

CHAPTER 1
REPORTABLE DISEASES, POISONINGS AND CONDITIONS, AND
QUARANTINE AND ISOLATION

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

“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 to J64, J66, and J68.0 to 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 nonhousehold 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.

“AIDS” means AIDS as defined in Iowa Code section 141A.1.

“Area quarantine” means prohibiting ingress to and egress 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.

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

“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 Iowa Code section 147A.1, firefighter, 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 Iowa Code section 613.17.

“Case” means an individual who has confirmatory evidence of disease.

“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.

“Congenital or inherited disorder” means congenital or inherited disorder as defined in Iowa Code section 136A.2.

“Contagious or infectious disease” means hepatitis in any form, meningococcal disease, tuberculosis, and any other disease, with the exception of AIDS or HIV infection as defined in Iowa Code section 141A.1, determined to be life-threatening to a person exposed to the disease based upon a determination by the state public health medical director and epidemiologist and in accordance with guidelines of the Centers for Disease Control and Prevention of the United States Department of Health and Human Services.

“Department” means the Iowa department of public health.

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

“Director” means the director of the Iowa department of public health.

“Exposure” means the risk of contracting disease.

“Fetal death” means an unintended death occurring after a gestation period of 20 completed weeks, or an unintended death of a fetus with a weight of 350 or more grams. *“Fetal death”* is synonymous with stillbirth.

“HBV” means hepatitis B virus.

“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.

“HIV” means HIV as defined in Iowa Code section 141A.1.

“*Hospital*” means hospital as defined in Iowa Code section 135B.1.

“*Hypersensitivity pneumonitis*” means a disease in which the air sacs (alveoli) of the lungs become inflamed when certain dusts are inhaled to which the person is sensitized or allergic. “Hypersensitivity pneumonitis” includes but is not limited to farmer’s lung, silo filler’s disease, and toxic organic dust syndrome.

“*IDSS*” means the Iowa disease surveillance system, a secure Web-based statewide disease reporting and surveillance system.

“*Infectious disease*” means a disease caused by the entrance into the body of organisms, including but not limited to bacteria, protozoans, fungi, prions, or viruses which grow and multiply.

“*Infectious tuberculosis*” means pulmonary or laryngeal tuberculosis as evidenced by:

1. Isolation of *M. tuberculosis* complex (positive culture) from a clinical specimen or positive nucleic acid amplification test, or

2. Both radiographic evidence of tuberculosis, such as an abnormal chest X-ray, and clinical evidence, such as a positive skin test or whole blood assay test for tuberculosis infection, coughing, sputum production, fever, or other symptoms compatible with infectious tuberculosis that lead a health care provider to diagnose infectious tuberculosis according to currently acceptable standards of medical practice and to initiate treatment for tuberculosis.

“*Injury*” means physical damage or harm to the body as the result of an act or event.

“*Investigation*” means an inquiry conducted to determine the specific source, mode of transmission, and cause of a disease or suspected disease occurrence and to determine the specific incidence, prevalence, and extent of the disease in the affected population. “Investigation” may also include the application of scientific methods and analysis to institute appropriate control measures.

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

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

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

“*Microcystin toxin*” means the toxin that is released by blue-green algae or cyanobacteria.

“*Microcystin toxin poisoning*” means any acute or subacute systemic, ophthalmologic, or dermatologic illness or injury resulting from or suspected of resulting from inhalation, ingestion, or dermal exposure to toxins associated with a blue-green algae or cyanobacteria bloom in water.

“*Noncommunicable respiratory illnesses*” means an illness indicating prolonged exposure or overexposure to asbestos, silica, silicates, aluminum, graphite, bauxite, beryllium, cotton dust or other textile material, or coal dust. “Noncommunicable respiratory illnesses” includes, but is not limited to asbestosis, coal worker’s pneumoconiosis, and silicosis.

“*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 to J67.9)

“*Pesticide*” means (1) any substance or mixture of substances intended for preventing, destroying, repelling, or mitigating directly or indirectly any insects, rodents, nematodes, fungi, weeds, and other forms of plant or animal life or viruses, except viruses on or in living persons, which the Iowa secretary of agriculture shall declare to be a pest; and (2) any substances intended for use as a plant growth regulator, defoliant, or desiccant. Pesticides include active and inert ingredients of herbicides, insecticides, rodenticides, repellants, fumigants, fungicides, wood treatment products, and disinfectants as well as adjuvants that are added to a pesticide formulation to improve or change properties such as deposition, persistence, or mixing ability.

“*Pesticide poisoning*” means any acute or subacute systemic, ophthalmologic, or dermatologic illness or injury resulting from or suspected of resulting from inhalation or ingestion of, dermal exposure to, or ocular contact with a pesticide. Laboratory confirmation is not required.

“*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.

“*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.

“*Public health disaster*” means an incident as defined in Iowa Code section 135.140.

“*Quarantinable disease*” means any communicable disease which presents a risk of serious harm to public health and which may require isolation or quarantine to prevent its spread. “Quarantinable disease” includes but is not limited to cholera; diphtheria; infectious tuberculosis; plague; smallpox; yellow fever; viral hemorrhagic fevers, including Lassa, Marburg, Ebola, Crimean-Congo, South American, and others not yet isolated or named; novel influenza; and severe acute respiratory syndrome (SARS).

“*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, if necessary, 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.

“*Reportable cancers*” means those cancers included in the National Cancer Institute’s Surveillance, Epidemiology and End Results (SEER) Program.

“*Reportable disease*” means any disease designated by this chapter.

“*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*” or “*STI*” means a disease or infection as identified by this chapter that is transmitted through sexual practices. “Sexually transmitted disease or infection” includes, but is not limited to, acquired immunodeficiency syndrome (AIDS), chlamydia, gonorrhea, hepatitis B, hepatitis C, human immunodeficiency virus (HIV), human papillomavirus, and syphilis.

