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DEPARTMENT OF HEALTH

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Amendment and Compilation of Chapter 11-156
Hawaii Administrative Rules

FEB 0 7 2008

SUMMARY

1. §11-156-2 is amended.

2. §11-156-3 is amended.

3. §11-156-4 is amended.

4. §11-156-4.2 to 11-156-4.4 are amended.

5. §11-156-5 to 11-156-6 are amended.

6. §11-156-8.1 is amended.

7. §11-156-8.8 to 11-156-8.9 are amended.

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HAWAII ADMINISTRATIVE RULES

TITLE 11

DEPARTMENT OF HEALTH

CHAPTER 156

COMMUNICABLE DISEASES

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§11-156-8.1	Prenatal hepatitis B screening and treatment of newborns
§11-156-8.8	Repealed

§11-156-8.9 Repealed
§11-156-9 Severability

Historical Note: Chapter 156 of Title 11, Administrative Rules, is based substantially upon Public Health Regulations, Chapter 5, Communicable Diseases, Department of Health, State of Hawaii. [Eff 4/12/72; R 11/5/81]

§11-156-1 **Purpose**. The purpose of this chapter is to specify those diseases considered contagious, communicable or dangerous and to establish reporting requirements. [Eff 11/5/81; comp 5/24/90; am and comp 10/23/97; comp 8/27/01; comp MAR 13 2008] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§321-1, 325-13)

§11-156-2 **Definitions.** As used in this chapter:

"Bloodborne pathogen" means any pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis viruses and human immunodeficiency virus (HIV).

"Carrier" means a person (or animal) that harbors a specific infectious agent in the absence of discernible clinical disease and serves as a potential source of infection.

"Case" means a person or animal that harbors an infectious agent and has manifest disease.

"Chemoprophylaxis" means the administration of a chemical, including antibiotics, to prevent the development of an infection or the progression of an infection to manifest disease.

"Communicable disease" means an illness which arises through transmission of a specific infectious agent or its toxic products from an infected person, animal, or inanimate reservoir to a susceptible host.

"Contact" means a person or animal that has been in association with an infected person or a

contaminated environment which might provide an opportunity to acquire the infectious agent.

"Control" means the ongoing operations or programs aimed at reducing incidence and/or prevalence of communicable disease and some noncommunicable conditions.

"Control Group or, Control" means subject(s) with whom a comparison is made in a case control study, or other variety of epidemiologic study.

"Department" means the department of health of the State of Hawaii. Unless otherwise indicated, the department of health is represented by the district health office on the neighbor islands and the disease investigation branch on Oahu.

"Direct care provider" means a person engaged in the care of children, patients, elderly, or the infirm.

"Director" means the director of health of the State of Hawaii, or the director's duly authorized agent.

"Health care provider" or "provider" means a physician (M.D. or D.O.), chiropractor, naturopath, dentist, or the director of a hospital or a long-term care facility.

"Immunization" is a technique used to cause an immune response that results in resistance to a specific disease. "Isolation" means separation during the period of communicability of infected persons or animals from others to prevent or limit the direct or indirect transmission of the infectious agent from those who are infected and who may spread the agent to others. Isolation procedures fall into three categories as listed below.

(1) "Strict isolation", to prevent the transmission of highly contagious or virulent infections that may be spread by both air and contact.

(2) "Contact isolation", to prevent transmission of less highly transmissible diseases spread primarily by close or direct contact.

(3) "Respiratory isolation", to prevent the transmission of infectious diseases over short distances through the air.

"Laboratory" means any institution, building or place (including a blood bank) in which or by which operations or procedures for the microbiologic, serologic, chemical, hematologic, biophysical, toxicologic, cytologic or pathologic examinations of specimens taken from the human or animal body or the environment are performed to obtain information to guide diagnosis, prophylaxis or treatment.

"Observation" means the practice of close medical or other supervision of contacts in order to permit prompt recognition of infection or illness but without restricting their movements.

"Outbreak" means the occurrence in a community or region of an illness clearly in excess of normal expectancy.

"Positive HIV test result" means the reported result of any test that unequivocally indicates that the subject of the test is infected with HIV. This includes any positive confirmatory HIV antibody test, any positive HIV detection test, and any viral load test which indicates a viral load above the minimum limit for detection level.

"Practitioner" means a physician who is licensed under the provisions of chapter 453 or 460, HRS, a physician assistant licensed under the provisions of chapter 453, HRS, or an advanced practice registered nurse recognized under the provisions of chapter 457, HRS, and shall include those persons authorized to practice medicine as a physician or nursing as an advanced practice registered nurse in federal facilities located in the State.

"Provisional diagnosis" means the most likely diagnosis based on clinical history and signs and/or symptoms, pending laboratory confirmation.

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"School" means any day care center, child care facility, head start program, preschool, kindergarten, elementary or secondary school, public or private, university or college, or vocational school, including any special school for children in the State.

"Sexually transmitted infection" means an infection that is commonly transmitted through sexual contact. Sexual contact includes and is not limited to oral contact, vaginal intercourse, anal intercourse, and oral-genital and oral-oral contact.

"Suspected case" means a person whose medical history and symptoms suggest that he or she may have or be developing some communicable disease.

[Eff 11/05/81; am and comp 5/24/90; am and comp 10/23/97; am and comp 8/27/01; am and comp MAR 13 2008] (Auth: HRS §§321-9, 325-13, 325-55) (Imp: HRS §§321-1, 325-13)

§11-156-3 **Reporting of communicable diseases.** (a) Exhibit A, "Disease Reporting Requirements for Health Care Providers in Hawaii (June, 2007)," Exhibit B, "Hawaii Laboratory Reporting Requirements (June,2007), and Exhibit C, "Hawaii Isolation and Control Requirements (June, 2007)", located at the end of this chapter, are made a part of this chapter. The diseases and agents listed in Exhibits A and B are declared by the director to be communicable and dangerous to public health and shall be reported to the department by the methods described therein.

(b) Any communicable disease not listed in Exhibit A or Exhibit B occurring beyond usual frequency, or of unusual or uncertain etiology, including diseases which might be caused by a genetically engineered organism, shall be reported to the department by telephone.

(c) When the director determines that any communicable disease not designated in Exhibit A or Exhibit B has become a danger to the public health, or when control measures as specified in Exhibit C for a designated communicable disease are inadequate to prevent it from becoming a danger to the public health, such communicable disease may be declared notifiable pursuant to section 91-3(b), HRS, and be incorporated into Exhibits A, B, and C.

(d) Every health care provider caring for a person with a diagnosis, or provisional diagnosis in the absence of definitive test results for confirmation, shall notify the department as described in Exhibit A. If the case is not known to have already been reported to the department, the practitioner responsible for the management of that case or health care provider shall report that case to the department. If neither the practitioner responsible for the case nor the health care provider reports, both shall be considered in default of their responsibility to report. The report shall conform to the mode of report and time frame specified for each disease or agent under "Reporting Category" in Exhibit A. This requirement applies to all settings, in which patient care is provided, including passenger ships discharging passengers in the State of Hawaii and all facilities performing medical evaluations, including blood banks.

(e) If a practitioner or health care provider submits a specimen to an out-of-state laboratory for analysis, the practitioner or health care provider shall report the test results to the department in accordance with Exhibit B, "Hawaii Laboratory Reporting Requirements (June, 2007)."

