

DEPARTMENT OF HEALTH

Repeal of Chapter 11-156 and
Adoption of Chapter 11-156.1
Hawaii Administrative Rules

December 15, 2025

SUMMARY

1. Chapter 11-156, Hawaii Administrative Rules, entitled "Communicable Diseases", is repealed.
2. Chapter 11-156.1, Hawaii Administrative Rules, entitled "Communicable Diseases", is adopted.

HAWAII ADMINISTRATIVE RULES

TITLE 11

DEPARTMENT OF HEALTH

CHAPTER 11-156

COMMUNICABLE DISEASES

Repealed

§§11-156-1 to 11-156-9 Repealed. [R MAR 20 2026]

HAWAII ADMINISTRATIVE RULES

TITLE 11

DEPARTMENT OF HEALTH

CHAPTER 156.1

COMMUNICABLE DISEASES

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Historical Note: This chapter is based substantially
upon chapter 11-156. [Eff 11/5/81; comp 5/24/90; am
and comp 10/23/97; comp 8/27/01; comp 3/13/08; R
MAR 20 2026]

SUBCHAPTER 1

GENERAL PROVISIONS

§11-156.1-1 Purpose. The purpose of this
chapter is to declare diseases or conditions to be
communicable or dangerous to the public health, to set
forth reporting requirements, and to set forth
measures for the prevention, control, and treatment
of, and advancement of knowledge about, diseases or
conditions that are communicable or dangerous to the

public health. [Eff **MAR 20 2026**] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§321-1, 325-1.5, 325-13)

§11-156.1-2 Definitions. As used in this chapter:

"Case" means a person or deceased person infected with a particular infectious agent or having a communicable disease diagnosed by a health care provider.

"CLIA-waived test" means a test system approved by the U.S. Food and Drug Administration for waiver under the Clinical Laboratory Improvement Amendments of 1988.

"Clinical materials" means material associated or suspected to be associated with a reportable condition including, but not limited to, isolates, blood, serum, stool, urine, tissue, respiratory secretions, swab, or other body fluid.

"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 who may have been exposed to a case, suspected case, or the same environmental or other source of exposure as a case or suspected case in a manner that could place the person at risk of acquiring the infection based on known or suspected modes of transmission.

"Dangerous disease" has the same meaning as defined in section 325-20, HRS.

"Department" means the department of health.

"Director" means the director of health or the director's authorized agent.

"Disease control measure" means an action to prevent or reduce the threat of disease transmission from a person or animal known or suspected to be infected or a contaminated environment, including but not limited to:

- (1) Counseling or education;
- (2) Immunization;
- (3) Preventative therapy;

- (4) Prophylaxis;
- (5) Environmental sanitation;
- (6) Closure of establishment;
- (7) Exclusion from school, work, or other congregate setting;
- (8) Restriction of activities;
- (9) Isolation or barrier precautions;
- (10) Quarantine; or
- (11) Other measure to prevent infection.

"Health care facility" means any program, institution, place, building, or agency, or portion thereof, private or public, whether organized for profit or not, used, operated, or designed to provide medical diagnosis, treatment, nursing, rehabilitative, or preventive care to any person or persons. The term includes, but is not limited to, health care facilities and health care services commonly referred to as hospitals, facilities that provide inpatient medical care and other related services for surgery or acute medical conditions or injuries (usually for a short-term illness or condition), extended care and rehabilitation centers, nursing homes, skilled nursing facilities, intermediate care facilities, hospices for the terminally ill that require licensure or certification by the department, kidney disease treatment centers including freestanding hemodialysis units, outpatient clinics, organized ambulatory health care facilities, emergency care facilities and centers, home health agencies, and others providing similarly organized services regardless of nomenclature.

"Health care professional" or "health care provider" means an individual who is a direct provider of health care (including but not limited to a physician, osteopathic physician, naturopathic physician, dentist, nurse, podiatrist, optometrist, physician assistant, chiropractor, midwife, or pharmacist) in that the individual's primary current activity is the provision of health care to individuals or the administration of a health care facility and is licensed or certified in accordance with state law.

"Intervention" means a public health action taken to reduce risk to public health or safety after receipt and evaluation of information of a reported case or suspected case.

"Isolation" means the physical 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.

"Laboratory" has the same meaning as "clinical laboratory" as defined in section 11-110.1-2, provided that a health care provider who administers a CLIA-waived test shall not be considered a laboratory for the purposes of this chapter.

"Laboratory director" means a person who is responsible for the administrative, technical, and scientific operation of a laboratory including the supervision of procedures for testing and the reporting of the test results.

"Noncompliant behavior" means failure or refusal by a case or suspected case to comply with prescribed care or public health recommendations and such behavior places others at risk for infection.

"Outbreak" means the occurrence of a condition in a community or population over a given time period at a rate in excess of that which is usually expected in that community or population.

"Quarantine" has the same meaning as defined in section 325-8, HRS.

"Reportable disease" means a disease or condition declared to be communicable or dangerous to public health and required to be reported to the department under this chapter.

"School" means a 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.

"Suspected case" means a person, living or deceased, with clinical, laboratory, or epidemiological evidence suggestive of the existence

of a communicable or dangerous disease, but prior to the confirmation of such a diagnosis. [Eff

MAR 20 2026] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§325-1, 325-1.5, 325-2, 325-3, 325-8)

§11-156.1-3 Severability. If any provision of this chapter or the application thereof to any person or circumstance is held invalid, the invalidity does not affect other provisions or applications of the chapter which can be given effect without the invalid provision or application, and to this end the provisions of this chapter are severable. [Eff

MAR 20 2026] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§321-9, 325-13)

§11-156.1-4 (Reserved).

SUBCHAPTER 2

REPORTABLE DISEASES

§11-156.1-5 Diseases or conditions declared communicable or dangerous to public health. (a) The diseases and conditions listed in the exhibit entitled "Exhibit A Health Care Provider Reportable Diseases and Conditions (12/15/25)", which is located at the end of this chapter and made a part of this section, are declared to be communicable or dangerous to public health and shall be reported by a health care provider in accordance with this chapter.

