ARC 2291C

PUBLIC HEALTH DEPARTMENT[641]

Adopted and Filed

Pursuant to the authority of Iowa Code chapters 135, 136A, 139A, 141A and 144, the Department of Public Health hereby amends Chapter 1, "Reportable Diseases, Poisonings and Conditions, and Quarantine and Isolation," Iowa Administrative Code.

The adopted amendments add language to protect the confidentiality of a subject during a contested case hearing; remove references to outdated guidance documents; add language about specimens for which the fee charged by the state hygienic laboratory shall be waived, to clarify Iowa Code section 263.8 and 681—subrule 5.3(1); add microcystin toxin poisoning to the list of reportable poisonings and conditions in Appendix B; and provide clarification of existing language throughout the chapter.

In addition, several modifications have been made to Appendix A. The following reportable communicable and infectious diseases have been removed from Appendix A: Enterococcus invasive disease; group A Streptococcus invasive disease; Staphylococcus aureus invasive disease; methicillin-resistant invasive disease; Streptococcus pneumonia invasive disease; toxic shock syndrome; and trichinosis. The following reportable communicable and infectious diseases have been added to Appendix A: Q fever; tularemia; viral hemorrhagic fever; and vancomycin intermediate Staphylococcus aureus/vancomycin-resistant Staphylococcus aureus. In addition, reporting requirements for the following reportable communicable and infectious diseases have been clarified in Appendix A: anthrax; botulism; chlamydia; gonorrhea; mosquito-borne diseases; tickborne diseases; and tuberculosis.

Notice of Intended Action was published in the Iowa Administrative Bulletin as **ARC 2083C** on August 5, 2015. One public comment from the Sierra Club was received in favor of the addition of microcystin toxin poisoning to the list of reportable poisonings and conditions.

Based upon internal review, the Department has edited the wording of subrule 1.18(3) in Item 14 to add risks associated with injection drug use to be consistent across the conditions of hepatitis B, hepatitis C, and HIV. Additionally, the Department removed wording in subrule 1.18(3) related to individuals with hepatitis C who had long-term hemodialysis or received blood, blood products, or an organ transplant prior to 1992 as these individuals are unlikely to be in a position to spread the infection to others. The Department also added signs and symptoms as criteria for testing of primary and secondary syphilis in paragraph 1.18(3)"g" to be consistent with guidelines from the Centers for Disease Control and Prevention. In addition, the Department made changes in Appendix A to ensure that both "isolate" and "specimen" are included in disease reporting for Escherichia coli shiga toxin-producing and related diseases, Haemophilus influenzae type B invasive disease, Listeria monocytogenes invasive disease, meningococcal invasive disease, Salmonellosis (Salmonella), and Shigellosis (Shigella).

The State Board of Health adopted these amendments on November 12, 2015.

After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement Iowa Code chapters 135, 136A, 139A, 141A and 144.

These amendments will become effective January 13, 2016.

The following amendments are adopted.

ITEM 1. Adopt the following **new** definitions of "Microcystin toxin" and "Microcystin toxin poisoning" in rule **641—1.1(139A)**:

"Microcystin toxin" means the toxin that is released by blue-green algae or cyanobacteria.

"Microcystin toxin poisoning" means any acute or subacute systemic, ophthalmologic, or dermatologic illness or injury resulting from or suspected of resulting from inhalation, ingestion, or dermal exposure to toxins associated with a blue-green algae or cyanobacteria bloom in water.

ITEM 2. Amend rule **641—1.1(139A)**, definitions of "Infectious tuberculosis," "Quarantine" and "Sexually transmitted disease or infection," as follows:

"Infectious tuberculosis" means pulmonary or laryngeal tuberculosis as evidenced by:

1. Isolation of M. tuberculosis complex (positive culture) from a clinical specimen or positive nucleic acid amplification test, or

2. Both radiographic evidence of tuberculosis, such as an abnormal chest X-ray, and clinical evidence, such as a positive skin test or whole blood assay test for tuberculosis infection, coughing, sputum production, fever, or other symptoms compatible with infectious tuberculosis that lead a ~~physician~~ health care provider to diagnose infectious tuberculosis according to currently acceptable standards of medical practice and to initiate treatment for tuberculosis.

"Quarantine" means the limitation of freedom of movement of persons or animals that have been exposed to a quarantinable disease within specified limits marked by placards, if necessary, for a period of time equal to the longest usual incubation period of the disease in such manner as to prevent the spread of a quarantinable disease which affects people.