(f) All information received by the department pursuant to this section shall be kept confidential.

(g) Failure to comply with the requirements of this chapter is a misdemeanor, punishable as provided in chapter 325, HRS. [Eff 11/5/81; am and comp MAR 13 2008

5/24/90; am and comp 10/23/97; am and comp 8/27/01 am and comp MAR 13 2008] (Auth: HRS §§321-9, 325-13, 325-55) (Imp: HRS §§325-1, 325-2, 325-3, 325-4,325-101, 325-104)

§11-156-3.1 REPEALED. [R 10/23/97]

§11-156-4 **Reporting from laboratories.**

(a) Exhibit B, "Hawaii Laboratory Reporting Requirements June, 2007)," located at the end of this chapter, is made a part of this chapter.

(b) When a laboratory examination of any specimen derived from a human or animal body yields microscopic, bacteriologic, immunologic, serologic, or other evidence of the probable presence of any one of the agents or conditions listed in Exhibit B, the person in charge of the laboratory shall promptly report findings to the department in such manner as prescribed by the department. Laboratories shall convey a sample of the isolate, blood smear, or aliquot of positive serum to the department as specified in Exhibit B. If a specimen is received by more than one laboratory, the laboratory testing the specimen is responsible for reporting the result. However, if the laboratory testing the specimen is outside the State, the laboratory or facility or practitioner in the State which referred the specimen to the out-of-state laboratory is responsible for reporting the result.

(c) This section does not apply to specimens from cases of tuberculosis or Hansen's disease from whom positive specimens have already been reported to the department by that same laboratory.

(d) Forms for reporting the diseases shall be provided by the department. Reports may be made in alternate formats as approved by the department.

(e) All laboratory information received by the department pursuant to this section shall be kept confidential. [Eff 11/5/81; am and comp 5/24/90; am and comp 10/23/97; am and comp 8/27/01; am and comp MAR 13 2008] (Auth: HRS §§321-9,325-13, 325-55) (Imp: HRS §§321-11, 325-2, 325-3, 325-4, 325-101,325-104)

§11-156-4.1 **Reporting from laboratories in the absence of disease.** Each laboratory required to report under section 11-156-4 shall report to the department for each week in which no evidence of any agent or test result listed in Exhibit B was encountered, that no such evidence was encountered. [Eff and comp 10/23/97; comp 8/27/01; am and comp MAR 13 2008] (Auth: HRS §§321-9, 325-13, 325-55) (Imp: HRS §§321-11, 325-13, 325-55)

§11-156-4.2 **Access to medical records.**

(a) Every hospital, clinic, and health care provider shall make available for inspection by the department of health all medical records relating to notifiable diseases listed in Exhibit A and other diseases and syndromes determined by the director to be a danger to the public health pursuant to section 11-156-3(c), for epidemiologic and control purposes when requested by an authorized representative of the department.

(b) Every person, health care provider, and medical facility shall provide the patient's name, the name of a minor patient's parent or guardian, address, telephone number, age, sex, race or ethnicity, clinical signs and symptoms, laboratory test results, diagnostic interview data, treatment provided, and the disposition of the patient when requested by an authorized representative of the director for the purpose of conducting an epidemiologic investigation of a disease deemed by the department to threaten the public health and safety.

(c) When the department determines that an outbreak of a dangerous disease requires close monitoring to protect the public and minimize morbidity and mortality, the department may require every hospital, clinic, and health care provider to report in a manner and format determined by the department, for each patient fulfilling criteria as determined by the department for a person with a diagnosis, or provisional diagnosis in the absence of definitive test results for confirmation of the dangerous disease, the patient's name, the name of a minor patient's parent or guardian, address, telephone number, age, sex, race, ethnicity, clinical signs and symptoms, laboratory test results, diagnostic interview data, treatment provided, and the disposition of the patient, including time and cause of death.

(d) All information received by the department pursuant to this section shall be kept confidential. [Eff and comp 10/23/97; comp 8/27/01; am and comp MAR 13 2008] (Auth: HRS §§321-9, 325-13, 325-55) (Imp: HRS §§321-29, 325-2, 325-3, 325-4, 325-101, 325-104)

§11-156-4.3 **Interventions for disease prevention and control.** Exhibit C, "Hawaii Isolation and Control Requirements (June, 2007)," located at the end of this chapter, is made a part of this chapter. The interventions prescribed in Exhibit C apply to diagnosed or suspected cases as well as contacts of diagnosed or suspected cases of the communicable diseases listed.

[Eff and comp 10/23/97; am and comp 8/27/01; am and comp MAR 13 2008] (Auth: HRS §§321-9,325-13) (Imp: HRS §§321-1, 325-8)

§11-156-4.4 **Interventions for disease prevention and control for Sexually Transmitted Infections (STIs).** (a) Source and spread. With only very rare exception, STIs are spread by intimate body contact with infected individuals. To discover the source and possible spread of infection in every case of STI, interviewing of patients and tracing of sexual contacts are fundamental features of a program for control. As the period of communicability varies among the several diseases and can be as much as one year or longer and since the technique for interviewing patients and tracing of their sexual contacts is an exacting one, the physician is urged to utilize the facilities of the department to perform these epidemiologic services. Any person infected with an STI should either disclose to the physician or authorized representative of the director the name, residence, and other identifying characteristic of any person with whom the patient has had sexual contact during the time interval during which the patient had symptoms of disease plus the maximum incubation period possible for that disease and stage, or should bring those individuals forward for diagnosis and treatment.

(b) Prevention of blindness at childbirth. Any physician, midwife, or any other person in attendance in childbirth shall administer prophylaxis for acute infectious conjunctivitis of the newborn within one hour after birth. Acute infectious conjunctivitis of the newborn includes gonorrheal ophthalmia and ophthalmia neonatorum. The prophylaxis for acute infectious conjunctivitis of the newborn shall be one of the following:

(1) One percent silver nitrate in wax ampules administered without saline irrigation or

(2) Ophthalmic ointments containing tetracycline or erythromycin.

Other materials may be used only with the written approval by the department and subject to the conditions and restrictions as the department may impose. The department will consider granting a waiver only after the physician has submitted both the reason for the request and appropriate justification for an effective alternative method.

(c) Any person identified as a suspect or contact of a person diagnosed or provisionally diagnosed with an STI should have a medical examination. Any person so electing should immediately have the examination and permit the examining physician to take specimens of blood and bodily discharges for laboratory study. Any person may have the examination conducted at his or her expense by his or her private physician, provided, however, that the extent and completeness of the examination meets with the approval of the director. Medical services for the examination and possible treatment may be provided by the department.

(d) Evaluation and treatment. Any person who suspects he or she has an STI may apply to the department or to the director for medical evaluation and treatment for which he or she may be unable otherwise to pay for or obtain. Medical services may be furnished at places designated by the director.

(e) Laboratory services and STI treatments. Laboratory services for the detection of STI and drugs for treatment of STI may be furnished by the director from available funds to private physicians and institutions, for evaluation and treatment of persons unable to pay for or otherwise obtain such medical services. Any physician or institution receiving such drugs and services may not charge the patient for the same and shall be strictly accountable for their proper use. [Eff and comp MAR 13 2008] (Auth: HRS §§321-1, 321-9, 325-1, 325-13) (Imp: HRS §§321-1, 321-29, 321-31, 321-32, 321-106, 321-111, 325-5, 325-36)

§11-156-5 **Isolation.** (a) Any person who has been informed by the department, a private practitioner, or a hospital that he or she has been diagnosed or provisionally diagnosed with a communicable disease for which strict isolation is indicated in Exhibit C, shall remain in the person's residence or the room or ward of the hospital in which he or she is confined until the expiration of the prescribed period of isolation for the particular disease. All health care providers shall report immediately to the department any violation of such isolation directive.

