

Dear Senators LODGE, Broadsword & LeFavour, and  
Representatives BLOCK, Nielsen & Rusche:

The Legislative Services Office, Research and Legislation, has received the enclosed  
rules of the Dept. Of Health & Welfare:

IDAPA 16.02.10 - Idaho Reportable Diseases (Docket #16-0210-0901).

Pursuant to Section 67-454, Idaho Code, a meeting on the enclosed rules may be called by  
the cochairmen or by two (2) or more members of the subcommittee giving oral or written notice  
to Research and Legislation no later than fourteen (14) days after receipt of the rules' analysis  
from Legislative Services. The final date to call a meeting on the enclosed rules is no later than  
10-28-09. If a meeting is called, the subcommittee must hold the meeting within forty-two (42)  
days of receipt of the rules' analysis from Legislative Services. The final date to hold a meeting  
on the enclosed rules is 11-26-09.

\_\_\_\_\_The germane joint subcommittee may request a statement of economic impact with  
respect to a proposed rule by notifying Research and Legislation. There is no time limit on  
requesting this statement, and it may be requested whether or not a meeting on the proposed rule  
is called or after a meeting has been held.

To notify Research and Legislation, call 334-2475, or send a written request to the  
address or FAX number indicated on the memorandum enclosed.

## MEMORANDUM

**TO:** Rules Review Subcommittee of the Senate Health & Welfare Committee and the House Health & Welfare Committee

**FROM:** Research & Legislation Staff - Paige Alan Parker

**DATE:** October 8, 2009

**SUBJECT:** Department of Health and Welfare - IDAPA 16.02.10 - Idaho Reportable Diseases (Docket No. 16-0210-0901)(Proposed)

By this Proposed Rule docket (hereinafter “proposed rule”), the Department of Health and Welfare proposes to amend IDAPA chapter 16.02.01 to: add requirements for disposition of dead human bodies that may pose a health hazard from communicable diseases or hazardous substances; provide clarification of reporting requirements and restrictions for certain diseases; add reporting requirement for cases of novel influenza A virus; and update standard rule sections. This chapter was rewritten in 2008.

According to the Department, the proposed rule is authorized pursuant to sections 39-605, 39-906, 39-1003, 39-1603, 54-1119, 56-1003 and 56-1005, Idaho Code.

Section 39-605, Idaho Code, empowers the Department to make such rules as may be necessary to carry out the provisions of legislation dealing with control of venereal disease. Section 39-906(2), Idaho Code, requires the Director of the Department to administer such rules as the State Board of Health and Welfare deems necessary for further and proper guidance of local health officers regarding prevention of blindness in infants. Section 39-1003, Idaho Code, provides that a standard serological test is a test for syphilis approved by the Board. Section 39-1603, Idaho Code, requires the Board to promulgate rules regarding the Idaho Food Establishment Act. Section 54-1119, Idaho Code, grants the Department jurisdiction and rulemaking authority over the preservation, embalming, handling, transportation and burial or disposal of all dead human bodies and all methods preparatory thereto. Section 56-1003(2), Idaho Code, grants the Department’s Director, subject to approval by the Board, the power to formulate and recommend to the Board rules, codes and standards as may be necessary to deal with problems related to personal health. Section 56-1005,(8) Idaho Code, allows the Board to

adopt, amend or repeal rules, codes and standards of the Department that are necessary and feasible to carry out its duties and responsibilities.

According to the Department, no fee or charge is imposed by the proposed rule and there is no anticipated fiscal impact to the General Fund as a result of this rulemaking. According to the Department, negotiated rulemaking was not conducted because changes to the rule are being made to protect the health of Idaho citizens. The Department states that public hearings will be scheduled if requested in writing by 25 persons, a political subdivision or an agency not later than September 16, 2009. All written comments were to be delivered to the Department on or before September 23, 2009.

## **ANALYSIS**

### **A. Standard Sections**

A number of informational updates and changes have been made in the proposed rule. The legal authority section has been expanded to include section 54-1119, Idaho Code, granting the Department jurisdiction and rulemaking authority over the preservation, embalming, handling, transportation and burial or disposal of all dead human bodies and all methods preparatory thereto, as an authority. IDAPA 16.02.10.000. The scope of the chapter has been expanded to include requirements to prevent transmission of health hazards from dead human bodies. The documents incorporated by reference have been updated to more current publications of certain documents and to provide web page references. IDAPA 16.02.10.004. The definition of “significant exposure to blood or body fluids” has been updated with regard to a document updated in the incorporation by references section.

### **B. Substantive Changes**

The table of requirements for reportable and restrictable diseases and conditions in section 050 has been amended by the proposed rule in several particulars. Daycare facilities are no longer required to report any of the specified diseases. Health care facilities are restrictable for chlamydia trachomatis infections with regard to ophthalmica neonatorum only. Daycare, food service, health care and school facilities are restrictable and must report within one working day the novel influenza A virus. Thrombotic thrombocytopenic purpura-HUS (TTP-HUS) has been added to the reportable or restrictable diseases and conditions list.