"Sexually transmitted disease or infection" or *"STI"* means a disease or infection as identified by this chapter that is transmitted through sexual practices. "Sexually transmitted disease or infection" includes, but is not limited to, acquired immunodeficiency syndrome (AIDS), chlamydia, gonorrhea, hepatitis B, hepatitis C, human immunodeficiency virus (HIV), human papillomavirus, and syphilis.

ITEM 3. Adopt the following **new** paragraph **1.4(2)"m"**:

m. The treatment provided for the reportable disease (for STIs only).

ITEM 4. Amend paragraph **1.6(2)"g"** as follows:

g. The ~~patien's~~ patient's telephone number.

ITEM 5. Amend rule 641—1.8(139A) as follows:

641—1.8(139A) Isolation and quarantine. Isolation and quarantine should be consistent with guidelines provided by the Centers for Disease Control and ~~Prevention's 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, June 2007; http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Isolation2007.pdf~~ Prevention.

ITEM 6. Amend paragraphs **1.9(1)"a," "b," "d"** and **"e"** as follows:

a. A health care provider who attends an individual with a suspected or active quarantinable disease shall make all reasonable efforts in accordance with guidance from a local health department or the department to examine or cause all household and other known contacts of the individual to be examined by a ~~physician~~ health care provider. The ~~physician~~ health care provider shall promptly report to the department the results of such examination. If the individual refuses or is unable to undergo examination, the health care provider shall promptly report such information to the department.

b. When required by the department, all contacts ~~not examined by a physician~~ of an individual who has a suspected or active quarantinable disease, including all adult and minor contacts, shall submit to a diagnostic test or tests or other monitoring. If any suspicious abnormality is found, steps satisfactory to the department shall be taken to refer the individual promptly to a ~~physician~~ health care provider or appropriate medical facility for further evaluation and, if necessary, treatment. The department or the referring health care provider or facility shall notify the receiving health care provider or facility of the suspicious abnormality. When requested by the department, a ~~physician~~ health care provider shall report the results of the examination of a contact to the case or suspected case or incident. If an individual with a suspected or active quarantinable disease fails to comply with a department order to submit to diagnostic testing or monitoring, such individual may be ordered to be quarantined or isolated as determined by the department.

d. A person diagnosed with or clinically suspected of having infectious tuberculosis shall complete voluntary treatment until, in the opinion of the ~~attending physician~~ health care provider or the state public health medical director and epidemiologist, the person's tuberculosis is cured or such person is no longer a threat to public health. If such person refuses to complete the course of voluntary treatment, the department or local board of health may issue an order compelling mandatory treatment. Such order shall include the identity of the person subject to the mandatory treatment order, a description of the treatment ordered, the medical basis upon which the treatment is ordered, and a description of the potential medical and legal consequences of violating such order. A person who violates a mandatory treatment order may

be subject to the penalties provided in Iowa Code section 135.38 or ~~137.21~~ 137.117 and may be placed under mandatory quarantine or isolation in accordance with the provisions of this chapter.

e. A person diagnosed with extrapulmonary tuberculosis or clinically suspected of having infectious tuberculosis who fails to comply with a ~~physician's~~ health care provider's recommendation for diagnostic testing may be ordered to undergo diagnostic testing by the department or local board of health. Such order shall include the identity of the person subject to mandatory diagnostic testing, a description of the diagnostic testing ordered, the medical basis upon which the diagnostic testing is ordered, and a description of the potential medical and legal consequences of violating such order. A person who violates a mandatory diagnostic testing order may be subject to the penalties provided in Iowa Code section 135.38 or ~~137.21~~ 137.117 and may be placed under mandatory quarantine or isolation in accordance with the provisions of this chapter.

ITEM 7. Amend paragraphs **1.9(4)"a"** and **"b"** as follows:

a. ~~Sites~~ If deemed appropriate by the department, sites of isolation or quarantine shall be prominently placarded with isolation or quarantine signs prescribed and furnished by the department and posted on all sides of the building wherever access is possible.

b. An individual subject to isolation or quarantine shall obey the rules and orders of the department or the local board of health and shall not go beyond the isolation or quarantine premises unless expressly authorized to do so by the order.