(b) Any person who has been diagnosed or provisionally diagnosed with a communicable disease for which other than strict isolation is required in Exhibit C, shall remain isolated to the degree specified until the expiration of the prescribed period of isolation for that disease or until advised by the attending practitioner or by the department that the disease has reached a stage such that isolation is no longer necessary for the protection of the public.

(c) Any person who has been a contact of a person diagnosed or provisionally diagnosed with a communicable disease specified in Exhibit C shall comply with the restrictions specified in Exhibit C.

(d) People infected by the human immunodeficiency virus (HIV), human "T" lymphotrophic virus 1 (HTLV-1), or hepatitis B virus, hepatitis C virus, and other bloodborne pathogens but without any other intercurrent infectious disease requiring isolation, do not require isolation because these infections are not easily transmitted by respiratory or enteric routes. Standard precautions are sufficient. [Eff 11/5/81; amend comp 5/24/90; am and comp 10/23/97; comp 8/27/01; am and comp MAR 13 2008] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§321-1, 325-8)

§11-156-6 **Exclusion from school and group settings.** (a) When any student has a communicable

disease for which isolation or restriction from school attendance is required, it shall be the responsibility of the principal or director in charge of the school to prohibit the student from attending school until the expiration of the prescribed period of isolation. If the attending practitioner, school practitioner, or public health official finds upon examination that the student is free of the disease in the communicable state, the practitioner or official may issue a signed certificate, upon which the student shall be readmitted by the school authority. Students who have been exempted from immunization or who have not completed the required immunizations shall be immunized or excluded from school during a potential outbreak as determined by the department.

(b) HIV-infected students do not pose a transmission risk to others in the school setting and therefore shall not be excluded from the school setting based on their HIV status.

(c) Parents, guardians, custodians, or any other persons in loco parentis to any child who has a disease for which isolation is required shall not permit the child to attend school or to be present in any group settings until the expiration of the prescribed period of isolation or restriction for the particular disease. [Eff 11/5/81; am and comp 5/24/90; am and comp 10/23/97; comp 8/27/01; am and comp MAR 13 2008] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§321-1, 325-8)

§11-156-7 REPEALED. [R 10/23/97]

§11-156-7.1 **Rabies.** Upon report to the department that a person has been bitten by an animal under circumstances such that the possibility of transmission of rabies cannot be excluded, the director may order seizure of the animal in order that it may be held for observation and be sacrificed for

the purpose of examining its brain for evidence of the presence of rabies virus. [Eff and comp 10/23/97; comp 8/27/01; am and comp MAR 13 2008] (Auth: HRS §§321-9) (Imp: HRS §§325-1, 325-2, 325-3, 325-4)

§11-156-8 REPEALED. [R 5/24/90]

§11-156-8.1 **Prenatal hepatitis B screening and treatment of newborns.** (a) Prenatal screening of pregnant women for hepatitis B (HbsAg) is required with each pregnancy. A woman infected with the hepatitis B virus should be counseled by her practitioner to consent to an immunization series against hepatitis B for her baby.

(b) The attending practitioner or other person permitted by law to attend pregnant women in the State shall submit a sample of blood from each pregnant woman to a licensed laboratory for appropriate serologic testing for hepatitis B. A copy of the original laboratory report indicating the pregnant woman's Hepatitis B Surface antigen (HBsAg) status shall be provided to the hospital where delivery is planned and to the health care provider who will care for the newborn. The department may provide hepatitis B serologic testing to medically indigent or indigent pregnant women.

(c) Every practitioner serving as the primary attendant for a pregnant woman who is a carrier of the hepatitis B virus shall report to the department's perinatal hepatitis B program the name, address, telephone number(s), and birth date of the woman. The department may provide the hepatitis B immune globulin and hepatitis B vaccine necessary for the protection of babies

born to indigent or medically indigent pregnant women infected with hepatitis B.

(d) Every practitioner serving as the primary attendant for an infant born to a woman who is a carrier of the hepatitis B virus shall report the following information to the department's perinatal hepatitis B program: the infant's name and date of birth, the mother's name and date of birth, the hepatitis B vaccination dates and name of manufacturer(s), administration date, and post-vaccination blood test records of the infant. [Eff 5/24/90; am and comp 10/23/97; comp 8/27/01; am and comp MAR 13 2008] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§321-1, 325-2, 325-3, 325-92)

Eff and comp 8/27/01; R MAR 13 2008] (Auth: HRS §§321-9, 325-13, 325-55) (Imp: HRS §§321-11, 325-2, 325-3,325-4, 325-101, 325-104)

§11-156-9 **Severability.** If any provision of this chapter, or its application to any person or circumstance, is held invalid, the application of such provision to other persons or circumstances, and the remainder of this chapter shall not be affected thereby." [Eff 11/5/81; comp 5/24/90; comp 10/23/97; comp 8/27/01; comp MAR 13 2008] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§321-9, 325-13)

2. Material, except source notes, to be repealed is bracketed. New material is underscored.

3. Additions to update source notes to reflect these amendments and compilation are not underscored.

4. These amendments to and compilation of chapter 11-156, Hawaii Administrative Rules shall take effect ten days after filing with the Office of the Lieutenant Governor.

Amendments to and compilation of chapter 156, title 11, Hawaii Administrative Rules, on the Summary Page dated FEB 07 2008 were adopted on FEB 07 2008 following a public hearing held on December 11, 2007, after public notice was given in the Honolulu Star-Bulletin, The Maui News, The Garden Island, The West Hawaii Today, and The Hawaii Tribune-Herald on November 6, 2007.

They shall take effect ten days after filing with the Office of the Lieutenant Governor.

CHIYOME LEINAALA FUKINO, M.D.
Director of Health

LINDA LINGLE
Governor
State of Hawaii

Dated: FEB 29 2008

MAR 03 2008

Filed

APPROVED AS TO FORM:

SUSAN KERN
Deputy Attorney General

Exhibit A

Hawaii Health Care Providers Disease Reporting Requirements
[June, 2007]

The diseases described below are declared by the Director of Health to be dangerous to public health and shall be reported to the Department of Health as specified. Restrictions shall be imposed on cases and contacts as indicated in ***Hawaii Isolation and Control Requirements, April, 2006.***

Any communicable disease not listed below occurring beyond usual frequency, or of unusual or uncertain etiology, including diseases which might be caused by a genetically engineered organism, shall be reported to the Department of Health (Disease Outbreak Control Division) by telephone. Likewise, all suspected outbreaks of a notifiable disease shall be reported to the Disease Outbreak Control Division by telephone.

If the final diagnosis or provisional diagnosis in the absence of definitive tests for confirmation is a reportable disease and **if the case is not known to have already been reported** to the Department, the physician responsible for the management of that case or the hospital in which the case is being treated shall report that case in accordance with the methods described below. If neither hospital nor physician reports, **both** shall be considered in default of their responsibility to report.

