

CHAPTER 139A

COMMUNICABLE AND INFECTIOUS DISEASES AND POISONINGS

Referred to in §135.11, 135.144

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SUBCHAPTER I

GENERAL PROVISIONS

139A.1 Title.

This chapter shall be known as the “Communicable and Infectious Disease Reporting and Control Act”.

2000 Acts, ch 1066, §1

139A.2 Definitions.

For purposes of this chapter, unless the context otherwise requires:

1. “Area quarantine” means prohibiting ingress and egress to and from a building or buildings, structure or structures, or other definable physical location, or portion thereof, to prevent or contain the spread of a suspected or confirmed quarantinable disease or to prevent or contain exposure to a suspected or known chemical, biological, radioactive, or other hazardous or toxic agent.

2. “Business” means and includes every trade, occupation, or profession.

3. “Care provider” means an individual who is trained and authorized by federal or state law to provide health care services or services of any kind in the course of the individual’s official duties, for compensation or in a voluntary capacity, who is a health care provider,

emergency medical care provider as defined in [section 147A.1](#), fire fighter, or peace officer. “Care provider” also means an individual who renders emergency care or assistance in an emergency or due to an accident as described in [section 613.17](#).

4. “Communicable disease” means any disease spread from person to person or animal to person.

5. “Contagious or infectious disease” means hepatitis in any form, meningococcal disease, AIDS or HIV as defined in [section 141A.1](#), tuberculosis, and any other disease determined to be life-threatening to a person exposed to the disease as established by rules adopted by the department, based upon a determination by the state epidemiologist and in accordance with guidelines of the centers for disease control and prevention of the United States department of health and human services.

6. “Department” means the department of health and human services.

7. “Designated officer” means a person who is designated by a department, agency, division, or service organization to act as an infection control liaison officer.

8. “Director” means the director of health and human services.

9. “Exposure” means a specific eye, mouth, other mucous membrane, nonintact skin, or parenteral contact with blood or other potentially infectious bodily fluids.

10. “Exposure-prone procedure” means a procedure performed by a health care provider which presents a recognized risk of percutaneous injury to the health care provider and if such an injury occurs, the health care provider’s blood is likely to contact a patient’s body cavity, subcutaneous tissues, or mucous membranes, or an exposure-prone procedure as defined by the centers for disease control and prevention of the United States department of health and human services.

11. “HBV” means hepatitis B virus.

12. “Health care facility” means a health care facility as defined in [section 135C.1](#), an ambulatory surgical center, or a clinic.

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

14. “HIV” means HIV as defined in [section 141A.1](#).

15. “Hospital” means hospital as defined in [section 135B.1](#).

16. “Isolation” means the separation of persons or animals presumably or actually infected with a communicable disease or who are disease carriers for the usual period of communicability of that disease in such places, marked by placards if necessary, and under such conditions as will prevent the direct or indirect conveyance of the infectious agent or contagion to susceptible persons.

17. “Local board” means the local board of health.

18. “Local department” means the local health department.

19. “Placard” means a warning sign to be erected and displayed on the periphery of a quarantine area, forbidding entry to or exit from the area.

20. “Public health disaster” means public health disaster as defined in [section 135.140](#).

21. “Quarantinable disease” means any communicable disease designated by rule adopted by the department as requiring quarantine or isolation to prevent its spread.

22. “Quarantine” means the limitation of freedom of movement of persons or animals that have been exposed to a quarantinable disease within specified limits marked by placards for a period of time equal to the longest usual incubation period of the disease in such manner as to prevent the spread of a quarantinable disease which affects people.

23. “Reportable disease” means any disease designated by rule adopted by the department requiring its occurrence to be reported to an appropriate authority.

24. “Sexually transmitted disease or infection” means a disease or infection as identified by rules adopted by the department, based upon a determination by the state epidemiologist and in accordance with guidelines of the centers for disease control and prevention of the United States department of health and human services.

25. “Significant exposure” means a situation in which there is a risk of contracting disease through exposure to a person’s infectious bodily fluids in a manner capable of transmitting an

infectious agent as determined by the centers for disease control and prevention of the United States department of health and human services and adopted by rule of the department.

26. “*Terminal cleaning*” means cleaning procedures defined in the isolation guidelines issued by the centers for disease control and prevention of the United States department of health and human services.

2000 Acts, ch 1066, §2; 2001 Acts, ch 24, §29; 2001 Acts, ch 157, §1 – 3; 2003 Acts, ch 33, §9, 11; 2004 Acts, ch 1168, §6; 2006 Acts, ch 1079, §2; 2008 Acts, ch 1088, §141; 2011 Acts, ch 63, §18, 19; 2023 Acts, ch 19, §220

Referred to in §135.144, 141A.9, 356.48
Section amended

139A.3 Reports to department — immunity — confidentiality — investigations.

