

1.1 **Department of Health**

1.2 **Adopted Permanent Rules Relating to Communicable Disease Reporting**

1.3 **4605.7000 DEFINITIONS.**

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

1.6 [For text of subps 2 to 4, see M.R.]

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

1.10 [For text of subps 5 and 6, see M.R.]

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

1.16 Subp. 7. **Infection control practitioner preventionist.** "Infection control
1.17 ~~practitioner~~ preventionist" means a person designated by a hospital, nursing home, medical
1.18 clinic, or other health care facility as having responsibility for prevention, detection,
1.19 reporting, and control of infections within the facility.

1.20 [For text of subp 8, see M.R.]

1.21 Subp. 9. [See repealer.]

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

2.1 Subp. 11. [See repealer.]

2.2 [For text of subps 12 and 13, see M.R.]

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

2.5 [For text of subp 15, see M.R.]

2.6 **4605.7030 PERSONS REQUIRED TO REPORT DISEASE.**

2.7 Subpart 1. **Health care practitioner.** When attending a case, suspected case, carrier,
2.8 or death from any of the diseases in part 4605.7040 or a pregnancy under part 4605.7044,
2.9 a health care practitioner shall report to the commissioner according to part 4605.7040 or
2.10 4605.7044, unless previously reported, the information specified in part 4605.7090.

2.11 Subp. 2. **Health care facilities.** Hospitals, nursing homes, medical clinics, or other
2.12 health care facilities shall designate that all individual health care practitioners report
2.13 as specified in subpart 1; or the health care facility shall designate an infection ~~control~~
2.14 practitioner preventionist or other person as responsible to report to the commissioner,
2.15 according to part 4605.7040 or 4605.7044, knowledge of a case, suspected case, carrier, or
2.16 death from any of the diseases and syndromes in part 4605.7040 or a pregnancy under part
2.17 4605.7044, and the information specified in part 4605.7090.

2.18 Subp. 3. **Medical laboratories.**

2.19 [For text of items A and B, see M.R.]

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

2.23 [For text of item D, see M.R.]

3.1 Subp. 4. **Comprehensive reports.** An institution, facility, or clinic, staffed by health
3.2 care practitioners and having medical laboratories that are required to report, as in subparts
3.3 1, 2, and 3, except subpart 3, item C, may upon written notification to the commissioner
3.4 designate a single person or group of persons to report cases, suspected cases, carriers,
3.5 deaths, or results of medical laboratory cultures, examinations, and assays for any of the
3.6 diseases listed in part 4605.7040 or a pregnancy under part 4605.7044 to the commissioner.

3.7 [For text of subps 5 to 7, see M.R.]

3.8 **4605.7040 DISEASE AND REPORTS; CLINICAL MATERIALS SUBMISSIONS.**

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

3.13 A. Diseases reportable immediately by telephone to the commissioner:

- 3.14 (1) anthrax (*Bacillus anthracis*). Submit clinical materials;
3.15 (2) botulism (*Clostridium botulinum*);
3.16 (3) brucellosis (*Brucella* spp.). Submit clinical materials;
3.17 (4) cholera (*Vibrio cholerae*). Submit clinical materials;
3.18 (5) diphtheria (*Corynebacterium diphtheriae*). Submit clinical materials;
3.19 (6) free-living amebic infection (including at least: *Acanthamoeba* spp.,
3.20 *Naegleria fowleri*, *Balamuthia* spp., *Sappinia* spp). Submit clinical materials;
3.21 (7) hemolytic uremic syndrome. Submit clinical materials;
3.22 (8) measles (rubeola). Submit clinical materials;
3.23 (9) meningococcal disease (*Neisseria meningitidis*) (all invasive disease).
3.24 Submit clinical materials;

- 4.1 (10) Middle East Respiratory Syndrome (MERS). Submit clinical materials;
- 4.2 (11) orthopox virus. Submit clinical materials;
- 4.3 (12) plague (*Yersinia pestis*). Submit clinical materials;
- 4.4 (13) poliomyelitis. Submit clinical materials;
- 4.5 (14) Q fever (*Coxiella burnetii*). Submit clinical materials;
- 4.6 (15) rabies (animal and human cases and suspected cases);
- 4.7 (16) rubella and congenital rubella syndrome. Submit clinical materials;
- 4.8 (17) severe acute respiratory syndrome (SARS). Submit clinical materials;
- 4.9 (18) smallpox (variola). Submit clinical materials;
- 4.10 (19) tularemia (*Francisella tularensis*). Submit clinical materials; and
- 4.11 (20) viral hemorrhagic fever (including but not limited to Ebola virus
- 4.12 disease and Lassa fever). Submit clinical materials.