New section 068, “Preventing Spread of Health Hazards from Dead Human Bodies,” has been added by the proposed rule. The Division of Public Health Administrator or the Health District Director may require or prohibit embalming and may require or prohibit burial or cremation to prevent the spread of infections or communicable diseases or exposure to hazardous substances; the body of a person suspected of or confirmed as having a viral hemorrhagic fever must not be embalmed, but must be wrapped in a sealed, leak-proof material and cremated or buried; and notification to the person taking possession of a body suspected of or confirmed as

having a prion disease, a viral hemorrhagic fever, other infectious health hazard or contaminated with a hazardous substance.

Disease names and abbreviations have been clarified in sections 220 and 320.

A new section 522, regarding novel influenza A virus has been added. Each detection of this disease must be reported to the Department or Health District within one working day of identification by the laboratory director and each probable or confirmed case resulting in hospitalization must be similarly reported within one working day of the event. A case may be investigated to determine severity and to recommend measures to prevent spread. The person diagnosed with the disease must be restricted from daycare, school or work for 24 hours after the fever is resolved and the fever must be absent without the aid of fever-reducing medicine.

“Post-exposure prophylaxis (rPEP)” has been added to section 610, regarding rabies. Reporting requirements regarding rabies and management of any livestock that has bitten a person must be pursuant to cited rule. Each suspected or confirmed case of rabies in animals will be investigated to determine if potential human or animal exposure has occurred and to identify persons who may need to undergo rPEP. All confirmed or suspected exposures to a suspected or confirmed rabid animal must be managed pursuant to specified guidelines that have been incorporated by reference. The Department or Health District may grant an exception to the requirement that certain animals suspected of having rabies must be tested in an approved laboratory if a person has been bitten or has had direct contact with the animal which might result in the person becoming infected.

Suspected cases of transmissible spongiform encephalopathy must be reported to the Department or Health District within three working days of identification. Section 760. Suspected cases of West Nile virus are no longer required to be similarly reported. Section 800.

### **SUMMARY**

The Department's proposed rule appears to be authorized under sections 54-1119, 56-1003(2) and 56-1005(8), Idaho Code.

cc: Department of Health and Welfare  
Tamara Prisock and Kathryn Turner

# IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

## 16.02.10 - IDAHO REPORTABLE DISEASES

DOCKET NO. 16-0210-0901

### NOTICE OF RULEMAKING - PROPOSED RULE

**AUTHORITY:** In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has initiated proposed rulemaking procedures. The action is authorized pursuant to Sections 39-605, 39-906, 39-1003, 39-1603, 54-1119, 56-1003, and 56-1005 Idaho Code.

**PUBLIC HEARING SCHEDULE:** Public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than September 16, 2009.

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

**DESCRIPTIVE SUMMARY:** The following is a nontechnical explanation of the substance and purpose of this proposed rulemaking:

Idaho Code requires the Department to provide rules that govern the reporting, control, and prevention of reportable diseases and conditions and requirements to prevent transmission of health hazards from dead human bodies. These rules are being amended to protect the health and safety of the public by:

1. Adding requirements for disposition of dead human bodies that may pose a health hazard from communicable diseases or hazardous substances;
2. Providing clarification of the reporting requirements and restrictions for the following diseases: cryptosporidiosis, hemolytic-uremic syndrome (HUS), mumps, rabies, prion diseases, and West Nile virus;
3. Adding reporting requirements for cases of novel influenza A virus; and
4. Updating the authority, scope, definitions, and incorporation by reference sections of rules.

**FEE SUMMARY:** The following is a specific description of the fee or charge imposed or increased: N/A

**FISCAL IMPACT:** The following is a specific description, if applicable, of any fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year.

There is no anticipated fiscal impact to state general funds due to this rulemaking.

**NEGOTIATED RULEMAKING:** Pursuant to Section 67-5220, Idaho Code, negotiated rulemaking was not conducted because these rule changes are being made to protect the health of Idaho citizens.

**ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS:** For assistance on technical questions concerning the proposed rule, contact Kathryn Turner at (208) 334-5939.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before September 23, 2009.

DATED this 27th day of July, 2009.

Tamara Prisock  
DHW - Administrative Procedures Section  
450 W. State Street - 10th Floor  
P.O. Box 83720  
Boise, ID 83720-0036  
(208) 334-5564 phone; (208) 334-6558 fax  
dhwrules@dhw.idaho.gov e-mail

**THE FOLLOWING IS THE PROPOSED TEXT FOR DOCKET NO. 16-0210-0901**

**000. LEGAL AUTHORITY.**

Sections 39-605, 39-1003, 39-1603, and 56-1005, Idaho Code, grant authority to the Board of Health and Welfare to adopt rules protecting the health of the people of Idaho. Section 39-906, Idaho Code, provides for the Director to administer rules adopted by the Board of Health and Welfare. Section 39-4505(2), Idaho Code, gives the Director authority to promulgate rules regarding the identification of blood- or body fluid-transmitted viruses or diseases. Section 56-1003, Idaho Code, gives the Director the authority to adopt rules protecting the health of the people of Idaho and to recommend rules to the Board of Health and Welfare. Section 54-1119, Idaho Code, authorizes the Director to promulgate rules regarding the handling of dead human bodies as needed to preserve and protect the public health. (4-2-08)(\_\_\_\_)

