

Minnesota Attorney General: Administrative Rules Proceedings

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Version 3
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SF-00006-03

STATE OF MINNESOTA

DEPARTMENT ATTORNEY GENERAL - Health

Office Memorandum

TO: J. Michael Miles
Assistant Attorney General
Administration/Finance Division

DATE: April 10, 1985

FROM: Catherine E. Avina
Special Assistant
Attorney General

PHONE: 341-7272

SUBJECT: Adopted Rules Governing Communicable Diseases; Duties of the Commissioner and Local Boards of Health

The following documents are submitted to your office for approval of rules adopted by the Commissioner of Health. You will note that two notices of intent to adopt rules without a public hearing were published. The first notice was published on June 18, 1984. During the comment period, the Department received 30 requests for a hearing from members of the chiropractic community. The Department was able to negotiate on acceptable modification in the language of the rules, and 6 of the 30 requests for hearing were withdrawn.

The negotiated modification resulted in a substantial change from the language in the rules as first proposed. Further, the Department felt required to give notice that the small business considerations for rulemaking as set forth in Minn. Stat. § 14.115 had in fact been considered. Therefore a second supplemental notice of intent to adopt rules without a public hearing was published on February 18, 1985.

A. Notice of Intent to Solicit Outside Information and Opinions. Photocopied pages from State Register, published June 14, 1982, at 6 S.R. 2254.

B. Documents Relating to Notice of Intent to Adopt Rules Without a Public Hearing.

1. Order for Notice of Intent to Adopt Rules and to Repeal Rules Without a Public Hearing, executed June 4, 1984.

2. Notice of Intent to Adopt Rules and to Repeal Rules Without a Public Hearing, executed June 4, 1984, with attached copy of the proposed rules and repealer approved by the Revisor May 7, 1984.

3. A photocopy of the relevant pages of the State Register of June 18, 1984, 8 S.R. 2690, in which the Notice and proposed rules were published.

4. **Statement of Need and Reasonableness** supporting the proposed rules and repealer.

5. **Certificate of Mailing List**, with attached mailing list, executed June 11, 1984.

6. **Affidavit of Mailing**, executed June 13, 1984.

7. Written comment from Public (4).

8. Requests for Hearing (30) and Withdrawal of Requests for Hearing (6).

C. Documents Relating to Supplement to Notice of Intent to Adopt Rules.

1. **Order for Supplement to Notice of Intent**, executed December 3, 1984.

2. **Supplement to Notice of Intent**, executed December 3, 1984, with attached copy of rules and repealer approved by the Revisor.

3. A photocopy of the relevant pages of the February 18, 1985, State Register, at 9 S.R. 1860, in which the above supplemental notice and proposed rules were published.

4. **Supplement to the Statement of Need and Reasonableness**, addressing the comment and requests for hearing from first notice, the substantial change from language of the rules as first proposed, and the small business considerations in rulemaking.

5. **Certificate of Mailing List**, with attached list, executed February 21, 1985.

6. **Affidavit of Mailing** with attached memorandum and supplemental notice executed February 21, 1985.

7. **Memorandum of Oral Comment** received after February 18, 1984, notice.

8. **Affidavit Concerning Notice of Submission to the Attorney General**, executed April 4, 1985.

D. Order Adopting Rules and Repealing Rules, executed April 14, 1985.

E. Original and three copies of rules and repealer as adopted.

F. Statement of Compliance with Rulemaking Procedures.

CEA:lb

Enclosures

RECEIVED
APR 15 1985
ATTORNEY GENERAL
ADMINISTRATIVE AGENCIES

MEMORANDUM

DATE: March 26, 1985

TO: File

FROM: John W. Washburn, Executive Director
Mosquito Research and Control Program

SUBJECT: Suggestions and comments received from representatives of the Minnesota Veterinary Medical Association concerning the Proposed Communicable Disease Rules (Minnesota Rules 4605.7000-4605.7800 and 4735.0100-4735.0300).

On Friday, March 8, 1985, I met with Drs. Stan Hendrichs and Benjamin Pomeroy who, as representatives of the Minnesota Veterinary Medical Association (MVMA), offered the following comments and suggestions concerning the proposed communicable disease rules (use attached copy — as "stripped," dated 2/19/85, AR0712):

Page 9, line 12 — use past tense: "that dogs and cats which have bitten or otherwise exposed a person" not changed

Page 9, line 14 — add comma after "ten days"; delete comma after "sacrificed" ✓

Page 9, line 19 — delete the article "the" which preceeds the noun "rabies" ✓

Page 9, line 21 — all of Subpart 3 to read as follows: "Test mammals. The following mammals are suspected of being rabid at any time following a bite or other exposure of a person to the rabies virus. The commissioner shall have the animal sacrificed immediately and the tissues of the brain tested for evidence of infection by rabies virus; or, in the case where the animal is owned, the commissioner shall have the animal examined by a veterinarian who shall advise the commissioner as to the health of the animal and whether the animal shall be sacrificed and the tissues of the brain examined for evidence of infection with rabies virus: A. bat; B. badger; C. bear; D. beaver; E. bobcat; F. civet cat; G. ferret; H. fox; I. mink; J. muskrat; K. ocelot; L. opossum; M. raccoon; N. skunk; O. weasel; P. woodchuck; or Q. wolf." ✓

Page 10, lines 13 and 14 — delete the article "the" which preceeds the noun "rabies" ✓

None of the above changes are substantive and are to be included as modifications which clarify and improve these rules.

Our File No. 1157

RULE REVIEW CHECKLIST

DATE RULE RECEIVED 4-15-85
DATE FOR REVIEW 4-24-85
DATE DUE 4-29-85

Adopted w/a hearing _____
Adopted w/o hearing ✓
Temporary rule _____

Approved 4/29/85 (cjs) Disapproved _____ Returned to Agency _____

Resubmitted _____ Due _____
Approved _____ Disapproved _____ Returned to Agency _____

Date filed w/Secretary of State 4-30-85 Revisor approved 4/15/85 disapproved _____

✓ Rule as Adopted

✓ Rule as Proposed – as of June 84 + Dec. 84

✓ Order Adopting 4.4 85. Date

✓ Notice of Intent to Solicit Outside Opinion SR. 6/14/82.

✓ Orders for rulemaking
N/A date of Hearing

N/A Certificate of Board's Authorizing Resolution

✓ Notices of rulemaking June 84 – Dec. 84
✓ Sufficiency I contains small biz statement.

✓ Affidavits of Mailing Notice or rulemaking
June 13. 84 At least 30 days prior to ~~hearing~~/adoption
Feb. 21. 85.

✓ Mailing list Certificates.

✓ Publications in State Register
6.18.84 At least 30/~~20~~ days prior to ~~hearing~~/adoption
2.18.85.

N/A Hearing Examiner's Report

Chief Hearing Examiner's Report(s)
_____ Approving H.E.'s Report
_____ Approving agency action

Agency's Findings of Fact

LCRAR Report or agency Affidavit

✓ Certificate of Board's Resolution Adopting Rules

N/A Order Approving Incorporation by Reference

✓ Statement of Need and Reasonableness + Supplement to SONR. I contains small biz statement

N/A Petition for Adoption of a Rule

✓ Record (includes transcript or tape, exhibits, comments received by agency, requests for a hearing, and other relevant materials)

✓ Certificate of Compliance w/Rulemaking Procedures

✓ Affidavit of Mailing Notice of Submission to Attorney General

N/A Notice of Submission to the Attorney General

SF-00006-03

STATE OF MINNESOTA

DEPARTMENT ATTORNEY GENERAL

Office Memorandum

TO: SR. MARY MADONNA ASHTON
Commissioner, Department of Health

DATE: 4-30-85

ATTN: CATHERINE E. AVINA
Special Assistant Attorney General

FROM: LARRY D. STARNS LDS
Special Assistant Attorney General

PHONE: 297-3493

SUBJECT: In the Matter of the Proposed Repeal and Adoption of Rules of the Minnesota Department of Health, Minn. Rule ch. 4605 (formerly MDH 316-328) Relating to Communicable Disease and Minn. Rule pts. 4735.0010 and 4735.0020 (formerly MDH 1 and 2) Relating to Local Health Officers and County Boards of Health.

The above-referenced rule has been approved as to its legality by the Attorney General on April 29, 1985.

Enclosed is the agency's copy of the approved rule. This office has already filed two copies of the approved rule with the Secretary of State, who will forward one copy to the Revisor of Statutes. The fourth copy is being retained by this division of the Attorney General's Office for its records.

Also enclosed are any petitions, requests, submission or comments received by the agency and any extra copies of documents which the agency submitted to the Attorney General.

In order for a permanent rule without a hearing to become effective, your agency must publish a notice of adoption in the State Register in accordance with Minn. Stat. § 14.27. An emergency rule becomes effective five working days after approval by the Attorney General; however, the agency must publish a notice in the State Register in accordance with Minn. Stat. § 14.34.

If you have any questions in this regard, please contact me.

LDS:sz

Enclosures

cc: Executive Director
Legislative Commission to Review
Administrative Rules

Chief Administrative Law Judge
Office of Administrative Hearings

AG copy

Department of Health

Adopted Rules Governing Communicable Diseases; Duties of the Commissioner and Local Boards of Health

Rules as Adopted

4605.7000 DEFINITIONS.

Subpart 1. **Case.** "Case" means a person having a particular disease diagnosed by a physician.

Subp. 2. **Carrier.** "Carrier" means a person identified as harboring a specific infectious agent in the absence of discernible clinical disease and who serves as a potential source of infection.

Subp. 3. **Commissioner.** "Commissioner" means the state commissioner of health or authorized officers, employees, or agents of the Minnesota Department of Health.

Subp. 4. **Infection control practitioner.** "Infection control practitioner" means any person designated by a hospital, nursing home, medical clinic, or other health care facility as having responsibility for prevention, detection, reporting, and control of infections within the institution.

Subp. 5. **Isolation.** "Isolation" means the separation, for the period of communicability, of an infected person from others in places and under the condition as to prevent or limit the direct or indirect transmission of the infectious agent to those who are susceptible or may spread the agent to others.

Subp. 6. **Local board of health.** "Local board of health" means authorized administrators, officers, agents, or employees of the county, multi-county, or city board of health organized under Minnesota Statutes, sections 145.911 to 145.921.

Subp. 7. **Medical laboratory.** "Medical laboratory" means any facility which receives, forwards, or analyzes specimens of original material from the human body, and reports the results to physicians who use the data for purposes of patient care.

Subp. 8. **Physician.** "Physician" means any person who is licensed by the Minnesota Board of Medical Examiners to practice

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medicine.

Subp. 9. **Suspected case.** "Suspected case" means a person having a condition or illness in which the signs and symptoms resemble those of a recognized disease.

Subp. 10. **Veterinarian.** "Veterinarian" means any person who is licensed by the Minnesota Board of Veterinary Medicine to practice veterinary medicine.

Subp. 11. **Public health hazard.** "Public health hazard" means the presence of a disease organism or condition in the environment which endangers the health of a specified population.

4605.7010 PURPOSE.

The purpose of this chapter is to establish a process and assign responsibility for reporting, investigating, and controlling disease.

4605.7020 SCOPE.

This chapter applies generally to cases, suspect cases, and deaths from communicable diseases and syndromes, reporting of disease, and disease control.

4605.7030 PERSONS REQUIRED TO REPORT DISEASE.

Subpart 1. **Physicians.** When attending a case, suspected case, carrier, or death from any of the diseases in part 4605.7040, the physician shall report within one working day to the commissioner, unless previously reported, the information outlined in part 4605.7090.

Subp. 2. **Health care facilities.** Hospitals, nursing homes, medical clinics, or other health care facilities shall designate that the individual physicians shall report as provided in subpart 1; or shall designate an infection control practitioner or other person as responsible to report to the commissioner, within one working day of knowledge of a case, suspected case, carrier, or death from any of the diseases in part 4605.7040, the information outlined in part 4605.7090.

Subp. 3. **Medical laboratories.** Medical laboratories which receive specimens of original material from patients shall, within one working day of completion, provide to the

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commissioner the results of microbiologic cultures, examinations, and immunologic assays for the presence of antigens and antibodies which are indicative of the presence of any of the diseases in part 4605.7040 and as much of the following information as is known: disease (test, culture, or examination); source of specimen (i.e., blood, stool, type of tissue); name and address of the medical laboratory; date of test, culture, or examination; patient's name or I.D. number, birthdate, and sex; and the name, address, and telephone number of the attending physician.

If necessary, the commissioner shall contact the attending physican who shall be responsible for determining whether a case, suspected case, carrier, or death due to a disease in part 4605.7040 is present.

Subp. 4. **Comprehensive reports.** Any institution, facility, or clinic, staffed by physicians and having medical laboratories which are required to report, as in subparts 1, 2, and 3, may, upon written notification of the commissioner, designate a single person or group of persons to report cases, suspected cases, carriers, deaths, or results of medical laboratory cultures, examinations, and assays for any of the diseases listed in part 4605.7040 to the commissioner.

Subp. 5. **Veterinarians and veterinary medical laboratories.** The commissioner of health shall, under the following circumstances, request certain reports of clinical diagnosis of disease in animals and reports of laboratory tests on animals:

A. The disease is common to both animals and humans.

B. The disease may be transmitted directly or indirectly to and between humans and animals.

C. The persons who are afflicted with the disease are likely to suffer complications, disability, or death as a result.

D. Investigation based upon veterinarian and veterinary medical laboratory reports will assist in the prevention and control of disease among humans.

Subp. 6. Others. Unless previously reported, it shall be

this language should not be underlined since it appeared in SR notice 2/18/85

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the duty of every other licensed health care provider who examines any patient who has or is suspected of having any of the diseases listed in part 4605.7040 to report within one working day to the commissioner as much of the information outlined in part 4605.7090 as is known.

4605.7040 DISEASE AND REPORTS.

Cases, suspected cases, carriers, and deaths due to the following diseases and disease agents shall be reported. The diseases followed by an asterisk shall be reported immediately by telephone to the commissioner.

A. Acquired Immune Deficiency Syndrome (AIDS)

B. Amebiasis (*Entamoeba histolytica*)

C. Anthrax* (*Bacillus anthracis*)

D. Babesiosis (*Babesia* sp.)

E. Blastomycosis (*Blastomyces dermatitidis*)

F. Botulism* (*Clostridium botulinum*)

G. Brucellosis (*Brucella* sp.)

H. Campylobacteriosis (*Campylobacter* sp.)

I. Chancroid (*Haemophilus ducreyi*)

J. *Chlamydia trachomatis* infections (nonspecific urethritis, cervicitis, salpingitis, neonatal conjunctivitis, pneumonia, and lymphogranuloma venereum)

K. Cholera* (*Vibrio cholerae*)

L. Diphtheria (*Corynebacterium diphtheriae*)

M. *Diphyllobothrium latum* infection

N. Encephalitis (caused by infectious agents)

O. Echinococcosis (*Echinococcus* sp.)

P. Giardiasis (*Giardia lamblia*)

Q. Gonorrhea infections (including: Gonococcal salpingitis, ophthalmia neonatorum, Penicillin resistant *Neisseria* gonorrhea infections)

appears in Feb. 85 version should not be underlined

R. *Haemophilus influenzae* disease (~~all~~ only invasive disease including epiglottitis, cellulitis, bacteremia, and meningitis)

S. Hepatitis (~~all~~ viral types A, B, and non-A, non-B)

ditto as above

T. *Herpes simplex* ~~types I and II~~ infections

ditto as above

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(neonatal, less than 30 days of age, disease only)

U. Histoplasmosis (*Histoplasma capsulatum*)

V. Influenza (unusual case incidence or laboratory confirmed cases)

W. Lead (poisoning and undue absorption)

X. Legionellosis (*Legionella* sp.)

Y. Leprosy (*Mycobacterium leprae*)

Z. Leptospirosis (*Leptospira interrogans*)

AA. Lyme Disease (*Borellia burgdorferi*)

BB. Malaria (*Plasmodium vivax, P. malariae*, or *P. falciparum*)

CC. Measles (Rubeola)*

DD. Meningitis (caused by all types of bacterial, viral, or fungal agents)

EE. Meningococcemia (*Neisseria meningiditis*)

FF. Mumps* why ?

GG. Mycobacterioses (symptomatic cases only; exclusive of tuberculosis and leprosy)

HH. Pertussis (*Bordetella pertussis*)

II. Plague (*Yersinia pestis*)

JJ. Poliomyelitis*

KK. Psittacosis (*Chlamydia psittaci*)

LL. Q Fever (*Coxiella burnetii*)

MM. Rabies (animal and human cases and suspects)*

NN. Reye Syndrome

OO. Rheumatic Fever (cases meeting the Jones Criteria only)

PP. Rubella and Congential Rubella Syndrome

QQ. Rocky Mountain Spotted Fever (*Rickettsia rickettsii, R. canada*)

RR. Salmonellosis, including typhoid (*Salmonella* sp.)

SS. Shigellosis (*Shigella* sp.)

TT. Staphylococcal disease (*Staphylococcus aureus* outbreaks only)

UU. Streptococcal disease (only *Streptococcus agalactiae* (Group B) neonatal, less than 30 days of age,

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disease)

VV. Syphilis* (*Treponema pallidum*)

WW. Tetanus (*Clostridium tetani*)

XX. Toxic Shock Syndrome

YY. Trichinosis (*Trichinella spiralis*)

ZZ. Tuberculosis (*Mycobacterium tuberculosis*)

AAA. Tularemia (*Francisella tularensis*)

BBB. Typhus (*Rickettsia prowazeki* and *R. typhus*) appeared in Feb. SR should not be underlined

CCC. Yellow Fever

DDD. Yersiniosis (*Yersinia* sp.)

4605.7050 UNUSUAL CASE INCIDENCE.

Any pattern of cases, suspected 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 hazard, including but not limited to suspected or confirmed outbreaks of food or waterborne disease, epidemic viral gastroenteritis, and any disease known or presumed to be transmitted by transfusion of blood or blood products, shall be reported immediately by telephone, by the person having knowledge, to the commissioner.

4605.7060 CASES, SUSPECTED CASES, CARRIERS, AND DEATHS DUE TO DISEASE ACQUIRED OUTSIDE THE STATE.

Cases, suspected cases, and deaths due to any viral, bacterial, fungal, or parasitic disease that a physician thinks have been acquired outside the state, and which are considered rare or unusual in Minnesota, or a public health problem in the area of presumed acquisition, shall be reported to the commissioner.

4605.7070 OTHER REPORTS.

It shall be the duty of any person in charge of any institution, school, child care facility or camp, or any other person having knowledge of any disease which may threaten the public health, to report immediately the name and address of any persons suspected of having disease to the commissioner.

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4605.7080 NEW DISEASES AND SYNDROMES.

The commissioner shall, by public notice, request reporting of specified diseases when all of the following circumstances exist:

A. There is evidence that epidemiologic investigation based upon reports of cases, suspect cases, and deaths due to the disease or syndrome will assist in further understanding of the disease.

B. Persons afflicted with the disease or syndrome are likely to suffer complications, disability, or death as a result.

C. A case-oriented public health response will be helpful for control.

D. There is a specific, planned mechanism for surveillance of the disease or syndrome.

E. Reports of individual cases of the disease will serve as indicators of possible widespread contamination or increased risk which may be preventable.

4605.7090 DISEASE REPORT INFORMATION.

Reports that are required in part 4605.7030 shall contain as much of the following information as is known:

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

B. date of first symptoms;

C. patient:

(1) name;

(2) birthdate;

(3) ethnic or racial origin;

(4) residence address, city, and county;

(5) phone number; and

(6) place of work, school, or daycare;

D. date of report;

E. physician name, address, and phone number;

F. name of hospital (if any);

G. name of person reporting (if not physician);

H. diagnostic laboratory findings and dates of test;

I. name and locating information of contacts (if any); and

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J. other information pertinent to the case.

4605.7100 REPORTS TO STATE AND LOCAL BOARDS OF HEALTH.

Upon receipt of information or other knowledge of a case, suspected case, or death or any disease or report required in part 4605.7030, the local board of health shall immediately forward same to the commissioner.

4605.7200 RECORDS OF DISEASE.

The commissioner shall maintain records of reports of cases, suspected cases, carriers, and deaths for the disease reports required in this section and shall prepare statewide summary information which shall be made available for each local board of health on request.

4605.7300 COPIES OF DISEASE REPORTS.

Local boards of health operating under agreements in part 4735.0200, subpart 2, shall be forwarded copies of all disease reports and information received by the commissioner which pertain to the jurisdiction and biennial agreement between the commissioner and the local board of health.

4605.7400 PREVENTION OF DISEASE SPREAD.

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

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

4605.7500 DISEASE INVESTIGATIONS.

The commissioner shall investigate the occurrence of cases, suspected cases, or carriers of reportable diseases or unusual disease occurrences in a public or private place for the purpose

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of verification of the existence of disease, ascertaining the source of the disease causing agent, identifying unreported cases, locating contacts of cases, identifying those at risk of disease, determining necessary control measures, and informing the public if necessary.

4605.7600 RABIES

Subpart 1. **Treatment of exposed person.** When any person has been bitten or is otherwise exposed to the rabies virus by an animal known or suspected to be rabid, a physician shall determine as soon as practical the advisability of the person receiving preventive treatment.

change did not appear in Feb. SR
See 3/26 memo to file

Subp. 2. **Dogs and cats.** The commissioner shall ensure that dogs and cats which bite or otherwise expose a person to rabies virus are confined and observed for signs suggestive of rabies for a period of ten days or are sacrificed, and the tissues of the brain examined for evidence of infection by the rabies virus. If at any time during the ten-day observation the veterinarian determines that the animal shows signs suggestive of rabies or the animal dies, the commissioner shall have the brain tissue examined for evidence of infection by the rabies virus.

Subp. 3. **Test mammals.** The following mammals are suspected of being rabid at any time following a bite or other exposure of a person to the rabies virus. The commissioner shall have the animal sacrificed immediately and the tissues of the brain tested for evidence of infection by the rabies virus; or in the case where the animal is owned, the commissioner shall have the animal examined by a veterinarian who shall advise the commissioner as to the health of the animal, and whether the animal should be sacrificed, and the tissues of the brain examined for evidence of infection by rabies virus:

change did not appear in Feb. SR
See 3/26 Memo to file

A. bat;

B. badger;

C. bear;

D. beaver;

E. bobcat;

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OFFICE BY:

F. civet cat;

G. ferret;

H. fox;

I. mink;

J. muskrat;

K. ocelot;

L. opossum;

M. raccoon;

N. skunk;

O. weasel;

P. woodchuck; or

Q. wolf.

Subp. 4. **Mammal examined.** The following mammals are suspected of being rabid at any time following a bite or other exposure of a person to the rabies virus. The commissioner shall have the animal examined by a veterinarian who shall advise the commissioner and the animal's owner as to the health of the animal and whether the animal shall be sacrificed and the tissues of the brain examined for evidence of infection by the rabies virus:

A. bovine;

B. goat;

C. horse;

D. monkey;

E. sheep; or

F. swine.

Subp. 5. **Commissioner determination of mammal testing.** The commissioner shall determine if any mammal not otherwise addressed in these rules which bites or otherwise exposes a human is possibly rabid, and whether to have the animal sacrificed and the tissues of the brain examined for evidence of infection by the rabies virus.

on what basis ? quasi-judicial or police power

4605.7700 VENEREAL DISEASE.

Subpart 1. **Special reports.** The following special reports shall be given by physicians to the commissioner:

A. Notwithstanding any previous report, physicians

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who have reason to believe that a person having syphilis, gonorrhea, or chancroid has not completed therapy shall notify the commissioner immediately of that person's name, address, and other pertinent information.

