

CHAPTER 1
NOTIFICATION AND SURVEILLANCE OF REPORTABLE DISEASES

[Prior to 7/29/87, Health Department[470]]

641—1.1(139) Director of public health. The director of public health will be the principal officer of the state to administer disease reporting and control procedures.

641—1.2(135,139) Reportable diseases. Reportable diseases are those diseases or conditions listed in subrules 1.2(1) and 1.2(2). The director of public health may also designate any disease, condition or syndrome temporarily reportable for the purposes of a special investigation. Each case of a reportable disease is required to be reported to the Iowa Department of Public Health, Lucas State Office Building, Des Moines, Iowa 50319-0075, by the physician or other health practitioner attending any person having a reportable disease.

1.2(1) *List of reportable diseases or conditions.*

a. Specific infectious diseases:

(1) Common diseases:

Acquired Immune Deficiency Syndrome (AIDS)
Campylobacteriosis
Chlamydia
Cryptosporidiosis
Encephalitis, arboviral
Escherichia coli 0157:H7 related diseases (includes HUS)
Giardiasis
Gonorrhea
Hepatitis, types A,B,C,D, and E
*Haemophilus influenza type B invasive disease
Human Immunodeficiency Virus infection
Legionellosis
Lyme Disease
*Meningococcal invasive disease
Pertussis
*Rabies (animal and human)
*Measles (rubeola)
Salmonellosis (including Typhoid fever)
Shigellosis
Syphilis
Tuberculosis

(2) Rare diseases:

Anthrax
*Botulism
Brucellosis
*Cholera
*Diphtheria
Hansen's disease (Leprosy)
Malaria
Mumps
*Plague
*Poliomyelitis
Psittacosis
Rocky Mountain Spotted Fever

Rubella (including congenital)

Tetanus

Toxic Shock Syndrome

Trichinosis

Yellow fever

*Outbreaks of any kind, usual syndromes, or uncommon diseases

b. Specific noninfectious diseases:

Acute or chronic respiratory conditions due to fumes or vapors or dusts

Asbestosis

Birth defect or genetic disease*

Cancer*

Coal workers pneumoconiosis

Heavy metal poisoning

Hepatitis, toxic

Hypersensitivity pneumonitis (including farmers lung and toxic organic dust syndrome)

Methemoglobinemia

Pesticide poisoning (including pesticide-related contact dermatitis)

Silicosis

Silo fillers disease

*NOTE: For these particular diseases, physicians and other health practitioners should not send a report to the department. The State Health Registry of Iowa has been delegated the responsibility for collecting this data through review of records from hospitals, radiation treatment centers, outpatient surgical facilities, oncology clinics, pathology laboratories, and physician offices.

Prior to collecting the data from an office or facility, the State Health Registry of Iowa shall work with the office or facility to develop a process for abstracting records which is agreeable to the office or facility.

c. Specific occupationally related conditions:

Acute hearing loss and tinnitus

Carpal tunnel and related neuropathy*

Asthma, bronchitis or respiratory hypersensitivity reactions

Raynaud's phenomenon*

Severe skin disorder

*NOTE: In the case of employers with more than 200 employees, cases of carpal tunnel syndrome and related neuropathy and Raynaud's phenomenon may be reported semiannually to the department in summary form. Separate semiannual summary reports shall be provided for each physical location where operations are conducted. Such summary reports shall include a separate count of cases of carpal tunnel syndrome and related neuropathy, and Raynaud's phenomenon, by sex and job category.

d. Agriculturally related injuries (work- or non-work-related).

NOTE: Agriculturally related injuries will be reportable by sentinel reporters through December 31, 1996. Only physicians, other practitioners or hospitals which have been designated or which elect to participate as sentinel reports for agriculturally related injuries are required to report.

e. Blood lead testing.