1. The health care provider or public, private, or hospital clinical laboratory attending a person infected with a reportable disease shall immediately report the case to the department. However, when a case occurs within the jurisdiction of a local health department, the report shall be made to the local department and to the department. A health care provider or public, private, or hospital clinical laboratory who files such a report which identifies a person infected with a reportable disease shall assist in the investigation by the department, a local board, or a local department. The department shall publish and distribute instructions concerning the method of reporting. Reports shall be made in accordance with rules adopted by the department and shall require inclusion of all the following information:

- a. The patient’s name.
- b. The patient’s address.
- c. The patient’s date of birth.
- d. The sex of the patient.
- e. The race and ethnicity of the patient.
- f. The patient’s marital status.
- g. The patient’s telephone number.
- h. The name and address of the laboratory.
- i. The date the test was found to be positive and the collection date.
- j. The name of the health care provider who performed the test.
- k. If the patient is female, whether the patient is pregnant.

2. A state or local agency employee or agent shall not have access to personally identifiable information included in a reportable disease report provided to or maintained by the department, a local board, or a local department, unless the employee or agent has completed data confidentiality training.

3. a. Any person who, acting reasonably and in good faith, files a report, releases information, or otherwise cooperates with an investigation under [this chapter](#) is immune from any liability, civil or criminal, which might otherwise be incurred or imposed for such action.

b. A report or other information provided to or maintained by the department, a local board, or a local department, which identifies a person infected with or exposed to a reportable or other disease or health condition, is confidential and shall not be accessible to the public.

c. Notwithstanding paragraph “b”, information contained in the report may be reported in public health records in a manner which prevents the identification of any person or business named in the report. If information contained in the report concerns a business, information disclosing the identity of the business may be released to the public when the state epidemiologist or the director determines such a release of information necessary for the protection of the health of the public.

4. A health care provider or public, private, or hospital clinical laboratory shall provide the department, local board, or local department with all information reasonably necessary to conduct an investigation pursuant to [this chapter](#) upon request of the department, local board, or local department. The department may also subpoena records, reports, and any

other evidence necessary to conduct an investigation pursuant to [this chapter](#) from other persons, facilities, and entities pursuant to rules adopted by the department.

[2000 Acts, ch 1066, §3](#); [2006 Acts, ch 1079, §3, 4](#); [2022 Acts, ch 1131, §62](#); [2023 Acts, ch 19, §221](#)

Referred to in [§139A.19](#)

Subsection 3, paragraph c amended

139A.3A Investigation and control.

When the department receives a report under [this chapter](#) or acts on other reliable information that a person is infected with a disease, illness, or health condition that may be a potential cause of a public health disaster, the department shall identify all individuals reasonably believed to have been exposed to the disease, illness, or health condition and shall investigate all such cases for sources of infection and ensure that such cases are subject to proper control measures. Any hospital, health care provider, or other person may provide information, interviews, reports, statements, memoranda, records, or other data related to the condition and treatment of any individual, if not otherwise prohibited by the federal Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191, to the department to be used for the limited purpose of determining whether a public health disaster exists.

[2003 Acts, ch 33, §10, 11](#)

139A.4 Type and length of isolation or quarantine.

1. The type and length of isolation or quarantine imposed for a specific communicable disease shall be in accordance with rules adopted by the department.

2. The department and the local boards may impose and enforce isolation and quarantine restrictions.

3. The department shall adopt rules governing terminal cleaning.

4. The department and local boards may impose and enforce area quarantine restrictions according to rules adopted by the department. Area quarantine shall be imposed by the least restrictive means necessary to prevent or contain the spread of the suspected or confirmed quarantinable disease or suspected or known hazardous or toxic agent.

[2000 Acts, ch 1066, §4](#); [2006 Acts, ch 1079, §5](#)

139A.5 Isolation or quarantine signs erected.

When isolation or a quarantine is established, appropriate placards prescribed by the department shall be erected to mark the boundaries of the place of isolation or quarantine.

[2000 Acts, ch 1066, §5](#)

139A.6 Communicable diseases.

If a person, whether or not a resident, is infected with a communicable disease dangerous to the public health, the local board shall issue orders in regard to the care of the person as necessary to protect the public health. The orders shall be executed by the designated officer as the local board directs or provides by rules.

[2000 Acts, ch 1066, §6](#)

139A.7 Diseased persons moving — record forwarded.

If a person known to be suffering from a communicable disease dangerous to the public health moves from the jurisdiction of a local board into the jurisdiction of another local board, the local board from whose jurisdiction the person moves shall notify the local board into whose jurisdiction the person is moving.

[2000 Acts, ch 1066, §7](#)

139A.8 Immunization of children.

1. A parent or legal guardian shall assure that the person's minor children residing in the state are adequately immunized against diphtheria, pertussis, tetanus, poliomyelitis, rubeola, rubella, and varicella, according to recommendations provided by the department subject to the provisions of [subsections 3 and 4](#).

2. a. A person shall not be enrolled in any licensed child care center or elementary or secondary school in Iowa without evidence of adequate immunizations against diphtheria, pertussis, tetanus, poliomyelitis, rubeola, rubella, and varicella.

b. Evidence of adequate immunization against haemophilus influenza B and invasive pneumococcal disease shall be required prior to enrollment in any licensed child care center.

c. Evidence of hepatitis type B immunization shall be required of a child born on or after July 1, 1994, prior to enrollment in school in kindergarten or in a grade.

d. Immunizations shall be provided according to recommendations provided by the department subject to the provisions of [subsections 3 and 4](#).

e. A person shall not be enrolled in school in the seventh grade or twelfth grade in Iowa without evidence of adequate immunization against meningococcal disease in accordance with standards approved by the United States public health service of the United States department of health and human services for such biological products and in accordance with immunization practices recommended by the advisory committee on immunization practices of the centers for disease control and prevention.

