CHAPTER 1
NOTIFICATION AND SURVEILLANCE OF REPORTABLE COMMUNICABLE AND INFECTIOUS DISEASES, POISONINGS AND CONDITIONS

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

641—1.1(139A) Definitions. For the purpose of these rules, the following definitions shall apply:

"Acute hearing loss and tinnitus" means any sudden deafness, hearing loss, or tinnitus due to exposure to noise in the work setting. (International Classification of Diseases, Tenth Edition, (ICD-10) codes H83.3, H90.2, H90.3, H91.2, H93.1, and H93.2)

"Acute or chronic respiratory conditions due to fumes, vapors or dusts" means acute chemical bronchitis, any acute, subacute, or chronic respiratory condition due to inhalation of a chemical fume or vapor, or pneumoconioses not specifically listed elsewhere in these rules. (ICD-10 codes J63.0-J64, J66, and J68.0-J68.9) "Acute or chronic respiratory conditions due to fumes, vapors or dusts" excludes those respiratory conditions related to tobacco smoke exposure.

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

"Carpal tunnel or related neuropathy" means carpal tunnel syndrome, other lesions of the median nerve, ulnar nerve or radial nerve, causalgia or other related neuropathy of the upper limb. (ICD-10 codes G56.0-G56.9)

"Clinical laboratory" means any laboratory performing analyses on specimens taken from the body of a person in order to assess that person's health status.

"Communicable disease" means any disease spread from person to person or animal to person.

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

"Health care facility" means a health care facility as defined in Iowa Code section 135C.1, an ambulatory surgical center, or a clinic.

"Health care provider" means a person licensed to practice medicine and surgery, osteopathic medicine and surgery, osteopathy, chiropractic, podiatry, nursing, dentistry, optometry, or licensed as a physician assistant, dental hygienist, or acupuncturist.

"Occupationally related asthma, bronchitis or respiratory hypersensitivity reaction" means any extrinsic asthma or acute chemical pneumonitis due to exposure to toxic agents in the workplace. (ICD-10 codes J67.0-J67.9)

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

"Raynaud's phenomenon" means ischemia of fingers, toes, ears or nose including "vibration white finger" caused by exposure to heat, cold, vibration or other physical agents in the work setting. (ICD-10 code I73.0)

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

"Sexually transmitted disease or infection" means a disease or infection that is primarily transmitted through sexual practices.

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

"Toxic hepatitis" means any acute or subacute necrosis of the liver or other unspecified chemical hepatitis caused by exposure to nonmedicinal toxic agents other than ethyl alcohol including, but not limited to, carbon tetrachloride, chloroform, tetrachloroethane, trichloroethylene, phosphorus, TNT, chloronapthalenes, methylenedianilines, ethylene dibromide, and organic solvents. (ICD-10 codes K71.0-K71.9)

641—1.2(139A) Director of public health. The director of public health is the principal officer of the state to administer disease reporting and control procedures.

641—1.3(139A) Reportable diseases. Reportable diseases are those diseases or conditions listed in subrules 1.3(1) and 1.3(2). The director of public health may also designate any disease, condition or syndrome temporarily reportable for the purpose of a special investigation. Each case of a reportable disease is required to be reported to the Iowa Department of Public Health, Lucas State Office Building, 321 E. 12th Street, Des Moines, Iowa 50319-0075, by the physician or other health practitioner attending any person having a reportable disease and by laboratories performing tests identifying reportable diseases.

1.3(1) *List of reportable diseases or conditions.*

a. Specific communicable diseases.

(1) Common diseases:

†Acquired immune deficiency syndrome (AIDS) and AIDS-defining conditions
#Aeromonas
Campylobacteriosis
†Chlamydia
Cryptosporidiosis
Encephalitis, arboviral
~Enterococcus invasive disease
#Enterohemorrhagic Escherichia coli (non-O157:H7)
~Escherichia coli O157:H7 related diseases (includes HUS)
Giardiasis
†Gonorrhea
~Group A Streptococcus invasive disease
~*Haemophilus influenza type B invasive disease
Hepatitis, types A, †B, C, D, and E
†Human immunodeficiency virus (HIV) infection, including HIV-exposed newborn infant (i.e., newborn infant whose mother is infected with HIV)
Legionellosis
Lyme disease
*Measles (rubeola)
~*Meningococcal invasive disease
~Methicillin-resistant Staphylococcus aureus invasive disease
#Norwalk-like virus
Pertussis
Rabies (animal and *human)
~Salmonellosis (including Typhoid fever)
~Shigellosis