(1) All analytical values for blood lead analysis shall be reported to the department. Analytical values less than 10 micrograms per deciliter ($\mu\text{g}/\text{dL}$) may be reported as less than 10 micrograms per deciliter (μ/dL) rather than as the actual value. In addition to the analytical value, the following information shall be reported to the department: the date of sample collection, whether the sample is a capillary or venous blood sample, the date of birth and the address of the patient, the name and address of the patient's physician, analytical method used for analysis, lower quantitation limit of the analytical methods and the quality assurance/quality control values associated with the analysis.

(2) Physicians and other health care practitioners are exempted from 1.2(1)"e" if the laboratory performing the analysis provides the report containing the required information to the department.

1.2(2) Other reportable diseases. Physicians are encouraged to report any other disease or condition which is unusual in incidence, occurs in unusual numbers or circumstances, or appears to be of public health concern (such as epidemic diarrhea of the newborn in nurseries or a food poisoning episode) including outbreaks of suspected environmental or occupational illness.

*Diseases which are underlined and noted with an asterisk should be reported IMMEDIATELY by telephone 1-800-362-2736.

1.2(3) Definitions. For the purpose of these rules, the following definitions shall apply:

“*Acute hearing loss and tinnitus*” means any sudden deafness, hearing loss or tinnitus due to exposure to noise in the work setting. (International Classification of Diseases, Ninth Edition, (ICD-9), codes 388.1-388.4, 389.0-389.2 and 389.8)

“*Acute or chronic respiratory conditions due to fumes, vapors or dusts*” means acute chemical bronchitis, any acute, subacute, or chronic respiratory condition due to inhalation of a chemical fume or vapor, or pneumoconioses not specifically listed elsewhere in these rules. (ICD-9 codes 503, 504, 505 and 506.0-506.4) Acute or chronic respiratory conditions due to fumes, vapors or dusts excludes those respiratory conditions related to tobacco smoke exposure.

“*Agriculturally related injury*” means any injury of any farmer, farm worker, farm family member, or other individual which occurred on a farm, or in the course of handling, producing, processing, transporting or warehousing farm commodities.

“*Carpal tunnel or related neuropathy*” means carpal tunnel syndrome, other lesions of the median nerve, ulnar nerve or radial nerve, causalgia or other related neuropathy of the upper limb. (ICD-9 codes 354.0-354.9)

“*Occupationally related asthma, bronchitis or respiratory hypersensitivity reaction*” means any extrinsic asthma or acute chemical pneumonitis due to exposure to toxic agents in the workplace. (ICD-9 codes 493.0, 507.1 and 507.8)

“*Poison control or poison information center*” means any organization or program which has as one of its primary objectives the provision of toxicologic and pharmacologic information and referral services to the public and to health care providers (other than pharmacists) in response to inquiries about actual or potential poisonings.

“*Raynaud’s phenomenon*” means ischemia of fingers, toes, ears or nose including “vibration white finger” caused by exposure to heat, cold, vibration or other physical agents in the work setting. (ICD-9 code 443.0)

“*Severe skin disorder*” means those dermatoses, burns, and other severe skin disorders which result in death or which require hospitalization or other multiple courses of medical therapy.

“*Toxic agent*” means any noxious substance in solid, liquid or gaseous form capable of producing illness in humans including, but not limited to, pesticides, heavy metals, organic and inorganic dusts and organic solvents. Airborne toxic agents may be in the form of dusts, fumes, vapors, mists, gases or smoke.

“*Toxic hepatitis*” means any acute or subacute necrosis of the liver or other unspecified chemical hepatitis caused by exposure to nonmedicinal toxic agents other than ethyl alcohol, including but not limited to, carbon tetrachloride, chloroform, tetrachloroethane, trichloroethylene, phosphorus, TNT, chloronaphthalenes, methylenedianilines, ethylene dibromide and organic solvents. (ICD-9 codes 570 and 573.3)

This rule is intended to implement Iowa Code sections 135.100 to 135.103, 139.2, and 139.35.

641—1.3(135,139) Reporting.