3. Subject to the provision of [subsection 4](#), the council on health and human services may modify or delete any of the immunizations in [subsection 2](#).

4. a. Immunization is not required for a person's enrollment in any elementary or secondary school or licensed child care center if either of the following applies:

(1) The applicant, or if the applicant is a minor, the applicant's parent or legal guardian, submits to the admitting official a statement signed by a physician, advanced registered nurse practitioner, or physician assistant who is licensed by the board of medicine, board of nursing, or board of physician assistants that the immunizations required would be injurious to the health and well-being of the applicant or any member of the applicant's family.

(2) The applicant, or if the applicant is a minor, the applicant's parent or legal guardian, submits an affidavit signed by the applicant, or if the applicant is a minor, the applicant's parent or legal guardian, stating that the immunization conflicts with the tenets and practices of a recognized religious denomination of which the applicant is an adherent or member.

b. The exemptions under [this subsection](#) do not apply in times of emergency or epidemic as determined by the council on health and human services and as declared by the director of health and human services.

5. A person may be provisionally enrolled in an elementary or secondary school or licensed child care center if the person has begun the required immunizations and if the person continues to receive the necessary immunizations as rapidly as is medically feasible. The department shall adopt rules relating to the provisional admission of persons to an elementary or secondary school or licensed child care center.

6. The local board shall furnish the department, within sixty days after the first official day of school, evidence that each person enrolled in any elementary or secondary school has been immunized as required in [this section](#) subject to [subsection 4](#). The department shall adopt rules pursuant to [chapter 17A](#) relating to the reporting of evidence of immunization.

7. Local boards shall provide the required immunizations to children in areas where no local provision of these services exists.

8. The department, in consultation with the director of the department of education, shall adopt rules for the implementation of [this section](#) and shall provide those rules to local school boards and local boards.

[2000 Acts, ch 1066, §8; 2003 Acts, ch 78, §1 – 3; 2007 Acts, ch 10, §24; 2007 Acts, ch 11, §1; 2009 Acts, ch 41, §263; 2016 Acts, ch 1139, §92; 2017 Acts, ch 29, §41; 2023 Acts, ch 19, §222, 223](#)

Referred to in [§239B.12, 299.4](#)

Subsection 3 amended

Subsection 4, paragraph b amended

139A.8A Vaccine shortage — department order — immunity.

1. In the event of a shortage of a vaccine, or in the event a vaccine shortage is imminent, the department may issue an order controlling, restricting, or otherwise regulating the distribution and administration of the vaccine. The order may designate groups of persons which shall receive priority in administration of the vaccine and may prohibit vaccination of

persons who are not included in a priority designation. The order shall include an effective date, which may be amended or rescinded only through a written order of the department. The order shall be applicable to health care providers, hospitals, clinics, pharmacies, health care facilities, local boards of health, public health agencies, and other persons or entities that distribute or administer vaccines.

2. A health care provider, hospital, clinic, pharmacy, health care facility, local board of health, public health agency, or other person or entity that distributes or administers vaccines shall not be civilly liable in any action based on a failure or refusal to distribute or administer a vaccine to any person if the failure or refusal to distribute or administer the vaccine was consistent with a department order issued pursuant to [this section](#).

3. The department shall adopt rules to administer [this section](#).
[2005 Acts, ch 89, §10](#)

139A.8B COVID-19 immunization.

1. Notwithstanding whether a person's attendance is in person or virtual, immunization against COVID-19 shall not be required for a person to be enrolled in any licensed child care center, elementary or secondary school, or postsecondary school in Iowa prior to July 1, 2029.

2. For the purposes of [this section](#):

a. "COVID-19" means the disease caused by the novel coronavirus SARS-CoV-2 or a virus mutating therefrom, and conditions associated with the disease caused by the novel coronavirus SARS-CoV-2 or a virus mutating therefrom.

b. "Postsecondary school" means a postsecondary institution under the control of the state board of regents, a community college established under [chapter 260C](#), or an accredited private institution as defined in [section 256.183](#).

[2022 Acts, ch 1127, §1](#)

Section not amended; internal reference change applied

139A.9 Forcible removal — isolation — quarantine.

The forcible removal and isolation or quarantine of any infected person shall be accomplished according to the rules and regulations of the local board or the rules of the council on health and human services.

[2000 Acts, ch 1066, §9; 2023 Acts, ch 19, §224](#)

Section amended

139A.10 Fees for removing.

The officers designated shall receive reasonable compensation for their services as determined by the local board. The amount determined shall be certified and paid in the same manner as other expenses incurred under [this chapter](#).

[2000 Acts, ch 1066, §10; 2002 Acts, ch 1119, §133](#)

139A.11 Services and supplies — isolation — quarantine.

If the person under isolation or quarantine or the person liable for the support of the person, in the opinion of the local board, is financially unable to secure proper care, provisions, or medical attendance, the local board shall furnish supplies and services during the period of isolation or quarantine and may delegate the duty, by rules, to one of its designated officers.