(b) The diseases and conditions listed in the exhibit entitled "Exhibit B Laboratory Reportable Diseases and Conditions" (12/15/25), which is located at the end of this chapter and made a part of this section, are declared to be communicable or dangerous to public health and shall be reported by a laboratory director in accordance with this chapter.

(c) The department may require the temporary reporting of a disease or condition by health care

providers or laboratories to study or control an apparent outbreak, condition, or unusual occurrence of a communicable disease where the department determines that the disease or condition may cause serious morbidity or mortality and the report of the disease or condition is necessary to enable the department to monitor, prevent, or control the disease or condition to protect public health; provided the temporary reporting for a disease or condition shall be for a time period no longer than thirty-six months. The department shall issue notice of a disease or condition to be temporarily reported in accordance with subsection (d).

(d) The department shall publish lists of diseases and conditions declared, pursuant to this subchapter, to be communicable or dangerous to the public. The lists shall state, for each disease or condition, the required reporting timeframe and specific reporting instructions for health care providers and laboratories. The department shall post the current lists on the department website. [Eff
MAR 20 2026] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§325-1, 325-1.5, 325-2, 325-3)

§§11-156.1-6 to 11-156.1-9 (Reserved).

SUBCHAPTER 3

REPORTING BY HEALTH CARE PROVIDERS AND HEALTH CARE FACILITIES

§11-156.1-10 Reporting by health care providers and health care facilities; reportable diseases. (a) A health care provider attending a case or suspected case shall report to the department the reportable diseases listed in Exhibit A regardless of laboratory reporting of the same case.

(b) When a health care provider forwards a specimen of a reportable disease listed in Exhibit A directly to an out-of-state laboratory for testing,

the health care provider shall report to the department a case or suspected case and instruct the out-of-state laboratory to directly report to the department a case or suspected case.

(c) A health care facility staffed by health care providers that are required to report a reportable disease may designate a single person or group of persons to report; provided that the institution, facility, or clinic shall develop policies and procedures to ensure reporting to the department in accordance with this chapter, including but not limited to, addressing the situation in which more than one health care provider may know of a case or suspected case. A health care facility shall not assume the notification requirements established in this chapter for a laboratory that is a component of the health care facility. [Eff MAR 20 2026] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§325-1.5, 325-2, 325-3)

§11-156.1-11 Reporting by health care providers and health care facilities; information to be reported. A health care provider required to report a reportable disease listed in Exhibit A shall submit the following information to the department in the form and manner as prescribed by the department:

- (1) Patient name;
- (2) Patient date of birth;
- (3) Patient sex;
- (4) Patient physical address, city, and zip code;
- (5) Patient telephone number and email address;
- (6) Patient occupation;
- (7) Patient place of work, school, or child care;
- (8) Patient race and ethnicity;
- (9) Patient Hawaii residence status;
- (10) Date of report;
- (11) Diagnosis or suspected diagnosis of reportable disease;
- (12) Date of onset;

- (13) Hospitalization information, including hospital name, admission date, and number of days hospitalized;
- (14) Name, address, and telephone number of attending health care provider;
- (15) Name, address, and telephone number of person reporting if not attending health care provider;
- (16) Diagnostic laboratory findings and dates of tests relevant to the reportable disease, regardless of clinical significance, including test results from a clinical isolate or specimen that are indicative of the presence of a reportable disease;
- (17) Possible source of reportable disease;
- (18) Date of exposure to reportable disease;
- (19) Type of diagnosis;
- (20) Pregnancy status and expected delivery date; and
- (21) Any other information deemed by the department to be necessary to conduct a public health investigation or to protect the public health and safety. [Eff
MAR 20 2026] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§321-29, 325-1.5, 325-2, 325-3)

§11-156.1-12 Reporting by health care providers and health care facilities; timeframe for reporting.

(a) Unless otherwise provided in this chapter, a health care provider attending a case or suspected case shall report a reportable disease within the timeframe categories set forth in Exhibit A as follows:

- (1) Category 1 diseases and conditions shall be reported immediately without delay and within four hours upon initial clinical suspicion of the disease or identification of a case or suspected case, whichever is earlier;

- (2) Category 2 diseases and conditions shall be reported as soon as possible but no later than twenty-four hours from identification of a case or suspected case;
- (3) Category 3 diseases and conditions shall be reported no later than three working days from identification of a case or suspected case; and
- (4) Category 4 diseases and conditions shall be reported upon request by the department.
 [Eff **MAR 20 2026**] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§321-29, 325-1.5, 325-2)

§11-156.1-13 Reporting by health care providers and health care facilities; manner of reporting. A health care provider shall report a reportable disease listed in Exhibit A to the department in the form and manner as prescribed by the department, which may include but is not limited to, telephone and - electronic submission; provided that Category 1 diseases listed in Exhibit A shall be reported by telephone. For the purposes of this section, "electronic submission" means the automated generation and transmission of case reports from an electronic health record or other form of secure data transfer using the internet as approved by the department.
 [Eff **MAR 20 2026**] (Auth: HRS §§321-9, 325-13)
 (Imp: HRS §§321-29, 325-1.5, 325-2)

§11-156.1-14 Prenatal hepatitis B screening and reporting. (a) A health care provider attending to a woman for prenatal care shall cause the woman to be tested for hepatitis B at initial examination of each pregnancy regardless of vaccination status, chronic infection, and testing history.
 (b) For a newly confirmed hepatitis B infection in a pregnant woman, the health care provider attending to the woman shall report the case to the department in accordance with subchapter 3.

(c) For a pregnant woman who is already a known carrier of the hepatitis B virus, the health care provider attending to the woman shall report to the department the name, address, telephone numbers, birth date of the woman, and other locating information in the manner as prescribed by the department.