ITEM 8. Amend subparagraph **1.9(6)"a"(1)** as follows:

(1) The department, through the director, the department's medical director, or the director's or medical director's designee, may:

1. Isolate individuals or groups of individuals who are presumably or actually infected with a quarantinable disease; and

2. Quarantine individuals or groups of individuals who have been exposed to a quarantinable disease, including individuals who are unable or unwilling to undergo examination, testing, vaccination, or treatment, pursuant to Iowa Code section ~~135.144(9)~~ 135.144.

ITEM 9. Amend paragraph **1.9(7)"c"** as follows:

c. *Proceeding.* The contested case hearing shall be conducted in accordance with the provisions contained at 641—Chapter 173. The hearing shall be held as soon as is practicable, and in no case later than ten days from the date of receipt of the appeal. The hearing may be held by telephonic or other electronic means if necessary to prevent additional exposure to the communicable or possibly communicable disease. In extraordinary circumstances and for good cause shown, the department may apply to continue the hearing date for up to ten additional days on a petition filed pursuant to this rule. The presiding officer may use discretion in granting a continuance giving due regard to the rights of the affected individuals, the protection of the public's health, and the availability of necessary witnesses and evidence. Pursuant to Iowa Code sections 139A.3(2) and 22.7(16), the hearing shall be closed to the public at the discretion of the subject of the order. If the hearing is closed to the public, the department's final decision shall redact information which could lead to the identification of the subject of the order.

ITEM 10. Amend paragraphs **1.12(5)"a"** and **"b"** as follows:

a. ~~Sites~~ If deemed appropriate by the department, sites of isolation or quarantine shall be prominently placarded with isolation or quarantine signs prescribed and furnished by the department and posted on all sides of the building wherever access is possible.

b. An individual subject to isolation or quarantine shall obey the rules and orders of the board and shall not go beyond the isolation or quarantine premises unless expressly authorized to do so by the order.

ITEM 11. Amend subrule 1.14(2) as follows:

1.14(2) *What to report.* The content of the reports shall include, but not be limited to, follow-up data and demographic, diagnostic, treatment, and other medical information. ~~Tissue samples may also be submitted under the authority of this rule.~~

ITEM 12. Amend subrule 1.17(3) as follows:

1.17(3) Reportable disease records and information, with the exception of AIDS and HIV records, which identify a person or a business named in a report, may be disclosed under the following limited circumstances:

a. No change.

b. By and between department employees and agents and local boards of health and local health departments as necessary to conduct an investigation or to enforce a department order or an order of a local board of health.

c. By and between department employees and agents and health care providers, laboratories, and hospitals as necessary to conduct an investigation or to enforce a department order or an order of a local board of health.

d. By and between department employees and agents and employees and agents of federal, state, and local agencies as necessary to conduct an investigation or to enforce a department order or an order of a local board of health.

e. and *f.* No change.

ITEM 13. Adopt the following **new** division heading to precede rule 641—1.18(135,139A):

STATE HYGIENIC LABORATORY

ITEM 14. Adopt the following **new** rule 641—1.18(135,139A):

641—1.18(135,139A) Specimens for which the fee charged by the state hygienic laboratory shall be waived.

1.18(1) *Purpose.* Iowa Code section 263.8 and 681—subrule 5.3(1) provide that the state hygienic laboratory shall perform without charge all bacteriological, serological, and epidemiological examinations and investigations which are required by the department and established in rule, including specimens relating to diseases communicable from human to human and from animals to human and any specimen when there is probable cause that a direct threat to public health exists. The purpose of this rule is to designate those examinations which shall be performed by the state hygienic laboratory without charge pursuant to these legal authorities.

1.18(2) *Acute infectious diseases.* Regardless of the entity that submits the specimen, the following examinations shall be performed by the state hygienic laboratory without charge:

a. Anthrax;

b. Botulism;

c. Cholera;

d. Diphtheria;

e. Haemophilus influenzae type B invasive disease;

f. Measles;

g. Meningococcal invasive disease;

h. Pulsed-field gel electrophoresis (PFGE) (Listeria, Salmonella, E. coli);

i. Plague;

j. Poliomyelitis;

k. Rabies, animal (human exposure only);

l. Rabies, human;

m. Smallpox;

n. Vancomycin intermediate Staphylococcus aureus (VISA) and vancomycin-resistant Staphylococcus aureus (VRSA) confirmation;

o. Tuberculosis (exception: QuantiFERON-TB Gold testing that is not associated with contact investigation);

p. Viral hemorrhagic fever;

q. Yellow fever; and

r. Under any of the following circumstances:

(1) All outbreaks (respiratory and enteric pathogens, and environmental contaminants where justified) shall be reported to the department, and the department will instruct the state hygienic laboratory to waive the fee.