**001. TITLE AND SCOPE.**

**01. Title.** The title of these rules is IDAPA 16.02.10, "Idaho Reportable Diseases." (4-2-08)

**02. Scope.** These rules contain the official requirements governing the reporting, control, and prevention of reportable diseases and conditions and requirements to prevent transmission of health hazards from dead human bodies. The purpose of these rules is to identify, control, and prevent the transmission of reportable diseases and conditions within Idaho. (4-2-08)(\_\_\_\_)

**(BREAK IN CONTINUITY OF SECTIONS)**

**004. DOCUMENTS INCORPORATED BY REFERENCE.**

The documents referenced in Subsections 004.01 through 004.06 of this rule are used as a means of further clarifying these rules. These documents are incorporated by reference and are available at the Idaho State Law Library or at the Department's main office listed in Section 005 of these rules. (4-2-08)

**01. Guideline for Isolation Precautions in Hospitals.** Siegel, J.D., et al., "Guideline for Isolation Precautions in Hospitals." Health Care Infection Control Practices Advisory Committee, Atlanta, GA: Centers for Disease Control and Prevention, 2007. (4-2-08)

**02. Case Definitions for Infectious Conditions Under Public Health Surveillance, 2010.** Morbidity and Mortality Weekly Report, May 2, 1997, Vol. 46, No. RR-10 2010 Edition. Centers for Disease Control and Prevention. Division of Integrated Surveillance Systems and Services at <http://www.cdc.gov/ncphi/diss/nndss/phs/infdis.htm>. (4-2-08)(\_\_\_\_)

**03. Human Rabies Prevention -- United States, 1999.** Morbidity and Mortality Weekly Report, January 8, 1999, Vol. 48, RR-1. Centers for Disease Control and Prevention. (4-2-08)

**04. Updated U.S. Public Health Service Guidelines for the Management of ~~Health-Care Worker Occupational~~ Exposures to HIV and Recommendations for Postexposure Prophylaxis.** Morbidity and Mortality Weekly Report, May 15, 1998, Vol. 47, RR-7 September 30, 2005, Vol. 54, RR09. Centers for Disease Control and Prevention. These guidelines are found at <http://aidsinfo.nih.gov/contentfiles/HealthCareOccupExpoGL.pdf>. (4-2-08)(\_\_\_\_)

**05. Compendium of Animal Rabies Control, 20078.** National Association of State Public Health Veterinarians, Inc., Morbidity and Mortality Weekly Report, April 6, 2007, Vol. 58, RR-3. Centers for Disease Control and Prevention. This document is found at <http://www.nasphv.org/>. (4-2-08)(\_\_\_\_)

**06. Standards for Cancer Registries, Volume II, Data Standards and Data Dictionary.** North

American Association of Central Cancer Registries, Twelfth Edition, Record Layout Version 11.2, April 2007.  
(4-2-08)

**(BREAK IN CONTINUITY OF SECTIONS)**

**011. DEFINITIONS L THROUGH Z.**

For the purposes of this chapter, the following definitions apply. (4-2-08)

**01. Laboratory Director.** A person who is directly responsible for the operation of a licensed laboratory or his designee. (4-2-08)

**02. Laboratory.** A medical diagnostic laboratory which is inspected, licensed, or approved by the Department or licensed according to the provisions of the Clinical Laboratory Improvement Act by the United States Health Care and Financing Administration. Laboratory may also refer to the Idaho State Public Health Laboratory, and to the United States Centers for Disease Control and Prevention. (4-2-08)

**03. Livestock.** Livestock includes cattle, swine, horses, mules, asses, native and non-native ungulates, and other animals determined by the Department. (4-2-08)

**04. Medical Record.** Hospital or medical records are all those records compiled for the purpose of recording a medical history, diagnostic studies, laboratory tests, treatments, or rehabilitation. Access will be limited to those parts of the record which will provide a diagnosis, or will assist in identifying contacts to a reportable disease or condition. Records specifically exempted by statute are not reviewable. (4-2-08)

**05. Outbreak.** An outbreak is an unusual rise in the incidence of a disease. An outbreak may consist of a single case. (4-2-08)

**06. Personal Care.** The service provided by one (1) person to another for the purpose of feeding, bathing, dressing, assisting with personal hygiene, changing diapers, changing bedding, and other services involving direct physical contact. (4-2-08)

**07. Physician.** A person legally authorized to practice medicine and surgery, osteopathic medicine and surgery, or osteopathic medicine in Idaho as defined in Section 54-1803, Idaho Code. (4-2-08)

**08. Quarantine.** The restriction placed on the entrance to and exit from the place or premises where an infectious agent or hazardous material exists. The place of quarantine will be designated by the Director or Health District Board. (4-2-08)

**09. Rabies Post-Exposure Prophylaxis (rPEP).** The administration of a rabies vaccine series with or without the antirabies immune globulin, depending on pre-exposure vaccination status, following a documented or suspected rabies exposure, as described in "Human Rabies Prevention--United States, 1999," incorporated in Section 004 of these rules. (4-2-08)

