

Minnesota Attorney General: Administrative Rules Proceedings

Copyright Notice:

This material may be protected by copyright law (U.S. Code, Title 17). Researchers are liable for any infringement. For more information, visit www.mnhs.org/copyright.

Version 3
August 20, 2018

MINNESOTA STATE REGULATIONS

Notice of filing by the Commissioner of Administration

We have received on this date, stamped and filed 2 copies of Rules and Regulations pertaining to the Department of Health
(Agency or Board)

Regulation No. M.H.D 316

Subject: Reportable Diseases

FILED
RICHARD L. BRUBACHER
Commissioner of Administration

JUL 23 1975 4:05 PM

BY Eda Steudemann
AUTH. SIGNATURE R.S

Department of Administration
Publication, Central Services Division
Documents Section
140 Centennial Office Building
St. Paul, Minnesota 55155
Telephone: (612) 296-2874

Stamped and filed with the Secretary of State 7-23-75

Terry O'Brien
Special Assistant
Attorney General
Department of Health

July 23, 1975

- MHD 316

ADMIN. 1000

STATE OF MINNESOTA

DEPARTMENT ATTORNEY GENERAL

Office Memorandum

TO : Mike Miller
Special Assistant
Attorney General
Department of Administration

DATE: June 30, 1975

FROM : Terry O'Brien
Special Assistant
Attorney General
Department of Health

SUBJECT: Regulation MHD 316 relating to Reportable Diseases

Enclosed are three files containing the necessary documents in support of the Board of Health's adoption of MHD 316 relating to reportable diseases. Authority to adopt regulations pertaining to the reporting of diseases and related problems is contained in Minn. Stat. §§ 144.12 (7) (1974) and 144.42 (1974).

The adoption of the rule is simply an effort to update both the terminology and the reportable items contained in old MHD 316. The regulation appears rather straightforward and the process of promulgation provided no problems or controversey.

I would appreciate it if you would return the files numbered 1 and 2 to me when the rule is finally filed.

If you have any questions, please don't hesitate to contact me.

TO:cs

Encs.

REGULATIONS AS ADOPTED

MHD 316 - Reportable Diseases

(a) Physician to Report. When called to a case, suspected case, or death from any of the following diseases, the attending physician, within 24 hours, shall ~~notify~~ provide the local health officer ~~by means of the regular reporting post card or special blank provided for such reports~~ with the information outlined in the form in paragraph (b) below. In areas where there is no local health officer, the information shall be reported directly to the Division of Personal Health Services, Minnesota Department of Health. Diseases preceded by an asterisk shall also be reported ~~directly~~ immediately to the ~~Division of Disease Prevention and Control, Minnesota State Board of Health~~ Minnesota Department of Health either by the local health officer or by the attending physician.

~~*-Actinomycosis~~
Amebic Dysentery
* Anthrax
* Botulism
Brucellosis (Undulant Fever)
Chickenpox (only patients over 16 years of age)
* ~~Cholera, Asiatic~~
~~Conjunctivitis, Epidemic~~
~~Diarrhea, Epidemic~~
* Diphtheria
~~Dysentery~~
~~(a)-Amebic~~
~~(b)-Bacillary~~
Encephalitis (all types)
~~German Measles (rubella)~~
Food ~~infection and~~ poisoning, or foodborne illness
~~*-Glanders~~
Hepatitis, ~~Infectious~~ -A (formerly Infectious Hepatitis)
Hepatitis, ~~Serum~~ -B (formerly Serum Hepatitis)
~~Influenza~~
Lead Poisoning
* Leprosy
Leptospirosis
Malaria
Measles (Rubeola)
Meningitis (all infectious types)
Meningococcemia
~~Meningococcis, Infectious~~
Mumps
* Ophthalmia Neonatorum
~~Paratyphoid Fever~~
* Plague
~~Pneumonia~~
* Poliomyelitis
* Psittacosis
* Rabies (animal and human cases and exposed persons)
Rheumatic Fever
~~Ringworm of the Scalp~~
Rubella and Congenital Rubella Syndrome
* Rocky Mountain Spotted Fever
Salmonellosis (including Typhoid)
~~Scarlet Fever and Epidemic Sore Throat~~
Shigellosis (Bacillary Dysentery)
* Smallpox
* Tetanus
~~Trachoma~~
* Trichinosis
Tuberculosis
Tularemia
~~Typhoid Fever~~
* Typhus Fever
Whooping Cough (Pertussis)
Yellow Fever

(Note: Some of the above changes represent rearrangements in order, such as Typhoid Fever.