(d) A health care provider attending the birth of an infant to a hepatitis B carrier shall report to the department the following information within three working days of the infant's birth and in the form and manner as prescribed by the department:

- (1) Birthing parent name and date of birth;
- (2) Infant name, date of birth, birth weight, and sex;
- (3) Birthing parent physical address, city, zip code;
- (4) Birthing parent telephone number and email address;
- (5) Name, address, and telephone number of infant's attending health care provider;
- (6) Infant vaccination information, including vaccine type and manufacturer, vaccine administration date, site, and route, lot number, vaccine expiration date, and dosage;
- (7) Infant treatments administered, including hepatitis B immune globulin; and
- (8) Any other information deemed by the department to be necessary to conduct a public health investigation or to protect the public health and safety.

(e) A health care facility staffed by health care providers that are required to report under subsections (b), (c), or (d) may designate a single person or group of persons to report. [Eff

MAR 20 2026] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§321-29, 325-1.5, 325-2, 325-92)

§§11-156.1-15 to 11-156.1-19 (Reserved).

SUBCHAPTER 4

REPORTING BY LABORATORIES

§11-156.1-20 Reporting by laboratories; reportable diseases. (a) A laboratory director shall report to the department the reportable diseases listed in Exhibit B when a laboratory test yields evidence of the presence or possible presence of an agent or condition listed in Exhibit B. The department may require a laboratory director to report negative or indeterminate results for a reportable disease as indicated in Exhibit B.

(b) When a laboratory forwards a specimen of a reportable disease to an out-of-state laboratory for testing, the laboratory director who forwarded the specimen shall report to the department when a laboratory test yields evidence of the presence or possible presence of an agent or condition, including negative or indeterminate results, as listed in Exhibit B.

(c) An out-of-state laboratory shall report a reportable disease listed in Exhibit B, in accordance with this subchapter, where a specimen was collected on an individual within the State. [Eff
 MAR 20 2026] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§325-1.5, 325-2, 325-3)

§11-156.1-21 Reporting by laboratories; information to be reported. (a) A laboratory director required to report a reportable disease listed in Exhibit B shall submit the following information to the department in the form and manner as prescribed by the department:

- (1) Patient name;
- (2) Patient date of birth;
- (3) Patient sex;
- (4) Patient physical address, city, and zip code;
- (5) Patient telephone number and email address;
- (6) Patient race and ethnicity;

- (7) Reportable disease;
- (8) Name, address, and telephone number of ordering health care provider;
- (9) Name, address, and telephone number of ordering health care facility;
- (10) Name, address, and telephone number of laboratory;
- (11) Laboratory information, including specimen collection date, accession number, specimen source, test name, test result date, test result, and specimen type;
- (12) Hospitalization information, including hospital name, admission date, and number of days hospitalized;
- (13) Pregnancy status and expected delivery date; and
- (14) Any other information deemed by the department to be necessary to conduct a public health investigation or to protect the public health and safety. [Eff
MAR 20 2026] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§321-29, 325-1.5, 325-2, 325-3)

§11-156.1-22 Reporting by laboratories; timeframe for reporting. Unless otherwise provided in this chapter, a laboratory director shall report a reportable disease within the timeframe categories set forth in Exhibit B as follows:

- (1) Category 1a agents shall be reported immediately upon a laboratory receiving a request, prior to processing of the specimen;
- (2) Category 1b agents shall be reported immediately upon a positive test result;
- (3) Category 2 agents shall be reported within twenty-four hours from a test result; and
- (4) Category 3 agents shall be reported upon request by the department. [Eff
MAR 20 2026] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§321-29, 325-1.5, 325-2)

§11-156.1-23 Reporting by laboratories; manner of reporting. (a) A laboratory director shall report a reportable disease listed in Exhibit B to the department in the manner as prescribed by the department which may include but is not limited to electronic laboratory reporting or other form of secure data transfer using the internet as approved by the department; provided that Category 1a and 1b diseases listed in Exhibit B shall be reported by telephone.

(b) For the purposes of this section, "electronic laboratory reporting" means the automated transmission of data from a laboratory to the department in a structured, computer-readable format that complies with the department's data standards. [Eff **MAR 20 2026**] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§321-29, 325-1.5, 325-2)

§11-156.1-24 Submission of clinical materials.

(a) For the agents indicated as "Required" in the column entitled "Clinical Material" of Exhibit B, a laboratory director shall submit clinical materials to the department no later than two working days from a positive laboratory finding and in the manner as prescribed by the department.

(b) For the agents indicated as "Upon Request" in the column entitled "Clinical Material" of Exhibit B, the department may request submission of clinical materials, and a laboratory shall retain the clinical materials for a positive laboratory finding for a period of not less than seven calendar days.

(c) In addition to the information required under sections 11-156.1-11(a) and 11-156.1-21, the department may require a health care provider or laboratory director to submit clinical materials with the following information:

- (1) Specimen information, including but not limited to the specimen source, specimen type, date of collection, transport medium, and suspected identification;

- (2) Clinical history of patient, including but not limited to, clinical signs and symptoms, immunizations, antibiotic therapy, travel history, and previous diagnostic laboratory findings; and
- (3) Any other information deemed by the department to be necessary to conduct a public health investigation or to protect the public health and safety. [Eff
MAR 20 2026] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§321-29, 325-1.5, 325-2)

§11-156.1-25 Reporting of negative test results.

- (a) Negative laboratory test results of a reportable disease as indicated in Exhibit B may be used by the department for the following purposes:
 - (1) To determine when a previously reported case becomes non-infectious;
 - (2) To identify newly acquired infections through identification of a seroconversion or test-positive conversion window;
 - (3) To provide information critical for assignment of case status;
 - (4) To assess testing uptake, potential gaps in access to testing, or disease activity trends for surveillance purposes; or
 - (5) Any other purpose determined by the department to be necessary for the prevention, control, and treatment of, and advancement of knowledge about, diseases or conditions that are communicable or dangerous to the public health.
- (b) Information associated with a negative laboratory test result may be kept by the department for thirty-six months provided:
 - (1) At the end of the thirty-six-month period, if the result has not been appended to an existing case, personal identifiers shall be stripped and expunged from the result by the department;

- (2) The de-identified result may be added to a de-identified, aggregate data set; and
- (3) The data set may be kept for use by the department to analyze trends associated with testing patterns and case distribution and to identify and establish prevention and intervention efforts for at-risk populations. [Eff **MAR 20 2026**] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§325-1.5, 325-2)

§§11-156.1-26 to 11-156.1-29 (Reserved).