*Diseases which are noted with an asterisk should be reported IMMEDIATELY by telephone 1-800-362-2736.
~Isolates of organisms from diseases so noted should be sent to the University of Iowa Hygienic Laboratory.
†Sexually transmitted disease.
#Diseases that should be reported by the University of Iowa Hygienic Laboratory through the end of calendar year 2002 for purposes of special study.

**Staphylococcus aureus invasive disease
~Streptococcus pneumoniae invasive disease
†Syphilis
Tuberculosis
#Yersinia

(2) Rare diseases:

Anthrax
*Botulism
Brucellosis
*Cholera
Cyclospora
*Diphtheria
Hansen's disease (Leprosy)
Hantavirus syndromes
~Listeria monocytogenes invasive disease
Malaria
Mumps
*Plague
*Poliomyelitis
Psittacosis
Rocky Mountain spotted fever
Rubella (including congenital)
Tetanus
Toxic shock syndrome
Trichinosis
*Yellow fever
~*Vancomycin-resistant Staphylococcus aureus
*Outbreaks of any kind, unusual syndromes, or uncommon diseases
*Diseases or syndromes of any kind caused by a biological agent or toxin when the provider reasonably believes or suspects that the agent or toxin may be a result of a deliberate act such as terrorism. Examples of these agents include *ricin, *tularemia and *smallpox.

b. Specific noncommunicable diseases.

Acute or chronic respiratory conditions due to fumes or vapors or dusts
Asbestosis
Birth defect or genetic disease***
Cancer***
Carbon monoxide poisoning
Coal workers pneumoconiosis
Heavy metal poisoning

*Diseases which are noted with an asterisk should be reported IMMEDIATELY by telephone 1-800-362-2736.
**Numbers of staphylococcal isolates should be reported to the Department of Public Health on a quarterly basis.
~Isolates of organisms from diseases so noted should be sent to the University of Iowa Hygienic Laboratory.
†Sexually transmitted disease.
***NOTE: For these particular diseases, physicians and other health practitioners should not send a report to the department. The State Health Registry of Iowa has been delegated the responsibility for collecting this data through review of records from hospitals, radiation treatment centers, outpatient surgical facilities, oncology clinics, pathology laboratories, and physician offices. Prior to collecting the data from an office or facility, the State Health Registry of Iowa shall work with the office or facility to develop a process for abstracting records which is agreeable to the office or facility.
#Diseases that should be reported by the University of Iowa Hygienic Laboratory through the end of calendar year 2002 for purposes of special study.

Hepatitis, toxic
Hypersensitivity pneumonitis (including farmers lung and toxic organic dust syndrome)
Methemoglobinemia
Pesticide poisoning (including pesticide-related contact dermatitis)
Silicosis
Silo fillers disease
*Diseases or syndromes of any kind caused by a chemical or radiological agent when the provider reasonably believes or suspects that the agent or toxin may be a result of a deliberate act such as terrorism. Examples of these agents include *mustard gas and *sarin gas.

c. Specific occupationally related conditions.
Acute hearing loss and tinnitus
Carpal tunnel and related neuropathy◊
Asthma, bronchitis or respiratory hypersensitivity reactions
Raynaud's phenomenon◊
Severe skin disorder

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

e. Heavy metal poisonings.

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

(2) Mercury poisonings.
1. Blood mercury values equal to or greater than 2.8 mcg/dL.
2. Urine mercury values equal to or greater than 20 mcg/L.

(3) Arsenic poisonings.
1. Blood arsenic values equal to or greater than .07 mcg/mL.
2. Urine arsenic values equal to or greater than 100 mcg/L.
3. Twenty-four hour urinary arsenic excretion values equal to or greater than .02 mg/day.

(4) Cadmium poisonings.
1. Blood cadmium values equal to or greater than 5 mcg/L.
2. Urine cadmium values equal to or greater than 10 mcg/L.