**10. Rabies-Susceptible Animal.** Any animal capable of being infected with the rabies virus. (4-2-08)

**11. Residential Care Facility.** A commercial or non-profit establishment organized and operated to provide a place of residence for three (3) or more individuals who are not members of the same family, but live within the same household. Any restriction for this type of facility is included under restrictions for a health care facility. (4-2-08)

**12. Restriction.** (4-2-08)

**a.** To limit the activities of a person to reduce the risk of transmitting a communicable disease. Activities of individuals are restricted or limited to reduce the risk of disease transmission until such time that they

are no longer considered a health risk to others. (4-2-08)

**b.** A food employee who is restricted must not work with exposed food, clean equipment, utensils, linens, and unwrapped single-service or single-use articles. A restricted employee may still work at a food establishment as outlined in the IDAPA 16.02.19, "The Idaho Food Code." (4-2-08)

**13. Restrictable Disease.** A restrictable disease is a communicable disease, which if left unrestricted, may have serious consequences to the public's health. The determination of whether a disease is restrictable is based upon the specific environmental setting and the likelihood of transmission to susceptible persons. (4-2-08)

**14. Severe Reaction to Any Immunization.** Any serious or life-threatening condition which results directly from the administration of any immunization against a communicable disease. (4-2-08)

**15. Significant Exposure to Blood or Body Fluids.** Significant exposure is defined as a percutaneous injury, contact of mucous membrane or non-intact skin, or contact with intact skin when the duration of contact is prolonged or involves an extensive area, with blood, tissue, or other body fluids as defined in "Updated U.S. Public Health Service Guidelines for the Management of ~~Health-Care Worker~~ Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis," incorporated in Section 004 of these rules. (4-2-08)(\_\_\_\_)

**16. Standard Precautions.** Methods used to prevent transmission of all infectious agents, as described in the "Guideline for Isolation Precautions in Hospitals," incorporated in Section 004 of these rules. (4-2-08)

**17. State Epidemiologist.** A person employed by the Department to serve as a statewide epidemiologist or his designee. (4-2-08)

**18. Suspected Case.** A person diagnosed with or thought to have a particular disease or condition by a licensed physician or other health care provider. The suspected diagnosis may be based on signs and symptoms, or on laboratory evidence, or both criteria. Suspected cases of some diseases are reportable as described in Section 050 of these rules. (4-2-08)

**19. Vaccination of an Animal Against Rabies.** Vaccination of an animal by a licensed veterinarian with a rabies vaccine licensed or approved for the animal species and administered according to the specifications on the product label or package insert as described in the "Compendium of Animal Rabies Control, 2007~~8~~," incorporated in Section 004 of these rules. (4-2-08)(\_\_\_\_)

**20. Veterinarian.** Any licensed veterinarian as defined in Section 54-2103, Idaho Code. (4-2-08)

**21. Waterborne Outbreak.** An outbreak is when two (2) or more persons experience a similar illness after ingesting water from a common supply and an epidemiological analysis implicates the water as the source of the illness. (4-2-08)

**22. Working Day.** A working day is from 8 a.m. to 5 p.m., Monday through Friday, excluding state holidays. (4-2-08)

**(BREAK IN CONTINUITY OF SECTIONS)**

**050. REPORTABLE OR RESTRICTABLE DISEASES, CONDITIONS AND REPORTING REQUIREMENTS.**

Reportable diseases and conditions must be reported to the Department or Health District by those required under Section 020 of these rules. The table below identifies the reportable and restrictable diseases and conditions, the timeframe for reporting, and the person or facility required to report.

REQUIREMENTS FOR REPORTABLE AND RESTRICTABLE DISEASES AND CONDITIONS TABLE 050				
Reportable or Restrictable Diseases and Conditions	Section in Rule	Reporting Timeframe	Restrictable for DC = Day Care FS = Food Service HC = Health Care Facility S = School	Which Facilities Must Report in Addition to Health Care Providers, Laboratory Directors, & Hospital Administrators (Section 020)
Acquired Immune Deficiency Syndrome (AIDS), (including CD-4 lymphocyte counts <200 cells/mm <sup>3</sup> blood or < 14%)	100	Within 3 working days	None	
Amebiasis	110	Within 3 working days	DC, FS, HC	<del>Day Care Facility</del> Food Service Facility
Anthrax ( <i>Bacillus anthracis</i> )	120	Immediately	None	
Biotinidase Deficiency	130	Within 1 working day (in newborn screening)	None	
Botulism	140	Immediately	None	
Brucellosis ( <i>Brucella</i> species)	150	Within 1 working day	None	
Campylobacteriosis ( <i>Campylobacter</i> species)	160	Within 3 working days	DC, FS, HC	<del>Day Care Facility</del> Food Service Facility
Cancer	170	Report to Cancer Data Registry of Idaho within 180 days of diagnosis or recurrence (including suspected cases)	None	
Chancroid	180	Within 3 working days	None	
<i>Chlamydia trachomatis</i> Infections	190	Within 3 working days	HC - <u>ophthalmica</u> <u>neonatorum only</u>	
Cholera ( <i>Vibrio cholerae</i> )	200	Within 1 working day	FS, HC, DC	Food Service Facility
Congenital Hypothyroidism	210	Within 1 working day (in newborn screening)	None	
Conjunctivitis	080, 090	No reporting required	DC, S	
Cryptosporidiosis ( <i>Cryptosporidium</i> species)	220	Within 3 working days	FS, HC, DC	
Cutaneous Fungal Infections	080, 090	No reporting required	DC, S	
Diarrhea (until common communicable diseases have been ruled out)	085	No reporting required	FS	