SUBCHAPTER 5

OTHER REPORTING

§11-156.1-30 Reporting of outbreaks and unusual occurrences of diseases or conditions. (a) A health care provider, health care facility, or laboratory director shall report to the department within twenty-four hours an outbreak or suspected outbreak of a communicable disease in the manner as prescribed by the department.

(b) A health care provider, health care facility, or laboratory director shall report to the department immediately in the manner as prescribed by the department a communicable disease or dangerous disease of unusual or uncertain etiology. [Eff **MAR 20 2026**] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§321-29, 325-1.5, 325-2, 325-3)

§11-156.1-31 Outbreak reporting. For a suspected or confirmed outbreak, the department may require a health care facility or school to provide the following information:

- (1) The nature of the confirmed or suspected disease, infection, or condition;
- (2) The approximate number of cases;

- (3) The approximate illness onset dates;
- (4) The location of the outbreak;
- (5) Patient, resident, or student information, including but not limited to, age, vaccination status, clinical symptoms, hospitalization, school absenteeism, as applicable;
- (6) Staff information related to the outbreak;
- (7) Diagnostic testing information related to the outbreak; and
- (8) Treatment information related to the outbreak. [Eff **MAR 20 2026**] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§321-29, 325-1.5, 325-2, 325-3)

§11-156.1-32 Reporting by schools. (a) The person in charge of a school shall report to the department in the manner as prescribed by the department:

- (1) The presence or suspected presence of a Category 1 or 2 reportable disease listed in Exhibit A within the timeframe listed in Exhibit A; or
 - (2) A suspected or confirmed outbreak of a communicable disease or an unusual occurrence of any disease within twenty-four hours.
- (b) The person in charge of a school reporting pursuant to subsection (a) shall provide the following information:
- (1) The reportable disease if known;
 - (2) The name and telephone number of the person making the report;
 - (3) The school name; and
 - (4) Other relevant information allowable under applicable law as requested by the department. [Eff **MAR 20 2026**] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§321-29, 325-1.5, 325-2, 325-3)

§§11-156.1-33 to 11-156.1-34 (Reserved).

SUBCHAPTER 6

PREVENTION AND CONTROL OF COMMUNICABLE DISEASES

§11-156.1-35 Investigation of diseases. The department may conduct an investigation of a communicable or dangerous disease, unusual disease or condition, or outbreak to verify the existence of a disease or condition, ascertain the source or cause of infection or illness, identify unreported cases, locate and evaluate contacts of cases or suspected cases, identify those at risk of the disease or condition, develop and implement necessary disease control measures to minimize the risk of disease spread, and inform the public if necessary. An investigation may include but is not limited to:

- (1) Reviewing relevant medical records to confirm a diagnosis, to investigate causes, to identify other cases related to an outbreak or a reported case, to determine if a patient with a reportable disease has received adequate treatment to render the patient non-infectious or a contact has received prophylaxis, if appropriate; review of these records may occur without patient consent;
- (2) Conducting interviews or surveys with the case, suspected case, or persons knowledgeable about the case to conduct contact tracing, to collect information relevant to the cause of or risk factors for the reportable disease, or to monitor adherence to disease control measures;
- (3) Medical examination and testing of a person with the explicit consent of the person;
- (4) Obtaining, from public or private businesses or institutions, the identities, locations, and locating information of contacts to the case or persons with a similar or common

- potential exposure to the infectious agent as a reported case;
- (5) Interviewing or administering questionnaire surveys confidentially to a resident of a community or an agent, owner, operator, employer, employee, or client of a public or private business or institution, who is either epidemiologically associated with a reported case or has had a similar exposure as a reported case;
 - (6) Collecting and analyzing plant, animal, food, or environmental samples or measurements of items, from public or private premises, that may be related to the cause of an outbreak or reportable disease, including the collection of clinical material from a laboratory for testing by the department;
 - (7) Taking photographs or videos related to the purpose of the investigation. If the photographs or videos are taken in a business, the employer shall have the opportunity to review the photographs or videos taken or obtained for the purpose of identifying those which contain or might reveal a trade secret;
 - (8) Entering a public or private entity, such as a business or school, for the purpose of conducting an investigation of those processes, conditions, structures, machines, apparatus, devices, equipment, records (including but not limited to current and former employee or student rosters and locating information, schedules, health and medical information, job duties and descriptions, and patron or client locating information), and materials and supplies within the place of employment which are relevant, pertinent, and necessary to the investigation; provided the investigation shall be conducted during regular working hours or at other reasonable times and with

- such notice as is reasonable under the circumstances;
- (9) Review of previously conducted environmental or product sampling data that may be related to the cause of the outbreak or reportable disease; and
 - (10) Any other investigative action that may be required to protect the public health and safety as determined by the department.
 [Eff **MAR 20 2026**] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§321-29, 325-1.5)

§11-156.1-36 Cooperation with department. A case, suspected case, contact, health care provider, health care facility, laboratory director, school, business, organization, or any person the department deems relevant to an investigation shall cooperate with the department in the investigation of a case, suspected case, outbreak, or suspected outbreak, and the implementation of measures for the prevention, suppression, and control of a communicable disease.
 [Eff **MAR 20 2026**] (Auth: HRS §§321-9, 325-13)
 (Imp: HRS §§321-29, 325-1.5)

§11-156.1-37 Access to medical records and other information. (a) When requested by the department for the purpose of conducting an investigation, a health care facility or health care provider shall timely provide or make available for inspection by the department and its authorized representatives all medical records relating to a case or suspected case from a communicable or dangerous disease and shall provide the patient's name, name of a minor patient's parent or guardian, address, telephone number, age, sex, gender identity, race or ethnicity, clinical signs and symptoms, travel history, immunizations, laboratory test results, diagnostic interview data, treatment provided, the disposition of the patient, and other information deemed necessary by the

department to investigate, monitor, prevent, or control the communicable or dangerous disease.