[2000 Acts, ch 1066, §11](#)

139A.12 County liability for care, provisions, and medical attendance.

The local board shall provide proper care, provisions, and medical attendance for any person removed and isolated or quarantined in a separate house or hospital for detention and treatment, and the care, provisions, and medical attendance shall be paid for by the county in which the infected person has residence, if the patient or legal guardian is unable to pay.

[2000 Acts, ch 1066, §12; 2018 Acts, ch 1137, §23](#)

139A.13 Rights of isolated or quarantined persons.

Any person removed and isolated or quarantined in a separate house or hospital may, at the person's own expense, employ the health care provider of the person's choice, and may provide such supplies and commodities as the person may require.

[2000 Acts, ch 1066, §13](#)

139A.13A Employment protection.

1. An employer shall not discharge an employee, or take or fail to take action regarding an employee's promotion or proposed promotion, or take action to reduce an employee's wages or benefits for actual time worked, due to the compliance of an employee with a quarantine or isolation order or voluntary confinement request issued by the department, a local board, or the centers for disease control and prevention of the United States department of health and human services.

2. An employee whose employer violates [this section](#) may petition the court for imposition of a cease and desist order against the person's employer and for reinstatement to the person's previous position of employment. [This section](#) does not create a private cause of action for relief of money damages.

[2006 Acts, ch 1184, §85; 2007 Acts, ch 159, §25](#)

139A.14 Services or supplies — authorization.

All services or supplies furnished to persons under [this chapter](#) must be authorized by the local board or an officer of the local board, and a written order designating the person employed to furnish such services or supplies, issued before the services or supplies are furnished, shall be attached to the bill when presented for audit and payment.

[2000 Acts, ch 1066, §14](#)

139A.15 Filing of bills.

All bills incurred under [this chapter](#) in establishing, maintaining, and terminating isolation and quarantine, in providing a necessary house or hospital for isolation or quarantine, and in making terminal cleanings, shall be filed with the local board. The local board at its next regular meeting or special meeting called for this purpose shall examine and audit the bills and, if found correct, approve and certify the bills to the county board of supervisors for payment.

[2000 Acts, ch 1066, §15](#)

139A.16 Allowing claims.

All bills for supplies furnished and services rendered for persons removed and isolated or quarantined in a separate house or hospital, or for persons financially unable to provide their own sustenance and care during isolation or quarantine, shall be allowed and paid for only on a basis of the local market price for such provisions, services, and supplies in the locality furnished. A bill for the terminal cleaning of premises or effects shall not be allowed, unless the infected person or those liable for the person's support are financially unable to pay.

[2000 Acts, ch 1066, §16](#)

139A.17 Approval and payment of claims.

The board of supervisors is not bound by the action of the local board in approving the bills, but shall pay the bills for a reasonable amount and within a reasonable time.

[2000 Acts, ch 1066, §17](#)

139A.18 Reimbursement from county.

If any person receives services or supplies under [this chapter](#) who does not have residence in the county in which the bills were incurred and paid, the amount paid shall be certified to the board of supervisors of the county in which the person claims residence or owns property,

and the board of supervisors of that county shall reimburse the county from which the claim is certified, in the full amount originally paid.

2000 Acts, ch 1066, §18; 2018 Acts, ch 1137, §24; 2019 Acts, ch 59, §50

Referred to in §252.24

139A.19 Care provider notification.

1. a. Notwithstanding any provision of [this chapter](#) to the contrary, if a care provider sustains a significant exposure from an individual while rendering health care services or other services, the individual to whom the care provider was exposed is deemed to consent to a test to determine if the individual has a contagious or infectious disease and is deemed to consent to notification of the care provider of the results of the test, upon submission of a significant exposure report by the care provider to the hospital, clinic, other health facility, or other person specified in [this section](#) to whom the individual is delivered by the care provider as determined by rule.

b. The hospital, clinic, or other health facility in which the significant exposure occurred or other person specified in [this section](#) to whom the individual is delivered shall conduct the test. If the individual is delivered by the care provider to an institution administered by the Iowa department of corrections, the test shall be conducted by the staff physician of the institution. If the individual is delivered by the care provider to a jail, the test shall be conducted by the attending physician of the jail or the county medical examiner. The sample and test results shall only be identified by a number.

c. A hospital, clinic, or other health facility, institutions administered by the department of corrections, and jails shall have written policies and procedures for notification of a care provider under [this section](#). The policies and procedures shall include designation of a representative of the care provider to whom notification shall be provided and who shall, in turn, notify the care provider. The identity of the designated representative of the care provider shall not be revealed to the individual tested. The designated representative shall inform the hospital, clinic, or other health facility, institution administered by the department of corrections, or jail of those parties who received the notification, and following receipt of this information and upon request of the individual tested, the hospital, clinic, or other health facility, institution administered by the department of corrections, or jail shall inform the individual of the parties to whom notification was provided.

d. Notwithstanding any other provision of law to the contrary, a care provider may transmit cautions regarding contagious or infectious disease information, with the exception of AIDS or HIV pursuant to [section 80.9B](#), in the course of the care provider's duties over the police radio broadcasting system under [chapter 693](#) or any other radio-based communications system if the information transmitted does not personally identify an individual.