B. Notwithstanding any previous report, physicians who treat persons infected with syphilis, gonorrhea, or chancroid shall ensure that the names and addresses of sexual contacts who may also be infected are reported to the commissioner.

C. Notwithstanding any previous report, physicians shall immediately report to the commissioner the name, address, and essential facts of the case for any person known or suspected of being infected with syphilis, gonorrhea, or chancroid who refuses examination or treatment.

4605.7800 HEALTH EDUCATION.

Health care providers working with patients having syphilis, gonorrhea, or chancroid shall instruct the patients how to prevent the spread of venereal disease, and inform them of the importance of complying with treatment instructions and the necessity of having all relevant sexual contacts promptly examined for the specific venereal disease.

4735.0100 DEFINITIONS.

Subpart 1. **Commissioner.** "Commissioner" means the state commissioner of health or authorized officers, employees, or agents of the Minnesota Department of Health.

Subp. 2. **Community health services plan.** "Community health services plan" means plans and plan revisions developed under Minnesota Statutes, section 145.92.

Subp. 3. **Local board of health.** "Local board of health" means the duly authorized administrators, officers, agents, or employees of the county, multi-county, or city board of health organized within the provisions of Minnesota Statutes, sections 145.911 to 145.921.

Subp. 4. **Public health emergency.** "Public health emergency" means an unanticipated and temporary condition

APPROVED BY THE REVISOR OF STATUTES OFFICE BY:

threatening the health of a specific population such that the resources of one or more local boards of health cannot reasonably be considered adequate to respond to the emergency needs of the affected population.

Subp. 5. **Public health hazard.** "Public health hazard" means the presence of a disease organism or condition in the environment which endangers the health of a specified population.

4735.0200 DUTIES OF COMMISSIONER.

Subpart 1. **General duties.** The state commissioner of health or an authorized officer shall be responsible for the collection and review of disease reports, epidemiologic investigations, and control of disease in all areas of the state.

Subp. 2. **Agreements.** The commissioner may enter into written agreements with local boards of health for the purposes of specifying shared responsibilities for the collection of data and information described in parts 4605.7000 to 4605.7800. The agreement must be made a part of the biennial community health services plan. The agreement shall include but not be limited to:

A. requirements pertaining to data to be collected and disease investigations to be conducted;

B. minimum personnel requirements;

C. duties of the commissioner regarding the provision of technical or other assistance to fulfill the agreement;

D. specification of means by which the local board of health shall coordinate data collection and other duties of the agreement with related activities of the commissioner or other local boards of health;

E. criteria by which the commissioner will determine that the duties and responsibilities agreed upon are met;

F. procedures for renewal of the agreement; and

G. grounds for termination.

Subp. 3. **Notice to local board of health.** The commissioner shall bring to the attention of the local board of health any conditions within the jurisdiction of the local board of health which represent the potential for a public health

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hazard.

Subp. 4. **Assistance to local board of health.** The commissioner shall provide technical assistance and personnel as he or she determines are available and necessary to answer the requests of the local board of health for assistance in the investigation and control of disease.

Subp. 5. **Public health emergency.** In the event of a public health emergency, the commissioner may, after giving reasonable notice to the local board of health, suspend all or certain specified terms of the agreement for a period of time sufficient to respond to the public health emergency.

4735.0300 DUTIES OF LOCAL BOARD OF HEALTH.

Subpart 1. **Local board of health request.** The local board of health shall, when the public health hazard exceeds the capacity of the local board of health to respond, request assistance from the commissioner for the investigation and control of disease.

Subp. 2. **Duty to report health hazards.** The local board of health shall bring to the attention of the commissioner any conditions which represent the potential for a public health hazard.

RENUMBER. Renumber each part specified in Column A with the part set forth in Column B.

Column A	Column B
4605.3000	4720.3910
4605.3100	4605.7900
4605.3300	4605.8000
4605.5200	4605.7701
4605.5300	4605.7702
4605.5400	4605.7703
4605.5500	4605.7704
4605.5600	4605.7705
4605.5700	4605.7706
4605.5800	4605.7707
4605.5900	4605.7708
4605.6000	4605.7709
4605.6100	4605.7710
4605.6200	4605.7711
4605.6300	4605.7712
4605.6400	4605.7713
4605.6500	4605.7714
4605.6600	4605.7715
4605.6700	4605.7716

APPROVED BY THE REVISOR OF STATUTES OFFICE BY:

REPEALER. Minnesota Rules, parts 4605.0200; 4605.0300; 4605.0400; 4605.0500; 4605.0600; 4605.0700; 4605.0800; 4605.0900; 4605.1000; 4605.1100; 4605.1200; 4605.1300; 4605.1400; 4605.1500; 4605.1600; 4605.1700; 4605.1800; 4605.1900; 4605.2000; 4605.2100; 4605.2200; 4605.2300; 4605.2400; 4605.2500; 4605.2600; 4605.2700; 4605.2800; 4605.2900; 4605.3200; 4605.3400; 4605.3500; 4605.3600; 4605.3700; 4605.3800; 4605.3900; 4605.4000; 4605.4100; 4605.4200; 4605.4300; 4605.4400; 4605.4500; 4605.4600; 4605.4700; 4605.4800; 4605.4900; 4605.5000; 4605.5100; 4735.0010; 4735.0020, are repealed.

APPROVED BY THE
REVISOR OF STATUTES
OFFICE BY:

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED
APR 30 1985
Joan Anderson Growe
Secretary of State
10:40 AM

APPROVED AS TO LEGALITY
April 29, 1985
HUBERT H. HUMPHREY, III
ATTORNEY GENERAL
BY
SPECIAL ASSISTANT ATTORNEY GENERAL

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

COMMISSIONER OF HEALTH

In the Matter of the Proposed Repeal and Adoption of Rules of the Minnesota Department of Health, Minn. Rule ch. 4605 (formerly MDH 316-328) Relating to Communicable Disease and Minn. Rule pts. 4735.0010 and 4735.0020 (formerly MDH 1 and 2) Relating to Local Health Officers and County Boards of Health

ORDER ADOPTING RULES AND REPEALING RULES

Notice of the Commissioner's intent to adopt the above-entitled rules without a public hearing was published in the State Register on June 18, 1984, and February 18, 1985, and was sent by United States mail to all persons on the list maintained by the agency pursuant to Minnesota Statutes, section 14.14, subdivision 1, on June 13, 1984, and February 22, 1985. After affording interested and affected persons an opportunity to submit comments for 30 days after each Notice, receiving fewer than twenty-five written requests for a public hearing within the 30-day comment periods, reviewing and considering the comments, and determining the need for and reasonableness of the above-captioned rules,

THE COMMISSIONER FINDS that the modifications in the rules as adopted, which appear in part 4605.7600, subparts 2, 3, and 4, and which either improve the grammer of the rules or clarify their application, are nonsubstantial and supported by the comments received;

NOW, THEREFORE, IT IS ORDERED that these rules identified as Rules Governing Communicable Diseases; Duties of the Commissioner and Local Boards of Health are adopted this 4th day of April, 1985, pursuant to authority vested in me by Minnesota Statutes, sections 144.05, 144.0742, and 144.12 (1984).

STATE OF MINNESOTA

DEPARTMENT OF HEALTH

Sr. Mary Madonna Ashton

SISTER MARY MADONNA ASHTON
Commissioner of Health

OFFICIAL NOTICES

Pursuant to the provisions of Minn. Stat. § 15.0412, subd. 6, an agency, in preparing proposed rules, may seek information or opinion from sources outside the agency. Notices of intent to solicit outside opinion must be published in the *State Register* and all interested persons afforded the opportunity to submit data or views on the subject, either orally or in writing.

The *State Register* also publishes other official notices of state agencies, notices of meetings, and matters of public interest.

Department of Health
Disease Prevention and Control Division

Notice of Intent to Solicit Outside Information and Opinions Concerning Revisions of Minnesota Rules: Chapter 1 (MHD 1 and 2)—"Duties of Local Health Officers and County Boards of Health" and Chapter 20 (MHD 316-340)—"Communicable Disease"

Notice is hereby given that the Minnesota Department of Health is considering revising Minnesota Regulations Chapter 1 (MHD 1 and 2)—"Duties of Local Health Officers and County Boards of Health" and Chapter 20 (MHD 316-340)—"Communicable Disease."

The rules are promulgated pursuant to Minn. Stat. § 144.05 and § 144.12 (1981 Supplement), which allows the Commissioner of Health to conduct studies and investigations, to plan for and organize services for the prevention and control of illness and to enforce health standards for the protection and promotion of the public's health including reporting disease. The types of revisions being considered include, but are not limited to, additions and deletions to the list of reportable diseases, the types of quarantine measures provided, and updating the provisions of the rules to make them consistent with recent legislation and current medical practice.

All interested or affected persons or groups may submit information on the subject. Written or oral information and comment should be addressed to:

Mr. John Washburn
Disease Prevention and Control Division
Room 330, Minnesota Department of Health
717 Delaware Street S.E.
Minneapolis, Minnesota 55440

State Board of Investment

Notice of Regular Meeting

The State Board of Investment will meet Tuesday, June 22, 1982, at 9:45 a.m. in Room 130, State Capitol, Saint Paul.

Investment Advisory Council

Notice of Regular Meeting

The Investment Advisory Council will meet Tuesday, June 22, 1982 at 7:30 a.m. in the MEA Conference Room, 41 Sherburne Avenue, Saint Paul.

Minnesota Bureau of Mediation Services

Notice of Intent to Solicit Outside Opinion Regarding Proposed Rules Governing the Procedure for Determining Appropriate Units, Representation, Fair Share Fees, Mediation and Impasse Procedures

Notice is hereby given that the Minnesota Bureau of Mediation Services is seeking information or opinions from sources outside the agency in preparing to promulgate rules governing the procedure for determining appropriate units, representation, fair share fees, mediation and impasse procedures. Rules covering the subjects are currently codified at 8 MCAR § 2 (BMS 100-154). The promulgation of these new rules is authorized by Minn. Stat. § 179.71, subd. 5 (1980) which requires the Director of the Bureau of Mediation Services to adopt reasonable and proper rules relative to and regulating the forms of petitions, notices, orders and the conduct of hearings and elections.

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

COMMISSIONER OF HEALTH

In the Matter of the Proposed Repeal and Adoption of Rules of the Minnesota Department of Health, Minn. Rule Ch. 4605 (formerly MDH 316-328) Relating to Communicable Disease and Minn. Rule pp. 4735.0010 and 4735.0020 (formerly MDH 1 and 2) Relating to Local Health Officers and County Board of Health

ORDER FOR NOTICE OF INTENT TO ADOPT RULES AND TO REPEAL RULES WITHOUT A PUBLIC HEARING

IT IS ORDERED this 4 day of June, 1984, that a Notice of Intent to Adopt Rules Without a Public Hearing in the above-entitled matter be given to all persons who have registered their names with the Minnesota Department of Health for that purpose and be published in the State Register.

STATE OF MINNESOTA

DEPARTMENT OF HEALTH

Sr Mary Madonna Ashton

SISTER MARY MADONNA ASHTON
Commissioner of Health

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

COMMISSIONER OF HEALTH

In the Matter of the Proposed Repeal and Adoption of Rules of the Minnesota Department of Health, Minn. Rule Ch. 4605 (formerly MDH 316-328) Relating to Communicable Disease and Minn. Rule pp. 4735.0010 and 4735.0020 (formerly MDH 1 and 2) Relating to Local Health Officers and County Boards of Health

ORDER FOR SUPPLEMENT TO NOTICE OF INTENT TO ADOPT RULES AND TO REPEAL RULES WITHOUT A PUBLIC HEARING

IT IS ORDERED this 3rd day of December, 1984, that a SUPPLEMENT TO NOTICE OF INTENT TO ADOPT RULES WITHOUT A PUBLIC HEARING in the above-entitled matter be given to all persons who have registered their names with the Minnesota Department of Health for that purpose and be published in the State Register.

Dated: December 3, 1984

STATE OF MINNESOTA

DEPARTMENT OF HEALTH

Sr. Mary Madonna Ashton

SISTER MARY MADONNA ASHTON
Commissioner of Health

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

COMMISSIONER OF HEALTH

In the Matter of the Proposed Repeal and Adoption of Rules of the Minnesota Department of Health, Minn. Rule Ch. 4605 (formerly MDH 316-328) Relating to Communicable Disease and Minn. Rule pp. 4735.0010 and 4735.0020 (formerly MDH 1 and 2) Relating to Local Health Officers and County Board of Health

NOTICE OF INTENT TO ADOPT RULES AND TO REPEAL RULES WITHOUT A PUBLIC HEARING

NOTICE IS HEREBY GIVEN that the Commissioner of Health (hereinafter "Commissioner") proposes to adopt the following rules: parts 4605.7000; 4605.7010; 4605.7020; 4605.7030; 4605.7040; 4605.7050; 4605.7060; 4605.7070; 4605.7080; 4605.7090; 4605.7100; 4605.7200; 4605.7300; 4605.7400; 4605.7500; 4605.7600; 4605.7700; 4605.7800; 4735.0100; 4735.0200; 4735.0300.

NOTICE IS ALSO GIVEN that the Commissioner proposes to repeal the following rules: parts 4605.0200; 4605.0300; 4605.0400; 4605.0500; 4605.0600; 4605.0700; 4605.0800; 4605.0900; 4605.1000; 4605.1100; 4605.1200; 4605.1300; 4605.1400; 4605.1500; 4605.1600; 4605.1700; 4605.1800; 4605.1900; 4605.2000; 4605.2100; 4605.2200; 4605.2300; 4605.2400; 4605.2500; 4605.2600; 4605.2700; 4605.2800; 4605.2900; 4605.3000, subps. (1), (2) and (4); 4605.3400; 4605.3500; 4605.3600; 4605.3700; 4605.3800; 4605.3900; 4605.4000; 4605.4100; 4605.4200; 4605.4300; 4605.4400; 4605.4500; 4605.4600; 4605.4700; 4605.4800; 4605.4900; 4605.5000; 4605.5100; 4735.0010; 4735.0020. A copy of the proposed rules and the proposed repealer are attached to this Notice.

The Commissioner has determined that the proposed rules and repealer will be noncontroversial in nature and has elected to follow the provisions of Minn. Stat. §§ 14.21-1428 (1982). Sections 14.21-1428 provide for an expedited process

for the adoption of noncontroverted administrative rule changes without the holding of a public hearing.

THE PUBLIC IS HEREBY ADVISED that:

1. There is a 30-day period in which to submit comment in support of or in opposition to the proposed rules and repealer, and comment is encouraged;

2. Each comment should identify the portion of the proposed rule or repealer addressed, the reason for the comment, and any change proposed;

3. If twenty-five or more persons submit a written request for a public hearing within the 30-day comment period, a public hearing will be held;

4. All comments and any written requests for a public hearing shall be submitted to John Washburn, Chief, Epidemiologic Field Services Section, Minnesota Department of Health, 717 Delaware Street Southeast, Minneapolis, Minnesota 55440;

5. Any person requesting a public hearing should state his or her name and address and is encouraged to identify the portion of the proposed rule or repealer addressed, the reason for the request, and any change proposed;

6. The proposed rules and repealer may be modified if modifications are supported by the data and views submitted and do not result in a substantial change in the proposed language;

7. Under this expedited procedure, the department must submit any action on its rules to the attorney general for review of the form and legality of the rule change. If a hearing is not required, notice of the date of submission of the proposed rules to the attorney general for review will be mailed to any person who requests to receive the notice. Requests to receive notice must be submitted to Mr. Washburn at the above address;

8. Authority to amend Minn. Rules ch. 4605 and pp. 4735.0010 and 4735.0020 is contained in Minn. Stat. §§ 144.05, 144.0742, and 144.12 (1982). Additionally, a Statement of Need and Reasonableness that describes the need for and reasonableness of each provision of the proposed rules and the repealer has been prepared and is now available. Anyone wishing to receive a copy of this document may contact Mr. Washburn at the above address;

9. If twenty-five or more persons request a public hearing on this matter, notice of any such hearing will be published in the State Register;

10. Any rule change made pursuant to this proceeding shall be effective five days after publication in the State Register of notice of the adoption of the change.

Dated: June 4, 1984

STATE OF MINNESOTA

DEPARTMENT OF HEALTH

Sr. Mary Madonna Ashton

SISTER MARY MADONNA ASHTON
Commissioner of Health

Rules as Proposed (all new material)

4605.7000 DEFINITIONS.

Subpart 1. **Case.** "Case" means a person having a particular disease diagnosed by a physician.

Subp. 2. **Carrier.** "Carrier" means a person identified as harboring a specific infectious agent in the absence of discernible clinical disease and who serves as a potential source of infection.

Subp. 3. **Commissioner.** "Commissioner" means the state commissioner of health or authorized officers, employees, or agents of the Minnesota Department of Health.

Subp. 4. **Infection control practitioner.** "Infection control practitioner" means any person designated by a hospital, nursing home, medical clinic, or other health care facility as having responsibility for prevention, detection, reporting, and control of infections within the institution.

Subp. 5. **Isolation.** "Isolation" means the separation, for the period of communicability, of an infected person from others in places and under the condition as to prevent or limit the direct or indirect transmission of the infectious agent to those who are susceptible or may spread the agent to others.

Subp. 6. **Local board of health.** "Local board of health" means authorized administrators, officers, agents, or employees of the county, multi-county, or city board of health organized under Minnesota Statutes, sections 145.911 to 145.921.

Subp. 7. **Medical laboratory.** "Medical laboratory" means any facility which receives, forwards, or analyzes specimens of original material from the human body, and reports the results to physicians who use the data for purposes of patient care.

Subp. 8. **Physician.** "Physician" means any person who is licensed by the Minnesota Board of Medical Examiners to practice medicine.

Subp. 9. **Suspected case.** "Suspected case" means a person having a condition or illness in which the signs and symptoms resemble those of a recognized disease.

Subp. 10. **Veterinarian.** "Veterinarian" means any person

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who is licensed by the Minnesota Board of Veterinary Medicine to practice veterinary medicine.

Subp. 11. **Public health hazard.** "Public health hazard" means the presence of a disease organism or condition in the environment which endangers the health of a specified population.

4605.7010 PURPOSE.

The purpose of this chapter is to establish a process and assign responsibility for reporting, investigating, and controlling disease.

4605.7020 SCOPE.

This chapter applies generally to cases, suspect cases, and deaths from communicable diseases and syndromes, reporting of disease, and disease control.

4605.7030 PERSONS REQUIRED TO REPORT DISEASE.

Subpart 1. **Physicians.** When attending a case, suspected case, carrier, or death from any of the diseases in part 4605.7040, the physician shall report within one working day to the commissioner, unless previously reported, the information outlined in part 4605.7090.

Subp. 2. **Health care facilities.** Hospitals, nursing homes, medical clinics, or other health care facilities shall designate that the individual physicians shall report as provided in subpart 1; or shall designate an infection control practitioner or other person as responsible to report to the commissioner, within one working day of knowledge of a case, suspected case, carrier, or death from any of the diseases in part 4605.7040, the information outlined in part 4605.7090.

Subp. 3. **Medical laboratories.** Medical laboratories which receive specimens of original material from patients shall, within one working day of completion, provide to the commissioner the results of microbiologic cultures, examinations, and immunologic assays for the presence of antigens and antibodies which are indicative of the presence of any of the diseases in part 4605.7040 and as much of the following information as is known: disease (test, culture, or

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examination); source of specimen (i.e., blood, stool, type of tissue); name and address of the medical laboratory; date of test, culture, or examination; patient's name or I.D. number, birthdate, and sex; and the name, address, and telephone number of the attending physician.

If necessary, the commissioner shall contact the attending physican who shall be responsible for determining whether a case, suspected case, carrier, or death due to a disease in part 4605.7040 is present.

Subp. 4. **Comprehensive reports.** Any institution, facility, or clinic, staffed by physicians and having medical laboratories which are required to report, as in subparts 1, 2, and 3, may, upon written notification of the commissioner, designate a single person or group of persons to report cases, suspected cases, carriers, deaths, or results of medical laboratory cultures, examinations, and assays for any of the diseases listed in part 4605.7040 to the commissioner.

Subp. 5. **Veterinarians and veterinary medical laboratories.** The commissioner of health shall, under the following circumstances, request certain reports of clinical diagnosis of disease in animals and reports of laboratory tests on animals:

A. The disease is common to both animals and humans.

B. The disease may be transmitted directly or indirectly to and between humans and animals.

C. The persons who are afflicted with the disease are likely to suffer complications, disability, or death as a result.

D. Investigation based upon veterinarian and veterinary medical laboratory reports will assist in the prevention and control of disease among humans.

4605.7040 DISEASE AND REPORTS.

Cases, suspected cases, carriers, and deaths due to the following diseases and disease agents shall be reported. The diseases followed by an asterisk shall be reported immediately by telephone to the commissioner.

A. Acquired Immune Deficiency Syndrome (AIDS)

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B. Amebiasis (*Entamoeba histolytica*)

C. Anthrax* (*Bacillus anthracis*)

D. Babesiosis (*Babesia* sp.)

E. Blastomycosis (*Blastomyces dermatitidis*)

F. Botulism* (*Clostridium botulinum*)

G. Brucellosis (*Brucella* sp.)

H. Campylobacteriosis (*Campylobacter* sp.)

I. Chancroid (*Haemophilus ducreyi*)

J. *Chlamydia trachomatis* infections (nonspecific urethritis, cervicitis, salpingitis, neonatal conjunctivitis, pneumonia, and lymphogranuloma venereum)

K. Cholera* (*Vibrio cholerae*)

L. Diphtheria (*Corynebacterium diphtheriae*)

M. *Diphyllobothrium latum* infection

N. Encephalitis (caused by infectious agents)

O. Echinococcosis (*Echinococcus* sp.)

P. Giardiasis (*Giardia lamblia*)

Q. Gonorrhea infections (including: Gonococcal salpingitis, ophthalmia neonatorum, Penicillin resistant *Neisseria* gonorrhea infections)

R. *Haemophilus influenzae* disease (all invasive disease including epiglottitis, cellulitis, bacteremia, and meningitis)

S. Hepatitis (all viral types)

T. *Herpes simplex* types I and II infections (neonatal, less than 30 days of age, disease only)

U. Histoplasmosis (*Histoplasma capsulatum*)

V. Influenza (unusual case incidence or laboratory confirmed cases)

W. Lead (poisoning and undue absorption)

X. Legionellosis (*Legionella* sp.)

Y. Leprosy (*Mycobacterium leprae*)

Z. Leptospirosis (*Leptospira interrogans*)

AA. Lyme Disease (*Borellia burgdorferi*)

BB. Malaria (*Plasmodium vivax, P. malariae*, or *P. falciparum*)

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CC. Measles (Rubeola)*

DD. Meningitis (caused by all types of bacterial, viral, or fungal agents)

EE. Meningococcemia (*Neisseria meningiditis*)

FF. Mumps*

GG. Mycobacterioses (symptomatic cases only; exclusive of tuberculosis and leprosy)

HH. Pertussis (*Bordetella pertussis*)

II. Plague (*Yersinia pestis*)

JJ. Poliomyelitis*

KK. Psittacosis (*Chlamydia psittaci*)

LL. Q Fever (*Coxiella burnetii*)

MM. Rabies (animal and human cases and suspects)*

NN. Reye Syndrome

OO. Rheumatic Fever (cases meeting the Jones Criteria only)

PP. Rubella and Congential Rubella Syndrome

QQ. Rocky Mountain Spotted Fever (*Rickettsia rickettsii, R. canada*)

RR. Salmonellosis, including typhoid (*Salmonella* sp.)