(b) When requested by the department for the purpose of conducting an investigation, a business, organization, school, health care provider, health care facility, or any person with information relevant to the investigation shall provide the names, addresses, telephone numbers, and locating information regarding individuals suspected of having been exposed to a disease or disease-causing substance that is the subject of the investigation and shall provide any other information the department deems relevant to the investigation. [Eff **MAR 20 2026**] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§321-29, 325-1.5)

§11-156.1-38 Disease control measures. (a)

The department shall establish and use appropriate disease control measures to manage communicable diseases based on best available evidence and consistent with currently accepted standards, as determined by the department.

(b) The department shall publish disease control measures for communicable diseases on the department website.

(c) A health care provider attending a case or suspected case of a reportable disease shall provide adequate and understandable instruction in the disease control measures established pursuant to subsection (a) to the case, suspected case, contacts, or the case's or suspected case's family members or caregivers to prevent the spread of the disease.

(d) A health care provider attending a case, suspected case, or contact of a case or suspected case shall notify the department of known barriers that might impede or prevent compliance with disease control measures or the name, address, and other pertinent information for a person exhibiting noncompliant behavior. [Eff **MAR 20 2026**] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§321-1, 321-31, 325-1.5, 325-8)

§11-156.1-39 Interventions to control the spread of disease. The department may implement interventions the department deems necessary to prevent the spread of a communicable or dangerous disease, including but not limited to:

- (1) Monitoring the medical condition of a case or suspected case;
- (2) Counseling a case or suspected case regarding the reportable disease, required treatment, and the need for disease control measures;
- (3) Contacting and interviewing a case, suspected case, case's or suspected case's family, employer, school, or other related person or entity to ascertain compliance with disease control measures;
- (4) Requesting the assistance of the Centers for Disease Control to prevent a case or suspected case from boarding a commercial airplane if the department determines that the person is known or suspected to have a communicable disease that poses a threat to the public's health;
- (5) Ordering the testing of particular populations or groups of persons or animals to identify carriers of a communicable disease for the purpose of determining possible restrictions on activity, including but not limited to, food handlers, immigrants, travelers, students, and others who are at risk of transmission or exposure;
- (6) Providing for the administration of vaccines, medications, or other treatments to persons as necessary in order to prevent the probable spread of a dangerously contagious or infectious disease; and
- (7) Any other intervention action the department deems necessary to prevent the spread of a communicable or dangerous disease. [Eff
MAR 20 2026] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§321-1, 321-31, 325-1.5, 325-8)

§11-156.1-40 Noncompliant behavior and public health threats. (a) Before using mandatory measures, the department shall counsel a case, suspected case, or contact on disease control measures and the reasons therefor and shall attempt to secure voluntary compliance.

(b) The department shall investigate a report of a case or suspected case exhibiting noncompliant behavior and ascertain whether there is credible evidence to substantiate the allegation of noncompliant behavior, including making a reasonable attempt to conduct a personal interview to assess the person's understanding of the exposure to infection with the reportable disease, its treatment, and the behaviors that place others at risk of infection.

(c) If the department's investigation confirms a case or suspected case has received appropriate counseling on the methods to prevent transmission of the infection and has engaged in noncompliant behavior that exposes others to infection of the disease and the department determines quarantine is the least restrictive means by which the public health, safety, and welfare can be protected, the department may seek to quarantine the noncompliant person in accordance with sections 325-8 and 325-9, HRS, or seek other injunctive relief under any applicable section of the Hawaii Revised Statutes. [Eff MAR 20 2026] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§321-1, 321-31, 325-1.5, 325-8, 325-9)

§11-156.1-41 Exclusion from school. (a) When a student has a reportable disease for which isolation or restriction from group settings is required to prevent transmission of the disease, the person in charge of a school shall prohibit the student from attending school until the expiration of the prescribed period of isolation. If the attending health care provider, school health care professional, or the department finds, upon examination, that the student is free of the disease in the communicable state in accordance with the department's disease

control measures established pursuant to section 11-156.1-39(a) and (b), the health care provider or official may issue a signed certificate to this effect to the school upon which the principal or director in charge of the school shall readmit the student.

(b) A student infected with the human immunodeficiency virus does not pose a transmission risk to others in the school setting and shall not be excluded from school based on human immunodeficiency virus status.

(c) A parent, guardian, custodian, or other person in loco parentis to any child who has a communicable disease for which isolation is required shall not permit the child to attend school or to be present in any group settings, as determined by the department, until the expiration of the prescribed period of isolation or restriction for the particular disease. [Eff **MAR 20 2026**] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§321-1, 321-31, 325-1.5, 325-8)

§11-156.1-42 Rabies. Upon report to the department that a person has been bitten by an animal under circumstances in which the possibility of transmission of rabies cannot be excluded, the director may order seizure of the animal to be held for observation and sacrificed for the purpose of examining its brain for evidence of the presence of rabies virus. [Eff **MAR 20 2026**] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§321-1, 325-1, 325-1.5)

§§11-156.1-43 to 11-156.1-49 (Reserved).