“*Suspected case*” means an individual that presents with clinical signs or symptoms indicative of a reportable or quarantinable disease.

“*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, trinitrotoluene (TNT), chloronaphthalenes, methylenedianilines, ethylene dibromide, and organic solvents. (ICD-10 codes K71.0 to K71.9)

[ARC 8231B, IAB 10/7/09, effective 11/11/09; ARC 2291C, IAB 12/9/15, effective 1/13/16]

641—1.2(139A) Purpose and authority.

1.2(1) Purpose. The purpose of this chapter is to establish rules that identify diseases, poisonings and conditions, and incidents that are to be reported to the department in accordance with Iowa Code chapters 135, 136A, 139A, 141A, and 144. These rules also establish the information to be reported, how and when to report, and who is to report. This chapter provides for disease investigation and disease control through preventive measures including but not limited to quarantine and isolation.

1.2(2) Authority. The director is the principal officer of the state to administer disease, poisoning and condition, and incident reporting and control. The State Health Registry of Iowa, administered by the Department of Epidemiology of the College of Public Health at the University of Iowa, is a public health authority for purposes of collecting cancer data in accordance with this chapter.

[ARC 8231B, IAB 10/7/09, effective 11/11/09]

REPORTABLE COMMUNICABLE AND INFECTIOUS DISEASES

641—1.3(139A,141A) Reportable communicable and infectious diseases. Reportable communicable and infectious diseases are those listed in Appendix A. The director may also designate any disease, poisoning or condition or syndrome temporarily reportable for the purpose of a special investigation. [ARC 8231B, IAB 10/7/09, effective 11/11/09]

641—1.4(135,139A) Reporting of reportable communicable and infectious diseases. 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, in a manner specified by this chapter.

1.4(1) Who is required to report communicable and infectious diseases.

a. Health care providers, hospitals, clinical laboratories, and other health care facilities are required to report cases of reportable communicable and infectious diseases. Health care providers and hospitals are exempted from reporting communicable and infectious disease laboratory results if the health care provider or hospital ensures that the laboratory performing the analysis provides a report containing the required information to the department.

b. School nurses are required to report suspected cases of reportable diseases occurring among the children supervised.

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

d. 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.

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

f. Medical examiners are required to report their investigatory findings of any death which was caused by or otherwise involved a reportable disease.

g. Occupational nurses are required to report cases of reportable diseases.

h. Hospitals, health care providers and clinical laboratories outside the state of Iowa shall immediately report any confirmed or suspect case of a reportable disease, poisoning or condition in an Iowa resident.

1.4(2) What to report. Each report shall contain all of 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 and address of the health care provider who performed the test

k. If the patient is female, whether the patient is pregnant.

l. The name of the reportable disease.

m. The treatment provided for the reportable disease (for STIs only).

1.4(3) How to report.

a. *Immediate reporting by telephone of diseases identified in Appendix A as immediately reportable.* A health care provider and a public, private, or hospital clinical laboratory shall immediately report any confirmed or suspected case of a disease identified in Appendix A as immediately reportable to the department's disease notification hotline at 1-800-362-2736. The report shall include all information required by 1.4(2) and the following:

(1) The stage of the disease process.

(2) Clinical status.

- (3) Any treatment provided for the disease.
- (4) All household and other known contacts.
- (5) Whether household and other known contacts have been examined and the results of such examinations.

b. Other diseases that carry serious consequences or spread rapidly. A health care facility, health care provider and a public, private, or hospital clinical laboratory shall immediately report any confirmed or suspected case of a common source epidemic or disease outbreak of unusual numbers by telephone to the department's 24/7 disease reporting telephone hotline at 1-800-362-2736.

c. Reporting of other reportable diseases. Cases of other reportable communicable or infectious diseases not included in 1.4(3) "a" shall be reported to the department in accordance with Appendix A by mail, telephone, facsimile, or other secure electronic means. The preferred method is secure Web-based reporting when available. If the department determines that reporting by mail hinders the application of organized control measures to protect the public health, the department may require that the reportable disease be reported by telephone, facsimile or secure Web-based reporting.

1.4(4) Contagious or infectious disease notification at time of death. The purpose of this subrule is to establish contagious or infectious disease notification requirements for the information of any person handling a dead body.

a. 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."

b. The health care 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.

[ARC 8231B, IAB 10/7/09, effective 11/11/09; ARC 0754C, IAB 5/29/13, effective 7/3/13; ARC 2291C, IAB 12/9/15, effective 1/13/16]

REPORTABLE POISONINGS AND CONDITIONS—NONCOMMUNICABLE

641—1.5(139A,135) Reportable poisonings and conditions. Reportable poisonings and conditions are those listed in Appendix B. The director may also designate any disease, poisoning or condition or syndrome temporarily reportable for the purpose of a special investigation.

[ARC 8231B, IAB 10/7/09, effective 11/11/09]

641—1.6(135,139A) Reporting poisonings and conditions.

1.6(1) Who is required to report.

a. Health care providers, hospitals, and clinical laboratories and other health care facilities are required to report cases of reportable poisonings and conditions. Health care providers are exempted from reporting blood lead testing if the laboratory performing the analysis provides the report containing the required information to the department.

b. School nurses are required to report suspected cases of a reportable poisoning or condition occurring among the children supervised.

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

d. Poison control and poison information centers are required to report inquiries about cases of a reportable poisoning or condition received by them.

e. Medical examiners are required to report their investigatory findings of any death which was caused by or otherwise involved a reportable poisoning or condition.

f. Occupational nurses are required to report cases of reportable poisonings and conditions.

g. Hospitals, health care providers and clinical laboratories outside the state of Iowa shall immediately report any confirmed or suspected case of a reportable poisoning or condition in an Iowa resident.

