7040 is present.

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

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

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

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

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

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

36 Subp. 6. Others. Unless previously reported, it shall be

1 the duty of every other licensed health care provider who
 2 examines any patient who has or is suspected of having any of
 3 the diseases listed in part 4605.7040 to report within one
 4 working day to the commissioner as much of the information
 5 outlined in part 4605.7090 as is known.

6 4605.7040 DISEASE AND REPORTS.

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

- 11 A. Acquired Immune Deficiency Syndrome (AIDS)
 12 B. Amebiasis (*Entamoeba histolytica*)
 13 C. Anthrax* (*Bacillus anthracis*)
 14 D. Babesiosis (*Babesia* sp.)
 15 E. Blastomycosis (*Blastomyces dermatitidis*)
 16 F. Botulism* (*Clostridium botulinum*)
 17 G. Brucellosis (*Brucella* sp.)
 18 H. Campylobacteriosis (*Campylobacter* sp.)
 19 I. Chancroid (*Haemophilus ducreyi*)
 20 J. *Chlamydia trachomatis* infections (nonspecific
 21 urethritis, cervicitis, salpingitis, neonatal conjunctivitis,
 22 pneumonia, and lymphogranuloma venereum)
 23 K. Cholera* (*Vibrio cholerae*)
 24 L. Diphtheria (*Corynebacterium diphtheriae*)
 25 M. *Diphyllobothrium latum* infection
 26 N. Encephalitis (caused by infectious agents)
 27 O. Echinococcosis (*Echinococcus* sp.)
 28 P. Giardiasis (*Giardia lamblia*)
 29 Q. Gonorrhea infections (including: Gonococcal
 30 salpingitis, ophthalmia neonatorum, Penicillin resistant
 31 *Neisseria gonorrhoea* infections)
 32 R. *Haemophilus influenzae* disease (all only invasive
 33 disease including epiglottitis, cellulitis, bacteremia, and
 34 meningitis)
 35 S. Hepatitis (all viral types A, B, and non-A, non-B)
 36 T. *Herpes simplex* types-I-and-II infections

- 1 (neonatal, less than 30 days of age, disease only)
- 2 U. Histoplasmosis (*Histoplasma capsulatum*)
- 3 V. Influenza (unusual case incidence or laboratory
- 4 confirmed cases)
- 5 W. Lead (poisoning and undue absorption)
- 6 X. Legionellosis (*Legionella* sp.)
- 7 Y. Leprosy (*Mycobacterium leprae*)
- 8 Z. Leptospirosis (*Leptospira interrogans*)
- 9 AA. Lyme Disease (*Borellia burgdorferi*)
- 10 BB. Malaria (*Plasmodium vivax*, *P. malariae*, or *P.*
- 11 *falciparum*)
- 12 CC. Measles (Rubeola)*
- 13 DD. Meningitis (caused by all types of bacterial,
- 14 viral, or fungal agents)
- 15 EE. Meningococemia (*Neisseria meningitidis*)
- 16 FF. Mumps*
- 17 GG. Mycobacterioses (symptomatic cases only;
- 18 exclusive of tuberculosis and leprosy)
- 19 HH. Pertussis (*Bordetella pertussis*)
- 20 II. Plague (*Yersinia pestis*)
- 21 JJ. Poliomyelitis*
- 22 KK. Psittacosis (*Chlamydia psittaci*)
- 23 LL. Q Fever (*Coxiella burnetii*)
- 24 MM. Rabies (animal and human cases and suspects)*
- 25 NN. Reye Syndrome
- 26 OO. Rheumatic Fever (cases meeting the Jones Criteria
- 27 only)
- 28 PP. Rubella and Congenital Rubella Syndrome
- 29 QQ. Rocky Mountain Spotted Fever (*Rickettsia*
- 30 *rickettsii*, *R. canada*)
- 31 RR. Salmonellosis, including typhoid (*Salmonella* sp.)
- 32 SS. Shigellosis (*Shigella* sp.)
- 33 TT. Staphylococcal disease (*Staphylococcus aureus*
- 34 outbreaks only)
- 35 UU. Streptococcal disease (only *Streptococcus*
- 36 *agalactiae* (Group B) neonatal, less than 30 days of age,

1 disease)

2 VV. Syphilis* (*Treponema pallidum*)

3 WW. Tetanus (*Clostridium tetani*)

4 XX. Toxic Shock Syndrome

5 YY. Trichinosis (*Trichinella spiralis*)

6 ZZ. Tuberculosis (*Mycobacterium tuberculosis*)

7 AAA. Tularemia (*Francisella tularensis*)

8 BBB. Typhus (*Rickettsia prowazeki* and *R. typhus*)

9 CCC. Yellow Fever

10 DDD. Yersiniosis (*Yersinia* sp.)

11 4605.7050 UNUSUAL CASE INCIDENCE.