(2) Periodic confirmations at the request of the department.

(3) All situations where negative stool cultures are being requested for public health purposes.

(4) When the state hygienic laboratory is specifically funded to do testing.

1.18(3) *Sexually transmitted disease and infections and HIV/AIDS.* The following examinations shall be performed by the state hygienic laboratory without charge if the following defined criteria have been met and if the specimen was sent to the state hygienic laboratory from sites approved by and submitted to the laboratory by the department:

a. Chlamydia and gonorrhea.

(1) All individuals 24 years of age or younger.

(2) Individuals above the age of 24 with any of the following:

1. New or multiple sex partners in the last 90 days;

2. Persons with reported symptoms consistent with chlamydia or gonorrhea;

3. Persons with observed clinical signs consistent with chlamydia or gonorrhea or pelvic inflammatory disease (PID);

4. Persons recently diagnosed with another sexually transmitted infection (STI);

5. Persons who have a sex partner in one of the other risk groups (new or multiple partners, STI diagnosis); or

6. Women presenting for an intrauterine device (IUD) insertion.

(3) Persons who have tested positive within the last four months (i.e., retesting).

(4) Persons diagnosed with gonorrhea and treated with alternative regimens as defined by the Centers for Disease Control and Prevention (CDC) (i.e., tests of cure).

b. Hepatitis B. All unvaccinated individuals at increased risk, including:

(1) Men who have sex with men;

(2) HIV-positive persons; or

(3) Persons who have ever injected drugs.

c. Maternal hepatitis B.

(1) Testing related to case management of HBsAG-positive pregnant women;

(2) Household contacts of HBsAG-positive pregnant women tested for infection or immunity (HBsAG, anti-HBs);

(3) Children born to HBsAG-positive women (postvaccination serology testing).

d. Hepatitis C. All individuals at increased risk, including persons who have ever injected drugs.

e. Herpes simplex virus. Individuals who present with clinical signs of genital herpes.

f. Human immunodeficiency virus (HIV). All individuals at increased risk, including:

(1) Men who have sex with men;

(2) Disproportionately impacted populations (as determined by the department based on epidemiological data);

(3) Persons who have ever injected drugs;

(4) Persons who exchange sex for drugs or money; or

(5) Persons with an STI diagnosis within the last 12 months or someone who has a partner in another risk group (IDU, MSM, recent STI, exchange sex for drugs or money).

g. Syphilis.

(1) All individuals at increased risk, including:

1. Persons who have had signs or symptoms consistent with primary or secondary syphilis within the last 12 months;

2. Men who have sex with men;

3. Persons diagnosed with other STIs;

4. Persons who exchange sex for drugs or money; or

5. Persons who have recently been treated for syphilis to monitor serologic response (titers) at intervals recommended by the CDC.

(2) All pregnant women at first prenatal visit. Tests that are initially reactive will be followed up with a secondary test of different methodology to assist with diagnosis and staging of the infection (i.e., specimens reactive using a nontreponemal test will be analyzed using a treponemal test). Testing should be repeated in the third trimester for women at high risk of having been exposed to the infection.

ITEM 15. Amend **641—Chapter 1**, Appendix A, as follows:

APPENDIX A
Iowa Department of Public Health
Table of Reportable Communicable and Infectious Diseases

Report cases of the diseases listed in the following table to the department within the time frame specified in the When to Report column and by the reporting method in the How to Report column.

To report diseases immediately, use the 24/7 disease reporting telephone hotline: 1-800-362-2736.

IMMEDIATELY report diseases, syndromes, poisonings and conditions of any kind suspected or caused by a biological, chemical, or radiological agent or toxin when there is reasonable suspicion that the disease, syndrome, poisoning or condition may be the result of a deliberate act such as terrorism.

IMMEDIATELY report to the department outbreaks of any kind, diseases that occur in unusual numbers or circumstances, unusual syndromes, or uncommon diseases. Outbreaks may be infectious, environmental or occupational in origin and include food-borne outbreaks or illness secondary to chemical exposure (e.g., pesticides, anhydrous ammonia).

Report diseases by:
Entering into the Iowa Disease Surveillance System (IDSS): For IDSS-related questions, call the Center for Acute Disease Epidemiology (CADE) at 1-800-362-2736.