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Diphtheria ( <i>Corynebacterium diphtheriae</i> )	230	Immediately	DC, FS, HC, S	<del>Day Care Facility</del> School
Encephalitis, Viral or Aseptic	240	Within 3 working days	None	
<i>Escherichia coli</i> O157:H7 and other Shiga-Toxin Producing <i>E. coli</i> (STEC)	250	Within 1 working day	DC, FS, HC	<del>Day Care Facility</del> Food Service Facility School
Extraordinary Occurrence of Illness, including Clusters	260	Within 1 working day	None	
Fever	085	No reporting required	FS	
Food Poisoning, Foodborne Illness, and Waterborne Illnesses	270	Within 1 working day	None	
Galactosemia	280	Within 1 working day (in newborn screening)	None	
Giardiasis ( <i>Giardia lamblia</i> )	290	Within 3 working days	DC, FS, HC	<del>Day Care Facility</del> Food Service Facility
<i>Haemophilus influenzae</i> Invasive Disease	300	Within 1 working day	DC, S	<del>Day Care Facility</del> School
Hantavirus Pulmonary Syndrome	310	Within 1 working day	None	
Hemolytic-Uremic Syndrome (HUS) or Thrombotic thrombocytopenic purpura-HUS (TTP-HUS)	320	Within 1 working day	None	
Hepatitis A	330	Within 1 working day	DC, FS, HC	<del>Day Care Facility</del> Food Service Facility
Hepatitis B	340	Within 1 working day	None	
Hepatitis C	350	Within 3 working days	None	
Human Immunodeficiency Virus (HIV)	360	Within 3 working days	None	
Human T-Lymphotropic Virus	370	Within 3 working days	None	
Jaundice	085	No reporting required	FS	

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Lead Levels of Ten Micrograms or more per Deciliter of Whole Blood (ug/dL)	380	Within 3 working days	None	
Legionellosis	390	Within 3 working days	None	
Leprosy (Hansen's Disease)	400	Within 3 working days	None	
Leptospirosis	410	Within 3 working days	None	
Listeriosis ( <i>Listeria</i> species)	420	Within 3 working days	None	
Lyme Disease	430	Within 3 working days	None	
Malaria ( <i>Plasmodium</i> species)	440	Within 3 working days	None	
Maple Syrup Urine Disease	450	Within 1 working day (in newborn screening)	None	
Measles (Rubeola)	460	Within 1 working day	DC, HC, S	<del>Day Care Facility</del> School
Meningitis, Viral or Aseptic	470	Within 3 working days	None	
Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) Invasive Disease	475	Within 3 working days	None	<b>Note:</b> Only Laboratory Directors need to report.
Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) Non-Invasive Disease	475, 080, 090	No reporting required	DC, FS, HC, S	
Mumps	480	Within 3 working days	DC, S, HC	<del>Day Care Facility</del> School
Myocarditis, Viral	490	Within 3 working days	None	
<i>Neisseria gonorrhoeae</i> Infections	500	Within 3 working days	None	
<i>Neisseria meningitidis</i> Invasive Disease	510	Within 1 working day	DC, HC, S	<del>Day Care Facility</del> School
Norovirus	520	Within 1 working day	DC, FS, HC, S	
<u>Novel Influenza A Virus</u>	<u>522</u>	<u>Within 1 working day</u>	<u>DC, FS, HC, S</u>	
Pediculosis	080, 090	No reporting required	DC, S	
Pertussis ( <i>Bordetella pertussis</i> )	530	Within 1 working day	DC, HC, S	<del>Day Care Facility</del> School