1.6(2) What to report. Each report shall contain all of 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 collection date.
- j.* The analytical result.
- k.* In the case of blood lead testing, whether the sample is a capillary or venous blood sample.
- l.* For conditions not identified by a laboratory analysis, the date that the condition was diagnosed.
- m.* The name and address of the health care provider who performed the test.
- n.* If the patient is female, whether the patient is pregnant.
- o.* In the case of occupational conditions, the name of the patient's employer.

1.6(3) How to report.

a. Blood lead testing. All analytical results greater than or equal to 20 micrograms per deciliter ($\mu\text{g}/\text{dL}$) in a child under the age of six years or a pregnant woman shall be reported to the department immediately by telephone at 1-800-972-2026. All other analytical results shall be reported to the department at least weekly in an electronic format specified by the department.

b. Each instance of carbon monoxide poisoning shall be reported to the department immediately by telephone at 1-800-972-2026.

c. Reportable poisonings and conditions other than blood lead testing and carbon monoxide poisoning shall be reported to the department in accordance with Appendix B.

d. Occupational nurses shall submit cases of occupationally related reportable poisonings or conditions on report forms provided by the department.

[ARC 8231B, IAB 10/7/09, effective 11/11/09; ARC 2291C, IAB 12/9/15, effective 1/13/16]

INVESTIGATION

641—1.7(135,139A) Investigation of reportable diseases. A health care provider and a public, private, or hospital clinical laboratory shall assist in a disease investigation conducted by the department, a local board, or a local department.

1.7(1) A health care provider and a clinical laboratory shall provide the department, local board, or local department with all information necessary to conduct the investigation, including but not limited to medical records; exposure histories; medical histories; contact information; and test results necessary to the investigation, including positive, pending, and negative test results.

1.7(2) Issuance of investigatory subpoenas.

a. The department may upon the written request of a local board of health, the state public health medical director and epidemiologist or designee, or the state public health veterinarian or designee, subpoena records, reports, or any other evidence necessary to conduct a disease investigation. The subpoena shall be signed by the division director of the division of acute disease prevention and emergency response or the division director's designee following review and approval of the written request for subpoena.

b. A written request for a subpoena shall contain the following:

- (1) The name and address of the person, facility, or entity to which the subpoena will be directed;
- (2) A specific description of the records, reports, or other evidence requested; and
- (3) An explanation of why the documents sought to be subpoenaed are necessary for the department to conduct the disease investigation.

c. Each subpoena shall contain:

- (1) The name and address of the person, facility, or entity to which the subpoena is directed;
- (2) A description of the records, reports, or other evidence requested;
- (3) The date, time, and location for production, inspection, or copying;

- (4) The time within which a motion to quash or modify the subpoena must be filed;
- (5) The signature, address, and telephone number of the division director;
- (6) The date of issuance; and
- (7) A return of service.

d. Process to challenge a subpoena.

(1) Any person who is aggrieved or adversely affected by compliance with the subpoena and who desires to challenge the subpoena must, within five days after service of the subpoena, or before the time specified for compliance if such time is less than five days, file with the department a motion to quash or modify the subpoena. The motion shall describe the reasons why the subpoena should be quashed or modified, and may be accompanied by legal briefs or factual affidavits.

(2) Upon receipt of a timely motion to quash or modify a subpoena, the department may request an administrative law judge to issue a decision. Oral argument may be scheduled at the discretion of the administrative law judge. The administrative law judge may quash or modify the subpoena, deny the motion, or issue an appropriate protective order.

(3) A person aggrieved by a ruling of an administrative law judge who desires to challenge that ruling must appeal the ruling to the department by serving on the department director, either in person or by certified mail, a notice of appeal within ten days after the service of the decision of the administrative law judge. The department director's decision is final for purposes of judicial review.

e. Subpoenas issued under this subrule and requests, motions, and pleadings related to the issuance of subpoenas are confidential pursuant to Iowa Code sections 139A.3 and 22.7.

[ARC 8231B, IAB 10/7/09, effective 11/11/09]

ISOLATION AND QUARANTINE

641—1.8(139A) Isolation and quarantine. Isolation and quarantine should be consistent with guidelines provided by the Centers for Disease Control and Prevention.

[ARC 8231B, IAB 10/7/09, effective 11/11/09; ARC 2291C, IAB 12/9/15, effective 1/13/16]

641—1.9(135,139A) Quarantine and isolation.

1.9(1) Examination, testing, and treatment of quarantinable diseases.

a. A health care provider who attends an individual with a suspected or active quarantinable disease shall make all reasonable efforts in accordance with guidance from a local health department or the department to examine or cause all household and other known contacts of the individual to be examined by a health care provider. The health care provider shall promptly report to the department the results of such examination. If the individual refuses or is unable to undergo examination, the health care provider shall promptly report such information to the department.

b. When required by the department, all contacts of an individual who has a suspected or active quarantinable disease, including all adult and minor contacts, shall submit to a diagnostic test or tests or other monitoring. If any suspicious abnormality is found, steps satisfactory to the department shall be taken to refer the individual promptly to a health care provider or appropriate medical facility for further evaluation and, if necessary, treatment. The department or the referring health care provider or facility shall notify the receiving health care provider or facility of the suspicious abnormality. When requested by the department, a health care provider shall report the results of the examination of a contact to the case or suspected case or incident. If an individual with a suspected or active quarantinable disease fails to comply with a department order to submit to diagnostic testing or monitoring, such individual may be ordered to be quarantined or isolated as determined by the department.

c. Upon order of the department or local board of health, an individual with a suspected or active quarantinable disease shall not attend the workplace or school and shall not be present at other public places until the individual receives the approval of the department or a local board of health to engage in such activity. Upon order of the department or local board of health, employers, schools and other public places shall exclude an individual with a suspected or active quarantinable disease. An individual may also be excluded from other premises or facilities if the department or a local board of health determines

the premises or facilities cannot be maintained in a manner adequate to protect others against the spread of the disease.