SUBCHAPTER 7

CONFIDENTIALITY OF INFORMATION

§11-156.1-50 Confidential information; exceptions. (a) Reports and related information provided to the department under this chapter shall be held confidential and shall not be made public so as

to disclose the identity of the person to whom a report relates, except in the following circumstances:

- (1) Disclosure may be made to a blood bank in the case of a person who had or has a disease or condition transmittable by blood or blood products to enable the blood bank to reject the person as a donor; provided the department may disclose to a blood bank information on a person suspected of physical symptoms, clinical examination, or laboratory evidence of having a disease or condition transmittable by blood or blood products, any law to the contrary notwithstanding;
- (2) Disclosure of medical and epidemiological information may be made to the extent necessary for the treatment, investigation, prevention, or control of a communicable or dangerous disease as provided in this chapter; provided that disclosure of personal identifying information shall be made to the minimal amount necessary to accomplish the public health purpose;
- (3) Disclosure may be made as authorized in writing by the person to which the information applies;
- (4) Disclosure of the records of a person who has a human immunodeficiency virus infection, acquired immune deficiency syndrome, or acquired immune deficiency syndrome related complex may be made as permitted under section 325-101, HRS;
- (5) Medical and epidemiological information may be disclosed to the public for informational purposes in a manner in which the identity of no individual person is disclosed;
- (6) Researchers authorized by the department may conduct public health studies utilizing reportable disease data, provided the researcher maintains the confidentiality of the data and does not disclose personally identifiable information in accordance with

applicable state and federal confidentiality requirements and to the satisfaction of the department; and

- (7) Disclosure may be made pursuant to an order or subpoena from a court or agency of competent jurisdiction.

(b) Only department employees who have a specific need to review personally identifiable information provided under this chapter may access the information for the purposes authorized under this chapter or as otherwise required by law. [Eff **MAR 20 2026**] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§92F-13, 92F-14, 321-29, 325-4, 325-54, 325-101)

§11-156.1-51 Relationship to federal and state confidentiality laws. In compliance with the Health Information Portability and Accountability Act of 1996, its implementing regulations, and state law, a person or entity who is required to preserve the confidentiality of protected health information nonetheless shall disclose this information to public health authorities including the department for the purpose of preventing or controlling communicable or dangerous diseases. [Eff **MAR 20 2026**] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§92F-13, 321-1, 321-31, 325-1.5, 325-2, 325-3)

§§11-156.1-52 to 11-156.1-54 (Reserved).

SUBCHAPTER 8

PENALTIES

§11-156.1-55 Fines. (a) The director may impose a fine, in an amount not to exceed \$1,000 per violation, on a person who violates the reporting requirements of subchapter 2; provided a person assessed a fine pursuant to section 325-3, HRS, shall

not be subject to other sanctions as provided by chapter 325, HRS.

(b) The director may impose a fine, in an amount not to exceed \$1,000 per violation, on a person who does not comply with departmental requests for information pursuant to an investigation under sections 11-156.1-35, 11-156.1-36, and 11-156.1-37. [Eff **MAR 20 2026**] (Auth: HRS §§321-9, 325-13) (Imp: §§321-29, 325-2, 325-3)

§11-156.1-56 Penalties. A person violating chapter 325, HRS, or this chapter shall be guilty of a misdemeanor. [Eff **MAR 20 2026**] (Auth: HRS §§321-9, 325-13) (Imp: §§321-18, 325-14)

§§11-156.1-57 to 11-156.1-59 (Reserved).

SUBCHAPTER 9

ADMINISTRATIVE REMEDIES

§11-156.1-60 Administrative remedies for damaged or seized property. (a) An owner, owner's agent, or person in lawful control of property that was damaged or seized pursuant to section 321-29(d), HRS, may pursue administrative remedies by filing a claim with the department within ninety calendar days from the date of alleged property damage or seizure and in a form and manner as prescribed by the department.

(b) A claim shall contain the following information:

- (1) The claimant's name and contact information;
- (2) A statement of the facts constituting the alleged damage or seizure, including the physical address where the property was damaged or seized, the date the property was damaged or seized, a description of the damaged or seized property and how the property was damaged or seized;

- (3) The dollar amount requested for the damage or seizure with supporting documentation justifying the dollar amount;
- (4) The claimant's interest in the property with documentation evidencing claimant's lawful control of the damaged or seized property; and
- (5) The signature of the claimant with an attestation that the information provided in the claim is true and correct to the best of claimant's knowledge.

(c) The department shall determine compensation, if any, based on the cost of repairing the property or replacing the property, whichever is less; provided that only the property's useful value at the time of damage or seizure, as determined by the department, shall be considered for compensation. No administrative remedy shall be made for the seizure of de minimus samples or for incidental damages that may be claimed to arise from the property being damaged or seized, including but not limited to, lost income, reputational harm, or emotional distress.

(d) A claimant aggrieved by the department's decision pursuant to this section may file a petition for a contested case hearing in accordance with chapter 91, HRS, and chapter 11-1.

(e) For the purposes of this section, "claimant" means the person filing a claim for property that was allegedly damaged or seized pursuant to section 321-29(d), HRS. [Eff **MAR 20 2026**] (Auth: HRS §§321-9, 325-13) (Imp: §321-29)

DEPARTMENT OF HEALTH

The repeal of chapter 11-156, Hawaii Administrative Rules, on the Summary Page dated December 15, 2025, occurred on December 15, 2025 and the adoption of chapter 11-156.1, Hawaii Administrative Rules, on the Summary Page dated December 15, 2025, was adopted on December 15, 2025, following a public hearing held on October 22, 2025 after public notice was given in the Honolulu Star Advertiser, West Hawaii Today, Hawaii Tribune Herald, The Garden Island, and The Maui News on September 18, 2025.

The repeal of chapter 11-156 and the adoption of chapter 11-156.1 shall take effect ten days after filing with the Office of the Lieutenant Governor.



Kenneth S. Fink, Director
Department of Health

APPROVED:



Josh Green
Governor
State of Hawaii

Dated: 3/10/2026

APPROVED AS TO FORM:



Deputy Attorney General

MAR 10 2026

Filed

EXHIBIT A

**HEALTH CARE PROVIDER REPORTABLE DISEASES AND CONDITIONS
CHAPTER 11-156.1, HAR
12/15/25**

Note: Pursuant to §11-156.1-5, HAR, the official list of reportable diseases and conditions shall be the version published on the Department's website.