(b) Disease Report Form. Reports that are required in (a) above to notify health officials of certain diseases shall contain as much of the following information as is known:

MINNESOTA DEPARTMENT OF HEALTH -- DISEASE REPORT CARD

As required by Public Health Law, I report to the health officer a case of

Disease _____ Lab. Confirmed? Yes - No (circle one)

Patient's Name _____ Age _____ Sex: M F (circle one)

Address _____ City or Township _____ County _____

Phone _____ Occupation _____ Place of Work or School _____

Date of Onset of First Symptom _____ Date of Report _____

Physician _____ Phone _____

Diagnostic Laboratory Findings _____

_____

Possible Source(s) of Infection _____

☐ Check here if additional disease report cards needed. How many?

☐ Check here if other supplies needed. What? How much?

(c) Unusual Case Incidence. Any unusual pattern of cases or increased incidence of any illness beyond the expected number of cases in a given period, which may indicate an outbreak, epidemic, or related public health problem associated with one or more reportable diseases in (a) above, shall be reported by telephone by the attending physician as soon as possible to the local health officer or to the Division of Personal Health Services, Minnesota Department of Health.

(d) No Physician. When no physician is in attendance, it shall be the duty of the head of the household, or other person in charge of any institution, school, hotel, boarding house, camp, dairy farm, or pasteurization plant, or any other person having knowledge of any individual believed to have or suspected of having any disease, presumably communicable, to report immediately the name and address

of any such person to the local health officer. ~~Until official action on such has been taken, strict isolation shall be maintained.~~ or if there is no local health officer, to the Division of Personal Health Services, Minnesota Department of Health.

(e) Reports to State. Within 24 hours of receipt of such information or other knowledge of a case, the local health officer shall forward same to the Minnesota Department of Health, Division of ~~Disease Prevention and Control,~~ Personal Health Services, ~~University Campus,~~ 717 Delaware Street S. E., Minneapolis, Minnesota, 55440, after transcribing essential information for permanent local record.

APPROVED AS TO FORM AND LEGALITY
JUL 22 1975 19
WARREN SPANNAUS, ATTORNEY GENERAL
BY /s/ Michael B. Miller
SPECIAL ASSISTANT ATTORNEY GENERAL

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED
JUL 23 1975 - 3:45 pm
Joan Anderson Growe
Secretary of State

FILED
RICHARD L. BRUBACHER
Commissioner of Administration
JUL 23 1975 4:05 PM
BY Eda Staudemaier
AUTH. SIGNATURE
K.S.

REGULATIONS AS ADOPTED

MHD 316 - Reportable Diseases

(a) Physician to Report. When called to a case, suspected case, or death from any of the following diseases, the attending physician, within 24 hours, shall ~~notify~~ provide the local health officer ~~by means of the regular reporting post card or special blank provided for such reports~~ with the information outlined in the form in paragraph (b) below. In areas where there is no local health officer, the information shall be reported directly to the Division of Personal Health Services, Minnesota Department of Health. Diseases preceded by an asterisk shall also be reported ~~directly~~ immediately to the ~~Division of Disease Prevention and Control, Minnesota State Board of Health~~ Minnesota Department of Health either by the local health officer or by the attending physician.

~~*-Actinomycosis~~
Amebic Dysentery
* Anthrax
* Botulism
Brucellosis (Undulant Fever)
Chickenpox (only patients over 16 years of age)
* Cholera~~, Asiatic~~
~~Conjunctivitis, Epidemic~~
~~Diarrhea, Epidemic~~
* Diphtheria
~~Dysentery~~
~~(a)-Amebic~~
~~(b)-Bacillary~~
Encephalitis (all types)
~~German-Measles-(rubella)~~
Food ~~infection-and~~ poisoning, or foodborne illness
~~*-Glanders~~
Hepatitis~~, Infectious~~ -A (formerly Infectious Hepatitis)
Hepatitis~~, Serum~~ -B (formerly Serum Hepatitis)
~~Influenza~~
Lead Poisoning
* Leprosy
Leptospirosis
Malaria
Measles (Rubeola)
Meningitis (all infectious types)
Meningococcemia
~~Meningococcosis, Infectious~~
Mumps
* Ophthalmia Neonatorum
~~Paratyphoid Fever~~
* Plague
~~Pneumonia~~
* Poliomyelitis
* Psittacosis
* Rabies (animal and human cases and exposed persons)
Rheumatic Fever
~~Ringworm of the Scalp~~
Rubella and Congenital Rubella Syndrome
* Rocky Mountain Spotted Fever
Salmonellosis (including Typhoid)
~~Scarlet Fever and Epidemic Sore Throat~~
Shigellosis (Bacillary Dysentery)
* Smallpox
* Tetanus
~~Trachoma~~
* Trichinosis
Tuberculosis
Tularemia
~~Typhoid Fever~~
* Typhus Fever
Whooping Cough (Pertussis)
Yellow Fever

(Note: Some of the above changes represent rearrangements in order, such as Typhoid Fever.)