1.3(1) Telephone or other electronic means.

a. Internationally quarantinable diseases. Any internationally quarantinable disease shall be reported immediately by telephone or other electronic means as soon after the diagnosis as possible. Internationally quarantinable diseases are cholera, plague and yellow fever.

b. Diseases that carry serious consequences or spread rapidly. Any common source epidemic or disease outbreak of unusual numbers or under unusual circumstances should be reported to the department immediately by telephone or other electronic means.

1.3(2) By mail or other means. Cases of other reportable diseases and conditions shall be reported to the department by mail at least weekly. If there is concern that delay might hinder the application of organized control measures to protect the public health, the disease or condition should be reported by telephone.

641—1.4(139,145) Reporting forms.

1.4(1) Cases of reportable diseases and conditions, other than venereal diseases, shall be submitted in a format specified by the department.

1.4(2) Venereal diseases should be reported to the department on a special form which is provided to physicians and laboratories. Since these reports are confidential, they shall be transmitted in sealed envelopes or other secure fashion. Reports of venereal disease must include patient name, age, sex, marital status, occupation of the patient, name of disease, possible source of infection and duration of the disease. In localities where there is a local, functioning health department, physicians are required by law to transmit reports of venereal disease to the local health department and to the Iowa department of public health.

1.4(3) Occupational nurses may submit cases of occupationally related reportable diseases or conditions on report forms provided by the department, or may submit copies of either of the following forms:

a. Occupational Safety and Health Act Form No. 101, "Supplementary Record of Occupational Injuries and Illnesses," or

b. State of Iowa Form No. L-1WC-1, "Employers Work Injury Report, Employers First Report of Injury."

Copies of report forms listed in paragraph "a" or "b" will suffice only if the employer of the occupational nurse has already submitted the original reports to the Iowa industrial commissioner.

641—1.5(135,139,140) Who should report.

1.5(1) Physicians or other health practitioners are required by law to report all cases of reportable disease attended by them.

1.5(2) Hospitals and other health care facilities are encouraged to report cases of reportable disease.

1.5(3) School nurses are to report suspected cases of reportable disease occurring among the children supervised.

1.5(4) School officials, through the principal or superintendent as appropriate, are encouraged to report when there is no school nurse.

1.5(5) Parents are encouraged to report, particularly when disease occurs in children not in school or when the disease might otherwise not be reported.

1.5(6) Laboratories are required to report test findings or results which give evidence of or are reactive for selected reportable diseases, as specified in rules 641—3.2(140,596) and 3.3(135,139).

1.5(7) Poison control and poison information centers are required to report inquiries about cases of reportable diseases received by them.

1.5(8) Medical examiners are required to report their investigatory finding of any death which was caused by or otherwise involved a reportable disease.

1.5(9) Occupational nurses are required to report and employers, unions, and employees are encouraged to report cases of reportable diseases, if occupationally related.

641—1.6(139) Isolation.

1.6(1) *Time periods for isolation and quarantine.*

Disease	Period of Isolation	Period of Quarantine
Chickenpox	7 days from onset of pocks.	None
Diphtheria	Until after 2 negative cultures from nose and throat, 24 hours apart.	5 days is susceptible intimate contact
Rubella (German measles)	5 days from onset of rash. Keep away from pregnant women.	None
Impetigo	Until physician permits return.	None

Disease	Period of Isolation	Period of Quarantine
Infectious Hepatitis	14 days from onset of clinical disease, at least 7 days from onset of jaundice.	None
Rubeola (measles)	7 days from onset of rash.	None
Meningococcal Meningitis	Until physician permits return.	None
Mumps	9 days or until swelling disappears.	None
Pediculosis	1 day after DDT or other adequate treatment.	None
Poliomyelitis	7 days from onset.	None
Ringworm of scalp	Until physician permits return.	None
Scabies	Until adequately treated by physician.	None
Scarlet fever	7 days from onset if untreated or 24 hours after antibiotics.	None
Scarlatina		
Strep throat		
Smallpox	Until all scabs are gone.	17 days if unvaccinated and uncooperative
Tuberculosis, proven or suspected infectious	When necessary precautions are not practiced, for such period of time as ordered by the commissioner of public health.	None
Whooping cough	21 days from beginning of whoop.	None

This subrule is intended to implement Iowa Code section 139.3.