(5) Physicians and other health care practitioners are exempted from the requirements of 1.3(1)*"e"* if the laboratory performing the analysis provides the report containing the required information to the department.

*Diseases which are noted with an asterisk should be reported IMMEDIATELY by telephone 1-800-362-2736.
◊NOTE: In the case of employers with more than 200 employees, cases of carpal tunnel syndrome and related neuropathy and Raynaud's phenomenon may be reported semiannually to the department in summary form. Separate semiannual summary reports shall be provided for each physical location where operations are conducted. Such summary reports shall include a separate count of cases of carpal tunnel syndrome and related neuropathy, and Raynaud's phenomenon, by sex and job category.

f. Pesticide poisonings.

(1) Organophosphate and carbamate cholinesterase inhibiting pesticides. In using a given analytic method to measure cholinesterase inhibition, measurement techniques often vary among laboratories. For this reason, when a depressed cholinesterase value is found, in addition to reporting the items specified in rule 641—1.3(139A), each laboratory shall provide to the Iowa department of public health evidence of the rational bases upon which the laboratory identified the reported value as depressed. For example, for nonautomated analytic methods, a laboratory may judge that a cholinesterase value is depressed on the basis of the value falling below two standard deviations from the mean value for tests completed by that laboratory on the general unexposed population. For automated methods, such as automated spectrophotometry, for which there are built-in quality control procedures and appropriate literature for determining normality, the laboratory should judge a value as depressed on the basis of such appropriate literature. In all instances, clinical laboratories shall report any test finding which shows a 25 percent depression in red blood cell, plasma or whole blood cholinesterase from preexposure levels.

(2) Other pesticide poisonings. Any herbicide, organochlorine insecticide or metabolite thereof in a clinical specimen taken from a person with a history of overexposure to such pesticides within the 48 hours previous to collection of the specimen. If a laboratory has no information regarding the exposure history of a person, a report of a positive test finding for a herbicide, organochlorine insecticide or metabolite thereof is not required, but is encouraged to be reported if the levels found are consistent with overexposure.

g. Nitrate poisonings. Blood analyses showing greater than 5 percent of total hemoglobin present as methemoglobin.

h. Toxic hepatitis. In cases where a laboratory has been made aware of a prolonged or possible overexposure to carbon tetrachloride, tetrachloroethane, trichloroethylene, phosphorus, TNT, chloronapthalenes, methylenedianilines, cresol or ethylene dibromide and any abnormal liver tissue biopsy findings which would be attributable to such exposure. If a laboratory has no information on the exposure history of a person, but that person's liver biopsy findings are consistent with exposure to these chemicals, then a laboratory is encouraged, but not required, to report such findings.

i. Noncommunicable respiratory illnesses. Any biopsy of lung tissue indicating prolonged exposure or overexposure to asbestos, silica, silicates, aluminum, graphite, bauxite, beryllium, cotton dust or other textile material, or coal dust.

j. Carbon monoxide (CO) poisoning.

(1) Blood carbon monoxide level equal to or greater than 10 percent carboxyhemoglobin or its equivalent with a breath analyzer test, or

(2) A clinical diagnosis of CO poisoning regardless of any test results.

1.3(2) *Other reportable diseases.* Physicians are required to report any other disease or condition which is unusual in incidence, occurs in unusual numbers or circumstances, or appears to be of public health concern (such as epidemic diarrhea of the newborn in nurseries or a food poisoning episode) including outbreaks of suspected environmental or occupational illness.

641—1.4(139A) Reporting.

1.4(1) *Telephone or other electronic means.*

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

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

1.4(2) *By mail or other means.* Cases of other reportable diseases and conditions shall be reported to the department by mail at least weekly. If there is concern that delay might hinder the application of organized control measures to protect the public health, the disease or condition should be reported by telephone.

641—1.5(139A) Reporting forms.

1.5(1) Cases of reportable diseases, poisonings and conditions shall be submitted in a format specified by the department.

1.5(2) Sexually transmitted disease/infection should be reported to the department on a sexually transmitted disease/infection form which is provided to health care providers and laboratories. Since these reports are confidential, they shall be transmitted in sealed envelopes or other secure fashion.