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

21 4605.7060 CASES, SUSPECTED CASES, CARRIERS, AND DEATHS DUE TO
22 DISEASE ACQUIRED OUTSIDE THE STATE.

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

29 4605.7070 OTHER REPORTS.

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

1 4605.7080 NEW DISEASES AND SYNDROMES.

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

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

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

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

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

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

18 4605.7090 DISEASE REPORT INFORMATION.

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

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

22 B. date of first symptoms;

23 C. patient:

24 (1) name;

25 (2) birthdate;

26 (3) ethnic or racial origin;

27 (4) residence address, city, and county;

28 (5) phone number; and

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

30 D. date of report;

31 E. physician name, address, and phone number;

32 F. name of hospital (if any);

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

34 H. diagnostic laboratory findings and dates of test;

35 I. name and locating information of contacts (if

36 any); and

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1 J. other information pertinent to the case.

2 4605.7100 REPORTS TO STATE AND LOCAL BOARDS OF HEALTH.

3 Upon receipt of information or other knowledge of a case,
4 suspected case, or death or any disease or report required in
5 part 4605.7030, the local board of health shall immediately
6 forward same to the commissioner.

7 4605.7200 RECORDS OF DISEASE.

8 The commissioner shall maintain records of reports of
9 cases, suspected cases, carriers, and deaths for the disease
10 reports required in this section and shall prepare statewide
11 summary information which shall be made available for each local
12 board of health on request.

13 4605.7300 COPIES OF DISEASE REPORTS.

14 Local boards of health operating under agreements in part
15 4735.0200, subpart 2, shall be forwarded copies of all disease
16 reports and information received by the commissioner which
17 pertain to the jurisdiction and biennial agreement between the
18 commissioner and the local board of health.

19 4605.7400 PREVENTION OF DISEASE SPREAD.

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

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

31 4605.7500 DISEASE INVESTIGATIONS.

32 The commissioner shall investigate the occurrence of cases,
33 suspected cases, or carriers of reportable diseases or unusual
34 disease occurrences in a public or private place for the purpose

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1 of verification of the existence of disease, ascertaining the
2 source of the disease causing agent, identifying unreported
3 cases, locating contacts of cases, identifying those at risk of
4 disease, determining necessary control measures, and informing
5 the public if necessary.

6 4605.7600 RABIES

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

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

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

- 32 A. bat;
- 33 B. badger;
- 34 C. bear;
- 35 D. beaver;
- 36 E. bobcat;

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- 1 F. civet cat;
- 2 G. ferret;
- 3 H. fox;
- 4 I. mink;
- 5 J. muskrat;
- 6 K. ocelot;
- 7 L. opossum;
- 8 M. raccoon;
- 9 N. skunk;
- 10 O. weasel;
- 11 P. woodchuck; or
- 12 Q. wolf.

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

- 21 A. bovine;
- 22 B. goat;
- 23 C. horse;
- 24 D. monkey;
- 25 E. sheep; or
- 26 F. swine.

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

33 4605.7700 VENEREAL DISEASE.

34 Subpart 1. Special reports. The following special reports
 35 shall be given by physicians to the commissioner:

- 36 A. Notwithstanding any previous report, physicians

1 who have reason to believe that a person having syphilis,
2 gonorrhea, or chancroid has not completed therapy shall notify
3 the commissioner immediately of that person's name, address, and
4 other pertinent information.

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

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

15 4605.7800 HEALTH EDUCATION.

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

22 4735.0100 DEFINITIONS.

23 Subpart 1. Commissioner. "Commissioner" means the state
24 commissioner of health or authorized officers, employees, or
25 agents of the Minnesota Department of Health.

26 Subp. 2. Community health services plan. "Community
27 health services plan" means plans and plan revisions developed
28 under Minnesota Statutes, section 145.92.

29 Subp. 3. Local board of health. "Local board of health"
30 means the duly authorized administrators, officers, agents, or
31 employees of the county, multi-county, or city board of health
32 organized within the provisions of Minnesota Statutes, sections
33 145.911 to 145.921.

34 Subp. 4. Public health emergency. "Public health
35 emergency" means an unanticipated and temporary condition

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1 threatening the health of a specific population such that the
2 resources of one or more local boards of health cannot
3 reasonably be considered adequate to respond to the emergency
4 needs of the affected population.