SS. Shigellosis (*Shigella* sp.)

TT. Staphylococcal disease (*Staphylococcus aureus* outbreaks only)

UU. Streptococcal disease (only *Streptococcus agalactiae* (Group B) neonatal, less than 30 days of age, disease)

VV. Syphilis* (*Treponema pallidum*)

WW. Tetanus (*Clostridium tetani*)

XX. Toxic Shock Syndrome

YY. Trichinosis (*Trichinella spiralis*)

ZZ. Tuberculosis (*Mycobacterium tuberculosis*)

AAA. Tularemia (*Francisella tularensis*)

BBB. Typhus (*Rickettsia prowazeki*)

CCC. Yellow Fever

DDD. Yersiniosis (*Yersinia* sp.)

4605.7050 UNUSUAL CASE INCIDENCE.

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Any pattern of cases, suspected 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 hazard, including but not limited to suspected or confirmed outbreaks of food or waterborne disease, epidemic viral gastroenteritis, and any disease known or presumed to be transmitted by transfusion of blood or blood products, shall be reported immediately by telephone, by the person having knowledge, to the commissioner.

4605.7060 CASES, SUSPECTED CASES, CARRIERS, AND DEATHS DUE TO DISEASE ACQUIRED OUTSIDE THE STATE.

Cases, suspected cases, and deaths due to any viral, bacterial, fungal, or parasitic disease that a physician thinks have been acquired outside the state, and which are considered rare or unusual in Minnesota, or a public health problem in the area of presumed acquisition, shall be reported to the commissioner.

4605.7070 OTHER REPORTS.

It shall be the duty of any person in charge of any institution, school, child care facility or camp, or any other person having knowledge of any disease which may threaten the public health, to report immediately the name and address of any persons suspected of having disease to the commissioner.

4605.7080 NEW DISEASES AND SYNDROMES.

The commissioner shall, by public notice, request reporting of specified diseases when all of the following circumstances exist:

A. There is evidence that epidemiologic investigation based upon reports of cases, suspect cases, and deaths due to the disease or syndrome will assist in further understanding of the disease.

B. Persons afflicted with the disease or syndrome are likely to suffer complications, disability, or death as a result.

C. A case-oriented public health response will be helpful for control.

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D. There is a specific, planned mechanism for surveillance of the disease or syndrome.

E. Reports of individual cases of the disease will serve as indicators of possible widespread contamination or increased risk which may be preventable.

4605.7090 DISEASE REPORT INFORMATION.

Reports that are required in part 4605.7030 shall contain as much of the following information as is known:

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

B. date of first symptoms;

C. patient:

(1) name;

(2) birthdate;

(3) ethnic or racial origin;

(4) residence address, city, and county;

(5) phone number; and

(6) place of work, school, or daycare;

D. date of report;

E. physician name, address, and phone number;

F. name of hospital (if any);

G. name of person reporting (if not physician);

H. diagnostic laboratory findings and dates of test;

I. name and locating information of contacts (if any); and

J. other information pertinent to the case.

4605.7100 REPORTS TO STATE AND LOCAL BOARDS OF HEALTH.

Upon receipt of information or other knowledge of a case, suspected case, or death or any disease or report required in part 4605.7030, the local board of health shall immediately forward same to the commissioner.

4605.7200 RECORDS OF DISEASE.

The commissioner shall maintain records of reports of cases, suspected cases, carriers, and deaths for the disease reports required in this section and shall prepare statewide summary information which shall be made available for each local

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board of health on request.

4605.7300 COPIES OF DISEASE REPORTS.

Local boards of health operating under agreements in part 4735.0200, subpart 2, shall be forwarded copies of all disease reports and information received by the commissioner which pertain to the jurisdiction and biennial agreement between the commissioner and the local board of health.

4605.7400 PREVENTION OF DISEASE SPREAD.

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

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

4605.7500 DISEASE INVESTIGATIONS.

The commissioner shall investigate the occurrence of cases, suspected cases, or carriers of reportable diseases or unusual disease occurrences in a public or private place for the purpose of verification of the existence of disease, ascertaining the source of the disease causing agent, identifying unreported cases, locating contacts of cases, identifying those at risk of disease, determining necessary control measures, and informing the public if necessary.

4605.7600 RABIES

Subpart 1. Treatment of exposed person. When any person has been bitten or is otherwise exposed to the rabies virus by an animal known or suspected to be rabid, a physician shall determine as soon as practical the advisability of the person receiving preventive treatment.

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Subp. 2. **Dogs and cats.** The commissioner shall ensure that dogs and cats which bite or otherwise expose a person to rabies virus are confined and observed for signs suggestive of rabies for a period of ten days or are sacrificed, and the tissues of the brain examined for evidence of infection by the rabies virus. If at any time during the ten-day observation the veterinarian determines that the animal shows signs suggestive of rabies or the animal dies, the commissioner shall have the brain tissue examined for evidence of infection by the rabies virus.

Subp. 3. **Test mammals.** The following mammals are suspected of being rabid at any time following a bite or other exposure of a person to the rabies virus. The commissioner shall have the animal sacrificed immediately and the tissues of the brain tested for evidence of infection by the rabies virus:

A. bat;

B. badger;

C. bear;

D. beaver;

E. bobcat;

F. civet cat;

G. ferret;

H. fox;

I. mink;

J. muskrat;

K. ocelot;

L. opossum;

M. raccoon;

N. skunk;

O. weasel;

P. woodchuck; or

Q. wolf.

Subp. 4. **Mammal examined.** The following mammals are suspected of being rabid at any time following a bite or other exposure of a person to the rabies virus. The commissioner shall have the animal examined by a veterinarian who shall

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advise the commissioner and the animal's owner as to the health of the animal and whether the animal shall be sacrificed and the tissues of the brain examined for evidence of infection by the rabies virus:

A. bovine;

B. goat;

C. horse;

D. monkey;

E. sheep; or

F. swine.

Subp. 5. **Commissioner determination of mammal testing.** The commissioner shall determine if any mammal not otherwise addressed in these rules which bites or otherwise exposes a human is possibly rabid, and whether to have the animal sacrificed and the tissues of the brain examined for evidence of infection by the rabies virus.

4605.7700 VENEREAL DISEASE.

Subpart 1. **Special reports.** The following special reports shall be given by physicians to the commissioner:

A. Notwithstanding any previous report, physicians who have reason to believe that a person having syphilis, gonorrhea, or chancroid has not completed therapy shall notify the commissioner immediately of that person's name, address, and other pertinent information.

B. Notwithstanding any previous report, physicians who treat persons infected with syphilis, gonorrhea, or chancroid shall ensure that the names and addresses of sexual contacts who may also be infected are reported to the commissioner.

C. Notwithstanding any previous report, physicians shall immediately report to the commissioner the name, address, and essential facts of the case for any person known or suspected of being infected with syphilis, gonorrhea, or chancroid who refuses examination or treatment.

4605.7800 HEALTH EDUCATION.

APPROVED IN THE REVISOR OF STATUTES OFFICE BY:

Health care providers working with patients having syphilis, gonorrhea, or chancroid shall instruct the patients how to prevent the spread of venereal disease, and inform them of the importance of complying with treatment instructions and the necessity of having all relevant sexual contacts promptly examined for the specific venereal disease.

4735.0100 DEFINITIONS.

Subpart 1. Commissioner. "Commissioner" means the state commissioner of health or authorized officers, employees, or agents of the Minnesota Department of Health.

Subp. 2. Community health services plan. "Community health services plan" means plans and plan revisions developed under Minnesota Statutes, section 145.92.

Subp. 3. Local board of health. "Local board of health" means the duly authorized administrators, officers, agents, or employees of the county, multi-county, or city board of health organized within the provisions of Minnesota Statutes, sections 145.911 to 145.921.

Subp. 4. Public health emergency. "Public health emergency" means an unanticipated and temporary condition threatening the health of a specific population such that the resources of one or more local boards of health cannot reasonably be considered adequate to respond to the emergency needs of the affected population.

Subp. 5. Public health hazard. "Public health hazard" means the presence of a disease organism or condition in the environment which endangers the health of a specified population.

4735.0200 DUTIES OF COMMISSIONER.

Subpart 1. General duties. The state commissioner of health or an authorized officer shall be responsible for the collection and review of disease reports, epidemiologic investigations, and control of disease in all areas of the state.

Subp. 2. Agreements. The commissioner may enter into written agreements with local boards of health for the purposes of specifying shared responsibilities for the collection of data

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and information described in parts 4605.7000 to 4605.7800. The agreement must be made a part of the biennial community health services plan. The agreement shall include but not be limited to:

A. requirements pertaining to data to be collected and disease investigations to be conducted;

B. minimum personnel requirements;

C. duties of the commissioner regarding the provision of technical or other assistance to fulfill the agreement;

D. specification of means by which the local board of health shall coordinate data collection and other duties of the agreement with related activities of the commissioner or other local boards of health;

E. criteria by which the commissioner will determine that the duties and responsibilities agreed upon are met;

F. procedures for renewal of the agreement; and

G. grounds for termination.

Subp. 3. **Notice to local board of health.** The commissioner shall bring to the attention of the local board of health any conditions within the jurisdiction of the local board of health which represent the potential for a public health hazard.

Subp. 4. **Assistance to local board of health.** The commissioner shall provide technical assistance and personnel as he or she determines are available and necessary to answer the requests of the local board of health for assistance in the investigation and control of disease.

Subp. 5. **Public health emergency.** In the event of a public health emergency, the commissioner may, after giving reasonable notice to the local board of health, suspend all or certain specified terms of the agreement for a period of time sufficient to respond to the public health emergency.

4735.0300 DUTIES OF LOCAL BOARD OF HEALTH.

Subpart 1. **Local board of health request.** The local board of health shall, when the public health hazard exceeds the capacity of the local board of health to respond, request

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assistance from the commissioner for the investigation and control of disease.

Subp. 2. **Duty to report health hazards.** The local board of health shall bring to the attention of the commissioner any conditions which represent the potential for a public health hazard.

RENUMBER. Renumber each part specified in Column A with the part set forth in Column B.

Column A	Column B
4605.3000	4720.3910
4605.3100	4605.7900
4605.3300	4605.8000
4605.5200	4605.7701
4605.5300	4605.7702
4605.5400	4605.7703
4605.5500	4605.7704
4605.5600	4605.7705
4605.5700	4605.7706
4605.5800	4605.7707
4605.5900	4605.7708
4605.6000	4605.7709
4605.6100	4605.7710
4605.6200	4605.7711
4605.6300	4605.7712
4605.6400	4605.7713
4605.6500	4605.7714
4605.6600	4605.7715
4605.6700	4605.7716

REPEALER. Minnesota Rules, parts 4605.0200; 4605.0300; 4605.0400; 4605.0500; 4605.0600; 4605.0700; 4605.0800; 4605.0900; 4605.1000; 4605.1100; 4605.1200; 4605.1300; 4605.1400; 4605.1500; 4605.1600; 4605.1700; 4605.1800; 4605.1900; 4605.2000; 4605.2100; 4605.2200; 4605.2300; 4605.2400; 4605.2500; 4605.2600; 4605.2700; 4605.2800; 4605.2900; 4605.3200; 4605.3400; 4605.3500; 4605.3600; 4605.3700; 4605.3800; 4605.3900; 4605.4000; 4605.4100; 4605.4200; 4605.4300; 4605.4400; 4605.4500; 4605.4600; 4605.4700; 4605.4800; 4605.4900; 4605.5000; 4605.5100; 4735.0010; 4735.0020, are repealed.

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OFFICE OF THE REVISOR OF STATUTES

Proposed Rule

RD476

Agency: Department of Health

Division: Disease Prevention and Control

Agency Contact: John Washburn 623-5213

Minnesota Rules: Parts 4605.7000 to 4605.7800 and 4735.0100 to 4735.0300

Title: Proposed Rules Governing Communicable Diseases; Duties of the Commissioner and Local Boards of Health

Type of Rules: Permanent

Incorporations by Reference: None

Duplication of Statutory Language: None

Steven C. Cross
Revisor of Statutes

Susan M. Lentsch
Assistant Revisor
Phone: 296-0956
Date: May 7, 1984

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

COMMISSIONER OF HEALTH

In the Matter of the Proposed Repeal and Adoption of Rules of the Minnesota Department of Health, Minn. Rule Ch. 4605 (formerly MDH 316-328) Relating to Communicable Disease and Minn. Rule pp. 4735.0010 and 4735.0020 (formerly MDH 1 and 2) Relating to Local Health Officers and County Board of Health

AFFIDAVIT OF MAILING

John Washburn, being first duly sworn, deposes and says:

That on the 13th day of June, 1984, at the City of Minneapolis, County of Hennepin, State of Minnesota, he served the attached Notice of Intent to Adopt Rules and To Repeal Rules Without A Public Hearing by depositing in the United States mail through the mailroom at the Minnesota Department of Health Building in said City of Minneapolis, true and correct copies thereof, properly enveloped, with postage prepaid, on all persons and associations who have requested that their names be placed on file with the Minnesota Department of Health for the purpose of receiving notice of the proposed adoption of rules by the Commissioner of Health.

John W. Washburn

JOHN WASHBURN, CHIEF
Epidemiologic Field Services Section
Minnesota Department of Health

Subscribed and sworn to before me this 13 day of June, 1984.

Laura K. Kaniuk

LOUISE KANIUK
NOTARY PUBLIC-MINNESOTA
HENNEPIN COUNTY
MY COMMISSON EXPIRES FEBRUARY 22, 1991

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

COMMISSIONER OF HEALTH

In the Matter of the Proposed Repeal and Adoption of Rules of the Minnesota Department of Health, Minn. Rule Ch. 4605 (formerly MDH 316-328) Relating to Communicable Disease and Minn. Rule pp. 4735.0010 and 4735.0020 (formerly MDH 1 and 2) Relating to Local Health Officers and County Boards of Health

SUPPLEMENT TO NOTICE OF INTENT TO ADOPT RULES AND TO REPEAL RULES WITHOUT A PUBLIC HEARING

On June 18, 1984, the Commissioner of Health published a Notice of Intent to Adopt Rules and to Repeal Rules Without a Public Hearing, together with a copy of the proposed rules, in the State Register, at 8 S.R. 2690.

NOTICE IS HEREBY GIVEN that the Commissioner intends to modify the proposed rules by insertion of the following new subpart:

Part 4605.7030, subp. 6. Others. Unless previously reported, it shall be the duty of every other licensed health care provider who examines any patient who has or who is suspected of having any of the diseases listed in part 4605.7040 to report within one working day to the Commissioner as much of the information outlined in part 4605.7090 as is known.

NOTICE IS ALSO GIVEN that the Commissioner intends to modify the list of reportable diseases in proposed part 4605.7040 as follows:

Item R. Haemophilus influenzae disease (only invasive disease including epiglottitis, cellulitis, bacteremia, and meningitis);

Item S. Hepatitis (A, B, and non A--non B).

Item T. Herpes Simplex infections (neonatal, less than 30 days of age, disease only).

Item BBB. Typhus (Rickettsia prowazeki and R. typhus).

NOTICE IS ALSO GIVEN that the proposed changes will have an impact on small businesses as defined in Minn. Stat. § 14.115, subd. 1 (Supp. 1983), specifically veterinarians, veterinarian medical laboratories and medical laboratories. Medical laboratories will be required to report to the Commissioner the results of certain tests which indicate the presence of diseases listed in part 4605.7040 of the proposed rules as well as other information required in part 4605.7030, subp. 3. When circumstances exist as provided in part 4605.7030, subp. 5, the Commissioner will request from veterinarians and veterinarian medical laboratories certain reports of clinical diagnosis of disease in animals and reports of laboratory tests on animals.

THE PUBLIC IS HEREBY ADVISED that:

1. There is a 30-day period in which to submit comment in support of or in opposition to the proposed rules and repealer, and the modification set forth above. Comment is encouraged;

2. Each comment should identify the portion of the proposed rule or repealer addressed, the reason for the comment, and any change proposed;

3. If twenty-five or more persons submit a written request for a public hearing within the 30-day comment period, a public hearing will be held;

4. All comments and any written requests for a public hearing shall be submitted to John Washburn, Chief, Epidemiologic Field Services Section,

Minnesota Department of Health, 717 Delaware Street Southeast, Minneapolis, Minnesota 55440.

5. Any person requesting a public hearing should state his or her name and address and is encouraged to identify the portion of the proposed rule or repealer addressed, the reason for the request, and any change proposed;

6. The proposed rules and repealer may be modified if modifications are supported by the data and views submitted and do not result in a substantial change in the proposed language;

7. Under the procedure for adoption of rules without a public hearing, the Department must submit any action on its rules to the Attorney General for review of the form and legality of the rule change. If a hearing is not required, notice of the date of submission of the proposed rules to the Attorney General for review will be mailed to any person who requests to receive the notice. Requests to receive notice must be submitted to Mr. Washburn at the above address;

8. Authority to amend Minn. Rules ch. 4605 and pts. 4735.0010 and 4735.0020 is contained in Minn. Stat. §§ 144.05, 144.0742, and 144.12 (1982).

9. A Statement of Need and Reasonableness supporting the proposed rule changes has been available at the agency since June 18, 1984. A document entitled Supplement to the Statement of Need and Reasonableness has been prepared which addresses the need and reasonableness of the proposed modification and which discusses the impact of the rules on small businesses. Anyone wishing to receive a copy of the Statement of Need and Reasonableness or the Supplement to

the Statement of Need and Reasonableness may contact Mr. John Washburn at the above address;

10. If twenty-five or more persons request a public hearing on this matter, notice of any such hearing will be published in the State Register;

11. Any rule change made pursuant to this proceeding shall be effective five days after publication in the State Register of notice of the adoption of the change.

12. The proposed rules were published in the State Register, Volume VIII, No. 51, beginning at page 2690 on June 18, 1984. One free copy of the proposed rules, the modified rules, and this notice may be obtained by contacting Mr. John Washburn at the above address.

Dated: December 3, 1984

STATE OF MINNESOTA

DEPARTMENT OF HEALTH

Sr Mary Madonna Ashton

SISTER MARY MADONNA ASHTON
Commissioner of Health

Rules as Proposed (all new material)

4605.7000 PURPOSE.

The purpose of this chapter is to establish a process and assign responsibility for reporting, investigating, and controlling disease.

4605.7010 SCOPE.

This chapter applies generally to cases, suspect cases, and deaths from communicable diseases and syndromes, reporting of disease, and disease control.

4605.7020 DEFINITIONS.

Subpart 1. **Case.** "Case" means a person having a particular disease diagnosed by a physician.

Subp. 2. **Carrier.** "Carrier" means a person identified as harboring a specific infectious agent in the absence of discernible clinical disease and who serves as a potential source of infection.

Subp. 3. **Commissioner.** "Commissioner" means the state commissioner of health or authorized officers, employees, or agents of the Minnesota Department of Health.

Subp. 4. **Infection control practitioner.** "Infection control practitioner" means any person designated by a hospital, nursing home, medical clinic, or other health care facility as having responsibility for prevention, detection, reporting, and control of infections within the institution.

Subp. 5. **Isolation.** "Isolation" means the separation, for the period of communicability, of an infected person from others in places and under the condition as to prevent or limit the direct or indirect transmission of the infectious agent to those who are susceptible or may spread the agent to others.

Subp. 6. **Local board of health.** "Local board of health" means authorized administrators, officers, agents, or employees of the county, multi-county, or city board of health organized under Minnesota Statutes, sections 145.911 to 145.921.

Subp. 7. **Medical laboratory.** "Medical laboratory" means any facility which receives, forwards, or analyzes specimens of

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original material from the human body, and reports the results to physicians who use the data for purposes of patient care.

Subp. 8. **Physician.** "Physician" means any person who is licensed by the Minnesota Board of Medical Examiners to practice medicine.

Subp. 9. **Suspected case.** "Suspected case" means a person having a condition or illness in which the signs and symptoms resemble those of a recognized disease.

Subp. 10. **Veterinarian.** "Veterinarian" means any person who is licensed by the Minnesota Board of Veterinary Medicine to practice veterinary medicine.

Subp. 11. **Public health hazard.** "Public health hazard" means the presence of a disease organism or condition in the environment which endangers the health of a specified population.

4605.7030 PERSONS REQUIRED TO REPORT DISEASE.

Subpart 1. **Physicians.** When attending a case, suspected case, carrier, or death from any of the diseases in part 4605.7040, the physician shall report within one working day to the commissioner, unless previously reported, the information outlined in part 4605.7090.

Subp. 2. **Health care facilities.** Hospitals, nursing homes, medical clinics, or other health care facilities shall designate that the individual physicians shall report as provided in subpart 1; or shall designate an infection control practitioner or other person as responsible to report to the commissioner, within one working day of knowledge of a case, suspected case, carrier, or death from any of the diseases in part 4605.7040, the information outlined in part 4605.7090.

Subp. 3. **Medical laboratories.** Medical laboratories which receive specimens of original material from patients shall, within one working day of completion, provide to the commissioner the results of microbiologic cultures, examinations, and immunologic assays for the presence of antigens and antibodies which are indicative of the presence of any of the diseases in part 4605.7040 and as much of the following information as is known: disease (test, culture, or

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examination); source of specimen (i.e., blood, stool, type of tissue); name and address of the medical laboratory; date of test, culture, or examination; patient's name or I.D. number, birthdate, and sex; and the name, address, and telephone number of the attending physician.

If necessary, the commissioner shall contact the attending physican who shall be responsible for determining whether a case, suspected case, carrier, or death due to a disease in part 4605.7040 is present.

Subp. 4. **Comprehensive reports.** Any institution, facility, or clinic, staffed by physicians and having medical laboratories which are required to report, as in subparts 1, 2, and 3, may, upon written notification of the commissioner, designate a single person or group of persons to report cases, suspected cases, carriers, deaths, or results of medical laboratory cultures, examinations, and assays for any of the diseases listed in part 4605.7040 to the commissioner.

Subp. 5. **Veterinarians and veterinary medical laboratories.** The commissioner of health shall, under the following circumstances, request certain reports of clinical diagnosis of disease in animals and reports of laboratory tests on animals:

A. The disease is common to both animals and humans.

B. The disease may be transmitted directly or indirectly to and between humans and animals.

C. The persons who are afflicted with the disease are likely to suffer complications, disability, or death as a result.

D. Investigation based upon veterinarian and veterinary medical laboratory reports will assist in the prevention and control of disease among humans.