d. A person diagnosed with or clinically suspected of having infectious tuberculosis shall complete voluntary treatment until, in the opinion of the health care provider or the state public health medical director and epidemiologist, the person's tuberculosis is cured or such person is no longer a threat to public health. If such person refuses to complete the course of voluntary treatment, the department or local board of health may issue an order compelling mandatory treatment. Such order shall include the identity of the person subject to the mandatory treatment order, a description of the treatment ordered, the medical basis upon which the treatment is ordered, and a description of the potential medical and legal consequences of violating such order. A person who violates a mandatory treatment order may be subject to the penalties provided in Iowa Code section 135.38 or 137.117 and may be placed under mandatory quarantine or isolation in accordance with the provisions of this chapter.

e. A person diagnosed with extrapulmonary tuberculosis or clinically suspected of having infectious tuberculosis who fails to comply with a health care provider's recommendation for diagnostic testing may be ordered to undergo diagnostic testing by the department or local board of health. Such order shall include the identity of the person subject to mandatory diagnostic testing, a description of the diagnostic testing ordered, the medical basis upon which the diagnostic testing is ordered, and a description of the potential medical and legal consequences of violating such order. A person who violates a mandatory diagnostic testing order may be subject to the penalties provided in Iowa Code section 135.38 or 137.117 and may be placed under mandatory quarantine or isolation in accordance with the provisions of this chapter.

1.9(2) General provisions.

a. Voluntary confinement. Prior to instituting mandatory isolation or quarantine pursuant to this rule, the department or a local board of health may request that an individual or group of individuals voluntarily confine themselves to a private home or other facility.

b. Quarantine and isolation. The department and local boards of health are authorized to impose and enforce quarantine and isolation restrictions. Quarantine and isolation shall rarely be imposed by the department or by local boards of health. If a quarantinable disease occurs in Iowa, individuals with a suspected or active quarantinable disease and contacts to the case may be quarantined or isolated as the particular situation requires. Any quarantine or isolation imposed by the department or a local board of health shall be established and enforced in accordance with this rule.

1.9(3) Conditions and principles. The department and local boards of health shall adhere to all of the following conditions and principles when isolating or quarantining individuals or a group of individuals:

a. The isolation or quarantine shall be by the least restrictive means necessary to prevent the spread of a communicable or possibly communicable disease to others and may include, but not be limited to, confinement to private homes, other private premises, or public premises.

b. Isolated individuals shall be confined separately from quarantined individuals.

c. The health status of isolated or quarantined individuals shall be monitored regularly to determine if the individuals require further or continued isolation or quarantine.

d. If a quarantined individual subsequently becomes infected or is reasonably believed to have become infected with a communicable or possibly communicable disease, the individual shall be promptly removed to isolation.

e. Isolated or quarantined individuals shall be immediately released when the department or local board of health determines that the individuals pose no substantial risk of transmitting a communicable or possibly communicable disease.

f. The needs of isolated or quarantined individuals shall be addressed in a systematic and competent fashion including, but not limited to, providing adequate food; clothing; shelter; means of communicating with those in and outside of isolation or quarantine; medication; and competent medical care.

g. The premises used for isolation or quarantine shall be maintained in a safe and hygienic manner and shall be designed to minimize the likelihood of further transmission of infection or other harm to isolated or quarantined individuals.

h. To the extent possible, cultural and religious beliefs shall be considered in addressing the needs of individuals in isolation or quarantine premises and in establishing and maintaining the premises.

1.9(4) *Isolation and quarantine premises.*

a. If deemed appropriate by the department, sites of isolation or quarantine shall be prominently placarded with isolation or quarantine signs prescribed and furnished by the department and posted on all sides of the building wherever access is possible.

b. An individual subject to isolation or quarantine shall obey the rules and orders of the department or the local board of health and shall not go beyond the isolation or quarantine premises unless expressly authorized to do so by the order.

c. The department or a local board of health may authorize physicians, health care workers, or others access to individuals in isolation or quarantine as necessary to meet the needs of isolated or quarantined individuals.

d. No individual, other than an individual authorized by the department or a local board of health, shall enter isolation or quarantine premises. If the department has requested the assistance of law enforcement in enforcing the isolation or quarantine, the department shall provide law enforcement personnel with a list of individuals authorized to enter the isolation or quarantine premises.

e. Any individual entering an isolation or quarantine premises with or without authorization of the department or a local board of health may be isolated or quarantined pursuant to this rule.

1.9(5) *Isolation and quarantine by local boards of health.*

a. A local board of health may:

- (1) Isolate individuals who are presumably or actually infected with a quarantinable disease;
- (2) Quarantine individuals who have been exposed to a quarantinable disease;
- (3) Establish and maintain places of isolation and quarantine; and
- (4) Adopt emergency rules and issue orders as necessary to establish, maintain, and enforce isolation or quarantine.

b. Isolation and quarantine undertaken by a local board of health shall be accomplished according to the rules and regulations of the local board of health so long as such rules are not inconsistent with this chapter.

1.9(6) *Isolation and quarantine by the Iowa department of public health.*

a. Authority.

(1) The department, through the director, the department's medical director, or the director's or medical director's designee, may:

1. Isolate individuals or groups of individuals who are presumably or actually infected with a quarantinable disease; and

2. Quarantine individuals or groups of individuals who have been exposed to a quarantinable disease, including individuals who are unable or unwilling to undergo examination, testing, vaccination, or treatment, pursuant to Iowa Code section 135.144.