(b) Disease Report Form. Reports that are required in (a) above to notify health officials of certain diseases shall contain as much of the following information as is known:

MINNESOTA DEPARTMENT OF HEALTH – DISEASE REPORT CARD

As required by Public Health Law, I report to the health officer a case of

Disease _____ Lab. Confirmed? Yes - No (circle one)

Patient's Name _____ Age _____ Sex: M F (circle one)

Address _____ City or Township _____ County _____

Phone _____ Occupation _____ Place of Work or School _____

Date of Onset of First Symptom _____ Date of Report _____

Physician _____ Phone _____

Diagnostic Laboratory Findings _____

_____

Possible Source(s) of Infection _____

☐ Check here if additional disease report cards needed. How many?

☐ Check here if other supplies needed. What? How much?

(c) Unusual Case Incidence. Any unusual pattern of cases or increased incidence of any illness beyond the expected number of cases in a given period, which may indicate an outbreak, epidemic, or related public health problem associated with one or more reportable diseases in (a) above, shall be reported by telephone by the attending physician as soon as possible to the local health officer or to the Division of Personal Health Services, Minnesota Department of Health.

(d) No Physician. When no physician is in attendance, it shall be the duty of the head of the household, or other person in charge of any institution, school, hotel, boarding house, camp, dairy farm, or pasteurization plant, or any other person having knowledge of any individual believed to have or suspected of having any disease, presumably communicable, to report immediately the name and address

of any such person to the local health officer~~.--Until-official-action-on-such-has-been-taken,-strict-isolation-shall-be-maintained.~~ or if there is no local health officer, to the Division of Personal Health Services, Minnesota Department of Health.

(e) Reports to State. Within 24 hours of receipt of such information or other knowledge of a case, the local health officer shall forward same to the Minnesota Department of Health, Division of ~~Disease-Prevention-and-Control,~~ Personal Health Services, ~~University-Campus,~~ 717 Delaware Street S. E., Minneapolis, Minnesota, 55440, after transcribing essential information for permanent local record.

REGULATIONS AS ADOPTED

MHD 316 - Reportable Diseases

(a) Physician to Report. When called to a case, suspected case, or death from any of the following diseases, the attending physician, within 24 hours, ~~shall notify~~ provide the local health officer ~~by means of the regular reporting post card or special blank provided for such reports~~ with the information outlined in the form in paragraph (b) below. In areas where there is no local health officer, the information shall be reported directly to the Division of Personal Health Services, Minnesota Department of Health. Diseases preceded by an asterisk shall also be reported ~~directly~~ immediately to the ~~Division of Disease Prevention and Control, Minnesota State Board of Health~~ Minnesota Department of Health either by the local health officer or by the attending physician.

~~*-Actinomycosis~~
Amebic Dysentery
* Anthrax
* Botulism
Brucellosis (Undulant Fever)
Chickenpox (only patients over 16 years of age)
* Cholera, ~~Asiatic~~
~~Conjunctivitis, Epidemic~~
~~Diarrhea, Epidemic~~
* Diphtheria
~~Dysentery~~
~~(a)-Amebic~~
~~(b)-Bacillary~~
Encephalitis (all types)
~~German-Measles-(rubella)~~
Food ~~infection-and~~ poisoning, or foodborne illness
~~*-Glanders~~
Hepatitis, ~~Infectious~~ -A (formerly Infectious Hepatitis)
Hepatitis, ~~Serum~~ -B (formerly Serum Hepatitis)
~~Influenza~~
Lead Poisoning
* Leprosy
Leptospirosis
Malaria
Measles (Rubeola)
Meningitis (all infectious types)
Meningococcemia
~~Mononucleosis, Infectious~~
Mumps
* Ophthalmia Neonatorum
~~Paratyphoid Fever~~
* Plague
~~Pneumonia~~
* Poliomyelitis
* Psittacosis
* Rabies (animal and human cases and exposed persons)
Rheumatic Fever
~~Ringworm-of-the-Scalp~~
Rubella and Congenital Rubella Syndrome
* Rocky Mountain Spotted Fever
Salmonellosis (including Typhoid)
~~Scarlet Fever and Epidemic Sore Throat~~
Shigellosis (Bacillary Dysentery)
* Smallpox
* Tetanus
~~Trachoma~~
* Trichinosis
Tuberculosis
Tularemia
~~Typhoid Fever~~
* Typhus Fever
Whooping Cough (Pertussis)
Yellow Fever

(Note: Some of the above changes represent rearrangements in order, such as Typhoid Fever.)

(b) Disease Report Form. Reports that are required in (a) above to notify health officials of certain diseases shall contain as much of the following information as is known:

MINNESOTA DEPARTMENT OF HEALTH – DISEASE REPORT CARD

As required by Public Health Law, I report to the health officer a case of

Disease _____ Lab. Confirmed? Yes - No (circle one)

Patient's Name _____ Age _____ Sex: M F (circle one)

Address _____ City or Township _____ County _____

Phone _____ Occupation _____ Place of Work or School _____

Date of Onset of First Symptom _____ Date of Report _____

Physician _____ Phone _____

Diagnostic Laboratory Findings _____

_____

Possible Source(s) of Infection _____

☐ Check here if additional disease report cards needed. How many?