DISEASE OR CONDITION	TIMEFRAME CATEGORY
Amebiasis	Category 3
Angiostrongyliasis	Category 2
Anthrax	Category 1
Arboviral encephalitis and/or meningitis	Category 2
Botulism (foodborne or infant)	Category 1
Brucellosis (suspected bioterrorism)	Category 1
Brucellosis (other than suspected bioterrorism)	Category 2
Campylobacteriosis (suspected outbreaks)	Category 2
Candida auris	Category 2
Chancroid	Category 3
Chickenpox (varicella)	Category 3
Chikungunya	Category 2
Chlamydia (<i>Chlamydia trachomatis</i>)	Category 3
Cholera	Category 2
Congenital rubella syndrome	Category 3
COVID-19 (suspected outbreaks and pediatric deaths)	Category 2
Cronobacter species (invasive disease in infants less than twelve months old)	Category 2
Cryptosporidiosis	Category 3
Cyclosporiasis	Category 3
Dengue	Category 2
Diphtheria (respiratory)	Category 1
Shiga toxin-producing <i>Escherichia coli</i> (STEC)	Category 3
Filariasis	Category 3
Fish poisoning (ciguatera, scombroid, or hallucinogenic; suspected food establishment-associated)	Category 1
Fish poisoning (ciguatera, scombroid, or hallucinogenic; not food establishment-associated)	Category 3
Foodborne illness (suspected outbreaks: two or more ill persons having eaten a common food or at a place in common)	Category 2
Glanders	Category 1
Gonococcal disease (<i>Neisseria gonorrhoeae</i>)	Category 3

DISEASE OR CONDITION	TIMEFRAME CATEGORY
<i>Haemophilus influenzae</i> (meningitis, bacteremia, epiglottitis, pneumonia, or isolation from a normally sterile site)	Category 2
Hansen's disease - Refer to Chapter 11-168, HAR, for reporting requirements	
Hantavirus disease	Category 2
Harmful algal bloom (human disease)	Category 3
Hepatitis A	Category 2
Hepatitis B (acute)	Category 3
Hepatitis B (chronic)	Category 4
Hepatitis C (acute)	Category 3
Hepatitis C (chronic)	Category 4
Hepatitis E	Category 3
Hemolytic uremic syndrome (HUS)	Category 3
HIV (Human Immunodeficiency Virus) (Stages 0, 1, 2, 3, or stage unknown; Stage 3 shall be reported regardless of previous case report of an earlier stage)	Category 3
Influenza (suspected outbreaks and pediatric deaths)	Category 2
Influenza-like illness	Category 4
Legionellosis	Category 2
Leptospirosis	Category 3
Listeriosis	Category 3
Malaria	Category 2
Measles (rubeola)	Category 1
Melioidosis	Category 1
Meningococcal disease (meningitis, meningococemia, or isolation from a normally sterile site)	Category 1
Middle East Respiratory Syndrome (MERS)	Category 1
Mpox	Category 2
Mumps	Category 2
Nontuberculous mycobacteria (NTM) infection (pulmonary and non-pulmonary)	Category 3
Norovirus (NoV) (suspected outbreaks)	Category 2
Oropouche virus (congenital and non-congenital)	Category 2
Pelvic Inflammatory Disease (PID)	Category 3
Pertussis	Category 2
Plague	Category 1
Poliomyelitis	Category 1
Psittacosis	Category 2
Q fever	Category 1
Rabies	Category 1
Respiratory Syncytial Virus (RSV) (suspected outbreaks and pediatric deaths)	Category 2
Rubella (German measles)	Category 2
<i>Salmonella</i> Typhi and Paratyphi	Category 2

DISEASE OR CONDITION	TIMEFRAME CATEGORY
Salmonellosis (other than typhoid)	Category 3
Severe Acute Respiratory Syndrome (SARS)	Category 1
Shigellosis	Category 3
Smallpox	Category 1
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)	Category 3
Syphilis	Category 3
Tetanus	Category 2
Toxoplasmosis	Category 3
Trichinosis	Category 3
Tuberculosis - Refer to Chapter 11-164.2, HAR, for reporting requirements	
Tularemia	Category 1
Typhus (louse, flea, mite-borne)	Category 3
Vibriosis (other than cholera)	Category 3
Viral hemorrhagic fevers (filoviruses, e.g. Ebola, Marburg, and arenaviruses, e.g., Lassa, Machupo)	Category 1
Yellow fever	Category 2
Yersiniosis (other than plague)	Category 3
Zika virus (congenital, non-congenital)	Category 2

EXHIBIT B

**LABORATORY REPORTABLE DISEASES AND CONDITIONS
CHAPTER 11-156.1, HAR
12/15/25**

Note: Pursuant to §11-156.1-5, HAR, the official list of reportable diseases and conditions shall be the version published on the Department's website.

DISEASE/AGENT/TEST	TIMEFRAME CATEGORY	CLINICAL MATERIAL
<i>Angiostrongylus cantonensis</i>	Category 2	Upon request
Arboviral encephalitis and meningitis (Venezuelan equine, Eastern equine, Western equine, California serogroup St. Louis, Powassan, West Nile, Japanese encephalitis virus)	Category 2	Upon request
Arenaviruses (Lassa, Marburg)	Category 1a	Required
<i>Bacillus anthracis</i>	Category 1b	Required
<i>Bordetella pertussis</i>	Category 2	
<i>Burkholderia mallei</i>	Category 1b	Required
<i>Burkholderia pseudomallei</i>	Category 1b	Required
<i>Brucella</i> spp.	Category 2	Required
<i>Brugia malayi</i>	Category 2	
<i>Brugia timori</i>	Category 2	
<i>Campylobacter</i> spp.	Category 2	
<i>Candida auris</i>	Category 2	Required
Carbapenem-resistant <i>Pseudomonas aeruginosa</i> (CRPA)	Category 2	Upon request
Carbapenem-resistant <i>Acinetobacter baumannii</i> (CRAB)	Category 2	Required
Carbapenem-resistant Enterobacterales (CRE)	Category 2	Required
CD4 T-lymphocyte count and percent	Category 2	
Chikungunya virus	Category 2	Required
<i>Chlamydia psittaci</i>	Category 2	
<i>Chlamydia trachomatis</i> (report positive and negative results)	Category 2	
<i>Clostridium botulinum</i>	Category 1a	Upon request
<i>Clostridium tetani</i>	Category 2	
<i>Corynebacterium diphtheriae</i>	Category 2	Upon request
<i>Cryptosporidium</i> spp.	Category 2	
Cyclosporiasis	Category 2	
<i>Coxiella burnetii</i>	Category 2	
<i>Cronobacter</i> species (in infants less than twelve months old)	Category 1b	Upon request