Subp. 6. **Others.** Unless previously reported, it shall be the duty of every other licensed health care provider who examines any patient who has or is suspected of having any of the diseases listed in part 4605.7040 to report within one working day to the commissioner as much of the information outlined in part 4605.7090 as is known.

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4605.7040 DISEASE AND REPORTS.

Cases, suspected cases, carriers, and deaths due to the following diseases and disease agents shall be reported. The diseases followed by an asterisk shall be reported immediately by telephone to the commissioner.

A. Acquired Immune Deficiency Syndrome (AIDS)

B. Amebiasis (*Entamoeba histolytica*)

C. Anthrax* (*Bacillus anthracis*)

D. Babesiosis (*Babesia* sp.)

E. Blastomycosis (*Blastomyces dermatitidis*)

F. Botulism* (*Clostridium botulinum*)

G. Brucellosis (*Brucella* sp.)

H. Campylobacteriosis (*Campylobacter* sp.)

I. Chancroid (*Haemophilus ducreyi*)

J. *Chlamydia trachomatis* infections (nonspecific urethritis, cervicitis, salpingitis, neonatal conjunctivitis, pneumonia, and lymphogranuloma venereum)

K. Cholera* (*Vibrio cholerae*)

L. Diphtheria (*Corynebacterium diphtheriae*)

M. *Diphyllobothrium latum* infection

N. Encephalitis (caused by infectious agents)

O. Echinococcosis (*Echinococcus* sp.)

P. Giardiasis (*Giardia lamblia*)

Q. Gonorrhea infections (including: Gonococcal salpingitis, ophthalmia neonatorum, Penicillin resistant *Neisseria* gonorrhea infections)

R. *Haemophilus influenzae* disease (only invasive disease including epiglottitis, cellulitis, bacteremia, and meningitis)

S. Hepatitis (viral types A, B, and non-A, non-B)

T. *Herpes simplex* infections (neonatal, less than 30 days of age, disease only)

U. Histoplasmosis (*Histoplasma capsulatum*)

V. Influenza (unusual case incidence or laboratory confirmed cases)

W. Lead (poisoning and undue absorption)

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X. Legionellosis (*Legionella* sp.)

Y. Leprosy (*Mycobacterium leprae*)

Z. Leptospirosis (*Leptospira interrogans*)

AA. Lyme Disease (*Borellia burgdorferi*)

BB. Malaria (*Plasmodium vivax, P. malariae*, or *P. falciparum*)

CC. Measles (Rubeola)*

DD. Meningitis (caused by all types of bacterial, viral, or fungal agents)

EE. Meningococcemia (*Neisseria meningiditis*)

FF. Mumps*

GG. Mycobacterioses (symptomatic cases only; exclusive of tuberculosis and leprosy)

HH. Pertussis (*Bordetella pertussis*)

II. Plague (*Yersinia pestis*)

JJ. Poliomyelitis*

KK. Psittacosis (*Chlamydia psittaci*)

LL. Q Fever (*Coxiella burnetii*)

MM. Rabies (animal and human cases and suspects)*

NN. Reye Syndrome

OO. Rheumatic Fever (cases meeting the Jones Criteria only)

PP. Rubella and Congential Rubella Syndrome

QQ. Rocky Mountain Spotted Fever (*Rickettsia rickettsii, R. canada*)

RR. Salmonellosis, including typhoid (*Salmonella* sp.)

SS. Shigellosis (*Shigella* sp.)

TT. Staphylococcal disease (*Staphylococcus aureus* outbreaks only)

UU. Streptococcal disease (only *Streptococcus agalactiae* (Group B) neonatal, less than 30 days of age, disease)

VV. Syphilis* (*Treponema pallidum*)

WW. Tetanus (*Clostridium tetani*)

XX. Toxic Shock Syndrome

YY. Trichinosis (*Trichinella spiralis*)

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ZZ. Tuberculosis (*Mycobacterium tuberculosis*)

AAA. Tularemia (*Francisella tularensis*)

BBB. Typhus (*Rickettsia prowazeki* and *R. typhus*)

CCC. Yellow Fever

DDD. Yersiniosis (*Yersinia* sp.)

4605.7050 UNUSUAL CASE INCIDENCE.

Any pattern of cases, suspected 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 hazard, including but not limited to suspected or confirmed outbreaks of food or waterborne disease, epidemic viral gastroenteritis, and any disease known or presumed to be transmitted by transfusion of blood or blood products, shall be reported immediately by telephone, by the person having knowledge, to the commissioner.

4605.7060 CASES, SUSPECTED CASES, CARRIERS, AND DEATHS DUE TO DISEASE ACQUIRED OUTSIDE THE STATE.

Cases, suspected cases, and deaths due to any viral, bacterial, fungal, or parasitic disease that a physician thinks have been acquired outside the state, and which are considered rare or unusual in Minnesota, or a public health problem in the area of presumed acquisition, shall be reported to the commissioner.

4605.7070 OTHER REPORTS.

It shall be the duty of any person in charge of any institution, school, child care facility or camp, or any other person having knowledge of any disease which may threaten the public health, to report immediately the name and address of any persons suspected of having disease to the commissioner.

4605.7080 NEW DISEASES AND SYNDROMES.

The commissioner shall, by public notice, request reporting of specified diseases when all of the following circumstances exist:

A. There is evidence that epidemiologic investigation

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based upon reports of cases, suspect cases, and deaths due to the disease or syndrome will assist in further understanding of the disease.

B. Persons afflicted with the disease or syndrome are likely to suffer complications, disability, or death as a result.

C. A case-oriented public health response will be helpful for control.

D. There is a specific, planned mechanism for surveillance of the disease or syndrome.

E. Reports of individual cases of the disease will serve as indicators of possible widespread contamination or increased risk which may be preventable.

4605.7090 DISEASE REPORT INFORMATION.

Reports that are required in part 4605.7030 shall contain as much of the following information as is known:

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

B. date of first symptoms;

C. patient:

(1) name;

(2) birthdate;

(3) ethnic or racial origin;

(4) residence address, city, and county;

(5) phone number; and

(6) place of work, school, or daycare;

D. date of report;

E. physician name, address, and phone number;

F. name of hospital (if any);

G. name of person reporting (if not physician);

H. diagnostic laboratory findings and dates of test;

I. name and locating information of contacts (if any); and

J. other information pertinent to the case.

4605.7100 REPORTS TO STATE AND LOCAL BOARDS OF HEALTH.

Upon receipt of information or other knowledge of a case, suspected case, or death or any disease or report required in

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part 4605.7030, the local board of health shall immediately forward same to the commissioner.

4605.7200 RECORDS OF DISEASE.

The commissioner shall maintain records of reports of cases, suspected cases, carriers, and deaths for the disease reports required in this section and shall prepare statewide summary information which shall be made available for each local board of health on request.

4605.7300 COPIES OF DISEASE REPORTS.

Local boards of health operating under agreements in part 4735.0200, subpart 2, shall be forwarded copies of all disease reports and information received by the commissioner which pertain to the jurisdiction and biennial agreement between the commissioner and the local board of health.

4605.7400 PREVENTION OF DISEASE SPREAD.

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

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

4605.7500 DISEASE INVESTIGATIONS.

The commissioner shall investigate the occurrence of cases, suspected cases, or carriers of reportable diseases or unusual disease occurrences in a public or private place for the purpose of verification of the existence of disease, ascertaining the source of the disease causing agent, identifying unreported cases, locating contacts of cases, identifying those at risk of disease, determining necessary control measures, and informing

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the public if necessary.

4605.7600 RABIES

Subpart 1. **Treatment of exposed person.** When any person has been bitten or is otherwise exposed to the rabies virus by an animal known or suspected to be rabid, a physician shall determine as soon as practical the advisability of the person receiving preventive treatment.

Subp. 2. **Dogs and cats.** The commissioner shall ensure that dogs and cats which bite or otherwise expose a person to rabies virus are confined and observed for signs suggestive of rabies for a period of ten days or are sacrificed, and the tissues of the brain examined for evidence of infection by the rabies virus. If at any time during the ten-day observation the veterinarian determines that the animal shows signs suggestive of rabies or the animal dies, the commissioner shall have the brain tissue examined for evidence of infection by the rabies virus.

Subp. 3. **Test mammals.** The following mammals are suspected of being rabid at any time following a bite or other exposure of a person to the rabies virus. The commissioner shall have the animal sacrificed immediately and the tissues of the brain tested for evidence of infection by the rabies virus:

A. bat;

B. badger;

C. bear;

D. beaver;

E. bobcat;

F. civet cat;

G. ferret;

H. fox;

I. mink;

J. muskrat;

K. ocelot;

L. opossum;

M. raccoon;

N. skunk;

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O. weasel;

P. woodchuck; or

Q. wolf.

Subp. 4. **Mammal examined.** The following mammals are suspected of being rabid at any time following a bite or other exposure of a person to the rabies virus. The commissioner shall have the animal examined by a veterinarian who shall advise the commissioner and the animal's owner as to the health of the animal and whether the animal shall be sacrificed and the tissues of the brain examined for evidence of infection by the rabies virus:

A. bovine;

B. goat;

C. horse;

D. monkey;

E. sheep; or

F. swine.

Subp. 5. **Commissioner determination of mammal testing.** The commissioner shall determine if any mammal not otherwise addressed in these rules which bites or otherwise exposes a human is possibly rabid, and whether to have the animal sacrificed and the tissues of the brain examined for evidence of infection by the rabies virus.

4605.7700 VENEREAL DISEASE.

Subpart 1. **Special reports.** The following special reports shall be given by physicians to the commissioner:

A. Notwithstanding any previous report, physicians who have reason to believe that a person having syphilis, gonorrhea, or chancroid has not completed therapy shall notify the commissioner immediately of that person's name, address, and other pertinent information.

B. Notwithstanding any previous report, physicians who treat persons infected with syphilis, gonorrhea, or chancroid shall ensure that the names and addresses of sexual contacts who may also be infected are reported to the commissioner.

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C. Notwithstanding any previous report, physicians shall immediately report to the commissioner the name, address, and essential facts of the case for any person known or suspected of being infected with syphilis, gonorrhea, or chancroid who refuses examination or treatment.

4605.7800 HEALTH EDUCATION.

Health care providers working with patients having syphilis, gonorrhea, or chancroid shall instruct the patients how to prevent the spread of venereal disease, and inform them of the importance of complying with treatment instructions and the necessity of having all relevant sexual contacts promptly examined for the specific venereal disease.

4735.0100 DEFINITIONS.

Subpart 1. **Commissioner.** "Commissioner" means the state commissioner of health or authorized officers, employees, or agents of the Minnesota Department of Health.

Subp. 2. **Community health services plan.** "Community health services plan" means plans and plan revisions developed under Minnesota Statutes, section 145.92.

Subp. 3. **Local board of health.** "Local board of health" means the duly authorized administrators, officers, agents, or employees of the county, multi-county, or city board of health organized within the provisions of Minnesota Statutes, sections 145.911 to 145.921.

Subp. 4. **Public health emergency.** "Public health emergency" means an unanticipated and temporary condition threatening the health of a specific population such that the resources of one or more local boards of health cannot reasonably be considered adequate to respond to the emergency needs of the affected population.

Subp. 5. **Public health hazard.** "Public health hazard" means the presence of a disease organism or condition in the environment which endangers the health of a specified population.

4735.0200 DUTIES OF COMMISSIONER.

Subpart 1. **General duties.** The state commissioner of

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health or an authorized officer shall be responsible for the collection and review of disease reports, epidemiologic investigations, and control of disease in all areas of the state.

Subp. 2. **Agreements.** The commissioner may enter into written agreements with local boards of health for the purposes of specifying shared responsibilities for the collection of data and information described in parts 4605.7000 to 4605.7800. The agreement must be made a part of the biennial community health services plan. The agreement shall include but not be limited to:

A. requirements pertaining to data to be collected and disease investigations to be conducted;

B. minimum personnel requirements;

C. duties of the commissioner regarding the provision of technical or other assistance to fulfill the agreement;

D. specification of means by which the local board of health shall coordinate data collection and other duties of the agreement with related activities of the commissioner or other local boards of health;

E. criteria by which the commissioner will determine that the duties and responsibilities agreed upon are met;

F. procedures for renewal of the agreement; and

G. grounds for termination.

Subp. 3. **Notice to local board of health.** The commissioner shall bring to the attention of the local board of health any conditions within the jurisdiction of the local board of health which represent the potential for a public health hazard.

Subp. 4. **Assistance to local board of health.** The commissioner shall provide technical assistance and personnel as he or she determines are available and necessary to answer the requests of the local board of health for assistance in the investigation and control of disease.

Subp. 5. **Public health emergency.** In the event of a public health emergency, the commissioner may, after giving reasonable notice to the local board of health, suspend all or

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certain specified terms of the agreement for a period of time sufficient to respond to the public health emergency.

4735.0300 DUTIES OF LOCAL BOARD OF HEALTH.

Subpart 1. **Local board of health request.** The local board of health shall, when the public health hazard exceeds the capacity of the local board of health to respond, request assistance from the commissioner for the investigation and control of disease.

Subp. 2. **Duty to report health hazards.** The local board of health shall bring to the attention of the commissioner any conditions which represent the potential for a public health hazard.

RENUMBER. Renumber each part specified in Column A with the part set forth in Column B.

Column A	Column B
4605.3000	4720.3910
4605.3100	4605.7900
4605.3300	4605.8000
4605.5200	4605.7701
4605.5300	4605.7702
4605.5400	4605.7703
4605.5500	4605.7704
4605.5600	4605.7705
4605.5700	4605.7706
4605.5800	4605.7707
4605.5900	4605.7708
4605.6000	4605.7709
4605.6100	4605.7710
4605.6200	4605.7711
4605.6300	4605.7712
4605.6400	4605.7713
4605.6500	4605.7714
4605.6600	4605.7715
4605.6700	4605.7716

REPEALER. Minnesota Rules, parts 4605.0200; 4605.0300; 4605.0400; 4605.0500; 4605.0600; 4605.0700; 4605.0800; 4605.0900; 4605.1000; 4605.1100; 4605.1200; 4605.1300; 4605.1400; 4605.1500; 4605.1600; 4605.1700; 4605.1800; 4605.1900; 4605.2000; 4605.2100; 4605.2200; 4605.2300; 4605.2400; 4605.2500; 4605.2600; 4605.2700; 4605.2800; 4605.2900; 4605.3200; 4605.3400; 4605.3500; 4605.3600; 4605.3700; 4605.3800; 4605.3900; 4605.4000; 4605.4100; 4605.4200; 4605.4300; 4605.4400; 4605.4500; 4605.4600;

APPROVED IN THE REVISOR OF STATUTES OFFICE BY:

4605.4700; 4605.4800; 4605.4900; 4605.5000; 4605.5100; 4735.0010; 4735.0020, are repealed.

APPROVED IN THE REVISOR OF STATUTES OFFICE BY:

OFFICE OF THE REVISOR OF STATUTES

Proposed Rule

RD712

Agency: Department of Health

Division:

Agency Contact: John Washburn 623-5218

Minnesota Rules: Parts 4605.7000 to 4605.7800;
4735.0100 to 4735.0300

Title: Proposed Rules Relating to Communicable Diseases

Type of Rules: Permanent

Incorporations by Reference: None

Steven C. Cross
Revisor of Statutes

Susan M. Lentsch
Assistant Revisor
Phone: 296-0956
Date: January 24, 1985

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

COMMISSIONER OF HEALTH

In the Matter of the Proposed Repeal and Adoption of Rules of the Minnesota Department of Health, Minn. Rule Ch. 4605 (formerly MDH 316-328) Relating to Communicable Disease and Minn. Rule pp. 4735.0010 and 4735.0020 (formerly MDH 1 and 2) Relating to Local Health Officers and County Boards of Health

AFFIDAVIT OF MAILING

John Washburn, being first duly sworn, deposes and says:

That on the 21st day of February, 1985, at the City of Minneapolis, County of Hennepin, State of Minnesota, he served the attached Supplement to Notice of Intent to Adopt Rules and To Repeal Rules Without A Public Hearing by depositing in the United States mail through the mailroom at the Minnesota Department of Health Building in said City of Minneapolis, true and correct copies thereof, properly enveloped, with postage prepaid, on all persons and associations who have requested that their names be placed on file with the Minnesota Department of Health for the purpose of receiving notice of the proposed adoption of rules by the Commissioner of Health.

John D. Washburn

JOHN WASHBURN, Chief
Epidemiologic Field Services Section
Minnesota Department of Health

Subscribed and sworn to before me

this 21 day of February, 1984.

Louise Kaniuk

LOUISE KANIUK
NOTARY PUBLIC-MINNESOTA
HENNEPIN COUNTY
MY COMMISSON EXPIRES FEBRUARY 22, 1991

MINNESOTA DEPARTMENT OF HEALTH
717 SE Delaware Street
Post Office Box 9441
Minneapolis, Minnesota 55440

MEMORANDUM

DATE: February 20, 1985

TO: All Concerned Parties

FROM: John W. Washburn, Chief
Epidemiologic Field Services Section

SUBJECT: The enclosed Notice of Intent to Adopt Rules and To Repeal Rules Without A Public Hearing.

On February 18, 1985, the enclosed Notice of Intent to Adopt Rules and To Repeal Rules Without A Public Hearing was published in the State Register.

There has been a delay in the mailing of this material to the persons and associations whose names are on file with the Minnesota Department of Health for the purpose of receiving such notices. In order to allow you or your associations the full opportunity to review and comment, the 30-day period will be considered to begin on the date you receive this letter.

Enclosure

kmb

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

COMMISSIONER OF HEALTH

In the Matter of the Proposed Repeal and Adoption of Rules of the Minnesota Department of Health, Minn. Rule Ch. 4605 (formerly MDH 316-328) Relating to Communicable Disease and Minn. Rule pp. 4735.0010 and 4735.0020 (formerly MDH 1 and 2) Relating to Local Health Officers and County Boards of Health

SUPPLEMENT TO NOTICE OF INTENT TO ADOPT RULES AND TO REPEAL RULES WITHOUT A PUBLIC HEARING

On June 18, 1984, the Commissioner of Health published a Notice of Intent to Adopt Rules and to Repeal Rules Without a Public Hearing, together with a copy of the proposed rules, in the State Register, at 8 S.R. 2690.

NOTICE IS HEREBY GIVEN that the Commissioner intends to modify the proposed rules by insertion of the following new subpart:

Part 4605.7030, subp. 6. Others. Unless previously reported, it shall be the duty of every other licensed health care provider who examines any patient who has or who is suspected of having any of the diseases listed in part 4605.7040 to report within one working day to the Commissioner as much of the information outlined in part 4605.7090 as is known.

NOTICE IS ALSO GIVEN that the Commissioner intends to modify the list of reportable diseases in proposed part 4605.7040 as follows:

Item R. Haemophilus influenzae disease (only invasive disease including epiglottitis, cellulitis, bacteremia, and meningitis);

Item S. Hepatitis (A, B, and non A—non B).

Item T. Herpes Simplex infections (neonatal, less than 30 days of age, disease only).

Item BBB. Typhus (Rickettsia prowazeki and R. typhus).

NOTICE IS ALSO GIVEN that the proposed changes will have an impact on small businesses as defined in Minn. Stat. § 14.115, subd. 1 (Supp. 1983), specifically veterinarians, veterinarian medical laboratories and medical laboratories. Medical laboratories will be required to report to the Commissioner the results of certain tests which indicate the presence of diseases listed in part 4605.7040 of the proposed rules as well as other information required in part 4605.7030, subp. 3. When circumstances exist as provided in part 4605.7030, subp. 5, the Commissioner will request from veterinarians and veterinarian medical laboratories certain reports of clinical diagnosis of disease in animals and reports of laboratory tests on animals.

THE PUBLIC IS HEREBY ADVISED that:

1. There is a 30-day period in which to submit comment in support of or in opposition to the proposed rules and repealer, and the modification set forth above. Comment is encouraged;

2. Each comment should identify the portion of the proposed rule or repealer addressed, the reason for the comment, and any change proposed;

3. If twenty-five or more persons submit a written request for a public hearing within the 30-day comment period, a public hearing will be held;

4. All comments and any written requests for a public hearing shall be submitted to John Washburn, Chief, Epidemiologic Field Services Section,

Minnesota Department of Health, 717 Delaware Street Southeast, Minneapolis, Minnesota 55440.

5. Any person requesting a public hearing should state his or her name and address and is encouraged to identify the portion of the proposed rule or repealer addressed, the reason for the request, and any change proposed;

6. The proposed rules and repealer may be modified if modifications are supported by the data and views submitted and do not result in a substantial change in the proposed language;

7. Under the procedure for adoption of rules without a public hearing, the Department must submit any action on its rules to the Attorney General for review of the form and legality of the rule change. If a hearing is not required, notice of the date of submission of the proposed rules to the Attorney General for review will be mailed to any person who requests to receive the notice. Requests to receive notice must be submitted to Mr. Washburn at the above address;

8. Authority to amend Minn. Rules ch. 4605 and pts. 4735.0010 and 4735.0020 is contained in Minn. Stat. §§ 144.05, 144.0742, and 144.12 (1982).

9. A Statement of Need and Reasonableness supporting the proposed rule changes has been available at the agency since June 18, 1984. A document entitled Supplement to the Statement of Need and Reasonableness has been prepared which addresses the need and reasonableness of the proposed modification and which discusses the impact of the rules on small businesses. Anyone wishing to receive a copy of the Statement of Need and Reasonableness or the Supplement to

the Statement of Need and Reasonableness may contact Mr. John Washburn at the above address;

10. If twenty-five or more persons request a public hearing on this matter, notice of any such hearing will be published in the State Register;

11. Any rule change made pursuant to this proceeding shall be effective five days after publication in the State Register of notice of the adoption of the change.

12. The proposed rules were published in the State Register, Volume VIII, No. 51, beginning at page 2690 on June 18, 1984. One free copy of the proposed rules, the modified rules, and this notice may be obtained by contacting Mr. John Washburn at the above address.

Dated: December 3, 1984

STATE OF MINNESOTA

DEPARTMENT OF HEALTH

Sr. Mary Madonna Ashton

SISTER MARY MADONNA ASHTON
Commissioner of Health

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

COMMISSIONER OF HEALTH

In the Matter of the Proposed Repeal and Adoption of Rules of the Minnesota Department of Health, Minn. Rule Ch. 4605 (formerly MDH 316-328) Relating to Communicable Disease and Minn. Rule pp. 4735.0010 and 4735.0020 (formerly MDH 1 and 2) Relating to Local Health Officers and County Board of Health

CERTIFICATE OF MAILING LIST

I hereby certify that the list of persons, associations, and other interested groups who have requested, pursuant to Minn. Stat. § 14.14, subd. 1, that their names be placed on file with and maintained by the Minnesota Department of Health for the purpose of receiving notice of the proposed adoption of rules by the Commissioner of Health is accurate and complete as of 9:00 A M, this 11th day of June, 1984.