☐ Check here if other supplies needed. What? How much?

(c) Unusual Case Incidence. Any unusual pattern of cases or increased incidence of any illness beyond the expected number of cases in a given period, which may indicate an outbreak, epidemic, or related public health problem associated with one or more reportable diseases in (a) above, shall be reported by telephone by the attending physician as soon as possible to the local health officer or to the Division of Personal Health Services, Minnesota Department of Health.

(d) No Physician. When no physician is in attendance, it shall be the duty of the head of the household, or other person in charge of any institution, school, hotel, boarding house, camp, dairy farm, or pasteurization plant, or any other person having knowledge of any individual believed to have or suspected of having any disease, presumably communicable, to report immediately the name and address

of any such person to the local health officer~~.--Until-official-action-on-such-has-been-taken,-strict-isolation-shall-be-maintained.~~ or if there is no local health officer, to the Division of Personal Health Services, Minnesota Department of Health.

(e) Reports to State. Within 24 hours of receipt of such information or other knowledge of a case, the local health officer shall forward same to the Minnesota Department of Health, Division of ~~Disease-Prevention-and-Control,~~ Personal Health Services, ~~University-Campus,~~ 717 Delaware Street S. E., Minneapolis, Minnesota, 55440, after transcribing essential information for permanent local record.

PROPOSED REGULATION

MHD 316 (old number 10795) is amended by being deleted in its entirety and in lieu thereof the following:

MHD 316 Reportable Diseases

(a) Physician to Report. When called to a case, suspected case, or death from any of the following diseases, the attending physician, within 24 hours, shall provide the local health officer with the information outlined in the form in paragraph (b) below. In areas where there is no local health officer, the information shall be reported directly to the Division of Personal Health Services, Minnesota Department of Health. Diseases preceded by an asterisk shall be reported immediately to the Minnesota Department of Health either by the local health officer or by the attending physician.

Amebic Dysentery
* Anthrax
* Botulism
Brucellosis (Undulant Fever)
Chickenpox (only patients over 16 years of age)
* Cholera
Diphtheria
Encephalitis (all types)
Food poisoning, or foodborne illness
Hepatitis-A (formerly Infectious Hepatitis)
Hepatitis-B (formerly Serum Hepatitis)
Lead Poisoning
* Leprosy
Leptospirosis
Malaria
Measles (Rubeola)
Meningitis (all infectious types)
Meningococcemia
Mononucleosis, Infectious
Mumps
* Ophthalmia Neonatorum
Paratyphoid Fever
* Plague
Poliomyelitis
* Psittacosis
* Rabies (animal and human cases and exposed persons)
Rheumatic Fever
Rubella and Congenital Rubella Syndrome
* Rocky Mountain Spotted Fever
Salmonellosis
Shigellosis (Bacillary Dysentery)
* Smallpox
* Tetanus
* Trichinosis
Tuberculosis
Tularemia
Typhoid Fever
* Typhus Fever
Whooping Cough (Pertussis)
Yellow Fever

(b) Disease Report Form. Reports that are required in (a) above to notify health officials of certain diseases shall contain as much of the following information as is known:

MINNESOTA DEPARTMENT OF HEALTH – DISEASE REPORT CARD

As required by Public Health Law, I report to the health officer a case of

Disease _____ Lab. Confirmed? Yes No (circle one)

Patient's Name _____ Age _____ Sex: M F (circle one)

Address _____ City or Township _____ County _____

Phone _____ Occupation _____ Place of Work or School _____

Date of Onset of First Symptom _____ Date of Report _____

Physician _____ Phone _____

Diagnostic Laboratory Findings _____

_____

Possible Source(s) of Infection _____

(c) Unusual Case Incidence. Any unusual pattern of cases or increased incidence of any illness beyond the expected number of cases in a given period, which may indicate an outbreak, epidemic, or related public health problem associated with one or more reportable diseases in (a) above, shall be reported by telephone by the attending physician as soon as possible to the local health officer or to the Division of Personal Health Services, Minnesota Department of Health.

(d) No Physician. When no physician is in attendance, it shall be the duty of the head of the household, or other person in charge of any institution, school, hotel, boarding house, camp, dairy farm, or pasteurization plant, or any other person having knowledge of any individual believed to have or suspected of having any diseases, presumably communicable, to report immediately the name and address of any such person to the local health officer, or if there is no local health officer, to the Division of Personal Health Services, Minnesota Department of Health.

(e) Reports to State. Within 24 hours of the receipt of such notification or other knowledge of a case, the local health officer shall forward same to the Minnesota Department of Health, Division of Personal Health Services, 717 Delaware Street S.E., Minneapolis, Minnesota, 55440, after transcribing essential information for permanent local record.