(2) The department may:

1. Establish and maintain places of isolation and quarantine; and

2. Adopt emergency rules and issue orders as necessary to establish, maintain, and enforce isolation or quarantine.

(3) Isolation and quarantine undertaken by the department, including isolation and quarantine undertaken by the department in the event of a public health disaster, shall be established pursuant to paragraph 1.9(6) "b" or "c."

b. Temporary isolation and quarantine without notice. The department may temporarily isolate or quarantine an individual or groups of individuals through an oral order, without notice, only if delay in imposing the isolation or quarantine would significantly jeopardize the department's ability to prevent or limit the transmission of a communicable or possibly communicable disease to others. If the department imposes temporary isolation or quarantine of an individual or groups of individuals through an oral order, the department shall issue a written order as soon as is reasonably possible and in all cases within 24 hours of issuance of the oral order if continued isolation or quarantine is necessary to prevent or limit the transmission of a communicable or possibly communicable disease.

c. Written order. The department may isolate or quarantine an individual or groups of individuals through a written order issued pursuant to this rule.

(1) The written order shall include all of the following:

1. The identity of the individual, individuals, or groups of individuals subject to isolation or quarantine.

2. The premises subject to isolation or quarantine.

3. The date and time at which isolation or quarantine commences.

4. The suspected communicable disease.

5. A description of the less restrictive alternatives that were attempted and were unsuccessful, or the less restrictive alternatives that were considered and rejected, and the reasons such alternatives were rejected.

6. A statement of compliance with the conditions and principles for isolation and quarantine specified in subrule 1.9(3).

7. The legal authority under which the order is requested.

8. The medical basis upon which isolation or quarantine is justified.

9. A statement advising the individual, individuals, or groups of individuals of the right to appeal the written order pursuant to subrule 1.9(7) and the rights of individuals and groups of individuals subject to quarantine and isolation as listed in subrule 1.9(8).

10. A copy of this chapter and the relevant definitions.

(2) A copy of the written order shall be provided to the individual to be isolated or quarantined within 24 hours of issuance of the order in accordance with any applicable process authorized by the Iowa Rules of Civil Procedure. If the order applies to a group or groups of individuals and it is impractical to provide individual copies, the order may be posted in a conspicuous place in the isolation or quarantine premises.

1.9(7) Appeal from order imposing isolation or quarantine.

a. Contested case. The subject of a department order imposing isolation or quarantine may appeal a written order and has the right to a contested case hearing regarding such appeal. The subject of a department order imposing isolation or quarantine may appeal the order by submitting a written appeal within ten days of receipt of the written order. The appeal shall be addressed to the Department of Public Health, Division of Epidemiology, Emergency Medical Services, and Disaster Operations, Lucas State Office Building, Des Moines, Iowa 50319-0075. Unless stayed by order of the director or a district court, the written order for quarantine or isolation shall remain in force and effect until the appeal is finally determined and disposed of upon its merits.

b. Presiding officer. The presiding officer in a contested case shall be the director or the director's designee. The director or the director's designee may be assisted by an administrative law judge in conducting the contested case hearing. The decision of the director or the director's designee shall be the department's final decision and is subject to judicial review in accordance with the provisions of Iowa Code chapter 17A.

c. Proceeding. The contested case hearing shall be conducted in accordance with the provisions contained at 641—Chapter 173. The hearing shall be held as soon as is practicable, and in no case later than ten days from the date of receipt of the appeal. The hearing may be held by telephonic or other electronic means if necessary to prevent additional exposure to the communicable or possibly communicable disease. In extraordinary circumstances and for good cause shown, the department may apply to continue the hearing date for up to ten additional days on a petition filed pursuant to this rule. The presiding officer may use discretion in granting a continuance giving due regard to the rights of the affected individuals, the protection of the public's health, and the availability of necessary witnesses and evidence. Pursuant to Iowa Code sections 139A.3(2) and 22.7(16), the hearing shall be closed to the public at the discretion of the subject of the order. If the hearing is closed to the public, the department's final decision shall redact information which could lead to the identification of the subject of the order.

d. Judicial review. The aggrieved party to the final decision of the department may petition for judicial review of that action pursuant to Iowa Code chapter 17A. Petitions for judicial review shall be filed within 30 days after the decision becomes final.

e. Immediate judicial review of department order. The department acknowledges that in certain circumstances the subject or subjects of a department order may desire immediate judicial review of a department order in lieu of proceeding with the contested case process. The department recognizes that the procedural step of pursuing exhaustion of administrative remedies may be inadequate for purposes of Iowa Code section 17A.19, and the department may consent to immediate jurisdiction of the district court when requested by the subject or subjects of a department order and justice so requires. Unless stayed by order of the director or a district court, the written order for quarantine or isolation shall remain in force and effect until the judicial review is finally determined and disposed of upon its merits.

1.9(8) *Rights of individuals and groups of individuals subject to isolation or quarantine.* Any individual or group of individuals subject to isolation or quarantine shall have the following rights:

- a.* The right to be represented by legal counsel.
- b.* The right to be provided with prior notice of the date, time, and location of any hearing.
- c.* The right to participate in any hearing. The hearing may be held by telephonic or other electronic means if necessary to prevent additional exposure to the communicable or possibly communicable disease.
- d.* The right to respond and present evidence and argument on the individual's own behalf in any hearing.
- e.* The right to cross-examine witnesses who testify against the individual.
- f.* The right to view and copy all records in the possession of the department which relate to the subject of the written order.

1.9(9) *Consolidation of claims.* In any proceeding brought pursuant to this rule, to promote the fair and efficient operation of justice and having given due regard to the rights of the affected individuals, the protection of the public's health, and the availability of necessary witnesses and evidence, the department or a court may order the consolidation of individual claims into group claims, if all of the following conditions exist:

- a.* The number of individuals involved or to be affected is so large that individual participation is impractical.
- b.* There are questions of law or fact common to the individual claims or rights to be determined.
- c.* The group claims or rights to be determined are typical of the affected individuals' claims or rights.
- d.* The entire group will be adequately represented in the consolidation.