5 Subp. 5. Public health hazard. "Public health hazard"
6 means the presence of a disease organism or condition in the
7 environment which endangers the health of a specified population.

8 4735.0200 DUTIES OF COMMISSIONER.

9 Subpart 1. General duties. The state commissioner of
10 health or an authorized officer shall be responsible for the
11 collection and review of disease reports, epidemiologic
12 investigations, and control of disease in all areas of the state.

13 Subp. 2. Agreements. The commissioner may enter into
14 written agreements with local boards of health for the purposes
15 of specifying shared responsibilities for the collection of data
16 and information described in parts 4605.7000 to 4605.7800. The
17 agreement must be made a part of the biennial community health
18 services plan. The agreement shall include but not be limited
19 to:

20 A. requirements pertaining to data to be collected
21 and disease investigations to be conducted;

22 B. minimum personnel requirements;

23 C. duties of the commissioner regarding the provision
24 of technical or other assistance to fulfill the agreement;

25 D. specification of means by which the local board of
26 health shall coordinate data collection and other duties of the
27 agreement with related activities of the commissioner or other
28 local boards of health;

29 E. criteria by which the commissioner will determine
30 that the duties and responsibilities agreed upon are met;

31 F. procedures for renewal of the agreement; and

32 G. grounds for termination.

33 Subp. 3. Notice to local board of health. The
34 commissioner shall bring to the attention of the local board of
35 health any conditions within the jurisdiction of the local board
36 of health which represent the potential for a public health

1 hazard.

2 Subp. 4. Assistance to local board of health. The
3 commissioner shall provide technical assistance and personnel as
4 he or she determines are available and necessary to answer the
5 requests of the local board of health for assistance in the
6 investigation and control of disease.

7 Subp. 5. Public health emergency. In the event of a
8 public health emergency, the commissioner may, after giving
9 reasonable notice to the local board of health, suspend all or
10 certain specified terms of the agreement for a period of time
11 sufficient to respond to the public health emergency.

12 4735.0300 DUTIES OF LOCAL BOARD OF HEALTH.

13 Subpart 1. Local board of health request. The local board
14 of health shall, when the public health hazard exceeds the
15 capacity of the local board of health to respond, request
16 assistance from the commissioner for the investigation and
17 control of disease.

18 Subp. 2. Duty to report health hazards. The local board
19 of health shall bring to the attention of the commissioner any
20 conditions which represent the potential for a public health
21 hazard.

22
23 RENUMBER. Renumber each part specified in Column A with the
24 part set forth in Column B.

| | Column A | Column B |
|----|-----------|-----------|
| 25 | | |
| 26 | | |
| 27 | 4605.3000 | 4720.3910 |
| 28 | 4605.3100 | 4605.7900 |
| 29 | 4605.3300 | 4605.8000 |
| 30 | 4605.5200 | 4605.7701 |
| 31 | 4605.5300 | 4605.7702 |
| 32 | 4605.5400 | 4605.7703 |
| 33 | 4605.5500 | 4605.7704 |
| 34 | 4605.5600 | 4605.7705 |
| 35 | 4605.5700 | 4605.7706 |
| 36 | 4605.5800 | 4605.7707 |
| 37 | 4605.5900 | 4605.7708 |
| 38 | 4605.6000 | 4605.7709 |
| 39 | 4605.6100 | 4605.7710 |
| 40 | 4605.6200 | 4605.7711 |
| 41 | 4605.6300 | 4605.7712 |
| 42 | 4605.6400 | 4605.7713 |
| 43 | 4605.6500 | 4605.7714 |
| 44 | 4605.6600 | 4605.7715 |
| 45 | 4605.6700 | 4605.7716 |
| 46 | | |

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1 REPEALER. Minnesota Rules, parts 4605.0200; 4605.0300;
2 4605.0400; 4605.0500; 4605.0600; 4605.0700; 4605.0800; 4605.0900;
3 4605.1000; 4605.1100; 4605.1200; 4605.1300; 4605.1400; 4605.1500;
4 4605.1600; 4605.1700; 4605.1800; 4605.1900; 4605.2000; 4605.2100;
5 4605.2200; 4605.2300; 4605.2400; 4605.2500; 4605.2600; 4605.2700;
6 4605.2800; 4605.2900; 4605.3200; 4605.3400; 4605.3500; 4605.3600;
7 4605.3700; 4605.3800; 4605.3900; 4605.4000; 4605.4100; 4605.4200;
8 4605.4300; 4605.4400; 4605.4500; 4605.4600; 4605.4700; 4605.4800;
9 4605.4900; 4605.5000; 4605.5100; 4735.0010; 4735.0020, are
10 repealed.

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