Fax: (515)281-5698

Mail:
Iowa Department of Public Health
Center for Acute Disease Epidemiology
Lucas State Office Building
321 E. 12th Street
Des Moines, Iowa 50319

Isolates or specimens shall be sent to:
~~University~~ State Hygienic Laboratory at the University of Iowa (SHL)
~~102 Oakdale Campus, H101 OH~~
~~Iowa City, Iowa 52242~~
U of I Research Park
2490 Crosspark Road
Coralville, Iowa 52241-4721

For specimen submission questions, call (319)335-4500 or go to ~~http://www.uhl.uiowa.edu/~~ http://www.shl.uiowa.edu.

Diseases	When to Report	How to Report
Acquired immune deficiency syndrome (AIDS) and AIDS-defining conditions	7 days	~~Report by mail~~ Report by one of the following methods: Phone (515)242-5141 or (515)281-6918 Mail ● Health care providers: use the Pediatric or Adult Confidential Case Report Form ● Laboratories: send copy of lab report or the Iowa Confidential Report of Sexually Transmitted Disease & HIV Infection. Mark envelope "Attention 03" **For HIV/AIDS-related questions, call (515)242-5141**
Anthrax	~~1 day~~ **Immediately**	~~Phone, IDSS, or fax~~ 24/7 disease reporting telephone hotline: 1-800-362-2736
~~Arboviral disease (includes West Nile Disease, St. Louis, LaCrosse, WEE, EEE, VEE encephalitis)~~	~~3 days~~	~~Phone, IDSS, fax or mail~~
Botulism (including infant botulism)	**Immediately**	24/7 disease reporting telephone hotline: 1-800-362-2736
Brucellosis (Brucella)	3 days	Phone, IDSS, fax or mail
Campylobacteriosis (Campylobacter)	3 days	Phone, IDSS, fax or mail
Chlamydia	3 days	~~Use the Iowa Confidential Report of Sexually Transmitted Disease and HIV Infection~~ Report by one of the following methods: Secure electronic data system (as determined by the Department) Fax (515)725-1278 Phone (515)281-3031 Mail ● Use the Iowa Confidential Report of Sexually Transmitted Disease ● Mark envelope "Attention 00"
Cholera	**Immediately**	24/7 disease reporting telephone hotline: 1-800-362-2736
Cryptosporidiosis	3 days	Phone, IDSS, fax or mail
Cyclospora	3 days	Phone, IDSS, fax or mail
Diphtheria	**Immediately**	24/7 disease reporting telephone hotline: 1-800-362-2736
~~Enterococcus invasive disease~~	~~3 days~~	~~Laboratories send isolate to the UHL~~
Escherichia coli shiga toxin-producing and related diseases (includes HUS and TTP)	3 days	Phone, IDSS, fax or mail Laboratories send isolate or specimen to the ~~UHL~~ SHL
Giardiasis (Giardia)	3 days	Phone, IDSS, fax or mail
Gonorrhea	3 days	~~Use the Iowa Confidential Report of Sexually Transmitted Disease and HIV Infection~~ Report by one of the following methods: Secure electronic data system (as determined by the Department) Fax (515)725-1278 Phone (515)281-3031 Mail ● Use the Iowa Confidential Report of Sexually Transmitted Disease ● Mark envelope "Attention 00"