DISEASE/AGENT/TEST	TIMEFRAME CATEGORY	CLINICAL MATERIAL
Dengue virus	Category 2	Upon request
<i>Entamoeba histolytica</i>	Category 2	
<i>Ehrlichia</i> , other spp. or unspecified	Category 2	Upon request
<i>Escherichia coli</i> – shiga toxin producing, including type O157	Category 2	Required
Filoviruses (Ebola, Marburg)	Category 1a	Required
<i>Francisella tularensis</i>	Category 1b	Upon request
<i>Giardia lamblia</i>	Category 2	
<i>Haemophilus ducreyi</i>	Category 3	Upon request
<i>Haemophilus influenzae</i> (from spinal fluid, blood, lung, or other normally sterile site) Report serotype and antimicrobial resistance if available.	Category 2	Required
Hantavirus	Category 2	Upon request
Hepatitis A virus (IgM positive) - Also report ALT (SGPT) and total bilirubin conducted at the same time.	Category 2	Required
Hepatitis B virus (surface antigen positive and negative results and/or anti-core IgM antibody positive and negative results) - Also report ALT (SGPT) and total bilirubin conducted at the same time for all patients who are HBsAg positive.	Category 2	
Hepatitis C virus (report positive and negative results) - Also report ALT (SGPT) and total bilirubin conducted at the same time for all patients who are anti-HCV positive.	Category 2	
Hepatitis E virus - Also report ALT (SGPT) and total bilirubin conducted at the same time for all patients who are anti-HCE positive.	Category 2	
HIV (Human Immunodeficiency Virus) and all HIV viral load tests (report positive and negative results)	Category 2	
Influenza virus (report positive, negative and indeterminate results, and other viral isolates obtained through respiratory culture)	Category 2	
<i>Legionella pneumophila</i>	Category 2	Required (isolates only)
<i>Leptospira interrogans</i>	Category 2	
<i>Listeria monocytogenes</i>	Category 2	Required
Liver function tests (ALT {SGPT} and total bilirubin) conducted at the same time on a patient who is HAV IgM positive, HbsAg positive, anti-HCV positive, or anti-HCE positive.	Category 2	
<i>Lyssavirus</i> spp. (Rabies)	Category 1a	Required
Measles/Rubeola	Category 2	Upon request
Middle East Respiratory Syndrome (MERS)	Category 1a	Required

DISEASE/AGENT/TEST	TIMEFRAME CATEGORY	CLINICAL MATERIAL
Mumps	Category 2	Upon request
<i>Mycobacterium tuberculosis</i>	Refer to Chapter 11-164.2, HAR	
<i>Mycobacterium leprae</i> (AFB)	Refer to Chapter 11-168, HAR	
<i>Neisseria gonorrhoeae</i> (report positive and negative results, including identification of resistant strains)	Category 2	Required
<i>Neisseria meningitidis</i> (from spinal fluid, blood, lung, or other normally sterile site), inclusive of gram stain suggestive of <i>N. meningitidis</i> . Also report antimicrobial susceptibility when available.	Category 1b	Required
Nontuberculous mycobacteria (NTM) infection	Category 2	
<i>Non-variola Orthopoxvirus</i>	Category 2	Upon request
Norovirus (NoV) PCR positive	Category 2	Upon request
Oropouche virus	Category 2	Required
<i>Plasmodium</i> spp.	Category 2	
Poliovirus	Category 2	Required
Respiratory Syncytial Virus (RSV) (report positive, negative, and indeterminate results from viral transport media or universal transport media)	Category 2	
<i>Rickettsia typhi</i>	Category 2	
Rubella (IgM)	Category 2	Required
<i>Salmonella</i> spp. (including <i>typhi</i>)	Category 2	Required
SARS-Associated Coronavirus (SARS-CoV)	Category 1a	Required
SARS-Associated Coronavirus (SARS-CoV-2) (report positive and negative results)	Category 2	Upon request
<i>Shigella</i> spp.	Category 2	Required
Vancomycin-intermediate <i>Staphylococcus aureus</i> (VISA)	Category 2	Upon request
Vancomycin-resistant <i>Staphylococcus aureus</i> (VRSA)	Category 2	Required
<i>Streptococcus pyogenes</i> , Group A (beta hemolytic, invasive disease including Streptococcal Toxic Shock Syndrome or other normally sterile site, but not including pharyngitis)	Category 2	
<i>Streptococcus pneumoniae</i> isolated from a normally sterile site, report antimicrobial susceptibility and serotype	Category 2	Required
<i>Toxoplasma gondii</i> (report positive and negative results)	Category 2	
<i>Treponema pallidum</i> (report positive and negative results)	Category 2	Required
<i>Trichinella spiralis</i>	Category 2	
West Nile Virus	Category 2	Upon request
<i>Wuchereria bancrofti</i>	Category 2	
Varicella	Category 2	Upon request
Variola virus	Category 1a	Required

DISEASE/AGENT/TEST	TIMEFRAME CATEGORY	CLINICAL MATERIAL
<i>Vibrio</i> spp. (<i>cholerae</i> and non- <i>cholera</i>)	Category 2	Required
Yellow fever virus	Category 2	Required
<i>Yersinia pestis</i>	Category 1b	Required
<i>Yersinia</i> spp. (other than <i>pestis</i>)	Category 2	Required
Zika virus	Category 2	Required