This requirement applies to all settings in which patient care is provided, including passenger ships discharging passengers in Hawaii and all facilities performing medical evaluations, including blood banks.

Failure to comply with these requirements is a misdemeanor under Hawaii Law.

Physicians, laboratory directors, and health care providers to report. *Every physician or health care provider having a client affected by or suspected of being affected by a disease or condition declared to be communicable or dangerous to the public health by the director of health shall report the incidence or suspected incidence of such disease or condition to the department of health in writing or in the manner specified by the department of health. Every laboratory director having laboratory data regarding an individual affected by or suspected of being affected by a disease or condition declared to be communicable or dangerous to the public health shall report such diseases or conditions to the department of health in writing or in a manner specified by the health department. Every physician, laboratory director, or health care provider who refuses or neglects to give such notice, or make such report, may be fined in an amount not to exceed $1,000 per violation, to be assessed by the director of health. The director of health is authorized to impose the penalty pursuant to this section.*

§325-2 Hawaii Revised Statutes.

Reporting Categories

Urgent reports: Diseases or conditions that are suspicious or presenting with novel symptoms that may or may not be part of a known disease or disease complex, labeled "urgent" shall be reported by telephone as soon as a provisional diagnosis is established. The telephone report shall be followed by a written report submitted by mail or fax within three days to the

Disease Outbreak Control Division, Disease Investigation Branch on Oahu, or to the District Health Office on the neighbor islands.

Confidential: Infections/diseases which may carry a social stigma are to be reported with **extra precautions** to assure patient confidentiality. Reports are to be submitted within three working days of diagnosis as described below.

Routine reports: Diseases labeled "routine" shall be reported by mail, by telephone, or fax to the Disease Outbreak Control Division on Oahu, or to the District Health Offices on the neighbor islands.

Routine/Enteric (enteric prevention priority): Diseases labeled "routine - enteric prevention priority" shall be reported by telephone as soon as a working diagnosis is established if the individual case is a ***food handler, direct care provider, or pre-school aged child***. Otherwise routine reports may be submitted.

Outbreak reports: Any disease shall be reported by telephone when observed to occur clearly in excess of normal expectancy as determined by the healthcare provider or the Director of Health. The telephone report shall be followed by a written report submitted by mail or fax within three days to the Disease Outbreak Control Division on Oahu, or to the District Health Offices on the neighbor islands.

Upon request: Disease or condition shall be reported to the Disease Investigation Branch upon request.

Note: Diseases shown in bold require URGENT *action sometimes or always.*

Disease	*Reporting Category*
Acquired Immunodeficiency Syndrome (CDC case definition) [1]	**Confidential**
Amebiasis	**Routine/Enteric**
Angiostrongyliasis	**Upon request**
Anthrax	**Urgent**
Botulism, food borne	**Urgent**
Botulism, wound or infant	Routine
Brucellosis	**Urgent**
Campylobacteriosis	**Routine/Enteric**
Chickenpox - varicella (report individual cases)	Routine
Chlamydia (*Chlamydia trachomatis*) [2]	**Confidential**

[1] HIV/AIDS shall be reported to the HIV/AIDS Surveillance Program (CONFIDENTIAL), 3627 Kilauea Avenue, Rm. 306, Honolulu, HI 96816; ☎ (808) 733-9010.

[2] Sexually Transmitted Infections other than HIV/AIDS shall be reported to the STD Prevention Program, 3627 Kilauea Avenue, Room 304, Honolulu, HI 96816; ☎ (808) 733-9281.

Cholera	**Urgent**
Congenital Rubella Syndrome	**Urgent**
Cryptosporidiosis	**Routine/Enteric**
Cyclosporiasis	**Routine**
Dengue	**Urgent**
Diphtheria	**Urgent**
Encephalitis, Meningitis, Arboviral (Alphaviruses [e.g., California Serogroup, Eastern equine, Western Equine, St. Louis, West Nile, Powassan])	**Urgent**
Enterococcus, Vancomycin-resistant	Routine
***Escherichia coli* O157**	**Routine/Enteric**
Filariasis	Routine
Fish poisoning (ciguatera, scombroid, or hallucinogenic)	**Urgent**
Food borne illness: 2 or more ill persons having eaten: (a) a common food, or (b) at a place in common.	**Urgent**
Giardiasis	**Routine/Enteric**
Glanders	**Urgent**
Gonococcal disease (*Neisseria gonorrhoeae)* [3]	**Confidential**
Haemophilus influenzae serotype b (meningitis, bacteremia, epiglottitis, pneumonia, or isolation from a normally sterile site).	**Urgent**
Hansen's disease [4]	**Confidential**
Hantavirus Disease	**Urgent**
Hemorrhagic colitis due to *E. coli*, any strain or serotype	**Routine/Enteric**
Hepatitis A * *Also report liver function tests (AST {SGOT}, ALT {SGPT}) conducted at the same time for all patients who are HAV IgM positive.*	**Urgent**
Hepatitis B (acute and chronic) ***Also report liver function tests (AST {SGOT}, ALT {SGPT}) conducted at the same time for all patients who are HBsAg positive.***	Routine
Hepatitis C (acute) ***Also report liver function tests (AST {SGOT}, ALT {SGPT}) conducted at the same time for all patients who are anti-HCV positive.***	Routine
Hepatitis C (chronic) ***Also report liver function tests (AST {SGOT}, ALT {SGPT}) conducted at the same time for all patients who are anti-HCV positive.***	Upon request
Hepatitis E ***Also report liver function tests (AST {SGOT}, ALT {SGPT}) conducted at the same time for all patients who are anti-HCV positive.***	Routine

[3] Sexually transmitted infections other than HIV/AIDS shall be reported to the STD Prevention Program, 3627 Kilauea Avenue, Room 304, Honolulu, HI 96816; ☎ (808) 733-9281.

[4] Reports shall be made to the Hansen's Disease Community Program at ☎ (808) 735-2472.

Hemolytic uremic syndrome (HUS)	**Routine/Enteric**
HIV (Human Immunodeficiency Virus) [5]	**Confidential**
Influenza (report laboratory confirmed cases and outbreaks)	**Urgent**
Influenza-like illness	Upon Request
Legionellosis	**Urgent**
Leptospirosis	Routine
Listeriosis	**Routine/Enteric**
Malaria	Routine
Measles (rubeola)	**Urgent**
Melioidosis	**Urgent**
Meningococcal Disease (meningitis, meningococcemia, or isolation from a normally sterile site)	**Urgent**
MRSA (Methicillin-Resistant *Staphylococcus aureus*)	Upon Request
Mumps	Routine
Norovirus (NoV) (report laboratory confirmed cases and outbreaks)	**Routine/Enteric**
Pelvic Inflammatory Disease (PID) [6]	**Confidential**
Pertussis	**Urgent**
Plague	**Urgent**
Pneumococcal disease (meningitis, bacteremia, or isolation from a normally sterile site)	Routine
Poliomyelitis	**Urgent**
Psittacosis	**Urgent**
Q fever	**Urgent**
Rabies	**Urgent**
Rubella (German measles)	**Urgent**
Salmonellosis (other than typhoid)	**Routine/Enteric**
SARS (Severe Acute Respiratory Syndrome)	**Urgent**
Shigellosis	**Routine/Enteric**
Smallpox	**Urgent**
Streptococcal disease, Group A (beta hemolytic, invasive disease including Streptococcal Toxic Shock Syndrome, necrotizing fasciitis, or isolation from a normally sterile site, but not including pharyngitis)	Routine
Syphilis [6]	**Confidential**

[5] HIV/AIDS shall be reported to the HIV/AIDS Surveillance Program (CONFIDENTIAL), 3627 Kilauea Avenue, Room 306, Honolulu, HI 96816; ☎ (808) 733-9010.