Diseases	When to Report	How to Report
~~Group A Streptococcus invasive disease~~	~~3 days~~	~~Send isolate to the UHL~~
Haemophilus ~~influenza~~ influenzae type B invasive disease	**Immediately**	24/7 disease reporting telephone hotline: 1-800-362-2736 Laboratories send isolate or specimen to the ~~UHL~~ SHL
Hansen's disease (leprosy)	3 days	Phone, IDSS, fax or mail
Hantavirus syndromes	3 days	Phone, IDSS, fax or mail
Hepatitis A	1 day	Phone, IDSS or fax
Hepatitis B, C, D, E	3 days	Phone, IDSS, fax or mail
Human immunodeficiency virus (HIV) cases Death of a person with HIV Perinatally exposed newborn and child (newborn and child who was born to an HIV-infected mother)	7 days	~~Report by mail~~ Report by one of the following methods: Phone (515)242-5141 or (515)281-6918 Mail ● Health care providers: use the Pediatric or Adult Confidential Case Report Form ● Laboratories: send copy of lab report or the Iowa Confidential Report of Sexually Transmitted Disease & HIV Infection. Mark envelope "Attention 03" **For HIV/AIDS-related questions, call (515)242-5141**
Legionellosis (Legionella)	3 days	Phone, IDSS, fax or mail
Listeria monocytogenes invasive disease	1 day	Phone, IDSS, or fax Laboratories send isolate or specimen to the ~~UHL~~ SHL
~~Lyme disease~~	~~3 days~~	~~Phone, IDSS, fax or mail~~
Malaria	3 days	Phone, IDSS, fax or mail
Measles (rubeola)	**Immediately**	24/7 disease reporting telephone hotline: 1-800-362-2736
Meningococcal invasive disease	**Immediately**	24/7 disease reporting telephone hotline: 1-800-362-2736 Laboratories send isolate or specimen to the ~~UHL~~ SHL
Mosquito-borne diseases (includes chikungunya, dengue, eastern equine encephalitis, La Crosse, St. Louis, Venezuelan equine encephalitis, West Nile, and western equine encephalitis)	3 days	Phone, IDSS, fax or mail
Mumps	3 days	Phone, IDSS, fax or mail
Pertussis	3 days	Phone, IDSS, fax or mail
Plague	**Immediately**	24/7 disease reporting telephone hotline: 1-800-362-2736
Poliomyelitis	**Immediately**	24/7 disease reporting telephone hotline: 1-800-362-2736
Psittacosis	3 days	Phone, IDSS, fax or mail
Q fever	3 days	Phone, IDSS, fax or mail
Rabies, animal	3 days	Phone, IDSS, fax or mail
Rabies, human	**Immediately**	24/7 disease reporting telephone hotline: 1-800-362-2736
~~Rocky Mountain spotted fever~~	~~3 days~~	~~Phone, IDSS, fax or mail~~
Rubella (including congenital)	1 day	Phone, IDSS, or fax ~~or mail~~

Diseases	When to Report	How to Report
Salmonellosis (Salmonella)	3 days	Phone, IDSS, fax or mail Laboratories send isolate or specimen to the ~~UHL~~ SHL
Severe acute respiratory syndrome (SARS)	**Immediately**	24/7 disease reporting telephone hotline: 1-800-362-2736
Shigellosis (Shigella)	3 days	Phone, IDSS, fax or mail Laboratories send isolate or specimen to the ~~UHL~~ SHL
Smallpox	**Immediately**	24/7 disease reporting telephone hotline: 1-800-362-2736
~~Staphylococcus aureus invasive disease: Methicillin-resistant invasive disease (number of S. aureus isolates should be reported to the department quarterly)~~ ~~Vancomycin-resistant S. aureus~~	~~3 days~~ ~~**Immediately**~~	~~Laboratories send isolate to the UHL~~ ~~Mail the number of staphylococcus isolated quarterly to UHL~~ ~~24/7 disease reporting telephone hotline: 800-362-2736~~
~~Streptococcus pneumoniae invasive disease~~	~~3 days~~	~~Laboratories send isolate to the UHL~~
Syphilis	3 days	~~Use the Iowa Confidential Report of Sexually Transmitted Disease and HIV Infection~~ Report by one of the following methods: Secure electronic data system (as determined by the Department) Fax (515)725-1278 Phone (515)281-3031 Mail ● Use the Iowa Confidential Report of Sexually Transmitted Disease ● Mark envelope "Attention 00"
Tetanus	3 days	Phone, IDSS, fax or mail
Tickborne diseases (includes anaplasmosis, babesiosis, ehrlichiosis, Lyme disease, and Rocky Mountain spotted fever)	3 days	Phone, IDSS, fax or mail
~~Toxic Shock Syndrome~~	~~3 days~~	~~Phone, IDSS, fax or mail~~
~~Trichinosis~~	~~3 days~~	~~Phone, IDSS, fax or mail~~
Tuberculosis, pulmonary and laryngeal (infectious)	1 day	Phone (515)281-7504 or fax to (515)281-4570
Tuberculosis, extrapulmonary	3 days	Phone~~, IDSS,~~(515)281-7504 or fax ~~or mail~~ to (515)281-4570
Tularemia	3 days	Phone, IDSS or fax
Typhoid fever	1 day	Phone, IDSS or fax
Vancomycin intermediate Staphylococcus aureus (VISA) and vancomycin-resistant Staphylococcus aureus (VRSA)	1 day	Phone, IDSS or fax
Viral hemorrhagic fever (VHF) (e.g., Lassa, Marburg, Ebola, and Crimean-Congo)	**Immediately**	24/7 disease reporting telephone hotline: 1-800-362-2736
Yellow fever	**Immediately**	24/7 disease reporting telephone hotline: 1-800-362-2736