1.5(3) Occupational nurses may submit cases of occupationally related reportable diseases or conditions on report forms provided by the department, or may submit copies of either of the following forms:

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

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

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

641—1.6(139A) Who should report.

1.6(1) Health care providers are required by law to report all cases of reportable diseases attended by them.

1.6(2) Hospitals and other health care facilities are required to report cases of reportable diseases.

1.6(3) School nurses are to report suspected cases of reportable diseases occurring among the children supervised.

1.6(4) School officials, through the principal or superintendent as appropriate, are required to report when there is no school nurse.

1.6(5) Laboratories are required to report cases of reportable diseases and results obtained in the examination of all specimens which yield evidence of or are reactive for sexually transmitted diseases.

1.6(6) Poison control and poison information centers are required to report inquiries about cases of reportable diseases received by them.

1.6(7) Medical examiners are required to report their investigatory finding of any death which was caused by or otherwise involved a reportable disease.

1.6(8) Occupational nurses are required to report cases of reportable diseases, if occupationally related.

641—1.7(139A) Treatment of infant eyes. The Iowa department of public health approves 1 percent silver nitrate solution in single-dose ampules or single-use tubes of an ophthalmic ointment containing 1 percent tetracycline or 0.5 percent erythromycin in each conjunctival sac as an ophthalmia prophylactic for newborn infants' eyes. Prophylaxis should be given after birth, but in no instance delayed for more than one hour after delivery. Once applied, none of the above agents used for prophylaxis shall be flushed from the eyes following installation.

This rule is intended to implement Iowa Code section 139A.38.

641—1.8(139A) Isolation. Isolation and quarantine should be consistent with guidelines provided by the Centers for Disease Control and Prevention, Atlanta, Georgia. (Garner JS, Hospital Infection Control Practices Advisory Committee. Guideline for isolation precautions in hospitals. Infect Control Hosp Epidemiol 1996; 17:53-80, and Am J Infect Control 1996; 24:24-52.)

641—1.9(139A) Quarantine. Quarantine will rarely be imposed by the Iowa department of public health. Should a quarantinable disease occur in Iowa, contacts to the case shall be quarantined as the particular situation requires. Generally, contacts will be tested, as possible, for susceptibility. Immune reactors may be released from quarantine as soon as the laboratory results are available. Susceptible contacts will be continued in quarantine until the longest usual incubation period of the disease has elapsed. Sites of quarantine will be prominently placarded with quarantine signs furnished by the department and posted on all sides of the building wherever access is possible. No susceptible person, not already a contact, will be admitted within the quarantine enclosure.

1.9(1) A person with a communicable disease requiring isolation or quarantine, as demonstrated by the diagnosis of a licensed health care professional or positive laboratory results, shall be confined to an appropriate facility unless the person is attended by a licensed physician and complies with the written orders of the local health department.

1.9(2) A physician who attends a person with a suspected or active communicable disease requiring isolation or quarantine of a type described above, or a clinic giving outpatient treatment to such a person, shall report to the local health department at such times that the local health department requires. The report shall state whether the person is still under treatment, the address of the person, the stage of the disease process, clinical status, and treatment of the disease and the dates and results of laboratory tests or any other information required by the local health department. The physician who attends the person, or the person in charge of a hospital or clinic giving outpatient care to such a person, shall report promptly to the local health department when the person ceases to receive treatment and the reason for the cessation of treatment.

a. A physician who attends a case of active disease of a type reportable pursuant to these rules shall examine or cause all household contacts to be examined. The physician shall promptly report to the local health department the results of said examination. An examination required by this paragraph shall include such tests as may be necessary to diagnose the presence of the disease including, but not limited to, tests to identify specific signs, laboratory examinations, or other diagnostic processes.

b. When required by the local health department, nonhousehold contacts and household contacts not examined by a private physician shall submit to the local health department for a diagnostic test. If any suspicious abnormality is found, steps satisfactory to the local health department shall be taken to refer the person promptly to a physician or appropriate medical facility for further evaluation and, if necessary, treatment. When requested by the local health department, a physician shall report the results of any examination of a contact.