2. a. If the test results are positive, the hospital, clinic, other health facility, or other person performing the test shall notify the subject of the test and make any required reports to the department pursuant to [sections 139A.3](#) and [141A.6](#). The report to the department shall include the name of the individual tested.

b. If the individual tested is diagnosed or confirmed as having a contagious or infectious disease, the hospital, clinic, other health facility, or other person conducting the test shall notify the care provider or the designated representative of the care provider who shall then notify the care provider.

c. The notification to the care provider shall be provided as soon as is reasonably possible following determination that the subject of the test has a contagious or infectious disease. The notification shall not include the name of the individual tested for the contagious or infectious disease unless the individual consents. If the care provider who sustained a significant exposure determines the identity of the individual diagnosed or confirmed as having a contagious or infectious disease, the identity of the individual shall be confidential information and shall not be disclosed by the care provider to any other person unless a specific written release is obtained from the individual diagnosed with or confirmed as having a contagious or infectious disease.

3. [This section](#) does not preclude a hospital, clinic, other health facility, or a health

care provider from providing notification to a care provider under circumstances in which the hospital's, clinic's, other health facility's, or health care provider's policy provides for notification of the hospital's, clinic's, other health facility's, or health care provider's own employees of exposure to a contagious or infectious disease that is not life-threatening if the notice does not reveal a patient's name, unless the patient consents.

4. A hospital, clinic, other health facility, or health care provider, or other person participating in good faith in complying with provisions authorized or required under [this section](#) is immune from any liability, civil or criminal, which might otherwise be incurred or imposed.

5. A hospital's, clinic's, other health facility's, or health care provider's duty to notify under [this section](#) is not continuing but is limited to a diagnosis of a contagious or infectious disease made in the course of admission, care, and treatment following the rendering of health care services or other services to the individual who was the source of the significant exposure.

6. Notwithstanding [subsection 5](#), the hospital, clinic, or other health facility may provide a procedure for notifying the exposed care provider if, following discharge from or completion of care or treatment by the hospital, clinic, or other health facility, the individual who was the source of the significant exposure, and for whom a significant exposure report was submitted that did not result in notification of the exposed care provider, wishes to provide information regarding the source individual's contagious or infectious disease status to the exposed care provider.

7. A hospital, clinic, other health facility, health care provider, or other person who is authorized to perform a test under [this section](#) who performs the test in compliance with [this section](#) or who fails to perform the test authorized under [this section](#), is immune from any liability, civil or criminal, which might otherwise be incurred or imposed.

8. A hospital, clinic, other health facility, health care provider, or other person who is authorized to perform a test under [this section](#) has no duty to perform the test authorized.

9. The department shall adopt rules pursuant to [chapter 17A](#) to administer [this section](#). The department may determine by rule the contagious or infectious diseases for which testing is reasonable and appropriate and which may be administered under [this section](#).

10. The employer of a care provider who sustained a significant exposure under [this section](#) shall pay the costs of testing for the individual who is the source of the significant exposure and of the testing of the care provider, if the significant exposure was sustained during the course of employment. However, the department shall assist an individual who is the source of the significant exposure in finding resources to pay for the costs of the testing and shall assist a care provider who renders direct aid without compensation in finding resources to pay for the cost of the test.

[2000 Acts, ch 1066, §19; 2001 Acts, ch 157, §4; 2011 Acts, ch 63, §20; 2011 Acts, ch 131, §54, 158](#)

139A.20 Exposing to communicable disease.

A person who knowingly exposes another to a communicable disease or who knowingly subjects another to a child or other legally incapacitated person who has contracted a communicable disease, with the intent that another person contract the communicable disease, shall be liable for all resulting damages and shall be punished as provided in [this chapter](#).

[2000 Acts, ch 1066, §20](#)

139A.21 Reportable poisonings and illnesses.

1. If the results of an examination by a public, private, or hospital clinical laboratory of a specimen from a person in Iowa yield evidence of or are reactive for a reportable poisoning or a reportable illness from a toxic agent, including methemoglobinemia, the results shall be reported to the department on forms prescribed by the department. If the laboratory is located in Iowa, the person in charge of the laboratory shall report the results. If the laboratory is not in Iowa, the health care provider submitting the specimen shall report the results.

2. The health care provider attending a person infected with a reportable poisoning or

a reportable illness from a toxic agent, including methemoglobinemia, shall immediately report the case to the department. The department shall publish and distribute instructions concerning the method of reporting. Reports shall be made in accordance with rules adopted by the department.

3. A person in charge of a poison control information center shall report to the department cases of reportable poisoning, including methemoglobinemia, about which inquiries have been received.

4. The department shall adopt rules designating reportable poisonings, including methemoglobinemia, and illnesses which must be reported under [this section](#).

5. The department shall establish and maintain a central registry to collect and store data reported pursuant to [this section](#).

6. The department shall timely provide copies of all reports of pesticide poisonings or illnesses received pursuant to [this section](#) to the secretary of agriculture who shall timely forward these reports and any reports of pesticide poisonings or illnesses received pursuant to [section 206.14](#) to the registrant of a pesticide which is the subject of any reports.