1.9(10) *Implementation and enforcement of isolation and quarantine.*

a. Jurisdictional issues. The department has primary jurisdiction to isolate or quarantine individuals or groups of individuals if the communicable disease outbreak has affected more than one county or has multicounty, statewide, or interstate public health implications. When imposing isolation or quarantine, the department shall coordinate with the local health department as appropriate. If isolation or quarantine is imposed by the department, a local board of health or local health department may not alter, amend, modify, or rescind the isolation or quarantine order.

b. Assistance of local boards of health and local health departments. If isolation or quarantine is imposed by the department, the local boards of health and the local health departments in the affected areas shall assist in the implementation of the isolation or quarantine order.

c. Assistance of law enforcement. Pursuant to Iowa Code section 135.35, all peace officers of the state shall enforce and execute a lawful department order for isolation or quarantine within their respective jurisdictions. The department shall take all reasonable measures to minimize the risk of exposure to peace officers and others assisting with enforcement of an isolation or quarantine order.

d. Penalty. Pursuant to Iowa Code section 135.38, any individual who knowingly violates a lawful department order for isolation or quarantine, whether written or oral, shall be guilty of a simple misdemeanor. The court-ordered sentence may include a fine of up to \$500 and imprisonment not to exceed 30 days.

e. Enforcement action. The department may file a civil action in Polk County district court or in the district court for the county in which the individual resides or is located to enforce a department

order for isolation or quarantine. Such action shall be filed in accordance with the Iowa Rules of Civil Procedure.

[ARC 8231B, IAB 10/7/09, effective 11/11/09; ARC 2291C, IAB 12/9/15, effective 1/13/16]

641—1.10 and 1.11 Reserved.

641—1.12(135,137,139A) Quarantine and isolation—model rule for local boards.

1.12(1) Applicability. The provisions of rule 641—1.12(135,137,139A) are applicable in jurisdictions in which a local board has adopted this rule by reference in accordance with Iowa Code section 137.6. This rule shall not be construed to require a local board to adopt this model rule.

1.12(2) Definitions.

“*Board*” means [insert the name of the city, county, or district board of health].

“*Department*” means the Iowa department of public health.

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

“*Quarantinable disease*” means any communicable disease which presents a risk of serious harm to public health and which may require isolation or quarantine to prevent its spread. “Quarantinable disease” includes but is not limited to cholera; diphtheria; infectious tuberculosis; plague; smallpox; yellow fever; viral hemorrhagic fevers, including Lassa, Marburg, Ebola, Crimean-Congo, South American, and others not yet isolated or named; novel influenza; and severe acute respiratory syndrome (SARS).

“*Quarantine*” means the limitation of freedom of movement of persons or animals that have been exposed to a communicable disease, within specified limits marked by placards, for a period of time equal to the longest usual incubation period of the disease. The limitation of movement shall be in such manner as to prevent the spread of a communicable disease.

1.12(3) General provisions.

a. Voluntary confinement. Prior to instituting mandatory isolation or quarantine pursuant to this rule, the board may request that an individual or group of individuals voluntarily confine themselves to a private home or other facility.

b. Quarantine and isolation. The board is authorized to impose and enforce quarantine and isolation restrictions. Quarantine and isolation shall rarely be imposed by the board. If a quarantinable disease occurs in Iowa, individuals with a suspected or active quarantinable disease and contacts to the case may be quarantined or isolated as the particular situation requires. Any quarantine or isolation imposed by the board shall be established and enforced in accordance with this rule.

c. The local board of health shall notify, consult and work cooperatively with the Iowa department of agriculture and land stewardship and the state veterinarian office on issues relating to isolation and quarantine of animals.

1.12(4) Conditions and principles. The board shall adhere to all of the following conditions and principles when isolating or quarantining individuals or a group of individuals:

a. The isolation or quarantine shall be by the least restrictive means necessary to prevent the spread of a communicable or possibly communicable disease to others and may include, but is not limited to, confinement to private homes, other private premises, or public premises.

b. Isolated individuals shall be confined separately from quarantined individuals.

c. The health status of isolated or quarantined individuals shall be monitored regularly to determine if the individuals require further or continued isolation or quarantine.

d. If a quarantined individual subsequently becomes infected or is reasonably believed to have become infected with a communicable or possibly communicable disease, the individual shall be promptly removed to isolation.

e. Isolated or quarantined individuals shall be immediately released when the board determines that the individuals pose no substantial risk of transmitting a communicable or possibly communicable disease.

f. The needs of isolated or quarantined individuals shall be addressed in a systematic and competent fashion including, but not limited to, providing adequate food; clothing; shelter; means of communicating with those in and outside of isolation or quarantine; medication; and competent medical care.

g. The premises used for isolation or quarantine shall be maintained in a safe and hygienic manner and shall be designed to minimize the likelihood of further transmission of infection or other harm to isolated or quarantined individuals.

h. To the extent possible, cultural and religious beliefs shall be considered in addressing the needs of individuals in isolation and quarantine premises and in establishing and maintaining the premises.

1.12(5) *Isolation and quarantine premises.*

a. If deemed appropriate by the department, sites of isolation or quarantine shall be prominently placarded with isolation or quarantine signs prescribed and furnished by the department and posted on all sides of the building wherever access is possible.

b. An individual subject to isolation or quarantine shall obey the rules and orders of the board and shall not go beyond the isolation or quarantine premises unless expressly authorized to do so by the order.

c. The department or the board may authorize physicians, health care workers, or others access to individuals in isolation or quarantine as necessary to meet the needs of isolated or quarantined individuals.

d. No individual, other than an individual authorized by the department or the board, shall enter an isolation or quarantine premises. If the department has requested the assistance of law enforcement in enforcing the isolation or quarantine, the department shall provide law enforcement personnel with a list of individuals authorized to enter the isolation or quarantine premises.

e. Any individual entering an isolation or quarantine premises with or without authorization of the department or the board may be isolated or quarantined pursuant to this rule.