4.13 B. Diseases reportable within one working day:

- 4.14 (1) amebiasis (*Entamoeba histolytica/dispar*);
- 4.15 (2) anaplasmosis (*Anaplasma phagocytophilum*);
- 4.16 (3) arboviral disease, including, but not limited to, LaCrosse encephalitis,
- 4.17 eastern equine encephalitis, western equine encephalitis, St. Louis encephalitis, West Nile
- 4.18 virus disease, Powassan virus disease, and Jamestown Canyon virus disease;
- 4.19 (4) babesiosis (*Babesia* spp.);
- 4.20 (5) blastomycosis (*Blastomyces dermatitidis*);
- 4.21 (6) campylobacteriosis (*Campylobacter* spp.). Submit clinical materials;
- 4.22 (7) carbapenem-resistant Enterobacteriaceae (CRE). Submit clinical
- 4.23 materials;

- 5.1 (8) cat scratch disease (infection caused by *Bartonella* species);
- 5.2 (9) chancroid (*Haemophilus ducreyi*);
- 5.3 (10) Chikungunya virus disease;
- 5.4 (11) *Chlamydia trachomatis* infections;
- 5.5 (12) coccidioidomycosis;
- 5.6 (13) *Cronobacter sakazakii* in infants under one year of age. Submit
- 5.7 clinical materials;
- 5.8 ~~(13)~~ (14) cryptosporidiosis (*Cryptosporidium* spp.). Submit clinical
- 5.9 materials;
- 5.10 ~~(14)~~ (15) cyclosporiasis (*Cyclospora* spp.). Submit clinical materials;
- 5.11 ~~(15)~~ (16) dengue virus infection;
- 5.12 ~~(16)~~ (17) *Diphyllobothrium latum* infection;
- 5.13 ~~(17)~~ (18) ehrlichiosis (*Ehrlichia* spp.);
- 5.14 ~~(18)~~ (19) encephalitis (caused by viral agents);
- 5.15 ~~(19)~~ (20) enteric *Escherichia coli* infection (*E. coli* O157:H7, other Shiga
- 5.16 toxin-producing (enterohemorrhagic) *E. coli*, enteropathogenic *E. coli*, enteroinvasive
- 5.17 *E. coli*, enteroaggregative *E. coli*, enterotoxigenic *E. coli*, or other pathogenic *E. coli*).
- 5.18 Submit clinical materials;
- 5.19 ~~(20) *Enterobacter sakazakii* in infants under one year of age. Submit~~
- 5.20 ~~clinical materials;~~
- 5.21 (21) giardiasis (*Giardia intestinalis*);
- 5.22 (22) gonorrhea (*Neisseria gonorrhoeae* infections);

- 6.1 (23) *Haemophilus influenzae* disease (all invasive disease). Submit clinical
6.2 materials;
- 6.3 (24) hantavirus infection;
- 6.4 (25) hepatitis (all primary viral types including A, B, C, D, and E);
- 6.5 (26) histoplasmosis (*Histoplasma capsulatum*);
- 6.6 (27) human immunodeficiency virus (HIV) infection, including acquired
6.7 immunodeficiency syndrome (AIDS);
- 6.8 (28) influenza (unusual case incidence, critical illness, or laboratory
6.9 confirmed cases). Submit clinical materials;
- 6.10 (29) Kawasaki disease;
- 6.11 (30) *Kingella* spp. (invasive only). Submit clinical materials;
- 6.12 (31) legionellosis (*Legionella* spp.). Submit clinical materials;
- 6.13 (32) leprosy (Hansen's disease) (*Mycobacterium leprae*);
- 6.14 (33) leptospirosis (*Leptospira interrogans*);
- 6.15 (34) listeriosis (*Listeria monocytogenes*). Submit clinical materials;
- 6.16 (35) Lyme disease (*Borrelia burgdorferi* and other *Borrelia* spp.);
- 6.17 (36) malaria (*Plasmodium* spp.);
- 6.18 (37) meningitis (caused by viral agents);
- 6.19 (38) mumps. Submit clinical materials;
- 6.20 (39) neonatal sepsis (bacteria isolated from a sterile site, excluding
6.21 coagulase-negative *Staphylococcus*) less than seven days after birth. Submit clinical
6.22 materials;
- 6.23 (40) pertussis (*Bordetella pertussis*). Submit clinical materials;