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Phenylketonuria (PKU)	540	Within 1 working day (in newborn screening)	None	
Plague ( <i>Yersinia pestis</i> )	550	Immediately	HC, S	<del>Day Care Facility</del> School
Pneumococcal Invasive Disease in Children less than Eighteen (18) Years of Age ( <i>Streptococcus pneumoniae</i> )	560	Within 3 working days	DC, S	<del>Day Care Facility</del> School
<i>Pneumocystis</i> Pneumonia (PCP)	570	Within 3 working days	None	
Poliomyelitis	580	Within 1 working day	DC	<del>Day Care Facility</del> School
Psittacosis	590	Within 3 working days	None	
Q Fever	600	Within 1 working day	None	
Rabies - Human, <del>and Animal,</del> and Post-Exposure Prophylaxis (rPEP)	610	Immediately (human), Within 1 working day (animal or rPEP)	None	
Relapsing Fever, Tick-borne and Louse-borne	620	Within 3 working days	None	
Respiratory Syncytial Virus (RSV)	630	Within 1 working day	None	<b>Note:</b> Only Laboratory Directors need to report.
Reye Syndrome	640	Within 3 working days	None	
Rocky Mountain Spotted Fever	650	Within 3 working days	None	
Rubella (including Congenital Rubella Syndrome)	660	Within 1 working day	DC, HC, S	<del>Day Care Facility</del> School
Salmonellosis (including Typhoid Fever) ( <i>Salmonella</i> species)	670	Within 1 working day	DC, FS, HC	<del>Day Care Facility</del> Food Service Facility
Scabies	080, 090	No reporting required	DC, S	
Severe Acute Respiratory Syndrome (SARS)	680	Within 1 working day	DC, S	<del>Day Care Facility</del> School
Severe Reaction to Any Immunization	690	Within 1 working day	None	

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Shigellosis ( <i>Shigella</i> species)	700	Within 1 working day	DC, FS, HC, S	<del>Day Care Facility</del> Food Service Facility School
Smallpox	710	Immediately	DC, HC, S	<del>Day Care Facility</del> School
Sore Throat with Fever	085	No reporting required	FS	
Staphylococcal Infections other than MRSA	080, 085, 090	No reporting required	DC, FS, S	
Streptococcal Pharyngeal Infections	080, 090	No reporting required	DC, S	
<i>Streptococcus pyogenes</i> (Group A Strep), Invasive or Resulting in Rheumatic Fever	720	Within 3 working days	DC, HC, S	<del>Day Care Facility</del> School
Syphilis	730	Within 3 working days	None	
Taeniasis	085	No reporting required	FS	
Tetanus	740	Within 3 working days	None	
Toxic Shock Syndrome	750	Within 3 working days	None	
Transmissible Spongiform Encephalopathies (TSE), including Creutzfeldt-Jakob Disease (CJD) and Variant CJD (vCJD)	760	Within 3 working days	None	
Trichinosis	770	Within 3 working days	None	
Tuberculosis ( <i>Mycobacterium tuberculosis</i> )	780	Within 3 working days	DC, FS, HC, S	<del>Day Care Facility</del> School Food Service Facility
Tularemia ( <i>Francisella tularensis</i> )	790	Immediately; Identification of <i>Francisella tularensis</i> - within 1 working day	None	
Uncovered and Open or Draining Skin Lesions with Pus, such as a Boil or Open Wound	085	No reporting required	FS	
Varicella (chickenpox)	080, 090	No reporting required	DC, S	

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Reportable or Restrictable Diseases and Conditions	Section in Rule	Reporting Timeframe	Restrictable for DC = Day Care FS = Food Service HC = Health Care Facility S = School	Which Facilities Must Report in Addition to Health Care Providers, Laboratory Directors, & Hospital Administrators (Section 020)
Vomiting (until noninfectious cause is identified)	085	No reporting required	FS	
West Nile Virus (WNV)	800	Within 3 working days	None	
Yersiniosis ( <i>Yersinia enterocolitica</i> and <i>Yersinia pseudotuberculosis</i> )	810	Within 3 working days; Identification of <i>Yersinia pestis</i> - immediately	FS	

(4-2-08)( )

**(BREAK IN CONTINUITY OF SECTIONS)**

**066. -- 0697. (RESERVED).**

**068. PREVENTING SPREAD OF HEALTH HAZARDS FROM DEAD HUMAN BODIES.**

**01. Embalming. ( )**

**a.** The Division of Public Health Administrator or Health District Director may order a dead human body to be embalmed or prohibit embalming to prevent the spread of infectious or communicable diseases or exposure to hazardous substances. ( )

**b.** The dead human body of a person suspected of or confirmed as having a viral hemorrhagic fever at the time of death must not be embalmed, but wrapped in sealed leak-proof material and cremated or buried. ( )

**02. Burial.** The Division of Public Health Administrator or Health District Director may order a dead human body to be buried or cremated, or prohibit burial or cremation, and may specify a time frame for final disposition to prevent the spread of infectious or communicable diseases or exposure to hazardous substances.( )

**03. Notification of Health Hazard.** Any person authorized to release a dead human body of a person suspected of or confirmed as having a prion disease, a viral hemorrhagic fever, other infectious health hazard, or contaminated with a hazardous substance, must notify the person taking possession of the body of that risk and indicate necessary precautions on a written notice to accompany the body. ( )

**069. (RESERVED).**

**(BREAK IN CONTINUITY OF SECTIONS)**

**220. CRYPTOSPORIDIOSIS.**

**01. Reporting Requirements.** Each case of cryptosporidiosis must be reported to the Department or Health District within three (3) working days of identification. (4-2-08)

**02. Investigation.** Each reported case must be investigated to determine the extent of the outbreak and identify the source of the infection. (4-2-08)