1.9(3) A person with a suspected or active disease that is communicable shall be excluded from attendance at the workplace or school until the person receives the approval of the local health department to attend school or to engage in an occupation or employment. Such person may also be excluded from such premises or facilities as the local health department determines cannot be maintained in a manner adequate to protect others against the spread of the disease.

1.9(4) When the local health department determines that the public health or the health of any other person is endangered by a case of a disease, or a suspected case of a disease, the local health department may, by action commenced by the county attorney, petition the court for orders it deems necessary to protect the public health or the health of any other person. In any court proceeding for appropriate orders, the local health department shall demonstrate the circumstances constituting the necessity for an order. Such orders may include, but shall not be limited, to the following:

a. An order authorizing the removal to, detention in, or both removal to and detention in a hospital or other facility for appropriate examination for disease of a person who has an active disease or who is suspected of having an active disease and who is unable or unwilling to voluntarily submit to such examination by a physician or by the local health department;

b. An order requiring a person who has an active disease to complete an appropriate prescribed course of medication for the disease or, if necessary, to follow required contagion precautions for the disease, which could include self-imposed quarantine;

c. An order requiring a person who has an active disease and who is unwilling otherwise to complete an appropriate prescribed course of medication for the disease to follow a course of directly observed therapy. For the purposes of this provision, "directly observed therapy" shall mean a course of treatment for the disease in which the prescribed medication is administered to and taken by the person under direct observation as specified by the local health department;

d. An order for the removal to, detention in, or both removal to and detention in a hospital or other facility of a person who has an active disease that is communicable or who presents a substantial likelihood of having an active disease that is communicable, based upon epidemiologic evidence, clinical evidence, or laboratory test results; and when the local health department finds, based on recognized infection control principles, that, because of inadequate separation from others, there is a substantial likelihood such person may transmit the disease to others; and

e. An order for the removal to, detention in, or both removal to and detention in a hospital or other facility of a person who has an active disease, or who has been reported to the local health department as having an active disease with no subsequent report to the local health department of the completion of an appropriate prescribed course of medication for the disease; and when there is a substantial likelihood, based on the person's past or personal behavior, that the person cannot be relied upon to participate in or to complete an appropriate prescribed course of medication for disease or, if necessary, to follow required contagion precautions for disease. Such behavior may include, but is not limited to, refusal or failure to take medication for treatment of the disease, refusal or failure to complete treatment for the disease, disregard for contagion precautions for the disease, or refusal to comply with self-imposed quarantine.

1.9(5) The local health department, through the county attorney, may seek the immediate removal or detention of a person with an active disease when a judge, upon reviewing the petition and accompanying documentation, finds probable cause to believe that the person has an active disease and, if allowed to remain at liberty, is likely to infect other persons.

a. Within 72 hours after a person's being confined in or transferred to an appropriate facility, a hearing shall be held to determine whether probable cause exists to believe the detained person is at risk of spreading a communicable disease. The hearing may be waived by the respondent. The hearing may be continued upon the request of either party and a showing of good cause, or by the court on its own motion in the due administration of justice, if the respondent is not substantially prejudiced. At the probable cause hearing, the detained person shall have the following rights:

(1) To have been provided with prior notice of the date, time, and location of the probable cause hearing.

(2) To respond to the preliminary finding of probable cause.

(3) To appear in person at the hearing.

(4) To be represented by counsel.

(5) To present evidence on the respondent's own behalf.

(6) To cross-examine witnesses who testify against the respondent.

(7) To view and copy all petitions and reports in the possession of the court.

b. At the hearing, the local health department may rely upon the petition filed under subrule 1.9(4) but may also supplement the petition with additional documentary evidence or live testimony.

c. At the conclusion of the hearing, the court shall enter an order which does both of the following:

(1) Verifies the respondent's identity.