ITEM 16. Amend **641—Chapter 1**, Appendix B, as follows:

APPENDIX B
Iowa Department of Public Health
Table of Reportable Poisonings and Conditions

Report cases of the poisonings and conditions listed in the following table to the department within the time frame specified in the When to Report column and by the reporting method in the How to Report column.

To report diseases immediately, use the 24/7 disease reporting telephone hotline: 1-800-362-2736.

IMMEDIATELY report diseases, syndromes, poisonings and conditions of any kind suspected or caused by a biological, chemical, or radiological agent or toxin when there is reasonable suspicion that the disease, syndrome, poisoning or condition may be the result of a deliberate act such as terrorism.

IMMEDIATELY report to the department outbreaks of any kind, diseases that occur in unusual numbers or circumstances, unusual syndromes, or uncommon diseases. Outbreaks may be infectious, environmental or occupational in origin and include food-borne outbreaks or illness secondary to chemical exposure (e.g., pesticides, anhydrous ammonia).

Mailing address:
Bureau of ~~Lead Poisoning Prevention Division of~~ Environmental Health Services
Iowa Department of Public Health
321 East 12th Street
Des Moines, Iowa 50319-0075

Telephone: 1-800-972-2026

Fax: (515)281-4529

Poisoning or Condition	Cases to Report	When to Report	How to Report
Arsenic poisoning	Blood arsenic values equal to or greater than 70 µg/L Urine arsenic values equal to or greater than 100 µg/g of creatinine	Weekly	Format specified by department. Web-based reporting if available. Alternatives include by mail, telephone, and facsimile.
Blood lead testing	All analytical results greater than or equal to 20 micrograms per deciliter (µg/dL) in a child under the age of 6 years or a pregnant woman	Daily	By telephone: 1-800-972-2026
	All other analytical values for all blood lead analyses	Weekly	Electronic format specified by the department

Poisoning or Condition	Cases to Report	When to Report	How to Report
Cadmium poisoning	Blood cadmium values equal to or greater than 5 µg/L Urine cadmium values equal to or greater than 3 µg/g of creatinine	Weekly	Format specified by department. Web-based reporting if available. Alternatives include by mail, telephone, and facsimile.
Carbon monoxide (CO) poisoning	Blood carbon monoxide level equal to or greater than 10% carboxyhemoglobin or its equivalent with a breath analyzer test, or a clinical diagnosis of CO poisoning regardless of any test results	Daily	By telephone: 1-800-972-2026
Hypersensitivity pneumonitis	All cases	Weekly	Format specified by department. Web-based reporting if available. Alternatives include by mail, telephone, and facsimile.
Mercury poisoning	Blood mercury values equal to or greater than 2.8 µg/dL Urine mercury values equal to or greater than 20 µg/L	Weekly	Format specified by department. Web-based reporting if available. Alternatives include by mail, telephone, and facsimile.
Methemoglobinemia	Blood analyses showing greater than 5% of total hemoglobin present as methemoglobin	Weekly	Format specified by department. Web-based reporting if available. Alternatives include by mail, telephone, and facsimile.
Microcystin toxin poisoning	All cases	Weekly	Format specified by department. Web-based reporting if available. Alternatives include by mail, telephone, and facsimile.
Noncommunicable respiratory illness	All cases	Weekly	Format specified by department. Web-based reporting if available. Alternatives include by mail, telephone, and facsimile.
Occupationally related asthma, bronchitis or respiratory hypersensitivity reaction	All cases	Weekly	Format specified by department. Web-based reporting if available. Alternatives include by mail, telephone, and facsimile.
Pesticide poisoning (including pesticide-related contact dermatitis)	All cases	Weekly	Format specified by department. Web-based reporting if available. Alternatives include by mail, telephone, and facsimile.
Severe skin disorder	All cases	Weekly	Format specified by department. Web-based reporting if available. Alternatives include by mail, telephone, and facsimile.
Toxic hepatitis	All cases	Weekly	Format specified by department. Web-based reporting if available. Alternatives include by mail, telephone, and facsimile.

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