[6] Sexually transmitted diseases other than HIV/AIDS shall be reported to the STD Prevention Program, 3627 Kilauea Avenue, Room 304, Honolulu, HI 96816; ☎ (808) 733-9281.

Tetanus	Routine
Toxoplasmosis	Routine
Trichinosis	Routine
Tuberculosis [7]	**Urgent**
Tularemia	**Urgent**
Typhoid Fever	**Urgent**
Typhus (louse, flea, mite-borne)	Routine
Vibriosis (other than *cholera*)	**Routine/Enteric**
Viral hemorrhagic fevers (filoviruses [e.g. Ebola, Barburg, and arenaviruses [e.g., Lassa, Machupo])	**Urgent**
Yellow fever	**Urgent**
Yersiniosis (other than plague)	**Routine/Enteric**

Report all Diseases except Tuberculosis, Hansen's Disease, Sexually Transmitted Infections, and HIV/AIDS to the Health Department Office in Your County

Oahu
P.O. Box 3378
Honolulu, HI 96801
Phone: (808) 586-4586
FAX: (808) 586-4595

Hawaii
P.O. Box 916
Hilo, HI 96720
Phone: (808) 933-4539
FAX: (808) 933-4669

Maui
Hawaii Department of Health
Attention: Epidemiologist
54 High Street
Wailuku, Hawaii 96793
Phone: (808) 984-8213
FAX: (808) 984-8222

Kauai
3040 Umi Street
Lihue, Hawaii 96766
Phone: (808) 241-3563
FAX: (808) 241-3480

Reports of Sexually Transmitted Infections other than HIV/AIDS shall be made to:
The STD Prevention Program
3627 Kilauea Avenue, Room 304
Honolulu, HI 96816
Telephone: ☎ (808) 733-9281, Facsimile: (808) 733-9291

[7] Tuberculosis shall be reported to the Tuberculosis Control Program at ☎ (808) 832-5731or by mail to TB Program, 1700 Lanakila Avenue, Honolulu HI 96817, Attn: Registry- CONFIDENTIAL or by Facsimile to (808) 832-5846 Attn: Registry- CONFIDENTIAL. Please call for a copy of the TB report form.

Reports of HIV/AIDS shall be made to:
HIV/AIDS Surveillance Program (CONFIDENTIAL)
3627 Kilauea Avenue, Rm. 306
Honolulu, HI 96816
Telephone: ☎ (808) 733-9010

Reports of Hansen's Disease shall be made to:
Hansen's Disease Community Program
Telephone: ☎ (808) 733-9831

Reports of Tuberculosis shall be made to:
Tuberculosis Control Program
by mail to TB Program, 1700 Lanakila Avenue, Honolulu HI 96817
Attn: Registry- CONFIDENTIAL
Telephone: ☎ (808) 832-5731
Facsimile: (808) 832-5846 Attn: Registry- CONFIDENTIAL.
Please call for a copy of the TB report form.

Exhibit B
Hawaii Laboratory Reporting Requirements
[June, 2007]

Physicians, laboratory directors, and health care providers to report. *Every physician or health care provider having a client affected by or suspected of being affected by a disease or condition declared to be communicable or dangerous to the public health by the director of health shall report the incidence or suspected incidence of such disease or condition to the department of health in writing or in the manner specified by the department of health. Every laboratory director having laboratory data regarding an individual affected by or suspected of being affected by a disease or condition declared to be communicable or dangerous to the public health shall report such diseases or conditions to the department of health in writing or in a manner specified by the health department. Every physician, laboratory director, or health care provider who refuses or neglects to give such notice, or make such report, may be fined in an amount not to exceed $1,000 per violation, to be assessed by the director of health. The director of health is authorized to impose the penalty pursuant to this section.*

§325-2 Hawaii Revised Statutes.

Reports are to be made to the Disease Outbreak Control Division on O`ahu or the District Health Office on neighbor islands, except as noted below.

Reporting Categories

1. **URGENT** - Agents labeled URGENT shall be reported by telephone when a laboratory ***request*** is received.

2. **Immediate** - Positive test results for agents labeled "Immediate" shall be reported by telephone within 24 hours of confirmation, followed by a written notification by mail or fax.

3. **Routine** - Positive test results for agents and tests labeled "Routine" shall be reported within 3 days of confirmation.

4. **Confidential** - Positive test results for agents and tests labeled "Confidential" shall be reported to the appropriate programs within three (3) workings days of confirmation. However, HIV/AIDS and CD4 test results shall be reported by mail, telephone or electronic encryption.

5. **Upon Request** – Test results for agents shall be reported to the Disease Investigation Branch upon request.

Note: Agents or tests shown in bold require* urgent *or* immediate *action.

Specimens to be sent to the Department as noted: *Sample of isolate **Blood smear †Aliquot of positive serum (*) or (†) = Send sample or aliquot upon request only	
Agent/Test	Category
Group A Arboviruses (Venezuelan equine, Eastern equine, Western equine, California sergroup)	**URGENT***
Group B Arboviruses (St. Louis, Powassan, West Nile, Japanese encephalitis virus)	**URGENT***
Arenaviruses (Lassa, Marburg)	**URGENT***
Bacillus anthracis	**URGENT***
Bordetella pertussis	**Immediate***
Burkholderia mallei	**URGENT***
Burkholderia pseudomallei	**URGENT***
Brucella spp.	**URGENT***
Brugia Malayi	Routine
Brugia Timori	Routine
Campylobacter spp.	Routine *
CD4 T-lymphocyte count and percent [1]	Confidential
Chlamydia psittaci	**Immediate**
Chlamydia trachomatis, genital [2]	Confidential
***Clostridium botulinum* (Foodborne, wound, and infant)**	**URGENT***
Clostridium tetani	Routine
Corynebacterium diphtheriae	**Immediate***
Cryptosporidium spp.	Routine
Cyclosporiasis	**Routine**
Coxiella burnetii	**Immediate**
Dengue virus	**Immediate**
Entamoeba histolytica	Routine
Enterococcus, Vancomycin-resistant	Routine (*)

[1] Reports shall be made to the HIV/AIDS Surveillance Program (CONFIDENTIAL), 3627 Kilauea Avenue, Rm. 306, Honolulu, HI 96816; telephone: ☎ (808) 733-9010.

[2] Sexually Transmitted Infections other than HIV/AIDS shall be reported to the STD Prevention Program, 3627 Kilauea Avenue, Room 304, Honolulu, HI 96816; telephone: ☎ (808) 733-9281 facsimile (808) 733-9291.