(2) Determines whether probable cause exists to believe that the respondent is at risk of transmitting a communicable disease.

d. If the court determines that probable cause does exist, the court shall direct that the respondent be transferred to an appropriate facility for an evaluation as to whether the respondent is at risk of transmitting a communicable disease. The evaluation shall be conducted by a person deemed to be professionally qualified to conduct such an examination.

e. Notwithstanding the foregoing emergency provisions, in no event shall any person be detained for more than 90 days without a further hearing or court order authorizing such continued detention. The local health department shall seek further court review of such detention within 90 days following the initial court order authorizing detention and thereafter within 90 days of each subsequent court review. In all court proceedings for removal or detention of a person issued pursuant to this rule, or for review of the continued detention of a person, the local health department shall prove the circumstances constituting the necessity for such detention by clear and convincing evidence.

f. Except under the circumstances of an emergency removal or detention, any person who is subject to a detention order shall have the right to be represented by counsel. Upon the request of such person, counsel shall be provided by the court.

1.9(6) Content of petition.

a. Any petition for orders pursuant to paragraph 1.9(4)*"d"* or 1.9(4)*"e"* shall set forth the following:

(1) The legal authority under which the order is requested, including a reference to these rules or other law or regulation;

(2) An individualized assessment of the person's circumstances, behavior, or both, constituting the basis for the issuance of such orders;

(3) The less restrictive treatment alternatives that were attempted and were unsuccessful or the less restrictive treatment alternatives that were considered and rejected, and the reasons such alternatives were rejected.

b. In addition, any request for an order for the removal and detention of a person shall:

(1) Include the purpose of the detention;

(2) Advise the person being detained of the right to a further hearing regarding the person's release from detention and that, in any event, the detention shall not continue for more than three business days in the absence of a hearing and a court order authorizing such detention;

(3) Advise the person being detained of the right to arrange to be represented by counsel or to have counsel provided and that, if the person chooses to have counsel provided, such counsel will be notified that the person has requested legal representation.

1.9(7) Notwithstanding any inconsistent provision of this rule:

a. A person who is detained solely pursuant to paragraph 1.9(4)*"d"* shall not continue to be detained beyond the minimum period of time required, with the exercise of all due diligence, to make a medical determination of whether a person who is suspected of having a disease has an active disease or whether a person has an active disease which is communicable. Further detention of such person shall be authorized only upon the issuance of a court order pursuant to the above procedures.

b. A person who is detained pursuant to these rules shall not continue to be detained after the person's disease ceases to be communicable or after the local health department ascertains that changed circumstances exist that permit the person to be adequately separated from others so as to prevent transmission of disease after the person's release from detention.

c. A person who is detained pursuant to these rules shall not continue to be detained after the person's disease is no longer communicable and the person has agreed to comply with prescribed medical care.

1.9(8) When necessary, language interpreters and persons skilled in communicating with vision-impaired and hearing-impaired persons shall be provided in accordance with applicable law.

1.9(9) These rules shall not be construed to permit or require the forcible administration of any medication without a prior court order.

1.9(10) For the purposes of these rules, a person has an active disease when (1) a laboratory test is positive for the disease and the person has not completed an appropriate prescribed course of medication for the disease, or (2) physical examination by a licensed health care provider has resulted in a diagnosis of an active disease. A person who has an active disease shall be considered capable of transmitting this disease until a licensed health care professional determines that the disease is no longer communicable.

641—1.10(139A) Disinfection. Disinfection should be consistent with guidelines provided by the Centers for Disease Control and Prevention, Public Health Service, U.S. Department of Health and Human Services, Atlanta, Georgia. (Garner JS, Hospital Infection Control Practices Advisory Commitee. Guideline for isolation precautions in hospitals. Infect Control Hosp Epidemiol 1996; 17:53-80, and Am J Infect Control 1996; 24:24-52.)

641—1.11(141A) Contagious or infectious disease notification at time of death. The purpose of this rule is to establish contagious or infectious disease notification requirements for the information of any person handling a dead body.

1.11(1) A health care provider attending a person prior to the person's death shall, at the time of death, place with the body a written notice which specifies or signifies either "known contagious or infectious disease" or "suspected contagious or infectious disease."

1.11(2) The health facility in which the health care provider is working shall be responsible for establishing written procedures and implementing the specific internal practices necessary to satisfy this notification requirement.

These rules are intended to implement Iowa Code sections 135.100 to 135.103, 139A.2, 139A.3, 139A.21, 139A.31, 139A.37, 141A.1, 141A.2 and 141A.5.

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