**03. Restrictions - Day Care Facility.** A fecally incontinent person excreting *Cryptosporidium parvum* must not attend a day care facility. A person excreting *Cryptosporidium parvum* must not provide personal care in a day care facility, unless an exemption is obtained from the Department or Health District. This restriction will be withdrawn when: (~~4-2-08~~)(\_\_\_\_)

**a.** At least two (2) approved fecal specimens collected at least twenty-four (24) hours apart fail to show *Cryptosporidium* upon testing by a licensed laboratory; or (4-2-08)

**b.** Diarrhea has ceased for twenty-four (24) hours. (4-2-08)

**04. Restrictions - Food Service Facility.** A symptomatic person excreting *Cryptosporidium parvum* is restricted from working as a food employee. (~~4-2-08~~)(\_\_\_\_)

**05. Restrictions - Health Care Facility.** A person excreting *Cryptosporidium parvum* must not provide personal care in a custodial institution, or health care facility while fecally incontinent, unless an exemption is obtained from the Department or Health District. This restriction will be withdrawn when: (~~4-2-08~~)(\_\_\_\_)

**a.** At least two (2) approved fecal specimens collected at least twenty-four (24) hours apart fail to show *Cryptosporidium* upon testing by a licensed laboratory; or (4-2-08)

**b.** Diarrhea has ceased for twenty-four (24) hours. (4-2-08)

**(BREAK IN CONTINUITY OF SECTIONS)**

**320. HEMOLYTIC-UREMIC SYNDROME (HUS).**

**01. Reporting Requirements.** Each case of hemolytic-uremic syndrome (HUS) or thrombotic thrombocytopenic purpura-HUS (TTP-HUS) must be reported to the Department or Health District within one (1) working day. (~~4-2-08~~)(\_\_\_\_)

**02. Investigation.** Each case of HUS or TTP-HUS must be investigated to confirm the diagnosis, determine the etiologic agent including *E. coli* O157:H7, non-O157 Shiga-toxin producing *E. coli*, or other enteric pathogens, and determine the source of infection. (~~4-2-08~~)(\_\_\_\_)

**(BREAK IN CONTINUITY OF SECTIONS)**

**480. MUMPS.**

**01. Reporting Requirements.** Each case of mumps must be reported to the Department or Health District within three (3) working days of identification. (4-2-08)

**02. Investigation.** Each reported case of mumps must be investigated to determine the immunization history or if the cause for an outbreak is unusual. (4-2-08)

**03. Restrictions.** A person with mumps must be restricted from day care, school, or work for ~~nine~~ five

(95) days after the onset of parotid swelling.

(4-2-08)( )

**(BREAK IN CONTINUITY OF SECTIONS)**

**521. RESERVED.**

**522. NOVEL INFLUENZA A VIRUS.**

**01. Reporting Requirements.** ( )

**a.** Each detection of a novel influenza A virus must be reported to the Department or Health District within one (1) working day of identification by the laboratory director. ( )

**b.** Each probable or confirmed case of a novel influenza A infection resulting in hospitalization must be reported to the Department or Health District within one (1) working day of the event. ( )

**02. Investigation.** Any case of a novel influenza A infection may be investigated to determine severity and recommend measures to prevent spread. ( )

**03. Restrictions.** A person diagnosed with novel influenza A virus infection must be restricted from day care, school, or work for twenty-four (24) hours after the fever is resolved. Fever must be absent without the aid of fever-reducing medicine. ( )

**523. -- 529. (RESERVED).**

**(BREAK IN CONTINUITY OF SECTIONS)**

**610. RABIES - HUMAN, ~~AND~~ ANIMAL, AND POST-EXPOSURE PROPHYLAXIS (rPEP).**

**01. Reporting Requirements.** (4-2-08)

**a.** Each case or suspected case of rabies in humans must be reported to the Department or Health District immediately, at the time of identification, day or night. (4-2-08)

**b.** Each case or suspected case of rabies in animals must be reported to the Department or Health District ~~and the Idaho Department of Agriculture~~ within one (1) working day of identification. Each case or suspected case of rabies in animals must also be reported to the Department of Agriculture as required in IDAPA 02.04.03, "Rules Governing Animal Industries." (4-2-08)( )

**c.** Each instance of rabies post-exposure prophylaxis (rPEP) series initiation must be reported to the Department or Health District within one (1) working day. (4-2-08)

**02. Investigation.** (4-2-08)

**a.** Each reported case or suspected case of rabies in humans must be investigated to confirm the diagnosis, identify the source and other persons or animals that may have been exposed to the source, and identify persons who may need to undergo ~~prophylaxis with rabies immune globulin and rabies vaccine~~ rPEP. (4-2-08)( )

**b.** Each suspected or confirmed case of rabies in animals will be investigated to determine if potential human or animal exposure has occurred and identify persons who may need to under go rPEP. ( )

**b.c.** Each reported rPEP series initiation must be investigated to determine if additional individuals

require rPEP and identify the source of possible exposure. (4-2-08)

**03. Handling of Report.** The Health District must notify the Department and the Idaho Department of Agriculture within one (1) working day of each reported case of this disease. (4-2-08)