John W. Washburn

JOHN WASHBURN, CHIEF
Epidemiologic Field Services Section
Minnesota Department of Health

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Albert Lea, Minnesota 56007

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St. Louis County Health Dept.
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Virginia, MN 55792

Donna M. Anderson
Dakota County Government Center
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Hastings, Minnesota 55033

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Blue Earth, MN 56013

Association for Retarded Citizens of Olmsted County
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Rochester, MN 55901

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STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

COMMISSIONER OF HEALTH

In the Matter of the Proposed Repeal and Adoption of Rules of the Minnesota Department of Health, Minn. Rule Ch. 4605 (formerly MDH 316-328) Relating to Communicable Disease and Minn. Rule pp. 4735.0010 and 4735.0020 (formerly MDH 1 and 2) Relating to Local Health Officers and County Boards of Health

CERTIFICATE OF MAILING LIST

I hereby certify that the list of persons, associations, and other interested groups who have requested, pursuant to Minn. Stat. 14.14, subd. 1.a, that their names be placed on file with and maintained by the Department of Health for the purpose of receiving supplement to NOTICE OF INTENT TO ADOPT RULES AND TO REPEAL RULES WIHOUT A PUBLIC HEARING by the Commissioner of Health is accurate and complete as of 9:00 AM, this 21st day of February, 1985.

Dated: February 21, 1985

Louise Kanuk

LOUISE KANUK
NOTARY PUBLIC-MINNESOTA
HENNEPIN COUNTY
MY COMMISSON EXPIRES FEBRUARY 22, 1991

STATE OF MINNESOTA

DEPARTMENT OF HEALTH

John W. Washburn

JOHN WASHBURN, Chief
Epidemiology Field Services Section

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STATE REGISTER

STATE OF MINNESOTA

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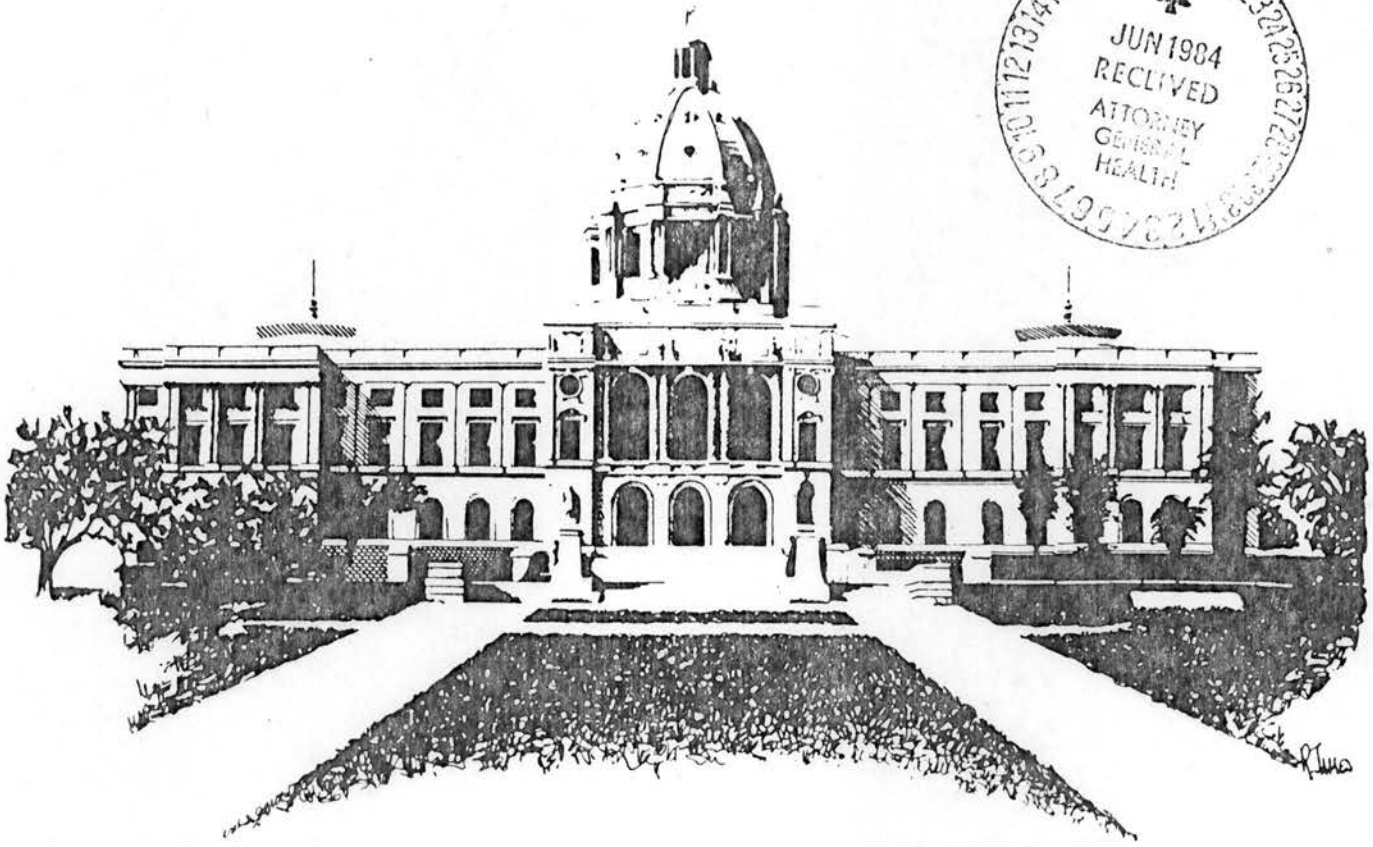

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June 18, 1984

Pages 2677-2756

Subp. 6. **Reinstatement fee.** No dentist, dental hygienist, or registered dental assistant whose license or registration has been suspended or revoked shall have his license or registration reinstated or a new license or registration issued until he has submitted to the board a fee in the following amount:

A. dentist, $70;

B. dental hygienist, $25; and

C. registered dental assistant, $15.

Subp. 7. **Application for permission to take dental X rays.** A person applying for permission to take dental X rays pursuant to part 3100.8400, subpart 2, shall submit with his application a fee in the amount of $10.

Subp. 8. **Application for approval as sponsor of CDE courses.** A person applying for approval as a sponsor of CDE programs pursuant to part 3100.4200, subpart 2, shall submit with his application a fee in the amount of $25.

Subp. 9. **Refunds.** No fee shall be refunded for any reason except in those cases where the applicant for licensure or registration is found to be ineligible to take the examination.

Department of Health

Proposed Rules Governing Communicable Diseases; Duties of the Commissioner and Local Boards of Health

Notice of Intent to Adopt Rules and to Repeal Rules Without a Public Hearing

NOTICE IS HEREBY GIVEN that the Commissioner of Health (hereinafter "Commissioner") proposes to adopt the following rules: parts 4605.7000; 4605.7010; 4605.7020; 4605.7030; 4605.7040; 4605.7050; 4605.7060; 4605.7070; 4605.7080; 4605.7090; 4605.7100; 4605.7200; 4605.7300; 4605.7400; 4605.7500; 4605.7600; 4605.7700; 4605.7800; 4735.0100; 4735.0200; 4735.0300.

NOTICE IS ALSO GIVEN that the Commissioner proposes to repeal the following rules: parts 4605.0200; 4605.0300; 4605.0400; 4605.0500; 4605.0600; 4605.0700; 4605.0800; 4605.0900; 4605.1000; 4605.1100; 4605.1200; 4605.1300; 4605.1400; 4605.1500; 4605.1600; 4605.1700; 4605.1800; 4605.1900; 4605.2000; 4605.2100; 4605.2200; 4605.2300; 4605.2400; 4605.2500; 4605.2600; 4605.2700; 4605.2800; 4605.2900; 4605.3000, subps. (1), (2) and (4); 4605.3400; 4605.3500; 4605.3600; 4605.3700; 4605.3800; 4605.3900; 4605.4000; 4605.4100; 4605.4200; 4605.4300; 4605.4400; 4605.4500; 4605.4600; 4605.4700; 4605.4800; 4605.4900; 4605.5000; 4605.5100; 4735.0010; 4735.0020. A copy of the proposed rules and the proposed repealer are attached to this notice.

The Commissioner has determined that the proposed rules and repealer will be noncontroversial in nature and has elected to follow the provisions of Minn. Stat. §§ 14.21-1428 (1982). Sections 14.21-1428 provide for an expedited process for the adoption of noncontroverted administrative rule changes without the holding of a public hearing.

THE PUBLIC IS HEREBY ADVISED that:

1. There is a 30-day period in which to submit comment in support of or in opposition to the proposed rules and repealer, and comment is encouraged;

2. Each comment should identify the portion of the proposed rule or repealer addressed, the reason for the comment, and any change proposed;

3. If twenty-five or more persons submit a written request for a public hearing within the 30-day comment period, a public hearing will be held;

4. All comments and any written requests for a public hearing shall be submitted to John Washburn, Chief, Epidemiologic Field Services Section, Minnesota Department of Health, 717 Delaware Street Southeast, Minneapolis, Minnesota 55440;

5. Any person requesting a public hearing should state his or her name and address and is encouraged to identify the portion of the proposed rule or repealer addressed, the reason for the request, and any change proposed;

6. The proposed rules and repealer may be modified if modifications are supported by the data and views submitted and do not result in a substantial change in the proposed language;

7. Under this expedited procedure, the department must submit any action on its rules to the attorney general for review

of the form and legality of the rule change. If a hearing is not required, notice of the date of submission of the proposed rules to the attorney general for review will be mailed to any person who requests to receive the notice. Requests to receive notice must be submitted to Mr. Washburn at the above address;

8. Authority to amend Minn. Rules ch. 4605 and pp. 4735.0010 and 4735.0020 is contained in Minn. Stat. §§ 144.05, 144.0742, and 144.12 (1982). Additionally, a Statement of Need and Reasonableness that describes the need for and reasonableness of each provision of the proposed rules and the repealer has been prepared and is now available. Anyone wishing to receive a copy of this document may contact Mr. Washburn at the above address.

9. If twenty-five or more persons request a public hearing on this matter, notice of any such hearing will be published in the *State Register*;

10. Any rule change made pursuant to this proceeding shall be effective five days after publication in the *State Register* of notice of the adoption of the change.

June 4, 1984

Sister Mary Madonna Ashton
Commissioner of Health

Rules as Proposed (all new material)

4605.7000 DEFINITIONS.

Subpart 1. Case. "Case" means a person having a particular disease diagnosed by a physician.

Subp. 2. Carrier. "Carrier" means a person identified as harboring a specific infectious agent in the absence of discernible clinical disease and who serves as a potential source of infection.

Subp. 3. Commissioner. "Commissioner" means the state commissioner of health or authorized officers, employees, or agents of the Minnesota Department of Health.

Subp. 4. Infection control practitioner. "Infection control practitioner" means any person designated by a hospital, nursing home, medical clinic, or other health care facility as having responsibility for prevention, detection, reporting, and control of infections within the institution.

Subp. 5. Isolation. "Isolation" means the separation, for the period of communicability, of an infected person from others in places and under the condition as to prevent or limit the direct or indirect transmission of the infectious agent to those who are susceptible or may spread the agent to others.

Subp. 6. Local board of health. "Local board of health" means authorized administrators, officers, agents, or employees of county, multi-county, or city board of health organized under Minnesota Statutes, sections 145.911 to 145.921.

Subp. 7. Medical laboratory. "Medical laboratory" means any facility which receives, forwards, or analyzes specimens of original material from the human body, and reports the results to physicians who use the data for purposes of patient care.

Subp. 8. Physician. "Physician" means any person who is licensed by the Minnesota Board of Medical Examiners to practice medicine.

Subp. 9. Suspected case. "Suspected case" means a person having a condition or illness in which the signs and symptoms resemble those of a recognized disease.

Subp. 10. Veterinarian. "Veterinarian" means any person who is licensed by the Minnesota Board of Veterinary Medicine to practice veterinary medicine.

Subp. 11. Public health hazard. "Public health hazard" means the presence of a disease organism or condition in the environment which endangers the health of a specified population.

4605.7010 PURPOSE.

The purpose of this chapter is to establish a process and assign responsibility for reporting, investigating, and controlling disease.

4605.7020 SCOPE.

This chapter applies generally to cases, suspect cases, and deaths from communicable diseases and syndromes, reporting of disease, and disease control.

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." ADOPTED RULES SECTION — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

4605.7030 PERSONS REQUIRED TO REPORT DISEASE.

Subpart 1. Physicians. When attending a case, suspected case, carrier, or death from any of the diseases in part 4605.7040, the physician shall report within one working day to the commissioner, unless previously reported, the information outlined in part 4605.7090.

Subp. 2. Health care facilities. Hospitals, nursing homes, medical clinics, or other health care facilities shall designate that the individual physicians shall report as provided in subpart 1; or shall designate an infection control practitioner or other person as responsible to report to the commissioner, within one working day of knowlege of a case, suspected case, carrier, or death from any of the diseases in part 4605.7040, the information outlined in part 4605.7090.

Subp. 3. Medical laboratories. Medical laboratories which receive specimens of original material from patients shall, within one working day of completion, provide to the commissioner the results of microbiologic cultures, examinations, and immunologic assays for the presence of antigens and antibodies which are indicative of the presence of any of the diseases in part 4605.7040 and as much of the following information as is known: disease (test, culture, or examination); source of specimen (i.e., blood, stool, type of tissue); name and address of the medical laboratory; date of test, culture, or examination; patient's name or I.D. number, birthdate, and sex; and the name, address, and telephone number of the attending physician.

If necessary, the commissioner shall contact the attending physician who shall be responsible for determining whether a case, suspected case, carrier, or death due to a disease in part 4605.7040 is present.

Subp. 4. Comprehensive reports. Any institution, facility, or clinic, staffed by physicians and having medical laboratories which are required to report, as in subparts 1, 2, and 3, may, upon written notification of the commissioner, designate a single person or group of persons to report cases, suspected cases, carriers, deaths, or results of medical laboratory cultures, examinations, and assays for any of the diseases listed in part 4605.7040 to the commissioner.

Subp. 5. Veterinarians and veterinary medical laboratories. The commissioner of health shall, under the following circumstances, request certain reports of clinical diagnosis of disease in animals and reports of laboratory tests on animals:

A. The disease is common to both animals and humans.

B. The disease may be transmitted directly or indirectly to and between humans and animals.

C. The persons who are afflicted with the disease are likely to suffer complications, disability, or death as a result.

D. Investigation based upon veterinarian and veterinary medical laboratory reports will assist in the prevention and control of disease among humans.

4605.7040 DISEASE AND REPORTS.

Cases, suspected cases, carriers, and deaths due to the following diseases and disease agents shall be reported. The diseases followed by an asterisk shall be reported immediately by telephone to the commissioner.

A. Acquired Immune Deficiency Syndrome (AIDS)

B. Amebiasis (*Entamoeba histolytica*)

C. Anthrax* (*Bacillus anthracis*)

D. Babesiosis (*Babesia* sp.)

E. Blastomycosis (*Blastomyces dermatitidis*)

F. Botulism* (*Clostridium botulinum*)

G. Brucellosis (*Brucella* sp.)

H. Campylobacteriosis (*Campylobacter* sp.)

I. Chancroid (*Haemophilus ducreyi*)

J. *Chlamydia trachomatis* infections (nonspecific urethritis, cervicitis, salpingitis, neonatal conjunctivitis, pneumonia, and lymphogranuloma venereum)

K. Cholera* (*Vibrio cholerae*)

L. Diphtheria (*Corynebacterium diphtheriae*)

M. *Diphyllobothrium latum* infection

N. Encephalitis (caused by infectious agents)

O. Echinococcosis (*Echinococcus* sp.)

P. Giardiasis (*Giardia lamblia*)

Q. Gonorrhea infections (including: Gonococcal salpingitis, ophthalmia neonatorum, Penicillin resistant *Neisseria* gonorrhea infections)

R. *Haemophilus influenzae* disease (all invasive disease including epiglottitis, cellulitis, bacteremia, and meningitis)

S. Hepatitis (all viral types)

T. *Herpes simplex* types I and II infections (neonatal, less than 30 days of age, disease only)

U. Histoplasmosis (*Histoplasma capsulatum*)

V. Influenza (unusual case incidence or laboratory confirmed cases)

W. Lead (poisoning and undue absorption)

X. Legionellosis (*Legionella* sp.)

Y. Leprosy (*Mycobacterium leprae*)

Z. Leptospirosis (*Leptospira interrogans*)

AA. Lyme Disease (*Borellia burgdorferi*)

BB. Malaria (*Plasmodium vivax, P. malariae*, or *P. falciparum*)

CC. Measles (Rubeola)*

DD. Meningitis (caused by all types of bacterial, viral, or fungal agents)

EE. Meningococcemia (*Neisseria meningiditis*)

FF. Mumps*

GG. Mycobacterioses (symptomatic cases only; exclusive of tuberculosis and leprosy)

HH. Pertussis (*Bordetella pertussis*)

II. Plague (*Yersinia pestis*)

JJ. Poliomyelitis*

KK. Psittacosis (*Chlamydia psittaci*)

LL. Q Fever (*Coxiella burnetii*)

MM. Rabies (animal and human cases and suspects)*

NN. Reye Syndrome

OO. Rheumatic Fever (cases meeting the Jones Criteria only)

PP. Rubella and Congential Rubella Syndrome

QQ. Rocky Mountain Spotted Fever (*Rickettsia rickettsii, R. canada*)

RR. Salmonellosis, including typhoid (*Salmonella* sp.)

SS. Shigellosis (*Shigella* sp.)

TT. Staphylococcal disease (*Staphylococcus aureus* outbreaks only)

UU. Streptococcal disease (only *Streptococcus agalactiae* (Group B) neonatal, less than 30 days of age, disease)

VV. Syphilis* (*Treponema pallidum*)

WW. Tetanus (*Clostridium tetani*)

XX. Toxic Shock Syndrome

YY. Trichinosis (*Trichinella spiralis*)

ZZ. Tuberculosis (*Mycobacterium tuberculosis*)

AAA. Tularemia (*Francisella tularensis*)

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BBB. Typhus (*Rickettsia prowazeki*)

CCC. Yellow Fever

DDD. Yersiniosis (*Yersinia* sp.)

4605.7050 UNUSUAL CASE INCIDENCE.

Any pattern of cases, suspected 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 hazard, including but not limited to suspected or confirmed outbreaks of food or waterborne disease, epidemic viral gastroenteritis, and any disease known or presumed to be transmitted by transfusion of blood or blood products, shall be reported immediately by telephone, by the person having knowledge, to the commissioner.

4605.7060 CASES, SUSPECTED CASES, CARRIERS, AND DEATHS DUE TO DISEASE ACQUIRED OUTSIDE THE STATE.

Cases, suspected cases, and deaths due to any viral, bacterial, fungal, or parasitic disease that a physician thinks have been acquired outside the state, and which are considered rare or unusual in Minnesota, or a public health problem in the area of presumed acquisition, shall be reported to the commissioner.

4605.7070 OTHER REPORTS.

It shall be the duty of any person in charge of any institution, school, child care facility or camp, or any other person having knowledge of any disease which may threaten the public health, to report immediately the name and address of any persons suspected of having disease to the commissioner.

4605.7080 NEW DISEASES AND SYNDROMES.

The commissioner shall, by public notice, request reporting of specified diseases when all of the following circumstances exist:

A. There is evidence that epidemiologic investigation based upon reports of cases, suspect cases, and deaths due to the disease or syndrome will assist in further understanding of the disease.

B. Persons afflicted with the disease or syndrome are likely to suffer complications, disability, or death as a result.

C. A case-oriented public health response will be helpful for control.

D. There is a specific, planned mechanism for surveillance of the disease or syndrome.

E. Reports of individual cases of the disease will serve as indicators of possible widespread contamination or increased risk which may be preventable.

4605.7090 DISEASE REPORT INFORMATION.

Reports that are required in part 4605.7030 shall contain as much of the following information as is known:

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

B. date of first symptoms;

C. patient:

(1) name;

(2) birthdate;

(3) ethnic or racial origin;

(4) residence address, city, and county;

(5) phone number; and

(6) place of work, school, or daycare;

D. date or report;

E. physician name, address, and phone number;

F. name of hospital (if any);

G. name of person reporting (if not physician);

H. diagnostic laboratory findings and dates of test;

I. name and locating information of contacts (if any); and

J. other information pertinent to the case.

4605.7100 REPORTS TO STATE AND LOCAL BOARDS OF HEALTH.

Upon receipt of information or other knowledge of a case, suspected case, or death or any disease or report required in part 4605.7030, the local board of health shall immediately forward same to the commissioner.

4605.7200 RECORDS OF DISEASE.

The commissioner shall maintain records of reports of cases, suspected cases, carriers, and deaths for the disease reports required in this section and shall prepare statewide summary information which shall be made available for each local board of health on request.

4605.7300 COPIES OF DISEASE REPORTS.

Local boards of health operating under agreements in part 4735.0200, subpart 2, shall be forwarded copies of all disease reports and information received by the commissioner which pertain to the jurisdiction and biennial agreement between the commissioner and the local board of health.

4605.7400 PREVENTION OF DISEASE SPREAD.

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

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

4605.7500 DISEASE INVESTIGATIONS.

The commissioner shall investigate the occurrence of cases, suspected cases, or carriers of reportable diseases or unusual disease occurrences in a public or private place for the purpose of verification of the existence of disease, ascertaining the source of the disease causing agent, identifying unreported cases, locating contacts of cases, identifying those at risk of disease, determining necessary control measures, and informing the public if necessary.

4605.7600 RABIES

Subpart 1. Treatment of exposed person. When any person has been bitten or is otherwise exposed to the rabies virus by an animal known or suspected to be rabid, a physician shall determine as soon as practical the advisability of the person receiving preventive treatment.

Subp. 2. Dogs and cats. The commissioner shall ensure that dogs and cats which bite or otherwise expose a person to rabies virus are confined and observed for signs suggestive of rabies for a period of ten days or are sacrificed, and the tissues of the brain examined for evidence of infection by the rabies virus. If at any time during the ten-day observation the veterinarian determines that the animal shows signs suggestive of rabies or the animal dies, the commissioner shall have the brain tissue examined for evidence of infection by the rabies virus.

Subp. 3. Test mammals. The following mammals are suspected of being rabid at any time following a bite or other exposure of a person to the rabies virus. The commissioner shall have the animal sacrificed immediately and the tissues of the brain tested for evidence of infection by the rabies virus:

A. bat;

B. badger;

C. bear;

D. beaver;

E. bobcat;

F. civet cat;

G. ferret;

H. fox;

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I. mink;

J. muskrat;

K. ocelot;

L. opossum;

M. raccoon;

N. skunk;

O. weasel;

P. woodchuck; or

Q. wolf.

Subp. 4. Mammal examined. The following mammals are suspected of being rabid at any time following a bite or other exposure of a person to the rabies virus. The commissioner shall have the animal examined by a veterinarian who shall advise the commissioner and the animal's owner as to the health of the animal and whether the animal shall be sacrificed and the tissues of the brain examined for evidence of infection by the rabies virus:

A. bovine;

B. goat;

C. horse;

D. monkey;

E. sheep; or

F. swine.

Subp. 5. Commissioner determination of mammal testing. The commissioner shall determine if any mammal not otherwise addressed in these rules which bites or otherwise exposes a human is possibly rabid, and whether to have the animal sacrificed and the tissues of the brain examined for evidence of infection by the rabies virus.