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

STATE BOARD OF HEALTH

In the matter of Proposed
Amendment to MHD 316
Relating to Reportable
Diseases

ORDER FOR HEARING

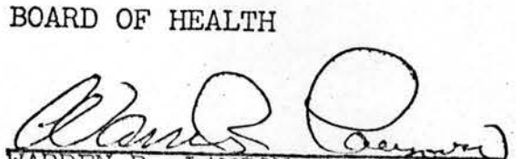
To effectively implement Minn. Stat. 144.12 (1971), the Minnesota State Board of Health deems it necessary to consider adoption of the proposed rules captioned above pursuant to the authority vested in it by the above-referenced statute.

NOW, THEREFORE, IT IS ORDERED this 23rd day of January, 1975, that a public hearing on the proposed rules captioned above be held in the Board Room, Minnesota Health Department Building, 717 Delaware Street S.E., Minneapolis, Minnesota on March 12, 1975, commencing at 9:00 A.M., and continuing until all representatives of associations or other interested groups or persons have had an opportunity to be heard.

IT IS FURTHER ORDERED, that notice of said hearing be given to all representatives of associations or other interested groups or persons who have registered their names with the Secretary of State for that purpose and all persons who are presently members of the Minnesota Legislature.

STATE OF MINNESOTA

BOARD OF HEALTH



WARREN R. LAWSON, M.D.
Secretary and Executive Officer

STATE OF MINNESOTA
COUNTY OF HENNEPIN

BEFORE THE MINNESOTA
STATE BOARD OF HEALTH

In the Matter of Proposed
Amendment to MHD 316
Relating to
Reportable Diseases

NOTICE OF HEARING

Notice is hereby given that a public hearing will be held pursuant to Minn. Stat. § 15.0412 subd. 4 (1971) in the above-entitled matter, in the Board Room, Minnesota Department of Health Building, 717 Delaware Street S.E., Minneapolis, Minnesota, on March, 12th, 1975, commencing at 9:00 A.M., and continuing until all representatives or other interested groups of persons have had an opportunity to be heard concerning adoption of the proposed rules captioned above by submitting either oral or written data, statements, or arguments. Statements or briefs may be submitted without appearing at the hearing.

A copy of the proposed rules is attached and made a part hereof.

Additional copies of the proposed rules may be obtained by writing to the Minnesota Department of Health, Division of Personal Health Services, 717 Delaware Street S.E., Minneapolis, Minnesota 55440. Additional copies will also be available at the door on the date of the hearing.

A copy of the procedural rules for the hearing is attached and made a part hereof.

Testimony or other evidence to be submitted for consideration should be pertinent to the matter at hand and may be presented either orally or in writing at the public hearing or by mailing a statement to the Secretary and Executive Officer of the Board at the Department of Health Building, address as above. If the person submitting a statement cannot be present to read his statement at the time of the hearing, the statement will be entered into the record. For those wishing to submit written statements or exhibits, it is requested that at least three (3) copies of such statement, exhibit or summary be furnished at the hearing. The record will remain open for receipt of briefs or other written material relative to the proposed rules for twenty (20) days subsequent to the public hearing.

It is suggested that to save time and avoid duplication, those organizations or associations having a common viewpoint or interest in these proceedings join together where possible and present a single statement in behalf of such interests.

Dated: January 23rd, 1975.

STATE OF MINNESOTA
BOARD OF HEALTH

WARREN R. LAWSON, M.D.
Secretary and Executive Officer

CERTIFICATE OF BOARD'S

AUTHORIZING RESOLUTION

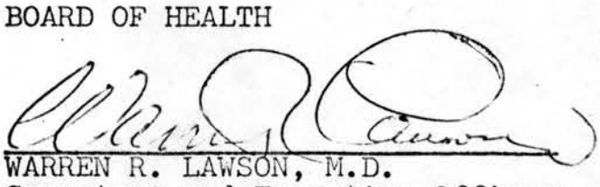
I, Warren R. Lawson, M.D., do hereby certify that I am the Secretary and Executive Officer of the Minnesota State Board of Health, a board duly authorized under the laws of the State of Minnesota, and that the following is a true, complete, and correct copy of a resolution adopted at a meeting of the said Board of Health duly and properly called and held on the 9th day of January, 1975, that a quorum was present at said meeting; that a majority of those present voted for the resolution; that said resolution is set forth in the minutes of said meeting and has not been rescinded or modified.

> "RESOLVED, that Warren R. Lawson, M.D., Secretary and Executive Officer of the Minnesota State Board of Health, be and he hereby is granted the authority and directed to call a hearing for the purpose of promulgating rules of the Board of Health relating to reportable diseases as well as perform any and all acts incidental thereto, including but without being limited thereto, signing an order for hearing and notice of hearing as well as acting as or appointing a presiding officer at all hearings."