[2000 Acts, ch 1066, §21; 2009 Acts, ch 41, §49; 2012 Acts, ch 1095, §130](#)

Referred to in [§135.11, 455E.11](#)

139A.22 Prevention of transmission of HIV or HBV to patients.

1. A hospital shall adopt procedures requiring the establishment of protocols applicable on a case-by-case basis to a health care provider determined to be infected with HIV or HBV who ordinarily performs exposure-prone procedures as determined by an expert review panel, within the hospital setting. The protocols established shall be in accordance with the recommendations issued by the centers for disease control and prevention of the United States department of health and human services. The expert review panel may be an established committee of the hospital. The procedures may provide for referral of the health care provider to the expert review panel established by the department pursuant to [subsection 3](#) for establishment of the protocols. The procedures shall require reporting noncompliance with the protocols by a health care provider to the licensing board with jurisdiction over the relevant health care providers.

2. A health care facility shall adopt procedures in accordance with recommendations issued by the centers for disease control and prevention of the United States department of health and human services, applicable to a health care provider determined to be infected with HIV or HBV who ordinarily performs or assists with exposure-prone procedures within the health care facility. The procedures shall require referral of the health care provider to the expert review panel established by the department pursuant to [subsection 3](#).

3. The department shall establish an expert review panel to determine on a case-by-case basis under what circumstances, if any, a health care provider determined to be infected with HIV or HBV practicing outside the hospital setting or referred to the panel by a hospital or health care facility may perform exposure-prone procedures. If a health care provider determined to be infected with HIV or HBV does not comply with the determination of the expert review panel, the panel shall report the noncompliance to the licensing board with jurisdiction over the health care provider. A determination of an expert review panel pursuant to [this section](#) is a final agency action appealable pursuant to [section 17A.19](#).

4. The health care provider determined to be infected with HIV or HBV, who works in a hospital setting, may elect either the expert review panel established by the hospital or the expert review panel established by the department for the purpose of making a determination of the circumstances under which the health care provider may perform exposure-prone procedures.

5. A health care provider determined to be infected with HIV or HBV shall not perform an exposure-prone procedure except as approved by the expert review panel established by the department pursuant to [subsection 3](#), or in compliance with the protocol established by the hospital pursuant to [subsection 1](#) or the procedures established by the health care facility pursuant to [subsection 2](#).

6. The board of medicine, the board of physician assistants, the board of podiatry, the board of nursing, the dental board, and the board of optometry shall require that licensees

comply with the recommendations issued by the centers for disease control and prevention of the United States department of health and human services for preventing transmission of human immunodeficiency virus and hepatitis B virus to patients during exposure-prone invasive procedures, with the recommendations of the expert review panel established pursuant to [subsection 3](#), with hospital protocols established pursuant to [subsection 1](#), and with health care facility procedures established pursuant to [subsection 2](#), as applicable.

7. Information relating to the HIV status of a health care provider is confidential and subject to the provisions of [section 141A.9](#). A person who intentionally or recklessly makes an unauthorized disclosure of such information is subject to a civil penalty of one thousand dollars. The attorney general or the attorney general's designee may maintain a civil action to enforce [this section](#). Proceedings maintained under [this section](#) shall provide for the anonymity of the health care provider and all documentation shall be maintained in a confidential manner. Information relating to the HBV status of a health care provider is confidential and shall not be accessible to the public. Information regulated by [this section](#), however, may be disclosed to members of the expert review panel established by the department or a panel established by hospital protocol under [this section](#). The information may also be disclosed to the appropriate licensing board by filing a report as required by [this section](#). The licensing board shall consider the report a complaint subject to the confidentiality provisions of [section 272C.6](#). A licensee, upon the filing of a formal charge or notice of hearing by the licensing board based on such a complaint, may seek a protective order from the board.

8. The expert review panel established by the department and individual members of the panel shall be immune from any liability, civil or criminal, for reasonable actions taken in the good faith performance of functions authorized or required by [this section](#). A hospital, an expert review panel established by the hospital, and individual members of the panel shall be immune from any liability, civil or criminal, for reasonable actions taken in the good faith performance of functions authorized or required by [this section](#). Complaints, investigations, reports, deliberations, and findings of the hospital and its panel with respect to a named health care provider suspected, alleged, or found to be in violation of the protocol required by [this section](#) constitute peer review records under [section 147.135](#), and are subject to the specific confidentiality requirements and limitations of that section.

[2000 Acts, ch 1066, §22](#); [2001 Acts, ch 24, §30](#); [2007 Acts, ch 10, §25](#); [2007 Acts, ch 218, §196](#)

Referred to in [§139A.23](#)

Contingent repeal, see [§139A.23](#)

139A.23 Contingent repeal.

If the provisions of Pub. L. No. 102-141 relating to requirements for prevention of transmission of HIV or HBV to patients in the performance of exposure-prone procedures are repealed, [section 139A.22](#) is repealed.

[2000 Acts, ch 1066, §23](#)

139A.24 Blood donation or sale — penalty.

A person suffering from a communicable disease dangerous to the public health who knowingly gives false information regarding the person's infected state on a blood plasma sale application to blood plasma-taking personnel commits a serious misdemeanor.