4605.7700 VENEREAL DISEASE.

Subpart 1. Special reports. The following special reports shall be given by physicians to the commissioner:

A. Notwithstanding any previous report, physicians who have reason to believe that a person having syphilis, gonorrhea, or chancroid has not completed therapy shall notify the commissioner immediately of that person's name, address, and other pertinent information.

B. Notwithstanding any previous report, physicians who treat persons infected with syphilis, gonorrhea, or chancroid shall ensure that the names and addresses of sexual contacts who may also be infected are reported to the commissioner.

C. Notwithstanding any previous report, physicians shall immediately report to the commissioner the name, address, and essential facts of the case for any person known or suspected of being infected with syphilis, gonorrhea, or chancroid who refuses examination or treatment.

4605.7800 HEALTH EDUCATION.

Health care providers working with patients having syphilis, gonorrhea, or chancroid shall instruct the patients how to prevent the spread of venereal disease, and inform them of the importance of complying with treatment instructions and the necessity of having all relevant sexual contacts promptly examined for the specific venereal disease.

4735.0100 DEFINITIONS.

Subpart 1. Commissioner. "Commissioner" means the state commissioner of health or authorized officers, employees, or agents of the Minnesota Department of Health.

Subp. 2. Community health services plan. "Community health services plan" means plans and plan revisions developed under Minnesota Statutes, section 145.92.

Subp. 3. Local board of health. "Local board of health" means the duly authorized administrators, officers, agents, or employees of the county, multi-county, or city board of health organized within the provisions of Minnesota Statutes, sections 145.911 to 145.921.

Subp. 4. Public health emergency. "Public health emergency" means an unanticipated and temporary condition threatening the health of a specific population such that the resources of one or more local boards of health cannot reasonably be considered adequate to respond to the emergency needs of the affected population.

Subp. 5. **Public health hazard.** "Public health hazard" means the presence of a disease organism or condition in the environment which endangers the health of a specified population.

4735.0200 DUTIES OF COMMISSIONER.

Subpart 1. General duties. The state commissioner of health or an authorized officer shall be responsible for the collection and review of disease reports, epidemiologic investigations, and control of disease in all areas of the state.

Subp. 2. **Agreements.** The commissioner may enter into written agreements with local boards of health for the purposes of specifying shared responsibilities for the collection of data and information described in parts 4605.7000 to 4605.7800. The agreement must be made a part of the biennial community health services plan. The agreement shall include but not be limited to:

A. requirements pertaining to data to be collected and disease investigations to be conducted;

B. minimum personnel requirements;

C. duties of the commissioner regarding the provision of technical or other assistance to fulfill the agreement;

D. specification of means by which the local board of health shall coordinate data collection and other duties of the agreement with related activities of the commissioner or other local boards of health;

E. criteria by which the commissioner will determine that the duties and responsibilities agreed upon are met;

F. procedures for renewal of the agreement; and

G. grounds for termination.

Subp. 3. **Notice to local board of health.** The commissioner shall bring to the attention of the local board of health any conditions within the jurisdiction of the local board of health which represent the potential for a public health hazard.

Subp. 4. **Assistance to local board of health.** The commissioner shall provide technical assistance and personnel as he or she determines are available and necessary to answer the requests of the local board of health for assistance in the investigation and control of disease.

Subp. 5. **Public health emergency.** In the event of a public health emergency, the commissioner may, after giving reasonable notice to the local board of health, suspend all or certain specified terms of the agreement for a period of time sufficient to respond to the public health emergency.

4735.0300 DUTIES OF LOCAL BOARD OF HEALTH.

Subpart 1. Local board of health request. The local board of health shall, when the public health hazard exceeds the capacity of the local board of health to respond, request assistance from the commissioner for the investigation and control of disease.

Subp. 2. **Duty to report health hazards.** The local board of health shall bring to the attention of the commissioner any conditions which represent the potential for a public health hazard.

RENUMBER. Renumber each part specified in Column A with the part set forth in Column B.

Column A	Column B
4605.3000	4720.3910
4605.3100	4605.7900
4605.3300	4605.8000
4605.5200	4605.7701
4605.5300	4605.7702
4605.5400	4605.7703
4605.5500	4605.7704
4605.5600	4605.7705
4605.5700	4605.7706
4605.5800	4605.7707
4605.5900	4605.7708
4605.6000	4605.7709
4605.6100	4605.7710

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4605.6200	4605.7711
4605.6300	4605.7712
4605.6400	4605.7713
4605.6500	4605.7714
4605.6600	4605.7715
4605.6700	4605.7716

REPEALER: Minnesota Rules, parts 4605.0200; 4605.0300; 4605.0400; 4605.0500; 4605.0600; 4605.0700; 4605.0800; 4605.0900; 4605.1000; 4605.1100; 4605.1200; 4605.1300; 4605.1400; 4605.1500; 4605.1600; 4605.1700; 4605.1800; 4605.1900; 4605.2000; 4605.2100; 4605.2200; 4605.2300; 4605.2400; 4605.2500; 4605.2600; 4605.2700; 4605.2800; 4605.2900; 4605.3200; 4605.3400; 4605.3500; 4605.3600; 4605.3700; 4605.3800; 4605.3900; 4605.4000; 4605.4100; 4605.4200; 4605.4300; 4605.4400; 4605.4500; 4605.4600; 4605.4700; 4605.4800; 4605.4900; 4605.5000; 4605.5100; 4735.0010; 4735.0020, are repealed.

Pollution Control Agency

Emergency Amendments to Rules as Proposed and Emergency Rules as Proposed Governing Water Pollution Control Fund and Federal Grants

Notice of Intent to Adopt Emergency Rules and Request for Public Comment

Notice is hereby given that the Minnesota Pollution Control Agency is proposing to adopt emergency rules for the administration of the construction grant programs for municipal sewage treatment projects. The agency is authorized by Minn. Law 1984, Ch. 597, § 44 to adopt emergency rules for the administration of federal and state grant programs, including the new state independent state grant program created by chapter 597.

All interested persons have 25 days from the day of publication of this notice in the *State Register* to submit written comments to the agency on the proposed emergency rules. With publication of this notice in the June 18, 1984, *State Register*, written comments must be received by the agency by no later than 4:30 p.m. on July 13, 1984. Written comments should be sent to:

Duane Anderson
Chief, Grants Section
Division of Water Quality
Minnesota Pollution Control Agency
1935 West County Road B-2
Roseville, Minnesota 55113
Telephone: (612) 296-7205

Please be advised that the proposed emergency rules may be modified as a result of the comments received. Any written material received by the agency will become part of the record in this matter.

The proposed emergency rules, with any modifications adopted by the agency, will be submitted to the Attorney General for review as to form and legality after close of the comment period. Persons wishing to be informed of the date of submission of the proposed emergency rules to the Attorney General should notify the agency of such desire at the address given above. The Attorney General has ten working days to approve or disapprove the rule.

The emergency rules will be effective five working days following approval of the rules by the Attorney General. It is the agency's intent to keep the rules in effect for a period of 180 days. The agency may extend the effective period for up to an additional 180 days upon publication of a separate notice to such effect.

A free copy of the proposed emergency rules is available by contacting Mr. Anderson at the above address.

Thomas J. Kalitowski
Executive Director
Pollution Control Agency

Emergency Amendments to Rules as Proposed

7075.0100 PURPOSE.

This chapter provides for the administration of the federal construction grant program ~~and~~, the independent state construction grant ~~and~~ program, the state matching construction grant program, and the state loan program for the construction of muncipal disposal systems.

ATTORNEY GENERAL'S OFFICE
HEALTH DIVISION
136 University Park Plaza Bldg.
2829 University Ave. S. E.
MINNEAPOLIS, MINN. 55414

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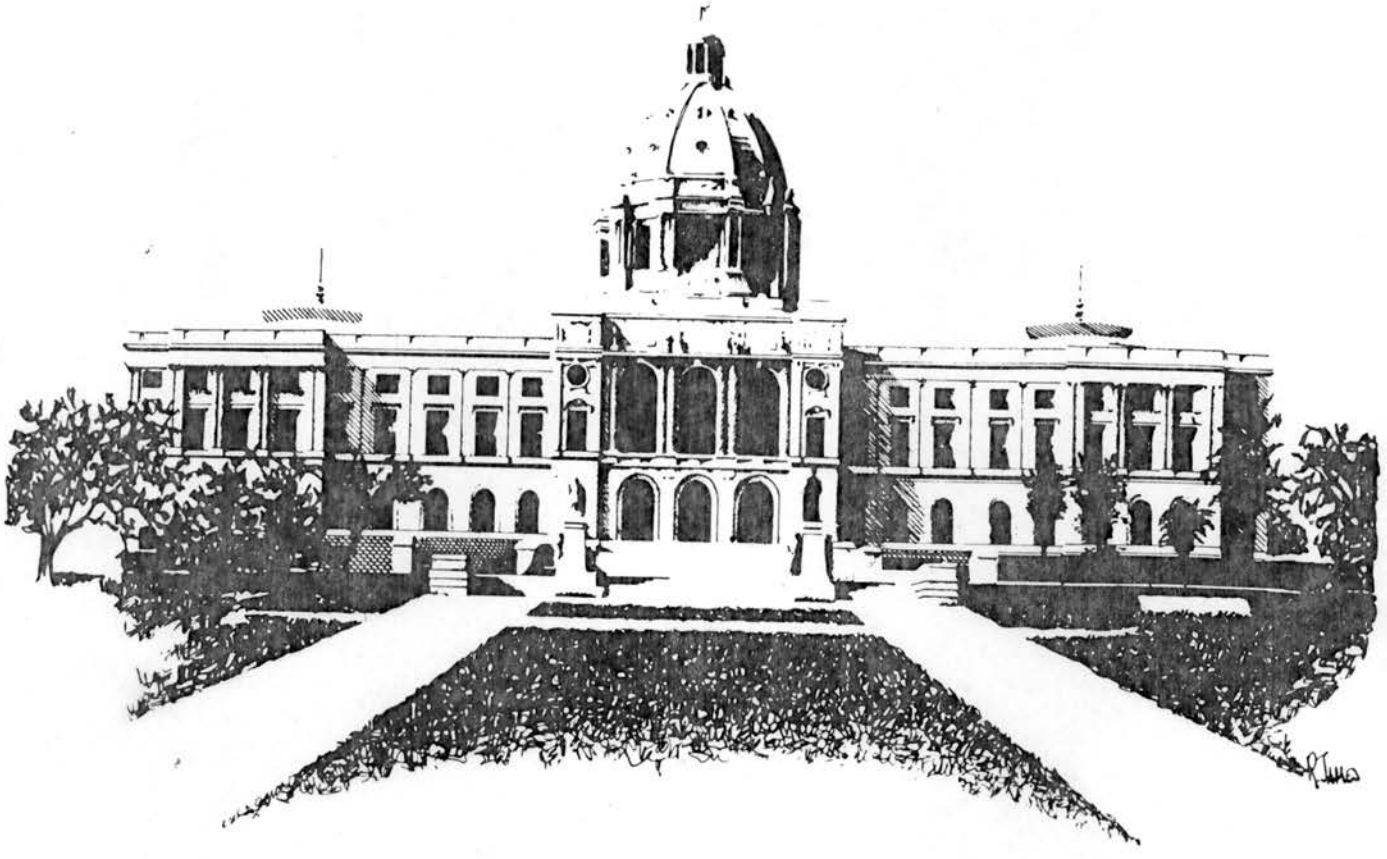

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Subp. 4. Multiple requests; review criteria. In reviewing the requests, the commissioner of health shall evaluate the following criteria:

A. the need for beds based upon the population requirements of the county in which the replacement or additional beds will be located;

B. the need for the beds as determined by past, present, and future utilization data with specific attention given to the following:

(1) utilization rates of similar facilities within the county and the contiguous Minnesota counties for the most recent five years;

(2) utilization rates of the existing facility for the most recent five years; and

(3) five years projected utilization rates for the proposed project;

C. the availability and adequacy of other less costly or more effective health care facilities and services which may serve as alternatives or substitutes for the whole or any part of the project; and

D. the immediate and long-term financial feasibility of the project, its probable impact on the operational costs and charges of the facility, and the impact of the project on the medical assistance program.

Subp. 5. Multiple requests; determination. Within 30 days of the receipt of the information required by subpart 3, the commissioner shall inform the applicants of the decision to approve or deny the requests.

Subp. 6. Appeal procedure. An applicant may contest the denial of the request for the certification of beds by requesting a contested case proceeding under Minnesota Statutes, sections 14.57 to 14.69.

Department of Health

Proposed Rules Relating to Communicable Diseases

Supplement to Notice of Intent to Adopt Rules and to Repeal Rules without a Public Hearing

On June 18, 1984, the Commissioner of Health published a Notice of Intent to Adopt Rules and to Repeal Rules Without a Public Hearing, together with a copy of the proposed rules, in the *State Register*, at 8 S.R. 2690.

NOTICE IS HEREBY GIVEN that the Commissioner intends to modify the proposed rules by insertion of the following new subpart:

Part 4605.7030, subp. 6. Others. Unless previously reported, it shall be the duty of every other licensed health care provider who examines any patient who has or who is suspected of having any of the diseases listed in part 4605.7040 to report within one working day to the Commissioner as much of the information outlined in part 4605.7090 as is known.

NOTICE IS ALSO GIVEN that the Commissioner intends to modify the list of reportable diseases in proposed part 4605.7040 as follows:

Item R. Haemophilus influenzae disease (only invasive disease including epiglottitis, cellulitis, bacteremia, and meningitis);

Item S. Hepatitis (A, B, and non A—non B).

Item T. Herpes Simplex infections (neonatal, less than 30 days of age, disease only).

Item BBB. Typhus (Rickettsia prowazeki and R. typhus.)

NOTICE IS ALSO GIVEN that the proposed changes will have an impact on small businesses as defined in Minn. Stat. § 14.115, subd. 1 (Supp. 1983), specifically veterinarians, veterinarian medical laboratories and medical laboratories. Medical laboratories will be required to report to the Commissioner the results of certain tests which indicate the presence of diseases listed in part 4605.7040 of the proposed rules as well as other information required in part 4605.7030, subp. 3. When circumstances exist as provided in part 4605.7030, subp. 5, the Commissioner will request from veterinarians and veterinarian medical laboratories certain reports of clinical diagnosis of disease in animals and reports of laboratory tests on animals.

THE PUBLIC IS HEREBY ADVISED that:

1. There is a 30-day period in which to submit comment in support of or in opposition to the proposed rules and repealer, and the modification set forth above. Comment is encouraged;

2. Each comment should identify the portion of the proposed rule or repealer addressed, the reason for the comment, and any change proposed;

3. If twenty-five or more persons submit a written request for a public hearing within the 30-day comment period, a public hearing will be held;

4. All comments and any written requests for a public hearing shall be submitted to John Washburn, Chief, Epidemiologic Field Services Section, Minnesota Department of Health, 717 Delaware Street Southeast, Minneapolis, Minnesota 55440.

5. Any person requesting a public hearing should state his or her name and address and is encouraged to identify the portion of the proposed rule or repealer addressed, the reason for the request, and any change proposed;

6. The proposed rules and repealer may be modified if modifications are supported by the data and views submitted and do not result in a substantial change in the proposed language;

7. Under the procedure for adoption of rules without a public hearing, the Department must submit any action on its rules to the Attorney General for review of the form and legality of the rule change. If a hearing is not required, notice of the date of submission of the proposed rules to the Attorney General for review will be mailed to any person who requests to receive the notice. Requests to receive notice must be submitted to Mr. Washburn at the above address;

8. Authority to amend Minn. Rules ch. 4605 and pts. 4735.0010 and 4735.0020 is contained in Minn. Stat. §§ 144.05, 144.0742, and 144.12 (1982).

9. A Statement of Need and Reasonableness supporting the proposed rule changes has been available at the agency since June 18, 1984. A document entitled Supplement to the Statement of Need and Reasonableness has been prepared which addresses the need and reasonableness of the proposed modification and which discusses the impact of the rules on small businesses. Anyone wishing to receive a copy of the Statement of Need and Reasonableness or the Supplement to the Statement of Need and Reasonableness may contact Mr. John Washburn at the above address;

10. If twenty-five or more persons request a public hearing on this matter, notice of any such hearing will be published in the *State Register*;

11. Any rule change made pursuant to this proceeding shall be effective five days after publication in the *State Register* of notice of the adoption of the change.

12. The proposed rules were published in the *State Register*, Volume VIII, No. 51, beginning at page 2690 on June 18, 1984. One free copy of the proposed rules, the modified rules, and this notice may be obtained by contacting Mr. John Washburn at the above address.

December 3, 1984

Department of Health,
Sister Mary Madonna Ashton
Commissioner of Health

Rules as Proposed (all new material)

4605.7000 PURPOSE.

The purpose of this chapter is to establish a process and assign responsibility for reporting, investigating, and controlling disease.

4605.7010 SCOPE.

This chapter applies generally to cases, suspect cases, and deaths from communicable diseases and syndromes, reporting of disease, and disease control.

4605.7020 DEFINITIONS.

Subpart 1. Case. "Case" means a person having a particular disease diagnosed by a physician.

Subp. 2. Carrier. "Carrier" means a person identified as harboring a specific infectious agent in the absence of discernible clinical disease and who serves as a potential source of infection.

Subp. 3. Commissioner. "Commissioner" means the state commissioner of health or authorized officers, employees, or agents of the Minnesota Department of Health.

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Subp. 4. Infection control practitioner. "Infection control practitioner" means any person designated by a hospital, nursing home, medical clinic, or other health care facility as having responsibility for prevention, detection, reporting, and control of infections within the institution.

Subp. 5. Isolation. "Isolation" means the separation, for the period of communicability, of an infected person from others in places and under the condition as to prevent or limit the direct or indirect transmission of the infectious agent to those who are susceptible or may spread the agent to others.

Subp. 6. Local board of health. "Local board of health" means authorized administrators, officers, agents, or employees of the county, multi-county, or city board of health organized under Minnesota Statutes, sections 145.911 to 145.921.

Subp. 7. Medical laboratory. "Medical laboratory" means any facility which receives, forwards, or analyzes specimens of original material from the human body, and reports the results to physicians who use the data for purposes of patient care.

Subp. 8. Physician. "Physician" means any person who is licensed by the Minnesota Board of Medical Examiners to practice medicine.

Subp. 9. Suspected case. "Suspected case" means a person having a condition or illness in which the signs and symptoms resemble those of a recognized disease.

Subp. 10. Veterinarian. "Veterinarian" means any person who is licensed by the Minnesota Board of Veterinary Medicine to practice veterinary medicine.

Subp. 11. Public health hazard. "Public health hazard" means the presence of a disease organism or condition in the environment which endangers the health of a specified population.

4605.7030 PERSONS REQUIRED TO REPORT DISEASE.

Subpart 1. Physicians. When attending a case, suspected case, carrier, or death from any of the diseases in part 4605.7040, the physician shall report within one working day to the commissioner, unless previously reported, the information outlined in part 4605.7090.

Subp. 2. Health care facilities. Hospitals, nursing homes, medical clinics, or other health care facilities shall designate that the individual physicians shall report as provided in subpart 1; or shall designate an infection control practitioner or other person as responsible to report to the commissioner, within one working day of knowledge of a case, suspected case, carrier, or death from any of the diseases in part 4605.7040, the information outlined in part 4605.7090.

Subp. 3. Medical laboratories. Medical laboratories which receive specimens of original material from patients shall, within one working day of completion, provide to the commissioner the results of microbiologic cultures, examinations, and immunologic assays for the presence of antigens and antibodies which are indicative of the presence of any of the diseases in part 4605.7040 and as much of the following information as is known: disease (test, culture, or examination); source of specimen (i.e., blood, stool, type of tissue); name and address of the medical laboratory; date of test, culture, or examination; patient's name or I.D. number, birthdate, and sex; and the name, address, and telephone number of the attending physician.

If necessary, the commissioner shall contact the attending physician who shall be responsible for determining whether a case, suspected case, carrier, or death due to a disease in part 4605.7040 is present.

Subp. 4. Comprehensive reports. Any institution, facility, or clinic, staffed by physicians and having medical laboratories which are required to report, as in subparts 1, 2, and 3, may, upon written notification of the commissioner, designate a single person or group of persons to report cases, suspected cases, carriers, deaths, or results of medical laboratory cultures, examinations, and assays for any of the diseases listed in part 4605.7040 to the commissioner.

Subp. 5. Veterinarians and veterinary medical laboratories. The commissioner of health shall, under the following circumstances, request certain reports of clinical diagnosis of disease in animals and reports of laboratory tests on animals:

A. The disease is common to both animals and humans.

B. The disease may be transmitted directly or indirectly to and between humans and animals.

C. The persons who are afflicted with the disease are likely to suffer complications, disability, or death as a result.

D. Investigation based upon veterinarian and veterinary medical laboratory reports will assist in the prevention and control of disease among humans.

Subp. 6. Others. Unless previously reported, it shall be the duty of every other licensed health care provider who examines any patient who has or is suspected of having any of the diseases listed in part 4605.7040 to report within one working day to the commissioner as much of the information outlined in part 4605.7090 as is known.

4605.7040 DISEASE AND REPORTS.

Cases, suspected cases, carriers, and deaths due to the following diseases and disease agents shall be reported. The diseases followed by an asterisk shall be reported immediately by telephone to the commissioner.

A. Acquired Immune Deficiency Syndrome (AIDS)

B. Amebiasis (*Entamoeba histolytica*)

C. Anthrax* (*Bacillus anthracis*)

D. Babesiosis (*Babesia* sp.)

E. Blastomycosis (*Blastomyces dermatitidis*)

F. Botulism* (*Clostridium botulinum*)

G. Brucellosis (*Brucella* sp.)

H. Campylobacteriosis (*Campylobacter* sp.)

I. Chancroid (*Haemophilus ducreyi*)

J. *Chlamydia trachomatis* infections (nonspecific urethritis, cervicitis, salpingitis, neonatal conjunctivitis, pneumonia, and lymphogranuloma venereum)

K. Cholera* (*Vibrio cholerae*)

L. Diphtheria (*Corynebacterium diphtheriae*)

M. *Diphyllobothrium latum* infection

N. Encephalitis (caused by infectious agents)

O. Echinococcosis (*Echinococcus* sp.)

P. Giardiasis (*Giardia lamblia*)

Q. Gonorrhea infections (including: Gonococcal salpingitis, ophthalmia neonatorum, Penicillin resistant *Neisseria* gonorrhea infections)

R. *Haemophilus influenzae* disease (only invasive disease including epiglottitis, cellulitis, bacteremia, and meningitis)

S. Hepatitis (viral types A, B, and non-A, non-B)

T. *Herpes simplex* infections (neonatal, less than 30 days of age, disease only)

U. Histoplasmosis (*Histoplasma capsulatum*)

V. Influenza (unusual case incidence or laboratory confirmed cases)

W. Lead (poisoning and undue absorption)

X. Legionellosis (*Legionella* sp.)

Y. Leprosy (*Mycobacterium leprae*)

Z. Leptospirosis (*Leptospira interrogans*)

AA. Lyme Disease (*Borellia burgdorferi*)

BB. Malaria (*Plasmodium vivax, P. malariae*, or *P. falciparum*)

CC. Measles (Rubeola)*

DD. Meningitis (caused by all types of bacterial, viral, or fungal agents)

EE. Meningococcemia (*Neisseria meningiditis*)

FF. Mumps*

GG. Mycobacterioses (symptomatic cases only; exclusive of tuberculosis and leprosy)

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HH. Pertussis (*Bordetella pertussis*)

II. Plague (*Yersinia pestis*)

JJ. Poliomyelitis*

KK. Psittacosis (*Chlamydia psittaci*)

LL. Q Fever (*Coxiella burnetii*)

MM. Rabies (animal and human cases and suspects)*

NN. Reye Syndrome

OO. Rheumatic Fever (cases meeting the Jones Criteria only).