**04. Management of Exposure to Rabies.** All confirmed or suspected exposures to a suspected or confirmed rabid animal must be managed under the guidelines in the "Compendium of Animal Rabies Control, 2008," incorporated by reference in Section 004 of these rules. In the event that a human or animal case of rabies occurs, any designated representative of the Department, Health District, or Idaho Department of Agriculture, will establish such isolation and quarantine of animals as deemed necessary to protect the public health. ~~(4-2-08)~~(\_\_\_\_)

**a.** The handling of a rabies-susceptible animal that has bitten a person must be as follows: (4-2-08)

i. Any livestock which has bitten a person must be managed by the Idaho Department of Agriculture, under the provision of IDAPA 02.04.03, "Rules Governing Animal Industries." ~~(4-2-08)~~(\_\_\_\_)

ii. Any healthy domestic dog, cat, or ferret that has bitten a person must be observed for ten (10) days following the bite under the supervision of a licensed veterinarian or other person designated by the Idaho Department of Agriculture, Health District, or the Department. Such observation must be within an enclosure or with restraints deemed adequate to prevent contact with any member of the public or other animals. (4-2-08)

iii. It is the animal owner's responsibility to carry out the quarantine of the biting animal and to follow instructions provided for the quarantine of the animal. (4-2-08)

iv. Any domestic dog, cat, or ferret that has not been vaccinated against rabies by a licensed veterinarian and can not be quarantined, must be destroyed by a means other than shooting in the head. The head must be submitted to an approved laboratory for rabies analysis. (4-2-08)

v. Rabies Ssusceptible animals other than domestic dogs, cats, ferrets, or livestock must be destroyed and the head submitted to an approved laboratory for rabies analysis, unless an exemption is given by the Department or Health District. ~~(4-2-08)~~(\_\_\_\_)

vi. No person will destroy, or allow to be destroyed, the head of a rabies-susceptible animal that has bitten a person without authorization from the Department or Health District. (4-2-08)

**b.** The handling of a rabies-susceptible animal that has not bitten a person, but has within the past one hundred eighty (180) days been bitten, mouthed, mauled by, or closely confined in the same premises with a known rabid animal must be as follows: (4-2-08)

i. Any domestic dog, cat, ferret, or livestock which has not been vaccinated as recommended by the American Veterinary Medical Association, must be placed in quarantine for a period of six (6) months under the observation of a licensed veterinarian or a person designated by the Idaho Department of Agriculture, Health District, or the Department and vaccinated according to the Rabies Compendium. An animal with current vaccinations, including livestock, should be revaccinated immediately with an appropriate rabies vaccine and quarantined for forty-five (45) days. These provisions apply only to animals for which an approved rabies vaccine is available. (4-2-08)

ii. The quarantine of such animal must be within an enclosure deemed adequate by a person designated by the Idaho Department of Agriculture, the Department, or Health District to prevent contact with any person or rabies-susceptible animal. (4-2-08)

iii. The owner of the animal is financially responsible for the cost of isolating and quarantining the animal and for specimen collection and testing. (4-2-08)

iv. Destruction of such animal is permitted as an alternative to quarantine. (4-2-08)

**c.** Any rabies-susceptible animal other than domestic dogs, cats, ferrets, or livestock that are suspected of having rabies, or which have been in close contact with an animal known to be rabid, must be destroyed.

The animal must be tested by an approved laboratory for rabies if a person has been bitten or has had direct contact with the animal which might result in the person becoming infected unless an exemption is granted by the Department or Health District. (4-2-08)(\_\_\_\_)

**05. City or County Authority.** Nothing in these rules is intended or will be construed to limit the power of any city or county in its authority to enact more stringent requirements to prevent the transmission of rabies. (4-2-08)

**(BREAK IN CONTINUITY OF SECTIONS)**

**760. TRANSMISSIBLE SPONGIFORM ENCEPHALOPATHIES (TSE), INCLUDING CREUTZFELDT-JAKOB DISEASE (CJD) AND VARIANT CJD (VCJD).**

**01. Reporting Requirements.** Each case or suspected case of transmissible spongiform encephalopathy (TSE), including Creutzfeldt-Jakob disease (CJD) and variant CJD (vCJD) must be reported to the Department or Health District within three (3) working days of identification. (4-2-08)(\_\_\_\_)

**02. Investigation.** Each reported case of transmissible spongiform encephalopathy (TSE) must be investigated to determine the cause and confirm the diagnosis. (4-2-08)

**03. Autopsy.** The state epidemiologist may order an autopsy for suspected CJD or vCJD ~~cases~~ deaths as per Section 39-277, Idaho Code. (4-2-08)(\_\_\_\_)

**(BREAK IN CONTINUITY OF SECTIONS)**

**800. WEST NILE VIRUS (WNV).**

**01. Reporting Requirements.** Each case ~~or suspected case~~ of West Nile virus (WNV) infection must be reported to the Department or Health District within three (3) working days of identification. (4-2-08)(\_\_\_\_)

**02. Investigation.** Each reported case of WNV infection must be investigated to confirm the diagnosis, review any travel history, review any blood donations, and identify the most likely source of infection including exposure to vectors, blood transfusion, or organ receipt. (4-2-08)