[2000 Acts, ch 1066, §24](#)

139A.25 Penalties.

1. Unless otherwise provided in [this chapter](#), a person who knowingly violates any provision of [this chapter](#), or of the rules of the department or a local board, or any lawful order, written or oral, of the department or board, or of their officers or authorized agents, is guilty of a simple misdemeanor.

2. Notwithstanding [subsection 1](#), an individual who repeatedly fails to file any mandatory report specified in [this chapter](#) is subject to a report being made to the licensing board governing the professional activities of the individual. The department shall notify the individual each time that the department determines that the individual has failed to file

a required report. The department shall inform the individual in the notification that the individual may provide information to the department to explain or dispute the failure to report.

3. Notwithstanding [subsection 1](#), a public, private, or hospital clinical laboratory that repeatedly fails to file a mandatory report specified in [this chapter](#) is subject to a civil penalty of not more than one thousand dollars per occurrence. The department shall not impose the penalty under [this subsection](#) without prior written notice and opportunity for hearing.

[2000 Acts, ch 1066, §25](#)

Referred to in [§139A.40](#)

139A.26 Meningococcal disease vaccination information for postsecondary students.

1. Each institution of higher education that has an on-campus residence hall or dormitory shall provide vaccination information on meningococcal disease to each student enrolled in the institution. The vaccination information shall be contained on student health forms provided to each student by the institution, which forms shall include space for the student to indicate whether or not the student has received the vaccination against meningococcal disease. The vaccination information about meningococcal disease shall include any recommendations issued by the national centers for disease control and prevention regarding the disease. Vaccination information obtained under [this section](#) that is in the possession of an institution of higher education pursuant to [this section](#) shall not be considered a public record. Data obtained under [this section](#) shall be submitted annually to the department in a manner prescribed by the department and such that no individual person can be identified.

2. [This section](#) shall not be construed to require any institution of higher education to provide the vaccination against meningococcal disease to students.

3. [This section](#) shall not apply if the national centers for disease control and prevention no longer recommend the meningococcal disease vaccine.

4. [This section](#) does not create a private right of action.

5. The department shall adopt rules for administration of [this section](#). The department shall review the requirements of [this section](#) at least every five years, and shall submit its recommendations for modification to, or continuation of, [this section](#) based upon new information about the disease or vaccination against the disease in a report that shall be submitted to the general assembly no later than January 15, 2010, with subsequent reports developed and submitted by January 15 at least every fifth year thereafter.

[2004 Acts, ch 1023, §1](#)

139A.27 through 139A.29 Reserved.

SUBCHAPTER II

CONTROL OF SEXUALLY TRANSMITTED DISEASES AND INFECTIONS

Referred to in [§135.11](#)

139A.30 Confidential reports.

1. Reports to the department which include the identity of persons infected with a sexually transmitted disease or infection, and all such related information, records, and reports concerning the person, shall be confidential and shall not be accessible to the public.

2. Notwithstanding [subsection 1](#), reports to the department and related reports, information, and records shall be confidential only to the extent necessary to prevent identification of persons named in such reports, information, and records. The other parts of such reports, information, and records shall be public records. [This subsection](#) shall prevail over any inconsistent provision of [this subchapter](#).

[2000 Acts, ch 1066, §26; 2002 Acts, ch 1119, §134; 2019 Acts, ch 59, §51](#)

Referred to in [§232.69](#)

139A.31 Report to department.

Immediately after the first examination or treatment of any person infected with any sexually transmitted disease or infection, the health care provider who performed the examination or treatment shall transmit to the department a report stating the name of the infected person, the address of the infected person, the infected person's date of birth, the sex of the infected person, the race and ethnicity of the infected person, the infected person's marital status, the infected person's telephone number, if the infected person is female, whether the infected person is pregnant, the name and address of the laboratory that performed the test, the date the test was found to be positive and the collection date, and the name of the health care provider who performed the test. However, when a case occurs within the jurisdiction of a local health department, the report shall be made directly to the local health department which shall immediately forward the information to the department. Reports shall be made in accordance with rules adopted by the department. Reports shall be confidential. Any person filing a report of a sexually transmitted disease or infection who is acting reasonably and in good faith is immune from any liability, civil or criminal, which might otherwise be incurred or imposed as a result of such report.

[2000 Acts, ch 1066, §27](#)

139A.32 Examination results from laboratory — report.

A person in charge of a public, private, or hospital clinical laboratory shall report to the department, on forms prescribed by the department, results obtained in the examination of all specimens which yield evidence of or are reactive for those diseases defined as sexually transmitted diseases or infections, and listed in the Iowa administrative code. The report shall state the name of the infected person from whom the specimen was obtained, the address of the infected person, the infected person's date of birth, the sex of the infected person, the race and ethnicity of the infected person, the infected person's marital status, the infected person's telephone number, if the infected person is female, whether the infected person is pregnant, the name and address of the laboratory that performed the test, the laboratory results, the test employed, the date the test was found to be positive and the collection date, the name of the health care provider who performed the test, and the name and address of the person submitting the specimen.

[2000 Acts, ch 1066, §28](#)

139A.33 Partner notification program.