PP. Rubella and Congenital Rubella Syndrome

QQ. Rocky Mountain Spotted Fever (*Rickettsia rickettsii, R. canada*)

RR. Salmonellosis, including typhoid (*Salmonella* sp.)

SS. Shigellosis (*Shigella* sp.)

TT. Staphylococcal disease (*Staphylococcus aureus* outbreaks only)

UU. Streptococcal disease (only *Streptococcus agalactiae* (Group B) neonatal, less than 30 days of age, disease)

VV. Syphilis* (*Treponema pallidum*)

WW. Tetanus (*Clostridium tetani*)

XX Toxic Shock Syndrome

YY. Trichinosis (*Trichinella spiralis*)

ZZ. Tuberculosis (*Mycobacterium tuberculosis*)

AAA. Tularemia (*Francisella tularensis*)

BBB. Typhus (*Rickettsia prowazeki* and *R. typhus*)

CCC. Yellow Fever

DDD. Yersiniosis (*Yersinia* sp.)

4605.7050 UNUSUAL CASE INCIDENCE.

Any pattern of cases, suspected 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 hazard, including but not limited to suspected or confirmed outbreaks of food or waterborne disease, epidemic viral gastroenteritis, and any disease known or presumed to be transmitted by transfusion of blood or blood products, shall be reported immediately by telephone, by the person having knowledge, to the commissioner.

4605.7060 CASES, SUSPECTED CASES, CARRIERS, AND DEATHS DUE TO DISEASE ACQUIRED OUTSIDE THE STATE.

Cases, suspected cases, and deaths due to any viral, bacterial, fungal, or parasitic disease that a physician thinks have been acquired outside the state, and which are considered rare or unusual in Minnesota, or a public health problem in the area of presumed acquisition, shall be reported to the commissioner.

4605.7070 OTHER REPORTS.

It shall be the duty of any person in charge of any institution, shcool, child care facility or camp, or any other person having knowledge of any disease which may threaten the public health, to report immediately the name and address of any persons suspected of having disease to the commissioner.

4605.7080 NEW DISEASES AND SYNDROMES.

The commissioner shall, by public notice, request reporting of specified diseases when all of the following circumstances exist:

A. There is evidence that epidemiologic investigation based upon reports of cases, suspect cases, and deaths due to the disease or syndrome will assist in further understanding of the disease.

B. Persons afflicted with the disease or syndrome are likely to suffer complications, disability, or death as a result.

C. A case-oriented public health response will be helpful for control.

D. There is a specific, planned mechanism for surveillance of the disease or syndrome.

E. Reports of individual cases of the disease will serve as indicators of possible widespread contamination or increased risk which may be preventable.

4605.7090 DISEASE REPORT INFORMATION.

Reports that are required in part 4605.7030 shall contain as much of the following information as is known:

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

B. date of first symptoms;

C. patient:

(1) name;

(2) birthdate;

(3) ethnic or racial origin;

(4) residence address, city, and county;

(5) phone number; and

(6) place of work, school, or daycare;

D. date of report;

E. physician name, address, and phone number;

F. name of hospital (if any);

G. name of person reporting (if not physician);

H. diagnostic laboratory findings and dates of test;

I. name and locating information of contacts (if any); and

J. other information pertinent to the case.

4605.7100 REPORTS TO STATE AND LOCAL BOARDS OF HEALTH.

Upon receipt of information or other knowledge of a case, suspected case, or death or any disease or report required in part 4605.7030, the local board of health shall immediately forward same to the commissioner.

4605.7200 RECORDS OF DISEASE.

The commissioner shall maintain records of reports of cases, suspected cases, carriers, and deaths for the disease reports required in this section and shall prepare statewide summary information which shall be made available for each local board of health on request.

4605.7300 COPIES OF DISEASE REPORTS.

Local boards of health operating under agreements in part 4735.0200, subpart 2, shall be forwarded copies of all disease reports and information received by the commissioner which pertain to the jurisdication and biennial agreement between the commissioner and the local board of health.

4605.7400 PREVENTION OF DISEASE SPREAD.

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

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

4605.7500 DISEASE INVESTIGATIONS.

The commissioner shall investigate the occurrence of cases, suspected cases, or carriers of reportable diseases or unusual disease occurrences in a public or private place for the purpose of verification of the existence of disease, ascertaining the source of the

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disease causing agent, identifying unreported cases, locating contacts of cases, identifying those at risk of disease, determining necessary control measures, and informing the public if necessary.

4605.7600 RABIES.

Subpart 1. Treatment of exposed person. When any person has been bitten or is otherwise exposed to the rabies virus by an animal known or suspected to be rabid, a physician shall determine as soon as practical the advisability of the person receiving preventive treatment.

Subp. 2. Dogs and cats. The commissioner shall ensure that dogs and cats which bite or otherwise expose a person to rabies virus are confined and observed for signs suggestive of rabies for a period of ten days or are sacrificed, and the tissues of the brain examined for evidence of infection by the rabies virus. If at any time during the ten-day observation the veterinarian determines that the animal shows signs suggestive of rabies or the animal dies, the commissioner shall have the brain tissue examined for evidence of infection by the rabies virus.

Subp. 3. Test mammals. The following mammals are suspected of being rabid at any time following a bite or other exposure of a person to the rabies virus. The commissioner shall have the animal sacrificed immediately and the tissues of the brain tested for evidence of infection by the rabies virus:

A. bat;

B. badger;

C. bear;

D. beaver;

E. bobcat;

F. civet cat;

G. ferret;

H. fox;

I. mink;

J. muskrat;

K. ocelot;

L. opossum;

M. raccoon;

N. skunk;

O. weasel;

P. woodchuck; or

Q. wolf.

Subp. 4. Mammal examined. The following mammals are suspected of being rabid at any time following a bite or other exposure of a person to the rabies virus. The commissioner shall have the animal examined by a veterinarian who shall advise the commissioner and the animal's owner as to the health of the animal and whether the animal shall be sacrificed and the tissues of the brain examined for evidence of infection by the rabies virus:

A. bovine;

B. goat;

C. horse;

D. monkey;

E. sheep; or

F. swine.

Subp. 5. Commissioner determination of mammal testing. The commissioner shall determine if any mammal not otherwise addressed in these rules which bites or otherwise exposes a human is possibly rabid, and whether to have the animal sacrificed and the tissues of the brain examined for evidence of infection by the rabies virus.

4605.7700 VENEREAL DISEASE.

Subpart 1. Special reports. The following special reports shall be given by physicians to the commissioner:

A. Notwithstanding any previous report, physicians who have reason to believe that a person having syphilis, gonorrhea, or chancroid has not completed therapy shall notify the commissioner immediately of that person's name, address, and other pertinent information.

B. Notwithstanding any previous report, physicians who treat persons infected with syphilis, gonorrhea, or chancroid shall ensure that the names and addresses of sexual contacts who may also be infected are reported to the commissioner.

C. Notwithstanding any previous report, physicians shall immediately report to the commissioner the name, address, and essential facts of the case for any person known or suspected of being infected with syphilis, gonorrhea, or chancroid who refuses examination or treatment.

4605.7800 HEALTH EDUCATION.

Health care providers working with patients having syphilis, gonorrhea, or chancroid shall instruct the patients how to prevent the spread of venereal disease, and inform them of the importance of complying with treatment instructions and the necessity of having all relevant sexual contacts promptly examined for the specific venereal disease.

4735.0100 DEFINITIONS.

Subpart 1. Commissioner. "Commissioner" means the state commissioner of health or authorized officers, employees, or agents of the Minnesota Department of Health.

Subp. 2. Community health services plan. "Community health services plan" means plans and plan revisions developed under Minnesota Statutes, section 145.92.

Subp. 3. Local board of health. "Local board of health" means the duly authorized administrators, officers, agents, or employees of the county, multi-county, or city board of health organized within the provisions of Minnesota Statutes, sections 145.911 to 145.921.

Subp. 4. Public health emergency. "Public health emergency" means an unanticipated and temporary condition threatening the health of a specific population such that the resources of one or more local boards of health cannot reasonably be considered adequate to respond to the emergency needs of the affected population.

Subp. 5. Public health hazard. "Public health hazard" means the presence of a disease organism or condition in the environment which endangers the health of a specified population.

4735.0200 DUTIES OF COMMISSIONER.

Subpart 1. General duties. The state commissioner of health or an authorized officer shall be responsible for the collection and review of disease reports, epidemiologic investigations, and control of disease in all areas of the state.

Subp. 2. Agreements. The commissioner may enter into written agreements with local boards of health for the purposes of specifying shared responsibilities for the collection of data and information described in parts 4605.7000 to 4605.7800. The agreement must be made a part of the biennial community health services plan. The agreement shall include but not be limited to:

A. requirements pertaining to data to be collected and disease investigations to be conducted;

B. minimum personnel requirements;

C. duties of the commissioner regarding the provision of technical or other assistance to fulfill the agreement;

D. specification of means by which the local board of health shall coordinate data collection and other duties of the agreement with related activities of the commissioner or other local boards of health;

E. criteria by which the commissioner will determine that the duties and responsibilities agreed upon are met;

F. procedures for renewal of the agreement; and

G. grounds for termination.

Subp. 3. Notice to local board of health. The commissioner shall bring to the attention of the local board of health any conditions within the jurisdiction of the local board of health which represent the potential for a public health hazard.

Subp. 4. Assistance to local board of health. The commissioner shall provide technical assistance and personnel as he or she

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." ADOPTED RULES SECTION — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

determines are available and necessary to answer the requests of the local board of health for assistance in the investigation and control of disease.

Subp. 5. Public health emergency. In the event of a public health emergency, the commissioner may, after giving reasonable notice to the local board of health, suspend all or certain specified terms of the agreement for a period of time sufficient to respond to the public health emergency.

4735.0300 DUTIES OF LOCAL BOARD OF HEALTH.

Subpart 1. Local board of health request. The local board of health shall, when the public health hazard exceeds the capacity of the local board of health to respond, request assistance from the commissioner for the investigation and control of disease.

Subp. 2. Duty to report health hazards. The local board of health shall bring to the attention of the commissioner any conditions which represent the potential for a public health hazard.

RENUMBER. Renumber each part specified in Column A with the part set forth in Column B.

Column A	Column B
4605.3000	4720.3910
4605.3100	4605.7900
4605.3300	4605.8000
4605.5200	4605.7701
4605.5300	4605.7702
4605.5400	4605.7703
4605.5500	4605.7704
4605.5600	4605.7705
4605.5700	4605.7706
4605.5800	4605.7707
4605.5900	4605.7708
4605.6000	4605.7709
4605.6100	4605.7710
4605.6200	4605.7711
4605.6300	4605.7712
4605.6400	4605.7713
4605.6500	4605.7714
4605.6600	4605.7715
4605.6700	4605.7716

REPEALER. Minnesota Rules, parts 4605.0200; 4605.0300; 4605.0400; 4605.0500; 4605.0600; 4605.0700; 4605.0800; 4605.0900; 4605.1000; 4605.1100; 4605.1200; 4605.1300; 4605.1400; 4605.1500; 4605.1600; 4605.1700; 4605.1800; 4605.1900; 4605.2000; 4605.2100; 4605.2200; 4605.2300; 4605.2400; 4605.2500; 4605.2600; 4605.2700; 4605.2800; 4605.2900; 4605.3200; 4605.3400; 4605.3500; 4605.3600; 4605.3700; 4605.3800; 4605.3900; 4605.4000; 4605.4100; 4605.4200; 4605.4300; 4605.4400; 4605.4500; 4605.4600; 4605.4700; 4605.4800; 4605.4900; 4605.5000; 4605.5100; 4735.0010; 4735.0020, are repealed.

Department of Health
Health Systems Division

Proposed Rule Defining Individual Permanent Medical Record

Notice of Hearing and Notice of Intent to Cancel Hearing if Fewer than Twenty-Five Persons Request a Hearing in Response to Notice of Intent to Adopt a Rule Without a Hearing

A public hearing concerning the above-entitled matter will be held on April 10, 1985, in Room 105 of the State Department of Health Building, 717 Delaware Street Southeast, Minneapolis, Minnesota. This public hearing will commence at 9:00 a.m. and continue until all interested persons have an opportunity to be heard. PLEASE NOTE, HOWEVER, THAT THIS HEARING WILL BE CANCELLED IF FEWER THAN 25 PERSONS REQUEST A HEARING IN RESPONSE TO THE NOTICE OF INTENT TO ADOPT THESE SAME RULES WITHOUT A HEARING, PUBLISHED IN THIS *STATE REGISTER* AND MAILED THE SAME DATE AS THIS NOTICE. To verify whether a hearing will be held please call 623-5473, after March 25, 1985.

Following the agency's presentation at the hearing, all interested or affected persons will have an opportunity to ask questions

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA
COMMISSIONER OF HEALTH

IN THE MATTER OF PROPOSED RULES
RELATING TO THE REPORTING,
INVESTIGATION, AND CONTROL
OF DISEASE IN THE STATE.

STATEMENT OF NEED
AND REASONABLENESS

"The Minnesota Commissioner of Health (hereinafter "Commissioner"), pursuant to Minnesota Statutes 14.05 and 14.21 and rules 1400.0200-1400.0900 (formerly 9MCAR 2.101-108), presents facts establishing the need for and reasonableness of the above rules adoption and amendment.

In order to adopt the proposed rules, the Commissioner must demonstrate that she has complied with all the procedural and substantive requirements of rulemaking. Those requirements are that: 1) there is statutory authority to adopt the rule, 2) all necessary procedural steps have been taken, 3) the rules are needed, 4) the rules are reasonable, and 5) any additional requirements imposed by law have been satisfied. This statement demonstrates that the Commissioner has met these requirements.

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1. STATUTORY AUTHORITY.

The statutory authority of the Commissioner to adopt these rules is briefly noted below. The specific statutory authority for each rule or rule amendment is discussed in detail as part of the rule-by-rule justification.

- Minnesota Statute 144.05 provides the Commissioner with the authority and assigns the responsibility for development and maintenance of an organized system of programs and services for protecting, maintaining, and improving the health of the citizens.

- Minnesota Statute 144.0742 authorizes the Commissioner to enter into contractual agreements with any public or private entity for provision of statutorily prescribed public health services by the department.

- Minnesota Statute 144.12 authorizes the Commissioner to adopt reasonable regulations related to treatment of persons suffering from communicable diseases; the collection, recording, and reporting of vital statistics; and the furnishing of related information.

2. STATEMENT OF NEED.

"The Government (Statisticians) are very keen on amassing statistics--they collect them, add them, raise them to the nth power, take the cube root, and prepare wonderful diagrams. But what you must never forget is that every one of these figures comes in the first instance from the village watchman who puts down what he damn pleases."

- Sir Josiah Stamp, 1929

Disease surveillance (the collection, collation, and analysis of reports of disease and the dissemination of these data to those with a need to know) and organized efforts for disease control began in the United States over 100 years ago. In 1878, an act of Congress authorized the Public Health Service to collect morbidity reports for use with quarantine measures against pestilential diseases such as cholera, smallpox, plague, and yellow fever. Over the years there have been periodic revisions in the methods of surveillance and dramatic changes in control strategies. It has been about 50 years since State Rules and Regulations: 4735.0010 and 4735.0020 (formerly Chapter 1 (MHD 1 & 2) and Chapter 20 (MHD 316-328)) have been substantially reviewed and revised for rules adoption and amendment. The type of revisions which are made include additions and deletions to the list of reportable diseases, changes in quarantine measures provided, and updating the provisions of the rules to make them consistent with recent legislation, medical practice, and methods of electronic data processing.

The needs for each specific provision in the proposed rules is addressed in the rule-by-rule justification. It is the Department's position that the need of all rules proposed at this time is obvious and well established.

3. COMPLIANCE WITH PROCEDURAL RULEMAKING REQUIREMENTS.

Minnesota Statutes Sections 14.05-14.12 and 14.21-14.28 and rules of the Office of Administrative Hearings specify certain procedures which must be followed when an agency adopts or amends rules. Procedures applicable to all rules (Minnesota Statute Section 14.05-14.12) have been complied with by the Commissioner. The Commissioner has determined that the adoption and amendment of the rules in 4735.0010 and 4735.0020 is non-controversial and has elected to follow the procedures set forth in Minnesota Statutes Sections 14.21-14.28 which provide for an expedited process for the adoption of non-controversial administrative rule changes without the holding of a public hearing.

Procedural Rulemaking Requirements of the Administrative Procedure Act

Minnesota Statute Sections 14.10 requires an agency which seeks information or opinions in preparation for adoption of rules from sources outside the agency to publish a notice of its action in the State Register and afford all interested persons an opportunity to submit data or comments on the subject. In the State Register issue of Monday, June 14, 1982, p. 2254, the Commissioner published a "Notice of Intent to Solicit Outside Information and Opinions Concerning Revisions of Minnesota Rules: Chapter 1 (MHD 1 & 2)--'Duties of Local Health Officers and Country Boards of Health' and Chapter 20 (MHD 316-328)--'Communicable Disease.'" (renumbered as 4735.0010-4735.0020 and 4605.0200-4605.5100)

These rules do not incorporate by reference (Minnesota Statute Section 14.07 subd 4) text from any other law, rule, or available text or book. These rules do not duplicate any statutory language (Minnesota Statute Section 14.07 subd 5). The adoption of these rules will not require the expenditure of public money by local public bodies (Minnesota Statute

Section 14.11 subd 12) of greater than $100,000 in either of the two years following promulgation, nor do the rules have any impact on agricultural land. The adoption of these rules will not affect small businesses (Minnesota Statute Section 14.115).

Pursuant to Minnesota Statute Section 14.23, the Commissioner has prepared this statement of need and reasonableness which is available to the public. The Commissioner will publish notice of intention to adopt the rules without public hearing in the State Register and mail copies of the notice and proposed rules to persons registered with the Minnesota Department of Health pursuant to Minnesota Statute Section 14.14 subd 1. The notice will include the statements: a) that the public have 30 days in which to submit comments on the proposed rule; b) that no public hearing will be held unless 25 or more persons make a written request for a hearing within the 30-day comment period; c) giving information pertaining to the manner in which persons shall request a hearing; and d) that the rule may be modified if modifications are supported by data and the views submitted.

If seven or more persons submit to the Minnesota Department of Health a written request for a hearing of the proposed rule, the agency shall proceed under the provisions of Minnesota Statute Section 14.13-14.20 and notice of hearing shall be published in the State Register.

If no hearing is required, the Commissioner will submit the proposed rule and notice as published, the rule as proposed for adoption, any written comments which have been received, and this statement of need and reasonableness to the Attorney General for approval as to its legality and form to the extent that it relates to its legality.

These rules shall become effective upon publication of a notice of adoption in the State Register.

Non-Mandatory Actions by the Commissioner

No other statute requires the Commissioner to comply with requirements in the promulgation of rules; there are two other actions which the Commissioner has taken which should be addressed:

First, the Commissioner, pursuant to the authority granted under Minnesota Statute Section 15.059, established in January 1983 a "Work Group to Revise the Reportable Disease Rules" as well as an earlier (November 1983) "Task Force to the Commissioner for Technical Recommendations for Acute Disease Surveillance and Control in Minnesota." Both of these groups were composed of representative physicians, nurses, administrators, and epidemiologists representing community health agencies, federal and state agencies, the University of Minnesota, and professional societies and associations as well as private medical practices. These groups provided direct advice on the methodologies and approaches considered best for disease surveillance and control in Minnesota.

Second, the Commissioner intends to notify persons who have not registered with the agency for receiving notices of rulemaking hearings. The notice of intent and copies of the proposed rules will be sent to: Community Health Services Agencies, Minnesota Society of Clinical Pathologists, Minnesota Medical Association, Minnesota Association of Practitioners in Infection Control, Minnesota Nursing Home Association, Minnesota Hospital Association, Minnesota Association of Health Care Facilities, and Minnesota Veterinary Medical Association.

4. GENERAL STATEMENT OF REASONABLENESS.

In order to adopt administrative rules, an agency must demonstrate that the proposed rules are reasonable. Rulemaking is a process which primarily involves policy decisions. There are many differing policy perspectives and biases which can, therefore, result in many reasonable ways to address a subject covered by administrative rules.

These rules provide a framework within which the Commissioner can conduct and evaluate disease surveillance and control efforts. The following definition of surveillance has served as a principal guide in drafting these rules:

> "SURVEILLANCE IS A DYNAMIC PROCESS TO PROVIDE DATA FOR ANALYZING AND INTERPRETING THE OCCURRENCE OF HEALTH RELATED EVENTS IN A DEFINED POPULATION AS INFLUENCED BY HOST-AGENT-ENVIRONMENTAL FACTORS. THE PROCESS MAY UTILIZE SEVERAL ALTERNATIVES, REQUIRING ONE OR A COMBINATION OF METHODS AND TECHNOLOGIES, BASED ON THE PURPOSES, THE DEGREE OF CONFIDENCE DESIRED FOR THE RESULTS, THE PROBLEMS AND THE AVAILABLE RESOURCES. (Health related events include not only clinical disease but also subclinical conditions and serologic, genetic, microbiologic, pathologic, and biochemical data as well as data to aid in determining outcomes such as death, illness, disability, productivity, and benefit/cost ratios.)"
>
> - Professor R. K. Anderson, D.V.M., M.P.H.
> University of Minnesota, 1982

These rules have been developed to promote the concept of specific surveillance activities for specific purposes, within specific agent-host-environment situations. The rules discourage the concept of one, monolithic system which uses the same methods, the same technology, and the same population to fulfill all surveillance needs.

The Commissioner of Health asserts that the rules proposed here are reasonable. They have a rational basis in law, medicine, and public health practice; do not represent arbitrary or capricious policies; and meet every procedural and substantive requirement for adoption.

5. RULE-BY-RULE JUSTIFICATION.

4605.7000 DEFINITIONS.

Terms used in the rules are now defined in order to make the provisions of the rules more understandable.

4605.7010-4605.7020 PURPOSES AND SCOPE.

As stated in the proposed rules, the purpose is to establish a process and assign responsibility for reporting, investigating, and controlling disease. They are generally based upon the provisions of Minnesota Statutes Sections 144.05 and 144.12.