1.12(6) *Isolation and quarantine.*

a. Authority. The board may:

- (1) Isolate individuals who are presumably or actually infected with a quarantinable disease;
- (2) Quarantine individuals who have been exposed to a quarantinable disease;
- (3) Establish and maintain places of isolation and quarantine; and
- (4) Adopt emergency rules and issue orders as necessary to establish, maintain, and enforce isolation or quarantine.

b. Isolation and quarantine undertaken by the board shall be accomplished in accordance with this rule.

c. Temporary isolation and quarantine without notice. The board may temporarily isolate or quarantine an individual or groups of individuals through an oral order, without notice, only if delay in imposing the isolation or quarantine would significantly jeopardize the board's ability to prevent or limit the transmission of a communicable or possibly communicable disease to others. If the board imposes temporary isolation or quarantine of an individual or groups of individuals through an oral order, the board shall issue a written order as soon as is reasonably possible and in all cases within 24 hours of issuance of the oral order if continued isolation or quarantine is necessary to prevent or limit the transmission of a communicable or possibly communicable disease.

d. Written order. The board may isolate or quarantine an individual or groups of individuals through a written order issued pursuant to this rule.

(1) The written order shall include all of the following:

1. The identity of the individual, individuals, or groups of individuals subject to isolation or quarantine.

2. The premises subject to isolation or quarantine.

3. The date and time at which isolation or quarantine commences.

4. The suspected communicable disease.
 5. A description of the less restrictive alternatives that were attempted and were unsuccessful, or the less restrictive alternatives that were considered and rejected, and the reasons such alternatives were rejected.
 6. A statement of compliance with the conditions and principles for isolation and quarantine specified in subrule 1.12(4).
 7. The legal authority under which the order is imposed.
 8. The medical basis upon which isolation or quarantine is justified.
 9. A statement advising the individual, individuals, or groups of individuals of the right to appeal the written order pursuant to subrule 1.12(7) and the rights of individuals and groups of individuals subject to quarantine and isolation as listed in subrule 1.12(8).
 10. A copy of this rule and the relevant definitions.
- (2) A copy of the written order shall be provided to the individual to be isolated or quarantined within 24 hours of issuance of the order in accordance with any applicable process authorized by the Iowa Rules of Civil Procedure. If the order applies to a group or groups of individuals and it is impractical to provide individual copies, the order may be posted in a conspicuous place in the isolation or quarantine premises.

1.12(7) *Appeal from order imposing isolation or quarantine.*

a. Appeal. The subject of a board order imposing isolation or quarantine may appeal a written order by submitting a written appeal within ten days of receipt of the written order. The appeal shall be addressed to [insert name of board and board address]. Unless stayed by order of the board or a district court, the written order for quarantine or isolation shall remain in force and effect until the appeal is finally determined and disposed of upon its merits.

b. Proceeding. The appeal proceeding shall be conducted in accordance with this rule [or insert specific board rule governing appeal proceedings]. The proceeding shall be held as soon as is practicable, and in no case later than ten days from the date of receipt of the appeal. The hearing may be held by telephonic or other electronic means if necessary to prevent additional exposure to the communicable or possibly communicable disease. In extraordinary circumstances and for good cause shown, the board may continue the proceeding date for up to ten days, giving due regard to the rights of the affected individuals, the protection of the public's health, and the availability of necessary witnesses and evidence. At the appeal proceeding, the subject of the appeal shall have the right to introduce evidence on all issues relevant to the order. The board, by majority vote, may modify, withdraw, or order compliance with the order under appeal.

c. Judicial review. The aggrieved party to the final decision of the board may petition for judicial review of that action by filing an action in the appropriate district court. Petitions for judicial review shall be filed within 30 days after the decision becomes final.

d. Immediate judicial review of board order. The board acknowledges that in certain circumstances the subject or subjects of a board order may desire immediate judicial review of a board order in lieu of proceeding with the board's appeal process. The board may consent to immediate jurisdiction of the district court when requested by the subject or subjects of a board order and justice so requires. Unless stayed by order of the board or a district court, the written order for quarantine or isolation shall remain in force and effect until the judicial review is finally determined and disposed of upon its merits.

1.12(8) *Rights of individuals and groups of individuals subject to isolation or quarantine.* Any individual or group of individuals subject to isolation or quarantine shall have the following rights:

- a.* The right to be represented by legal counsel.
- b.* The right to be provided with prior notice of the date, time, and location of any hearing.
- c.* The right to participate in any hearing. The hearing may be held by telephonic or other electronic means if necessary to prevent additional exposure to the communicable or possibly communicable disease.
- d.* The right to respond and present evidence and argument on the individual's own behalf in any hearing.

- e. The right to cross-examine witnesses who testify against the individual.
- f. The right to view and copy all records in the possession of the board which relate to the subject of the written order.

1.12(9) Consolidation of claims. In any proceeding brought pursuant to this rule, to promote the fair and efficient operation of justice and having given due regard to the rights of the affected individuals, the protection of the public's health, and the availability of necessary witnesses and evidence, the board or a court may order the consolidation of individual claims into group claims, if all of the following conditions exist:

- a. The number of individuals involved or to be affected is large enough that consolidation would be the best use of resources.
- b. There are questions of law or fact common to the individual claims or rights to be determined.
- c. The group claims or rights to be determined are typical of the affected individuals' claims or rights.
- d. The entire group will be adequately represented in the consolidation.