Specimens to be sent to the Department as noted: *Sample of isolate **Blood smear †Aliquot of positive serum (*) or (†) = Send sample or aliquot upon request only	
Agent/Test	Category
Eosinophilic meningitis	Upon request
Escherichia coli - shigatoxin producing, including type O157	Routine*
Filoviruses (Ebola, Marburg)	**URGENT***
Francisella tularensis	**URGENT**
Giardia lamblia	Routine
Haemophilus influenzae (from spinal fluid, blood, lung, or other normally sterile site) **Report serotype and antimicrobial resistance if available.**	**Immediate***
Hantavirus	**Immediate (†)**
Hepatitis A virus (IgM positive); ***Also report liver function tests (AST {SGOT}, ALT {SGPT}) conducted at the same time.***	**Immediate**
Hepatitis B virus; (surface antigen positive and/or anti-core IgM antibody positive) Also report liver function tests ***(AST {SGOT}, ALT {SGPT})*** conducted at the same time for all patients who are HBsAg positive.	Routine
Hepatitis C virus; Also report liver function tests (AST {SGOT}, ALT {SGPT}) conducted at the same time for all patients who are anti-HCV positive.	Routine
Hepatitis E virus; Also report liver function tests (AST {SGOT}, ALT {SGPT}) conducted at the same time for all patients who are anti-HCE positive.	Routine
HIV (Human Immunodeficiency Virus) and all HIV viral load tests [3]	Confidential
Influenza virus (Report positive, negative and indetermine results, and other viral isolates obtained through respiratory culture)	Routine
Legionella pneumophila	**Immediate (*)**
Leptospira interrogans [4]	Routine‡
Listeria monocytogenes	Routine*
Liver function tests ***(AST {SGOT}, ALT {SGPT})*** conducted at the same time on a patient who is HbsAg positive or anti-HCV positive.	Routine
***Lyssavirus* spp. (Rabies)**	**URGENT***
Measles/Rubeola (IgM)	**Immediate†**
Mumps (IgM)	Routine (†)
Mycobacterium tuberculosis[5]	**Immediate**

[3] Reports shall be made to the HIV/AIDS Surveillance Program (CONFIDENTIAL), 3627 Kilauea Avenue, Rm. 306, Honolulu, HI 96816; telephone: ☎ (808) 733-9010.

[4] For *Leptospira interrogans* submit whole blood and paired serum samples

[5] Tuberculosis shall be reported to the Tuberculosis Control Program at ☎ (808) 832-5731 or by mail to TB Program, 1700 Lanakila Avenue, Honolulu HI 96817, Attn: Registry- CONFIDENTIAL or by FAX to (808) 832-5846 Attn: Registry- CONFIDENTIAL. Please call for a copy of the TB report form.

Specimens to be sent to the Department as noted: *Sample of isolate **Blood smear †Aliquot of positive serum (*) or (†) = Send sample or aliquot upon request only	
Agent/Test	Category
Mycobacterium leprae (AFB) positive biopsies and smears [6]	Routine
Neisseria gonorrhoeae (including identification of resistant strains)[7]	Confidential *
Neisseria meningitidis (from spinal fluid, blood, lung, or other normally sterile site) **report antimicrobial susceptibility**	**Immediate***
Norovirus (NoV) PCR positive	Routine
Plasmodium spp.	Routine**
Poliovirus	**Immediate***
Respiratory Syncitial Virus (RSV) {Report positive and negative results, and other viral isolates obtained through respiratory culture}	Routine
Rickettsia typhi	Routine†
Rubella (IgM)	**Immediate†**
Salmonella spp. (including *typhi*)	**Urgent***
SARS-Associated Coronavirus (SARS-CoV)	**Urgent**
Shigella spp.	**Urgent***
Staphylococcus aureus, Methicillin-Resistant (MRSA)	Routine
Staphylococcus aureus, Vancomycin-intermediate, (VISA)	Routine
***Vancomycin-resistant, Staphylococcus aureus* (VRSA)**	**Urgent**
Streptococcus pyogenes, Group A (beta hemolytic, invasive disease including Streptococcal Toxic Shock Syndrome or other normally sterile site, but not including pharyngitis)	Routine (*)
Streptococcus pneumoniae isolated from a normally sterile site, report antimicrobial susceptibility.	Routine
Toxoplasma gondii	Routine
Treponema pallidum[7]	Confidential †
Trichinella spiralis	Routine

[6] Reports shall be made to the Hansen's Disease Community Program at ☎ (808)733-9831.

[7] Sexually Transmitted Infections other than HIV/AIDS shall be reported to the STD Prevention Program, 3627 Kilauea Avenue, Room 304, Honolulu, HI 96816; telephone: ☎ (808) 733-9281.

Specimens to be sent to the Department as noted: *Sample of isolate **Blood smear †Aliquot of positive serum (*) or (†) = Send sample or aliquot upon request only	
Agent/Test	Category
West Nile Virus IgM	**URGENT***
Wuchereria bancrofti	Routine
Varicella (IgM)	Routine (†)
***Variola* virus**	**URGENT**
Vibrio cholerae	**URGENT***
Vibrio spp. (other than *cholerae*)	Routine*
Yellow fever virus	**URGENT***
Yersinia pestis	**URGENT***
Yersinia spp. (other than *pestis*)	Routine*

Report all Diseases except Tuberculosis, Hansen's Disease, Sexually Transmitted Infections, HIV/AIDS, CD4, and HIV viral load to the Department of Health Office in your County.

Oahu
P.O. Box 3378
Honolulu, HI 96801
Phone: (808) 586-4586
FAX: (808) 586-4595

Hawaii
P.O. Box 916
Hilo, HI 96720
Phone: (808) 933-4539
FAX: (808) 933-4669

Maui
Hawaii Department of Health
54 High Street
Wailuku, Hawaii 96793
Phone: (808) 984-8213
FAX: (808) 984-8222

Kauai
3040 Umi Street
Lihue, Hawaii 96766
Phone: (808) 241-3563
FAX: (808) 241-3480

Reports of Sexually Transmitted Infections other than HIV/AIDS shall be made to:
The STD Prevention Program
3627 Kilauea Avenue, Room 304
Honolulu, HI 96816
Telephone: ☎ (808) 733-9281, Facsimile: (808) 733-9291

Reports of HIV/AIDS shall be made to:
HIV/AIDS Surveillance Program (CONFIDENTIAL)
3627 Kilauea Avenue, Rm. 306
Honolulu, HI 96816
Telephone: ☎ (808) 733-9010

Reports of Hansens's Disease shall be made to:

Hansen's Disease Community Program
3650 Maunalei Avenue
Honolulu, HI 96816
Telephone: ☎ (808) 733-9831

Reports of Tuberculosis shall be made to:
Tuberculosis Control Program
by mail to TB Program, 1700 Lanakila Avenue, Honolulu HI 96817
Attn: Registry- CONFIDENTIAL
Telephone: ☎ (808) 832-5731
Facsimile: (808) 832-5846 Attn: Registry- CONFIDENTIAL
Please call for a copy of the TB report form.

Exhibit C
Hawaii Isolation and Control Requirements
[June, 2007]

Any person informed by the department, a private physician, or hospital that he or she has or is suspected of having a communicable disease for which isolation is required, shall remain isolated in the manner prescribed by the department of health. Isolation shall include exclusion from school and workplace, and restriction from food handling and direct care occupations. It is the responsibility of the principal or director in charge of a school to prohibit any student diagnosed or suspected of having a communicable disease for which isolation is required from attending school until the expiration of the prescribed period of isolation. Parents, guardians, custodians or any other person in loco parentis shall not permit any child diagnosed or suspected of having a communicable disease for which isolation is required to attend school or to be present at any public gatherings until the expiration of the prescribed period of isolation. No person diagnosed or suspected of having a communicable disease for which isolation is required shall engage in any employment in which transmission of disease is likely to occur until expiration of the prescribed period of isolation. Every health care provider shall report immediately to the department any violation of such isolation directive.