IN WITNESS WHEREOF, I have hereunto subscribed my name this 21st day of February, 1975.

STATE OF MINNESOTA

BOARD OF HEALTH



WARREN R. LAWSON, M.D.
Secretary and Executive Officer

STATE OF MINNESOTA

COUNTY OF HENNEPIN

In the Matter of the
Proposed Amendment
to MHD 316 Relating to
Reportable Diseases

CERTIFICATE

I hereby certify that the 404 general labels and one sheet list for the Minnesota State Health Department all of which are attached and made a part hereof, constitute the complete lists of persons, associations, and other interested groups who as of 10:45 O'clock A.M., this 28th day of January, 1975, have requested pursuant to Minn. Stat. § 15.0412, subd. 4 (1971), that their names be placed on file with the Secretary of State for the purpose of receiving notice of public hearing on proposed rules on the subject captioned above.

Joan Anderson Growe
SECRETARY OF STATE

[redacted]

By Neil Dion

STATE OF MINNESOTA

COUNTY OF HENNEPIN

In the Matter of the Proposed Amendment to MHD 316 Relating to Reportable Diseases

AFFIDAVIT OF MAILING

Jeanette Mature, being first duly sworn, deposes and says:

That on the 30 day of January, 1975, at the City of Minneapolis, County of Hennepin, State of Minnesota, She served the attached Notice of Hearing by depositing in the United States mail at said City of Minneapolis, a true and correct copy thereof, properly enveloped, with postage prepaid, to all persons and associations at the addresses listed on the Certificate of the Secretary of State attached and made a part hereof as Exhibit A, to all persons and associations at the addresses listed on Exhibit B, attached and made a part hereof, as well as to all members of the Minnesota Legislature as of the date of mailing.

Jeanette Mature

Subscribed and sworn to before me this 30th day of Jan., 1975.

Marie B. Tromiczak

MARIE B. TROMICZAK
NOTARY PUBLIC - MINNESOTA
HENNEPIN COUNTY
My Commission Expires Oct. 9, 1980

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

STATE BOARD OF HEALTH

In the matter of Proposed
Amendment to MHD 316 Relating
to Reportable Diseases

STATEMENT OF NEED

The above-captioned rules are amendments to an existing rule of the State Board of Health. The last time the above-captioned rules were amended was January 4, 1968.

The need to adopt this rule is fourfold.

The first is to update the terminology of the rule. The second is to delete certain diseases from those reportable because they no longer need be considered reportable diseases. The third is to require that certain additional diseases be reported to health officials because of their public health significance. The fourth is to require the reporting of unusual patterns and increased incidence of any illness, which may reflect an outbreak, epidemic, or related public health problem associated with one or more of these reportable diseases.

STATE OF MINNESOTA

BOARD OF HEALTH

WARREN R. LAWSON, M.D.
Secretary and Executive Officer

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

STATE BOARD OF HEALTH

In the Matter of Proposed
Amendment to MHD 316 Relating
to Reportable Diseases

APPOINTMENT

David J. Giese is hereby appointed to serve as hearing officer on behalf of the State Board of Health in the above captioned matter, said hearing to be held on March 12, 1975, and continuing until all representatives of associations or other interested groups or persons have had an opportunity to be heard.

This appointment is made pursuant to the following authority: resolution of the State Board of Health adopted at its meeting on January 9, 1975.

STATE OF MINNESOTA

BOARD OF HEALTH

WARREN R. LAWSON, M.D.
Secretary and Executive Officer

Dated: January 23rd, 1975.

STATE OF MINNESOTA
COUNTY OF HENNEPIN

BEFORE THE MINNESOTA
STATE BOARD OF HEALTH

In the Matter of the Proposed Rules Relating to Reportable Diseases.

ORDER ADOPTING RULES

The above-entitled matter came on for hearing before the Minnesota State Board of Health on the 12th day of March, 1975, at 9:15 A.M. in the Board Room, Minnesota Department of Health Building, 717 Delaware Street S.E., Minneapolis, Minnesota 55440, after proper notice required by Minn. Stat. § 15.0412 (1974) was served upon all persons, associations and other interested groups registered with the Secretary of State for that purpose.

After affording interested persons an opportunity to present written and oral data, statements and arguments, and having heard and considered all of the testimony and evidence adduced and upon the records, files and proceedings herein, and applicable statutory standards or criteria, and having confirmed the need for the above-captioned rules.

NOW, THEREFORE, IT IS ORDERED that these rules identified as Minn. Reg. MHD 316 are adopted this 25th day of June, 1975, pursuant to authority vested in me by Minn. Stat. §§ 144.12 (7) and 144.42 (1974) and by resolution of the Minnesota State Board of Health duly adopted at a meeting of the said Board on the 8th day of May, 1975.