1.6(2) Enforcement of isolation. Isolation is to be enforced when communicable diseases are admitted or occur in hospitals, nursing homes or other health care facilities. Isolation technique will be graded in the strictness of application by the type of disease.

1.6(3) Strict isolation.

a. *Gowns and masks:* To be worn by all persons entering room and discarded before leaving room.

b. *Hands:* To be washed thoroughly before and after removing gown.

c. *Articles:* To be discarded or washed and disinfected or wrapped for autoclaving before being taken from room.

d. *Diseases for which applicable:* Diphtheria, staphylococcal pneumonia, exudative streptococcal infections, meningococcus infections, smallpox and open active tuberculosis.

1.6(4) Wound and skin isolation.

a. *Gowns and gloves:* To be worn only by persons having direct contact with patient.

b. *Masks:* To be worn by all persons entering room.

c. *Hands:* To be washed thoroughly on entering and leaving room.

d. *Articles:* To be discarded or washed and disinfected or wrapped for autoclaving before being taken from room.

e. *Diseases for which applicable.* Staphylococcus, pseudomonas or other gross wound infections, severe dermatitis with broken skin, gas gangrene, syphilis with skin or mucous membrane lesions and ringworm of the scalp.

1.6(5) Enteric isolation.

a. *Gowns and gloves:* To be worn only by persons having direct contact with patients.

b. *Masks:* Not necessary.

c. *Hands:* To be washed thoroughly on entering and leaving room.

d. *Articles:* To be discarded or washed and disinfected or wrapped for autoclaving before being taken from room.

e. *Diseases for which applicable:* Leptospirosis, amebiasis, hepatitis (serum and infectious), shigellosis, salmonellosis, poliomyelitis, aseptic meningitis, viral myocarditis or pericarditis.

1.6(6) *Protective isolation, of benefit principally to the patient.*

- a. *Gowns and gloves:* To be worn by all persons entering room.
- b. *Masks:* To be worn by all persons entering room.
- c. *Hands:* To be washed thoroughly on entering room.
- d. *Articles:* Only clean articles should be introduced into the area.
- e. *Applicability:* Newborn nurseries, severe burn cases, other situations where it is imperative to minimize introduction of infection.

1.6(7) Single rooms are desirable for isolation. More than one patient with the same disease in the same room may be necessary in special situations. Isolation should be discontinued as soon as there is reasonable evidence that the hazard of spread is minimal.

1.6(8) Isolation in the home should mean prohibition of contact between patient and other susceptible members of the family. Good handwashing and individual care of eating utensils, preferably with use of disposable items, should be practiced. If nondisposable utensils are used, great care should be taken that they are properly sterilized so that they do not become a source of contamination for utensils used by other members of the family. School children who contract communicable diseases should be kept out of school and out of close contact with siblings and other children. Adults who contract communicable disease should remain at home unless hospitalized and out of close contact with susceptible family members for the same periods specified in this rule.

641—1.7(139) Quarantine. Quarantine will rarely be imposed by the Iowa department of public health. Should one of the internationally quarantinable diseases occur in Iowa, persons exposed, contacts to the case, shall be quarantined as the particular situation requires. Generally, contacts will be tested, as possible, for susceptibility. Immune reactors may be released from quarantine as soon as the laboratory results are available. Susceptible contacts will be continued in quarantine until the longest usual incubation period of the disease has elapsed. Confinement will usually be in their own homes, if this can be done with safety. Such other places of confinement may include dormitories, special hospitals such as a state institution or, under exceptional circumstances, in motels, hotels or the like. Such sites of quarantine will be prominently placarded with quarantine signs furnished by the department and posted on all sides of the building wherever access is possible. No susceptible person, not already a contact, will be admitted within the quarantine enclosure.