The diseases described below are declared by the Director of Health to be a threat to the public health. Restrictions shall be imposed on cases, suspected cases, and contacts of cases to the degree and for the duration indicated below.

Medical management and disease intervention activities described below are recommended for AIDS, Chlamydia, food and water borne diseases, gonococcal disease, hepatitis B acute and chronic, hepatitis C acute and chronic, HIV, pelvic inflammatory disease, syphilis and tuberculosis. Health care providers are required to make these recommendations to cases, suspected cases and contacts.

Note: See page 4 for definitions of key terms

Disease	For Cases and Suspected Cases	For Contacts
AIDS (Acquired Immunodeficiency Syndrome, CDC case definition)	For Cases: Counseling, interview, standard precautions. For Suspected Cases: Counseling, testing, interview.	Counseling, testing, and interview of sexual and needle-sharing partners.
Amebiasis	Restrict from food handling and direct care occupations until chemotherapy is completed.	None
Anthrax	None	None
Botulism, foodborne	None	None
Botulism, infant	None	None
Brucellosis	None	None
Campylobacteriosis	Restrict from food handling and direct care occupations until asymptomatic.	None

Disease	For Cases and Suspected Cases	For Contacts
Chickenpox (varicella)	Non-hospitalized persons: restrict from school, work, or other public places including hotel lobbies, restaurants and airplanes until vesicles become dry or crusted (usually 5-7 days). Hospitalized persons: airborne and contact precautions until vesicles become dry or crusted (usually 5-7 days).	None
Chlamydia (*Chlamydia trachomatis*)	For Cases: Treatment, counseling and interview. For Suspected Cases: Testing, counseling and interview. Hepatitis B immunization.	Surveillance, testing, and chemoprophylaxis of sexual contacts.
Cholera	Restrict from foodhandling until asymptomatic.	None
Congenital Rubella Syndrome	None	None
Cryptosporidiosis	Restrict from food handling and direct care occupations until asymptomatic.	None
Cyclosporiasis	Restrict from food handling and direct care occupations until chemotherapy is completed.	None
Dengue	None	None
Diphtheria	Droplet precautions for pharyngeal diphtheria, contact precautions for cutaneous diphtheria; Maintain isolation until two cultures from both throat and nose (skin lesions in cutaneous diphtheria) taken 24 hours apart, and not less than 24 hours after cessation of antimicrobial therapy, fail to show diphtheria bacilli.	Exclude from occupations involving food handling or close association with children until proven culture negative.
Encephalitis, Meningitis, Arboviral (includes California Serogroup, Eastern equine, Western Equine, St. Louis, West Nile, Powassan)	None	None
Enterococcus, vancomycin-resistant	None	None
Escherichia coli O157:H7 or other *E. coli* shigatoxin produced hemorrhagic colitis	Restrict from food handling, direct care occupations and school until asymptomatic and stool culture negative.	None
Filariasis	None	None
Fish poisoning (ciguatera, scombroid or hallucinogenic)	None	None
Foodborne illness (2 or more ill persons eating either a common food or at a place in common)	Restriction from food handling and direct care occupations may be required; refer to specific agent.	Restriction from food handling and direct care occupations may be required; Refer to specific agent.
Giardiasis	None	None
Gonococcal disease (*Neisseria gonorrhoeae)*	For Cases: Treatment, counseling, and interview. For Suspected Cases: Testing, counseling and interview. Hepatitis B immunization.	Surveillance, testing and chemoprophylaxis of sexual contacts.
Haemophilus influenzae (meningitis, bacteremia, epiglottitis, pneumonia, or isolation from a normally sterile site) **Report serotype if available.**	Droplet precautions until 24 hours after the start of effective antibiotic therapy.	None

Disease	For Cases and Suspected Cases	For Contacts
Hansen's disease	For Cases: Treatment, counseling and contact investigation. For Suspected Cases: Periodic re-screenings.	None
Hantavirus Disease	None	None
Hepatitis A	Restrict from food handling and direct care occupations for first two weeks of illness, but no more than 1 week after jaundice. For preschool children restrict from daycare for 10 days after diagnosis. {viral excretion up to 6 months among infants and children}	Restrict from food handling until laboratory tests confirm contact is free of HAV infection.
Hepatitis B (acute)	For Cases: Counseling, standard precautions, and hepatitis A immunization. For Suspected Cases with no immunity against hepatitis B: Testing, post-exposure prophylaxis, counseling, standard precautions, and hepatitis A immunization.	Surveillance, testing, counseling, and post-exposure prophylaxis.
Hepatitis B (chronic)	For Cases: Counseling, standard precautions, referral for care, and hepatitis A immunization. For Suspected Cases: Testing, counseling, standard precautions, and hepatitis A immunization.	Surveillance, testing, counseling, and post-exposure prophylaxis.
Hepatitis C (acute)	For Cases: Counseling, standard precautions, and hepatitis B immunization series. For Suspected Cases: Testing, counseling, standard precautions.	Surveillance, testing and counseling.
Hepatitis C (chronic)	For Cases: Counseling, standard precautions, referral for care, and hepatitis A and B immunization series. For Suspected Cases: Testing, counseling, and standard precautions.	Surveillance, testing and counseling.
Hepatitis E	Restrict from food handling and direct care occupations for first two weeks of illness, but no more than 1 week after jaundice. For preschool children restrict from daycare for 10 days after diagnosis.	Restrict from food handling until laboratory tests confirm contact is free of HAV infection.
Hemolytic uremic syndrome	Restriction may be required; refer to specific agent.	None
HIV	For Cases: Counseling, interview, standard precautions, and referral for care. Hepatitis A & B vaccination. For Suspected Cases: Counseling, testing, and interview.	Testing, counseling and interview of sexual and needle-sharing partners.
Influenza, outbreak	Hospitalized persons: droplet precautions for 5 days. Pandemic influenza: Incubation to be determined by current recommendations.	None
Legionellosis	None	None

Disease	For Cases and Suspected Cases	For Contacts
Leptospirosis	None	None
Listeriosis	None	None
Malaria	None	None
Measles (rubeola)	Non-hospitalized persons: restrict from school, work, or other public places including hotel lobbies, restaurants and airplanes for 4 full days after appearance of the rash. Hospitalized patients: airborne precautions until 4 full days after appearance of the rash.	Exclude susceptible contacts from school, workplace and other group settings from the 7th through the 18th day after exposure.
Meningococcal disease (meningitis, meningococcemia, or isolation from a normally sterile from a normally sterile site.	Droplet precautions until 24 hours after the start of effective antibiotic therapy.	None
Methicillin-Resistant *Staphylococcus auerus*	Hospitalized persons: contact precautions.	None
Mumps	Non-hospitalized persons: restrict from school, work, or other public places including hotel lobbies, restaurants and airplanes for 9 days after onset of swelling or parotitis. Hospitalized patients: droplet precautions until 9 days from onset of swelling or parotitis.	Exclude susceptible contacts from school, workplace and other group settings from the 12th through the 25th day after exposure.
Norovirus	Restrict from food handling and direct care occupations until asymptomatic.	None
Pelvic Inflammatory Disease (PID)	For Cases: Treatment, counseling, and interview. For Suspected Cases: Medical examination and testing, treatment, counseling, and interview. Hepatitis B immunization.	Surveillance, testing, counseling, and interview, chemoprophylaxis of sexual contacts.
Pertussis	Non-hospitalized persons: restrict from school, work, or other public places including hotel lobbies, restaurants and airplanes until 5 days of a minimum 14-day course of antibiotics has been completed or until 3 weeks after the onset of paroxysmal cough. Hospitalized persons: droplet precautions until 5 days of a minimum 14-day course of antibiotics has been completed or until 3 weeks after the onset of paroxysmal cough.	Exclude household and other close contacts from school, workplace and other group settings until completion of 5 days of a minimum 14-day course of antibiotics or for 14 days from last exposure.
Plague	Droplet precautions for pneumonic plague until completion of 3 full days of appropriate antibiotic therapy with a favorable clinical response.	None
Pneumococcal pneumonia	None	None
Poliomyelitis	None	None
Psittacosis	None	None
Rabies	Contact precautions for respiratory secretions for duration of illness.	None