STATE OF MINNESOTA
BOARD OF HEALTH

WARREN R. LAWSON, M.D.
Secretary and Executive Officer

STATE OF MINNESOTA
COUNTY OF HENNEPIN

BEFORE THE MINNESOTA
STATE BOARD OF HEALTH

In the Matter of Proposed
Amendment to MHD 316 Relating
to Reportable Diseases

FINDINGS OF FACT

The above-entitled matter came on for hearing before the Minnesota State Board of Health on the 12th day of March, 1975, at 9:15 O'clock A.M., in the Board Room, Minnesota Department of Health Building, 717 Delaware Street S.E., Minneapolis, Minnesota 55440, after proper notice required by Minn. Stat. § 15.0412 (1974) was served upon all persons, associations and other interested groups registered with the Secretary of State for that purpose.

After affording interested persons an opportunity to present written and oral data, statements and arguments, and having heard and considered all of the testimony and evidence adduced and upon the records, files and proceedings herein, the Board makes and enters the following findings:

1. Authority to adopt regulations pertaining to the reporting of diseases and related problems is contained in Minn. Stat. §§ 144.12 (7) (1974) and 144.42 (1974). Minn. Stat. § 144.12 (1974) confers general authority on the Board to adopt, alter, and enforce regulations for the preservation of the public health. Further, Minn. Stat. § 144.12 (7) grants specific authority to the Board to adopt regulations regarding the reporting of communicable diseases. Minn. Stat. § 144.42 (1974) mandates that physicians report to the Board, on forms furnished by the Board, full particulars

as to persons with tuberculosis. This regulation is within legislative grants of authority given to the Board of Health regarding the reporting of certain diseases.

2. There is a need for this regulation. In order that effective disease prevention and control efforts can be undertaken, identification of outbreaks of certain communicable disease and other disease-related problems, both communicable and non-communicable, is necessary. This regulation is necessary to implement such identification and clarify responsibilities for such identification. As noted above, Minnesota Statutes grant the Board authority to promulgate regulations necessary for protection of the public health and relating to the reporting of certain diseases. The Board finds that this amended regulation, as adopted, is reasonable and necessary to carry out its duties in protecting the public health.

3. Present Minn. Reg. MHD 316 was last amended on January 4, 1968. Since that time, sufficient advances in medical knowledge have taken place to necessitate conforming the regulation to the present state of knowledge.

4. Due to advances in medical science, it is no longer necessary that certain diseases be reported to the Board. The amended Minn. Reg. MHD 316 would not require the reporting of Actinomycosis, Epidemic Conjunctivitis, Epidemic Diarrhea, Glanders, Influenza, Pneumonia, Ringworm of the Scalp, Scarlet Fever and Epidemic Sore Throat, and Trachoma. The Board finds that there is no longer sufficient justification requiring the reporting of such diseases because such diseases are rare, and/or because such diseases come to the attention of the Department of Health in any event, and/or because the reporting of such diseases serves little or no epidemiologic purpose.

5. Minn. Reg. MHD 316 (a) would require that Lead Poisoning, Meningococcemia, Mumps, and Salmonellosis (including Typhoid) be reported to the appropriate health officer or agency. The Board finds that due to an increase of incidence, severity of complications, and the potential public health dangers resulting from these diseases, such diseases should be classified as reportable.

6. Amended Minn. Reg. MHD 316 (a) would require that any unusual pattern of cases or increased incidence of any illness beyond the expected number of cases in a given period be reported. The Board finds such patterns may reflect an outbreak, epidemic, or related public health problem. Making such patterns reportable will enable identification of outbreaks and earlier institution of control measures.

7. Amended Minn. Reg. MHD 316 (a) revises the terminology of Infectious Hepatitis to Hepatitis-A, Serum Hepatitis to Hepatitis-B, Bacillary Dysentery to Shigellosis, Asiatic Cholera to Cholera, German Measles to Rubella, Rabies (cases and exposed persons) to Rabies (animal and human cases and exposed persons), and Food Infection and Poisoning to Food Poisoning, or foodborne illness. The Board finds that such terminology changes are necessary for the regulation to conform to current term usage.

8. Amended Minn. Reg. MHD 316 (a) would no longer require that mononucleosis be reported. The Board finds that it is no longer necessary to report mononucleosis since individual case reports do not stimulate any action either by local health officials or the Department of Health, since much is already known about the transmission of this disease, since outbreaks or unusual incidence of this disease would still be reported to the Department, and since the list of reportable diseases should be kept as short as

reasonably possible so that physicians and others report those diseases which are most important to report.

9. Amended Minn. Reg. MHD 316 (a) would not include Paratyphoid Fever and Typhoid Fever under separate and independently named reportable diseases. The Board finds that Paratyphoid Fever and Typhoid Fever are subcategories of Salmonellosis and therefore are subsumed under the title Salmonellosis which is reportable. Further, the Board finds that Paratyphoid Fever is a term not currently used.