641—1.8(139) Disinfection.

1.8(1) *Concurrent disinfection.* All discharges from infected eyes, ears, nose, throat and skin lesions should be prevented from being disseminated. They should be absorbed by dressings or tissues and these contaminated items should be handled carefully and disposed of by incineration. Excreta from infected persons may be disposed of through sanitary sewers if these are available and adequate. Such wastes should be decontaminated by use of creosol solutions before disposal into pits or septic tanks. Body and bed linen should be carefully handled. It may be disinfected before laundering with creosol solutions. It may be safely laundered in commercial laundries if the personnel are knowledgeable in safe handling techniques. These soiled materials should not be sorted, shaken or manipulated unnecessarily before they are put into the washer.

1.8(2) *Terminal disinfection.* Terminal disinfection is rarely necessary. Terminal cleaning usually suffices. Floors, walls, furniture and other articles in the room occupied by a communicable disease case should be disinfected by washing with water and detergent or soap. Airing and sunning of rooms, furniture and bedding is necessary. If smallpox has occurred, sterilization of bedding is required.

641—1.9(141) Contagious or infectious disease notification—purpose. The purpose is to establish contagious or infectious disease notification requirements for the information of any person handling a dead body.

1.9(1) *Definitions.* For the purpose of rule 641—1.9(141), the following definitions shall apply:

“*Contagious or infectious disease*” means any contagious or infectious disease which is transmitted by a bloodborne route or by skin-to-skin contact.

“*Health care provider*” means a person providing health care services of any kind.

“*Health facility*” means a hospital, health care facility, clinic, blood bank, blood center, sperm bank, laboratory organ transplant centers and procurement agencies, or other health care institution.

1.9(2) Notification procedures and responsibilities.

a. A health care provider attending a person prior to the person’s death shall, at the time of death, place with the body a written notice which specifies or signifies either “known contagious or infectious disease” or “suspected contagious or infectious disease.”

b. The health facility in which the health care provider is working shall be responsible for establishing written procedures and implementing the specific internal practices necessary to satisfy this notification requirement.

These rules are intended to implement Iowa Code sections 135.100 to 135.103, 139.1(3), 139.2, 139.35 and 141.21 to 141.25.

[Filed November 20, 1970; amended August 31, 1971]

[Filed emergency 8/15/77—published 9/7/77, effective 8/15/77]

[Filed 11/10/77, Notice 10/5/77—published 11/30/77, effective 1/4/78]

[Filed 4/3/81, Notice 2/18/81—published 4/29/81, effective 6/5/81]

[Filed 2/12/82, Notice 10/28/81—published 3/3/82, effective 4/7/82]

[Filed 11/18/83, Notice 8/31/83—published 12/7/83, effective 1/13/84]

[Filed 8/14/85, Notice 4/24/85—published 9/11/85, effective 10/16/85]

[Filed emergency 7/10/87—published 7/29/87, effective 7/10/87]

[Filed 11/17/88, Notice 6/1/88—published 12/14/88, effective 1/18/89]

[Filed 5/10/89, Notice 4/5/89—published 5/31/89, effective 7/5/89]

[Filed 11/9/89, Notice 10/4/89—published 11/29/89, effective 1/3/90]

[Filed 9/24/90, Notice 8/8/90—published 10/17/90, effective 11/21/90]

[Filed 7/17/92, Notice 4/1/92—published 8/5/92, effective 9/9/92]

[Filed 11/6/92, Notice 9/16/92—published 11/25/92, effective 1/1/93]

[Filed 7/16/93, Notice 4/28/93—published 8/4/93, effective 9/8/93]

[Filed emergency 1/11/96 after Notice 11/8/95—published 1/31/96, effective 1/12/96]

[Filed 3/15/96, Notice 1/31/96—published 4/10/96, effective 5/15/96]