Disease	For Cases and Suspected Cases	For Contacts
Rubella	Non-hospitalized persons: restrict from school, work, or other public places including hotel lobbies, restaurants and airplanes for 7 days after appearance of the rash. Hospitalized patients: droplet precautions until 7 days after appearance of rash.	Exclude susceptible contacts from school, workplace and other group settings from the 14th through the 23rd day after exposure.
Salmonellosis (other than typhoid)	Restrict from food handling and direct care occupations until 2 consecutive stool cultures, collected greater than or equal to 24 hours apart, and not less than 48 hours after cessation of antimicrobial therapy, are negative for *Salmonella.*	Restrict from foodhandling and direct care occupations until stool is known to be culture negative.
Severe Acute Respiratory Syndrome (SARS)	Non-hospitalized persons: Limit activities outside the home except as necessary for medical care. For example, do not go to work, school, or public areas. If patient must leave the home, wear a mask, if tolerated. Do not use public transportation. Ensure appropriate follow-up and care of exposed close contacts of SARS patients in home isolation. Hospitalized patients: instructing patient and the persons who accompany them to: 1) inform healthcare personnel of symptoms of a respiratory infection when they first register for care, and 2) practice respiratory hygiene/cough etiquette Healthcare workers should practice droplet precautions. Hospitalized patients: Contact the Department of Health for additional guidance.	Contact the Department of Health for additional guidance.
Shigellosis	Restrict from food handling and direct care occupations until 2 consecutive stool samples or rectal swabs collected greater than or equal to 24 hours apart, and not less than 48 hours after cessation of antimicrobial therapy are negative for *Shigella.*	Restrict from foodhandling and direct care occupations until stool is known to be culture negative.
Smallpox (variola virus)	Identify and isolate cases	Contact the Department of Health for additional guidance.
Streptococcal disease, Group A (beta hemolytic, invasive disease not including pharyngitis)	Exclude from foodhandling until 48 hours after the start of effective antibiotic therapy.	None
Syphilis	For Cases: Treatment, counseling, and interview. For Suspected Cases: Medical examination and other STD & HIV testing, hepatitis B immunization, testing, treatment, counseling, and interview.	Surveillance, testing, counseling, interview, and treatment of sexual contacts.
Tetanus	None	None
Toxoplasmosis	None	None
Trichinosis	None	None

Disease	For Cases and Suspected Cases	For Contacts
Tuberculosis	Restrict patients from: School, workplace, and other congregate settings (e.g., nursing homes, homeless shelters, correctional facilities, etc.). Hospitalized patients: Follow airborne precautions and place in respiratory isolation. Discontinue restrictions, precautions, and respiratory isolation *only* when the TB patient meets *all* of the following criteria: • Patient has demonstrated negative AFB smear results from 3 consecutive sputum specimens. Sputum specimens may be collected either over 3 consecutive mornings or Q8 hours x 3 (at least 1 early morning sputum sample is recommended). • Patient is taking effective and adequate therapy per 2003 ATS/CDC/IDSA Treatment of Tuberculosis guidelines, preferably by directly observed therapy (DOT). • Patient has demonstrated clinical improvement to therapy.	None
Typhoid Fever	Restrict from food handling and direct care occupations until 3 consecutive negative stool cultures are obtained from stools collected greater than or equal to 24 hours apart, and not less than 48 hours after cessation of antimicrobial therapy, and not earlier than 1 month after onset.	Restrict from food handling and direct care occupations until 2 consecutive negative stool cultures are obtained from stools collected greater than or equal to 24 hours apart.
Typhus (louse, flea, mite-borne)	None	None
Vibriosis (other than *cholerae*)	Restrict from food handling until asymptomatic.	None
Viral hemorrhagic fevers (filoviruses [e.g., Ebola, Marburg] and arenaviruses [e.g., Lassa Machupo])	Strict isolation during the acute febrile period. Respiratory protection desirable along with other barrier methods.	None
West Nile Virus	None	None
Yellow fever	None	None
Yersiniosis (other than plague)	Restrict from food handling and direct care occupations until asymptomatic.	None

DEFINITIONS:

Contact - a person who has been in such an association with an infected person or animal or a contaminated environment as to have had an opportunity to acquire the infection.

Airborne precautions - measures intended to prevent transmission of infection by airborne droplet particles containing microorganisms that remain suspended in the air and that can be widely dispersed by air currents. In addition to standard precautions, a private, negative air pressure isolation room is indicated; however,

patients infected with the same organism may share the same isolation room. Respiratory protection should be worn by all susceptible persons entering the isolation room. Patient transport should be minimized.

Contact precautions - measures intended to prevent infection by microorganisms transmitted via direct contact with a patient or by indirect contact with environmental surfaces or patient-care items in the patient's environment. In addition to standard precautions, a private room is indicated, but patients infected with the same organism may share a room. Masks are indicated for those in close contact with the patient; gowns should be worn if soiling is likely; gloves are indicated if touching potentially infectious surfaces.

Direct care occupations - any occupational activity that has the potential to result in the transmission of infectious microorganisms from a care-giver to persons receiving care. Direct care occupations include persons engaged in providing care to children, patients, the elderly, or infirm.

Droplet precautions - measures intended to prevent infection by microorganisms transmitted via relatively large droplets that can be generated by a patient while coughing, sneezing, and talking. In addition to standard precautions, a private room is indicated, but patients infected with the same organism may share a room. Masks are indicated for those in contact with the patient. Gowns and gloves are not required.

Foodhandling - any contact with food, beverages, or materials and/or items used in their preparation that has the potential to result in the transmission of infectious microorganisms via ingestion of the food and/or beverage. Examples of foodhandling include (but are not limited to) transporting food or food containers, preparation or service of food, and contact with utensils or food associated equipment.

Standard precautions - measures intended to prevent transmission of infectious microorganisms that should be employed with all patients receiving care, regardless of their diagnosis or presumed infection status. In general terms these measures include handwashing with appropriate soap after each contact with potentially infectious materials, between patients and when indicated, between different sites on the same patient; wearing gloves when touching blood, body fluids, secretions, excretions, and contaminated items; wearing masks and eye protection for patient care activities likely to generate splashes; wearing gowns for patient care activities that are likely to generate splashes or sprays in order to protect skin, clothing and mucous membranes; appropriate handling and disinfection of patient care equipment; and routine implementation of environmental cleaning and disinfection procedures.