10. Amended Minn. Reg. 316 (a) would no longer require immediate reporting to the Department of Health of Leprosy, Ophthalmia Neonatorum, Psittacosis, Rocky Mountain Spotted Fever, Trichinosis, and Typhus Fever. While these diseases must still be reported to the local health officer within 24 hours, the Board finds that the occurrences of such diseases need not be immediately reported to the Minnesota Department of Health because they are relatively less contagious than those requiring immediate reporting.

11. Amended Minn. Reg. MHD 316 (a) would require that occurrences of Diphtheria and Poliomyelitis be immediately reported to the Department of Health. The Board finds that these diseases are severe and highly contagious diseases which require immediate reporting to the Department so that the appropriate control measures can be instituted.

12. Other provisions of the regulations not specifically referred to herein are found to be supported by evidence in the record.

13. A few comments were made at the hearing and letters received subsequent to the hearing. Based thereon, modifications were made but in no instance has the substance of the regulation as presented at the public hearing been changed.

14. This regulation is in keeping with and will help fulfill the policy of the State as expressed in Minn. Stat. §§ 144.12 (7) (1974) and 144.42 (1974). This regulation enables the Health Department to identify outbreaks of communicable disease and other disease-related problems, both communicable and non-communicable, so that effective disease prevention and control efforts can be undertaken to protect the public health of our citizens.

Dated: June 9, 1975.

STATE OF MINNESOTA

BOARD OF HEALTH

Robert A. Willmarth

ROBERT WILLMARTH
President

CERTIFICATE OF BOARD'S

ADOPTION OF RULES RESOLUTION

I, Warren R. Lawson, M.D., do hereby certify that I am the Secretary and Executive Officer of the Minnesota State Board of Health, a board duly authorized under the laws of the State of Minnesota, and that the following is a true, complete, and correct copy of a resolution adopted at a meeting of the said Board of Health duly and properly called and held on the 8th day of May, 1975; that a quorum was present at said meeting; that a majority of those present voted for the resolution; that said resolution is set forth in the minutes of said meeting and has not been rescinded or modified.

> "RESOLVED, that the rules relating to Reportable Diseases identified as MHD 316 are found to be reasonable, necessary and supported by the evidence contained in the record, and are hereby approved and adopted, pursuant to authority vested in us by Minn. Stat. §§ 144.12 (7) and 144.42 (1974) and that Warren R. Lawson, M.D., Secretary and Executive Officer of the Minnesota State Board of Health, be and hereby is authorized to sign an order adopting those rules."

IN WITNESS WHEREOF, I have hereunto subscribed my name this 25th day of June, 1975.

STATE OF MINNESOTA

BOARD OF HEALTH



WARREN R. LAWSON, M.D.
Secretary and Executive Officer

STATEMENT OF COMPLIANCE WITH

MANUAL OF RULE MAKING PROCEDURES

I, Special Assistant Attorney General Terry P. O'Brien, do hereby declare that I have examined the proposed rules relating to Reportable Diseases (MHD 316) and all related documents and that, based on them and my personal familiarity with the applicable procedures, the Manual of Rule Making Procedures has been followed.

Dated: June 26th, 1975.

TERRY P. O'BRIEN
Special Assistant
Attorney General

MILLER-DWAN
Hospital and Medical Center

A community service hospital, cooperating in research and education with the University of Minnesota, Duluth and with the programs of the Nat G. Polinsky Memorial Rehabilitation Center and St. Louis County Health Department. Affiliated with the College of St. Scholastica.

502 EAST SECOND STREET
DULUTH, MINNESOTA 55805 • Telephone 218/727-8762

RECEIVED
MAR 7 1975
copy 4 (4)
Executive Officer
Minn. Dept. of Health

March 6, 1975

Warren R. Lawson, M.D.
Secretary and Executive Officer
State Board of Health
717 Delaware St. S.E.
Minneapolis, MN 55440

Dear Dr. Lawson:

I am writing in regard to the proposed ammendment to MHD Reg 316. I am happy to see the updating of this regulation, especially the proposed deletions. I recall urging Dr. Barr and Dr. Fleming to include a few of the currently proposed deletions in their deliberations several years ago when a modification was made in the regulation pertaining to streptococcal infections and the exclusion of infected children from attending Public Schools. If the proposed ammendment is passed, it will be alot easier for me to justify compliance with Health Department regulations when I discuss this topic with our sophomore medical students at UMD on May 20. I do, however, have one suggestion for a change in the proposed ammendment and that pertains to the disease, infectious mononucleosis. I do not know what use you currently make with reports of cases of this disease. Certainly, only a small number of cases of infectious mononucleosis that actually occur are reported to your department. Unless some special study is being made or is under consideration for the future in regard to this disease, I would propose that the disease be removed from the list of reportable diseases and placed in the list of proposed deletions.

Best personal regards,

Arvid J. Houglum

Arvid J. Houglum, M.D.

AJH/ns