4605.0200-4605.0600 are deleted and replaced by 4605.7030-4605.7800 which represents revisions and expansions to update the previous provisions which were either inconsistent with current medical and public health practice and/or lacking a statutory basis.

4605.7030 PERSONS REQUIRED TO REPORT DISEASE.

Subparts 1-5. This paragraph and its listing of reportable diseases is revised and expanded to include reports from physicians, health care institutions, medical laboratories, and to allow for comprehensive reports and reports from veterinarians. This section is based upon MN Stats 144.05 and 144.12. Specific statutory basis is found for tuberculosis (144.42-471;246.27-28), Reye Syndrome (144.659), and lead poisoning (144.34).

4605.7040 DISEASES AND REPORTS.

Two epidemiologically-related diseases are deleted from the list of reportable diseases. Smallpox: This disease no longer exists in the world; and Chickenpox (only patients over 16 years of age): early symptoms of cases were often similar to smallpox and these patients were, in the more recent past, recruited as blood donors for making immune serum derivatives for immuno-compromised persons, a method which has been replaced by more efficient commercial methods.

4605.7050

This section is revised to update the language only. This section is based upon MN Stat 144.05 a & c; 144.12; 144.34; and 145.03-145.17.

4605.7060

This is a new provision which is intended to provide reports on diseases which are "rare" or "exotic" to Minnesota, are public health problems, and which would be too lengthy and speculative to include with the reportable disease list in (a). This section is based upon MN Stat 144.05 a & c; 144.12; and 144.14.

4605.7070

This section is revised as "Other Reports" to provide consistency with 4605.7040. This section is based upon MN Stat 144.05 a & c; and 144.12.

4605.7080

This section is a new provision which is intended to set out a procedure for the Commissioner to request reports of new and emerging diseases and syndromes which are not included in rules but are none-the-less of public health importance. This section is based upon MN Stat 144.05 a-c; and 144.12.

4605.7090

This section on reports is revised, expanded, and the specific report card format deleted in order to allow for reporting in different electronic data processing formats. This section is based upon MN Stat 144.05 and 144.12.

4605.7100-4605.7300

These sections are revised and expanded to include forwarding of reports to the State, maintenance of records by the Commissioner, and reports from the Commissioner to local boards of health. This section is based upon MN Stat 144.05 a-c, f, g, & h; and 144.12.

MHD317 (4605.0700)

This section is deleted from rules since quarantine placards are not appropriate in any way to disease control or medical practice at this time.

MHD318 (4605.0800)

This section is deleted since knowledge of disease transmission at this time indicates no additional risk of these diseases in hotels or in the general population living in houses or apartments. Special precautions would be covered under revised 4605.7400.

MHD319 (4605.0900-4605.1000)

This section is deleted since the precautions of disinfection, removal, and placarding of this type and specificity are not necessary. Special precautions would be covered under revised 4605.7400.

MHD320 (4605.1100)

This section is deleted since modern antibiotics, large-scale milking and milk handling, and routine pasteurization eliminate the need for this rule. Special precautions would be covered under 4605.7400.

MHD321 (4605.1200)

This section is deleted since ordering curtailment of public gatherings and contact is no longer necessary to control disease. Special precautions would be covered under 4605.7400.

4605.7400 PREVENTION OF DISEASE SPREAD.

This section provides for physician (or, in the absence of a physician, the Commissioner) responsibility for ensuring isolation as necessary to prevent disease transmission.

This is a new section which replaces the specific quarantine and epidemic precautions of the several deleted sections. The logic of (a) in this section is based upon the assumption that isolation is a medical practice decision and that any other necessary quarantines or prohibitions on gatherings would be brought to district courts pursuant to the applicable statute and as authorized by MN Stat 145.075. This section is based upon MN Stat 144.12, subd 1(7) and 2.

4605.7500 DISEASE INVESTIGATIONS.

This section is revised and specifies investigation of disease as a duty of the Commissioner. This section is based upon MN Stat 144.05 a-c; 144.12, subd 1 & 2; 144.14; 144.34; 145.04; and 145.05.

4605.7600 **(See MHD 326h--4605.2500--on page 12)**

4605.7700 and 4605.7800 **(See MHD 326--4605.3600-4605.5100--on page 13)**

MHD322 (4605.1300)

This section is deleted as there is no specific statutory basis for broad exclusion of children from school and providing for such follow-up reports as described in this rule.

MHD323, MHD324, MHD325 (4605.1400-4605.1600)

These sections are deleted because currently available antibiotics and current medical practice make these rules obsolete. Special precautions would be covered under the revised 4605.7400.

MHD326 (4605.1700-4605.5000)

The following sections are deleted or replaced for the reasons stated:

a. (4605.1700) This section is deleted since polio is virtually eliminated in the U.S. and best controlled through immunization and thorough case follow-up. Special precautions would be covered under 4605.7400.

b. (4605.1800) This section is deleted since shaving brushes made from horsehair are no longer available.

c. (4605.1900) This section is deleted since chickenpox is no longer confused with smallpox (which no longer exists in the world). Special precautions would be covered under 4605.7400.

d. (4605.2000-4605.2100) This section is deleted since diphtheria is now treated effectively with medication and prevented by immunization. Special precautions would be covered under 4605.7400.

e. (4605.2200) This section is deleted since vector-borne encephalitis viruses present in Minnesota are not known to be transmitted from person-to-person via vectors or other modes. Special precautions would be covered under revised 4605.7400.

f. (4605.2300) This section is deleted because school immunization laws (MN Stat 123.70) have virtually eliminated measles in Minnesota. Special precautions would be covered under revised 4605.7400.

g. (4605.2400) This section is deleted because it is inaccurate; not all meningitis is "meningoccocus" (N. meningiditis). If special precautions are necessary, they would be covered under revised 4605.7400.

h. (4605.2500) This section is deleted and replaced by 4605.7600, an expanded section which clarifies and specifies species of risk, quarantine, and prophylaxis for rabies. This section is based upon MN Stat 144.05 c; 144.12 subd 1(7); 145.03; 145.05; 145.17; and 145.22.

i. (4605.2600) This section is deleted because currently available antibiotics and medical practice make the rule obsolete. Special precautions would be covered under the revised 4605.7400.

j. (4605.2700) This section is deleted because smallpox has been eradicated from the world.

k. (4605.2800) This section is deleted since trachoma (C. trachomatis), though infectious, is treatable with antibiotics and manageable by an informed patient. Special precautions would be covered under revised 4605.7400.

l. (4605.2900) This section is deleted as the provisions stated here are now covered by MN Stat 246.7 (1980) and 144.422 (1982).

m. (4605.3000) (1), (2), and (4) are deleted as they are no longer necessary requirements for the control of typhoid fever. Special isolation precautions would be covered in the revised 4605.7400.

(3) N.B. 4605.3000 subpart (3) is being renumbered as 4720.3910 (formerly 7MCAR 1.149F). It is not being repealed. 4720.3600-4720.3900 already deals with public notification concerning public water supplies and the addition of this condemnation provision fits logically within the sense of that rule.

n. (4605.3600-4605.5100) This entire section is deleted and replaced with new sections as reporting is included in the main list in revised 4605.7040 and other deleted sections are either statutorily unbased or inconsistent with the current state of medical practice. A new section--4605.7700 and 4605.7800--provide special provision for reporting and education of patients with syphilis, gonorrhea, and chancroid for reporting of cases in addition to routine reports.

4605.7700 represents an updating and revision of previous wording. This section is based upon MN Stat 144.05 a-c; 144.12 subd 1(7); 145.04; and 145.36.

4605.7800 represents a revision of previous wording to include all health care providers working with sexually transmitted disease patients and to clarify specifics of patient education. This section is based upon MN Stat 144.05 e; and 144.12 subd 1(7).

(4605.3100) This section is not being revised and is renumbered as 4605.7900.

(4605.3200) Whooping cough (pertussis) is effectively controlled with immunizations and antibiotics. Special precautions would be covered under 4605.7400.

(4605.3300) This section is not being revised and is renumbered as 4605.8000.

MHD327 and MHD 328 (4605.3400-4605.3500).

These two sections are deleted as the Statute upon which they were based (Minnesota Statute 123.69) expired on July 1, 1983, pursuant to Laws 1979, Chapter 292, Section 2 which reads as follows: "Sec. 2 Effective date. Minnesota Statutes 1978, Section 123.69, expires July 1, 1983."

4735.0100 (subp. 1-5) DEFINITIONS

Terms used in the rules are now defined in order to make the provisions of the rules more understandable.

The existing rule is revised and replaced with the new Sections entitled "Duties of the Commissioner" and "Duties of Local Board of Health."

4735.0200 DUTIES OF THE COMMISSIONER

Subpart 1. Clarifies that the Commissioner is responsible for disease surveillance, investigation, and control in the State pursuant to MN Stat 144.011, 144.05, 144.12, and 145.03.

Subpart 2. Pursuant to MN Stats 144.05, 145.03, and 145.031, the Commissioner may enter into agreements with local boards of health to perform her functions in collecting and analyzing surveillance data, conducting investigations, and controlling disease as the designated agent. This section sets out the requirement that the Commissioner establish criteria upon which performance will be based and termination of agreements if the duties and responsibilities set forth are not met.

Subpart 3. Pursuant to MN Stats 144.05, the Commissioner agrees to notify local boards of health of health hazards.

Subpart 4. Pursuant to MN Stats 144.05, the Commissioner will assist local boards of health.

Subpart 5. Pursuant to MN Statss 144.05 and 145.03, the Commissioner may suspend agreements with local boards of health during emergencies.

4735.0300 DUTIES OF LOCAL BOARD OF HEALTH.

Subpart 1. MN Stat 145.914 subd 6 and 11, as well as the above mentioned references, provide that local boards may request assistance from the Commissioner regardless of agreements as above and that the Commissioner will make personnel and technical assistance available to the local board.

Subpart 2. Provides, pursuant to MN Stat 144.05 and 145.914, for the reciprocal communication between the Commissioner and local boards of health concerning conditions which represent a public health hazard.

The following are specific justifications for the deletion of 4735.0010 and 4735.0020.

MHD1 (4735.0010) is repealed. Minnesota Statutes 145.911 to 145.921 places the responsibilities of local health offficer with the local board of health. The provisions of Stat 145.911 to 145.921 make it unnecessary to have annual meetings to discuss "general sanitary conditions."

MHD2 (4735.0020) is repealed. The local health officer references are no longer applicable (pursuant to Minnesota Statutes 145.911 to 145.921) and the duties listed in (a) through (h) are either no longer relevant or revised and updated in the proposed new rules (4735.0100-4735.0300) The specific justifications for (a) through (h) are the following:

(a) There is no need for reports of the "general" condition of counties relating communicable diseases, current medical practice, and the design and engineering of water supplies and sanitation systems. The revisions (4605.7000-4605.7800) will accommodate the need addressed here.

(b) This section is revised and updated in the proposed new rules for 4735.0100-4735.0300.

(c) This section is not necessary since there are specific requirements for birth records which are provided in Minnesota Statute 144.213 through 144.215 for procedures of local registrars and systematic record keeping.

(d) This section is not necessary since State and Federal laws related to inspections and regulation of such establishments are in effect.

(e) This section is revised to meet the provisions of Minnesota Statutes 145.911 to 145.921.

(f) Now covered in Minnesota Statutes 145.911 to 145.921.

(g) Same as (e) above.

(h) Same as (f) above.

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

COMMISSIONER OF HEALTH

In the Matter of Proposed Rules Relating to the Reporting, Investigation, and Control of Disease in the State.

SUPPLEMENT TO THE STATEMENT OF NEED AND REASONABLENESS

As has been previously stated, there is a clear need for these proposed rules in order to update the list of specific diseases to be reported and to provide consistency with recent legislation, medical practice, and electronic data processing (Statement of Need and Reasonableness, page 4). Further, the development of these proposed rules was guided by a definition of surveillance which emphasizes a dynamic process for data collection and analysis and a flexible process using alternative resources for data. They promote the concept of specific surveillance activities for specific purposes within specific agent-host-environment situations (Statement of Need and Reasonableness, page 8).

A Notice of Intent to Adopt Rules and to Repeal Rules Without a Public Hearing along with the proposed rules and repealer were published on June 18, 1984, in S.R. 2690.

During the 30-day comment period, thirty-two comments were received. One comment (Attachment A) dealt with the relationship of the Commissioner and Local Boards of Health in 4735 but did not request a hearing. Another comment (Attachment B) offered several suggestions for adding additional clarity to the reporting of specific information but did not request a hearing. Thirty letters (Attachment C) objected to the omission of specific references to chiropractors from the proposed rules and requested a hearing. Discussions were held with representatives of the Board of Chiropractic Examiners and the Minnesota Chiropractic Association. Prior

to publication of the notice of a hearing as demanded by the thirty letters, the Chiropractic representatives proposed inclusion of the language now found in 4605.7030 subp. 6 (d). Six letters requesting withdrawal of earlier letters requesting a public hearing (Attachment D) were then received, allowing the Commissioner of Health to proceed with promulgation of these rules by the non-controversial method.

In addition to addressing the comments received, this supplement addresses the impact of these new rules on small business, specifically on veterinary practices and medical laboratories, pursuant to Minnesota Statute 14.115.

RESPONSE TO COMMENT (A)

Chapter 4735 of the proposed amendment establishes a formal relationship between the Commissioner and Local Boards of Health for disease surveillance, reporting, and investigation. The Commissioner, as the State's health agency, has general authority and responsibility for the development and maintenance of an organized system of programs and services for protecting, maintaining, and improving the health of the citizens of the State. This authority includes establishing and enforcing health standards for the protection and the promotion of the public's health, such as reporting of disease. Minnesota Statute 144.05(c). Further, the Commissioner may adopt, alter, and enforce reasonable regulations for the preservation of the public health. Minnesota Statute 144.12 Subd. 1 and 2 and 145.918 Subd. 1(c). The Commissioner is permitted to share or delegate certain of her responsibilities to local boards of health. Minnesota Statute 145.01-145.05. However the CHS Act envisions a state system of guidelines and standards under which shared or delegated responsibilities are carried out on the local level. Minnesota Statute 145.911 Subd 1. The

Commissioner's role, therefore, is not only to assure that disease reports are collected and reviewed and epidemiologic investigations occur but also to create a unitary system for disease prevention and control which will operate throughout the state.

As for the suggestion that part 4735.0200 subp 2 be a separate section which would provide that the Commissioner and the local boards of health "shall enter" into written agreements as part of the CHS plan for sharing responsibilities under Rules 4635.7000 through 4165.7800, the statutory authority for such agreements uses the discretionary language "may enter." See Minnesota Statute 144.05, 145.03, 145.031, 145.55, and 145.918.

The final suggestion is that part 4735.0300 subp 1 be changed to give a local board of health discretion to request assistance from the Commissioner when a public health hazard exceeds the capacity of the local board of health to respond. While it is true that the enabling statutes cited above use discretionary language, the Commissioner in any case retains the final responsibility for disease prevention and control. Thus it is reasonable that when a health hazard exceeds the resources of the local board of health, the Commissioner may require the county to seek assistance.

RESPONSE TO COMMENT (B)

Suggestions were made for clarifying parts 4605.7030 (persons required to report) and 4605.7040 (reportable diseases) to avoid redundancy.

Regarding 4605.7030, there may at times be redundancy in reports of specific laboratory tests. However, the electronic system (computer) to be used for handling reports will be able to sort out redundant reports easily and thus allow less of a sorting requirement for laboratories which are reporting.

Regarding the suggestions for part 4605.7040, they are all four, good, clarifying suggestions and are incorporated into the proposed rules as follows:

R. -- Amend to read "(only invasive disease . . .)."

S. -- Amend to read "(viral types A, B, and nonA-nonB)."

T. -- Delete "types I and II."

BBB. -- Amend to read "(Rickettsia prowzakii and R. typhi)."

RESPONSE TO REQUESTS FOR HEARING (C) AND WITHDRAWAL OF REQUESTS (D)

The specific objections raised in the requests are addressed as follows:

4605.7000

Subpart 1. This definition places the responsibility for the diagnosis of disease (including both those diseases listed in 4605.7040 and those diseases which may be present in the population and represent a public health hazard) with physicians. The ability of a doctor of chiropractic to make a diagnosis of a disease referred to in these rules is not relevant since these diseases are not by law diseases which are diagnosed and treated by chiropractors. Compare Minnesota Statutes 148.01 and 147.)

Subpart 7. The most significant proportion of the specimens collected for medical laboratory examination are (a) collected through invasive procedures which are by law not included in chiropractic practice, (b) tests which if positive require treatment with drugs which are prescribed by a physician, and (c) unrelated to "abnormal articulations of the human body." See Minnesota Statute 148.01.

Subpart 8. Physicians diagnose and treat the diseases related to these rules. A chiropractor may, from time to time, recognize a disease

referred in these rules and report this knowledge pursuant to Minnesota Statute 148.08 and proposed part 4605.7070 or refer the patient to a physician who is required by proposed part 4605.7030 subp. 1 to report.

4605.7030

This section addresses reporting by specified persons, laboratories, or institutions as defined in 4605.7000.

4605.7060

(Same justification as 4605.7030.)

4605.7090

E. Physician name and address are fundamental for confirmation of diagnosis and surveillance follow up.

G. Reports from chiropractors would include their names here as making a report.

4605.7600

Subpart 1. Only physicians can prescribe anti-rabies prophylaxis; therefore, the responsibility of determination of exposure rests with the physician.

4605.7700

Venereal disease diagnosis, treatment, and the determination of failure of patients to undergo or complete therapy is the practice of medicine.

THE FOLLOWING ADDRESSES THE MODIFICATION TO THE PROPOSED RULES WHICH ACCOMODATES THE CONCERNS OF THE CHIROPRACTIC COMMUNITY

Part 4605.7030 subp. 6 is a change in the rules as originally published. The new subpart specifies the duty of health care providers to report (unless previously reported) their knowledge of the suspected existence of a disease listed in part 4605.7040 whose symptoms may be

recognized in the course of their particular practice. Part 4605.7030 provides specificity to the more general reporting requirement in part 4605.7070 which addresses any person having knowledge of disease which may threaten the public health.

The Commissioneer recognizes that knowledgeable, experienced, licensed health professionals other than physicians are able to recognize some of the signs and symptoms of the diseases listed in part 4605.7040. Part 4605.7030 subp. 6 is not, however, meant to imply or suggest that licensed health professionals, other than physicians, are required or allowed to diagnose or provide treatment for any of the diseases listed in 4605.7040, except as provided within the scope of their specific professional practices laws.

IMPACT ON SMALL BUSINESSES

A concern for reducing or eliminating the impact of the proposed amendments on small businesses are reflected in the rules as follows.

Veterinary Medical Practices. Several veterinarians representing individual practitioners, a teaching and research institution, and the Minnesota Veterinary Medical Association (Drs. Ashley Robinson, Stanley Diesch, Stanley Hendricks, and R. K. Anderson) consulted with the Commissioner in the drafting of these rules in general and specifically were responsible for proposing the concept of veterinarian reporting contained in part 4605.7030, subp. 5.

The consultants considered the establishment of less stringent compliance or reporting requirements for small businesses, the establishment of less stringent schedules or deadlines for compliance or reporting requirements, the consolidation or simplification of compliance and reporting requirements, the establishment of performance standards for

small businesses to replace standards required in the rule, and the exemption of small businesses from any or all requirements of the rule. The resulting reporting requirement for veterinary medical practices was intentionally set up as a non-mandatory request for reports in order that the burden of participation in reporting for veterinarians is entirely voluntary. Therefore, it will have no impact on veterinary practices unless the individual veterinarian chooses to respond to a specific request of the Commissioner. Any further reduction or elimination of the impact of the disease reporting requirements on veterinary medical practices would be contrary to the statutory objectives that are the basis of the proposed rule amendments.

Medical Laboratories. The provisions in these rules for medical laboratory reports were designed in conjunction with Dr. Bertram Woolfrey who was the appointed representative of the Minnesota Society of Clinical Pathologists (principally, laboratory directors and medical technologists). Dr. Woolfrey was a member of the Commissioner's working committee which drafted these rules. Laboratorians at the Minnesota Department of Health and at other laboratories also sat on the committee.

The consulting laboratorians considered the establishment of less stringent compliance or reporting requirements, the establishment of less stringent schedules or deadlines for compliance or reporting, the consolidation or simplification of compliance or reporting requirements, the establishment of performance standards to replace operational standards, and the exemption of laboratories from any or all requirements of the rule. The resulting reporting requirements for medical laboratories allow for considerable flexibility by laboratories in terms of the format and way lab results are reported to the Commissioner. For example, an

extra copy of the lab slip or a composite computer printout are both considered acceptable reports. This flexibility eliminates the need for separate paperwork or increased data handling beyond that which is simply essential to proper laboratory record keeping. The resulting reporting requirements for medical laboratories cannot be made less simple or less constraining without invalidating the data to be collected and thus becoming contrary to the statutory objectives that are the basis of the proposed rulemaking.

The effects of the proposed rules on medical laboratories have also been reviewed by the members of the Minnesota Society of Clinical Pathologists through their communiques and at business meetings. The Society and its parent organization, the American Society of Clinical Pathologists, certify the training of professional laboratory workers.

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

COMMISSIONER OF HEALTH

In the Matter of the Proposed Repeal and Adoption of Rules of the Minnesota Department of Health, Minn. Rule Ch. 4605 (formerly MDH 316-328) Relating to Communicable Disease and Minn. Rule pp. 4735.0010 and 4735.0020 (formerly MDH 1 and 2) Relating to Local Health Officers and County Boards of Health

STATEMENT OF COMPLIANCE WITH RULEMAKING PROCEDURES

I, Catherine E. Avina, do hereby declare that I have examined the rules and all related documents and that, based on my examination and my personal familiarity with the applicable procedures, the Administrative Procedure Act, the rules of the Office of Administrative Hearings, and the rules of the Attorney General have been followed. Any exceptions are noted below.

Dated: April 9, 1985

Catherine E. Avina

CATHERINE E. AVINA
Special Assistant
Attorney General

STATE OF MINNESOTA

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Dated: 4-10-85, 1985

CEA

CATHERINE E. AVINA
Special Assistant
Attorney General

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AFFIDAVIT CONCERNING NOTICE OF SUBMISSION TO THE ATTORNEY GENERAL

STATE OF MINNESOTA)
) ss.
COUNTY OF HENNEPIN)

John W. Washburn, being first duly sworn, deposes and says:

That subsequent to the Commissioner's publication of a Notice of Intent to Adopt and to Repeal Rules Without a Public Hearing in the State Register of June 18, 1984, at 8 S.R. 2690, and a Supplement to the Notice of Intent in the State Register of February 18, 1985, at 9 S.R. 1860, in which the public were advised to submit to the Department requests to receive notice of submission of the rules to the Attorney General, no requests for such notice were received.

John W. Washburn

JOHN WASHBURN
Executive Director
Minnesota Mosquito Research &
Control Program

Subscribed and sworn to before me

this 4 day of April, 1985.

Louise Kaniuk

LOUISE KANIUK
NOTARY PUBLIC-MINNESOTA
HENNEPIN COUNTY
MY COMMISSION EXPIRES FEBRUARY 22, 19[illegible]