1. The department shall maintain a partner notification program for persons known to have tested positive for a reportable sexually transmitted disease or infection.

2. In administering the program, the department shall provide for all of the following:

a. A person who voluntarily participates in the program shall receive post-test counseling during which time the person shall be encouraged to refer for counseling and testing any person with whom the person has had sexual relations or has shared drug injecting equipment.

b. The physician or other health care provider attending the person may provide to the department any relevant information provided by the person regarding any person with whom the tested person has had sexual relations or has shared drug injecting equipment.

3. The department may delegate its partner notification duties under [this section](#) to local health authorities or a physician or other health care provider, as provided by rules adopted by the department.

4. In making contact with sexual or drug equipment-sharing partners, the department or its designee shall not disclose the identity of the person who provided the names of the persons to be contacted and shall protect the confidentiality of the persons contacted.

5. a. [This section](#) shall not be interpreted as creating a duty to warn third parties of the danger of exposure to a sexually transmitted disease or infection through contact with a person who tests positive for a sexually transmitted disease.

b. [This section](#) shall not be interpreted to require the department to provide partner

notification services to all persons who have tested positive for a sexually transmitted disease or infection.

[2000 Acts, ch 1066, §29](#); [2011 Acts, ch 63, §21](#)

139A.34 Examination of persons suspected.

The local board shall cause an examination to be made of every person reasonably suspected, on the basis of epidemiological investigation, of having any sexually transmitted disease or infection in the infectious stages to ascertain if such person is infected and, if infected, to cause such person to be treated. A person who is under the care and treatment of a health care provider for the suspected condition shall not be subjected to such examination. If a person suspected of having a sexually transmitted disease or infection refuses to submit to an examination voluntarily, application may be made by the local board to the district court for an order compelling the person to submit to examination and, if infected, to treatment. The person shall be treated until certified as no longer infectious to the local board or to the department. If treatment is ordered by the district court, the attending health care provider shall certify that the person is no longer infectious.

[2000 Acts, ch 1066, §30](#)

139A.35 Minors.

A minor shall have the legal capacity to act and give consent to provision of medical care or services to the minor for the prevention, diagnosis, or treatment of a sexually transmitted disease or infection by a hospital, clinic, or health care provider. Such medical care or services shall be provided by or under the supervision of a physician licensed to practice medicine and surgery or osteopathic medicine and surgery, a physician assistant, or an advanced registered nurse practitioner. Consent shall not be subject to later disaffirmance by reason of such minority. The consent of another person, including but not limited to the consent of a spouse, parent, custodian, or guardian, shall not be necessary.

[2000 Acts, ch 1066, §31](#); [2008 Acts, ch 1058, §11](#); [2008 Acts, ch 1088, §141](#)

139A.36 Certificate not to be issued.

A certificate of freedom from sexually transmitted disease or infection shall not be issued to any person by any official health agency.

[2000 Acts, ch 1066, §32](#)

139A.37 Pregnant women.

The department shall adopt rules which incorporate the prenatal guidelines established by the centers for disease control and prevention of the United States department of health and human services as the state guidelines for prenatal testing and care relative to infectious disease.

[2000 Acts, ch 1066, §33](#)

139A.38 Medical treatment of newly born.

A physician attending the birth of a child shall cause to be instilled into the eyes of the newly born infant a prophylactic solution approved by the department. [This section](#) shall not be construed to require treatment of the infant's eyes with a prophylactic solution if the infant's parent or legal guardian states that such treatment conflicts with the tenets and practices of a recognized religious denomination of which the parent or legal guardian is an adherent or member.

[2000 Acts, ch 1066, §34](#)

139A.39 Religious exceptions.

A provision of [this chapter](#) shall not be construed to require or compel any person to take or follow a course of medical treatment prescribed by law or a health care provider if the person is an adherent or member of a church or religious denomination and in accordance with the tenets or principles of the person's church or religious denomination the person opposes the specific course of medical treatment. However, such person while in an infectious stage of

disease shall be subject to isolation and such other measures appropriate for the prevention of the spread of the disease to other persons.

[2000 Acts, ch 1066, §35](#)

139A.40 Filing false reports.

A person who knowingly makes a false statement in any of the reports required by [this subchapter](#) concerning persons infected with any sexually transmitted disease or infection, or who discloses the identity of such person, except as authorized by [this subchapter](#), shall be punished as provided in [section 139A.25](#).

[2000 Acts, ch 1066, §36](#)

139A.41 Chlamydia and gonorrhea treatment.

Notwithstanding any other provision of law to the contrary, a physician, physician assistant, or advanced registered nurse practitioner who diagnoses a sexually transmitted chlamydia or gonorrhea infection in an individual patient may prescribe, dispense, furnish, or otherwise provide prescription oral antibiotic drugs to that patient's sexual partner or partners without examination of that patient's partner or partners. If the infected individual patient is unwilling or unable to deliver such prescription drugs to a sexual partner or partners, a physician, physician assistant, or advanced registered nurse practitioner may dispense, furnish, or otherwise provide the prescription drugs to the department or local disease prevention investigation staff for delivery to the partner or partners.

[2008 Acts, ch 1058, §12](#)