- 7.1 (41) psittacosis (*Chlamydophila psittaci*);
- 7.2 (42) retrovirus infections;
- 7.3 (43) salmonellosis, including typhoid (*Salmonella* spp.). Submit clinical
7.4 materials;
- 7.5 (44) shigellosis (*Shigella* spp.). Submit clinical materials;
- 7.6 (45) Spotted fever rickettsiosis (*Rickettsia* spp. infections, including Rocky
7.7 Mountain spotted fever);
- 7.8 (46) *Staphylococcus aureus* (only vancomycin-intermediate *Staphylococcus*
7.9 *aureus* (VISA), vancomycin-resistant *Staphylococcus aureus* (VRSA), and death or
7.10 critical illness due to community-associated *Staphylococcus aureus* in a previously healthy
7.11 individual). Submit clinical materials;
- 7.12 (47) streptococcal disease (all invasive disease caused by Groups A
7.13 and B streptococci and *S. pneumoniae* [including urine antigen laboratory-confirmed
7.14 pneumonia]). Except for urine, submit clinical materials;
- 7.15 (48) syphilis (*Treponema pallidum*);
- 7.16 (49) tetanus (*Clostridium tetani*);
- 7.17 (50) toxic shock syndrome. Submit clinical materials;
- 7.18 (51) toxoplasmosis (*Toxoplasma gondii*);
- 7.19 (52) transmissible spongiform encephalopathy;
- 7.20 (53) trichinosis (*Trichinella spiralis*);
- 7.21 (54) tuberculosis (*Mycobacterium tuberculosis* complex) (pulmonary
7.22 or extrapulmonary sites of disease, including clinically diagnosed disease). Latent
7.23 tuberculosis infection is not reportable. Submit clinical materials;
- 7.24 (55) typhus (*Rickettsia* spp.);

- 8.1 (56) varicella (chickenpox). Submit clinical materials;
- 8.2 (57) *Vibrio* spp. Submit clinical materials;
- 8.3 (58) yellow fever;
- 8.4 (59) yersiniosis, enteric (*Yersinia* spp.). Submit clinical materials;
- 8.5 (60) zika virus disease; and
- 8.6 (61) zoster (shingles) (all cases <18 years old; other unusual case incidence
- 8.7 or complications regardless of age). Submit clinical materials.

8.8 **4605.7050 UNUSUAL CASE INCIDENCE.**

8.9 [For text of subp 1, see M.R.]

8.10 Subp. 2. **Unexplained death or critical illness.** An unexplained death or

8.11 unexplained critical illness in a previously healthy individual that may be caused by

8.12 an infectious agent shall be reported by the attending health care practitioner, medical

8.13 examiner or coroner, or by the person having knowledge about the death or illness to

8.14 the commissioner within one day.

8.15 [For text of subp 3, see M.R.]

8.16 **4605.7060 CASES, SUSPECTED CASES, CARRIERS, AND DEATHS DUE TO**

8.17 **DISEASE ACQUIRED OUTSIDE THE STATE.**

8.18 A health care practitioner shall report to the commissioner cases, suspected cases,

8.19 carriers, and deaths due to any infectious disease that a health care practitioner determines

8.20 has been acquired outside the state and that is considered:

8.21 A. rare or unusual in Minnesota; or

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

9.1 **4605.7075 TUBERCULOSIS; SPECIAL REPORTING.**

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

9.7 A. refuses treatment for active tuberculosis; or

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

9.9 **4605.7090 DISEASE REPORT INFORMATION.**

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

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

9.13 B. date of first symptoms;

9.14 C. primary signs and symptoms;

9.15 D. patient:

9.16 (1) name;

9.17 (2) birthdate;

9.18 (3) gender;

9.19 (4) ethnic and racial origin;

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

9.21 (6) telephone number; and

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

9.23 E. date of report;

- 10.1 F. health care practitioner name, address, and telephone number;
- 10.2 G. name of hospital (if any);
- 10.3 H. name of person reporting (if not health care practitioner);
- 10.4 I. diagnostic laboratory findings and dates of tests;
- 10.5 J. name and locating information of contacts (if any);
- 10.6 K. vaccination history for the disease reported;
- 10.7 L. pregnancy status and expected date of delivery, if the infection can be
10.8 transmitted during pregnancy or delivery; and
- 10.9 M. other information pertinent to the case.

10.10 **4605.7400 PREVENTION OF DISEASE SPREAD.**

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

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

10.19 **4605.7700 SEXUALLY TRANSMITTED DISEASE; SPECIAL REPORTS.**

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

10.22 A. Notwithstanding any previous report, a health care practitioner who has
10.23 reason to believe that a person having chlamydial infection, syphilis, gonorrhea, or