1.12(10) Implementation and enforcement of isolation and quarantine.

a. *Jurisdictional issues.* The department has primary jurisdiction to isolate or quarantine individuals or groups of individuals if the communicable disease outbreak has affected more than one county or has multicounty, statewide, or interstate public health implications. If isolation or quarantine is imposed by the department, the board may not alter, amend, modify, or rescind the isolation or quarantine order.

b. *Assistance of local boards of health and local health departments.* If isolation or quarantine is imposed by the department, the local boards of health and the local health departments in the affected areas shall assist in the implementation of the isolation or quarantine order.

c. *Penalty.* Pursuant to Iowa Code sections 137.21 and 139A.25(1), any individual who violates a lawful board order for isolation or quarantine, whether written or oral, shall be guilty of a simple misdemeanor. The court-ordered sentence may include a fine of up to \$500 and imprisonment not to exceed 30 days.

d. *Enforcement action.* The board, through the office of the county attorney, may file a civil action in the appropriate district court to enforce a board order for isolation or quarantine. Such action shall be filed in accordance with the Iowa Rules of Civil Procedure.

[ARC 8231B, IAB 10/7/09, effective 11/11/09; ARC 2291C, IAB 12/9/15, effective 1/13/16]

641—1.13(135,139A) Area quarantine.

1.13(1) General provisions. The department and local boards of health are authorized to impose and enforce area quarantine in accordance with this rule. Area quarantine shall rarely be imposed by the department or by local boards of health.

1.13(2) Conditions and principles. The department and local boards of health shall adhere to all of the following conditions and principles when imposing and enforcing area quarantine:

a. Area quarantine shall be imposed by the least restrictive means necessary to prevent or contain the spread of a suspected or confirmed quarantinable disease or suspected or known hazardous or toxic agent.

b. Area quarantine shall be immediately terminated when the department or a local board of health determines that no substantial risk of exposure to a quarantinable disease or hazardous or toxic agent continues to exist.

c. The geographic boundaries of an area quarantine shall be established by risk assessment procedures including medical and scientific analysis of the quarantinable disease or hazardous or toxic agent, the location of the affected area, the risk of spread or contamination, and other relevant information.

1.13(3) Area quarantine sites.

a. Sites of area quarantine shall be prominently identified to restrict ingress to and egress from the area, to the extent practicable. The department or a local board of health may placard or otherwise identify the site, or may request the assistance of law enforcement in identifying the site.

b. No individual, other than an individual authorized by the department or a local board of health, shall enter a building, structure, or other physical location subject to area quarantine. The department or a local board of health may authorize public health officials, environmental specialists, health care providers, or others access to an area quarantine site as necessary to conduct public health investigations, to decontaminate the site, or for other public health purposes. Notwithstanding any provision in this chapter to the contrary, law enforcement, fire service, and emergency medical service providers may enter an area quarantine site to provide emergency response services or to conduct emergency law enforcement investigations or other emergency activities without authorization by the department or a local board of health. If the department has requested the assistance of law enforcement in enforcing the area quarantine, the department shall provide law enforcement personnel with a list of individuals authorized to enter the area quarantine site.

c. An individual authorized to enter an area quarantine site may be required to wear personal protective equipment as appropriate.

d. No individual, other than an individual authorized by the department or a local board of health, shall remove any item or object from a building, structure, or other physical location subject to area quarantine.

e. An individual entering an area quarantine site without authorization of the department or a local board of health may be isolated or quarantined pursuant to rule 641—1.9(135,139A) and may be found guilty of a simple misdemeanor.

1.13(4) Area quarantine by local boards of health or the department of public health.

a. Authority.

(1) The department, through the director, the department's medical director, or the director or medical director's designee, may impose area quarantine through oral or written order. Prior to imposing area quarantine, the department shall attempt to notify the local board or boards of health in the affected geographic area. If attempts to notify the local boards of health are initially unsuccessful, the department shall continue to make regular notification attempts until successful.

(2) A local board of health may impose area quarantine through oral or written order. Prior to imposing area quarantine, a local board of health shall attempt to notify the department by contacting the director, medical director, or department duty officer by telephone. If attempts to notify the department are initially unsuccessful, the local board of health shall continue to make regular notification attempts until successful.

b. Temporary area quarantine without notice. The department or a local board of health may temporarily impose area quarantine through an oral order, without notice, only if delay in imposing area quarantine would significantly jeopardize the department's or local board's ability to prevent or contain the spread of a suspected or confirmed quarantinable disease or to prevent or contain exposure to a suspected or known hazardous or toxic agent. If the department or local board imposes temporary area quarantine through an oral order, a written order shall be issued as soon as is reasonably possible and in all cases within 24 hours of issuance of the oral order if continued area quarantine is necessary.

c. Written order. The department or local board may impose area quarantine through a written order issued pursuant to this rule.

(1) The written order shall include all of the following:

1. The building or buildings, structure or structures, or other definable physical location, or portion thereof, subject to area quarantine.

2. The date and time at which area quarantine commences and the date and time at which the area quarantine shall be terminated, if known.

3. The suspected or confirmed quarantinable disease or the chemical, biological, radioactive, or other hazardous or toxic agent.

4. A statement of compliance with the conditions and principles for area quarantine specified in subrule 1.13(2).

5. The legal authority under which the order is imposed.

6. The medical or scientific basis upon which area quarantine is justified.

7. A statement advising the owner or owners of the building or buildings, structure or structures, or other definable physical location subject to area quarantine of the right to appeal the written order pursuant to subrule 1.13(5) and the rights of owners of sites subject to area quarantine pursuant to subrule 1.13(6).

8. A copy of 641—Chapter 1 and the relevant provisions of this rule.

(2) A copy of the written order shall be provided to the owner or owners of the building or buildings, structure or structures, or other definable physical location subject to area quarantine within 24 hours of issuance of the order in accordance with any applicable process authorized by the Iowa Rules of Civil Procedure; or, if the order applies to a group of owners and it is impractical to provide individual notice to each owner, the written order shall be posted in a conspicuous place at the site of area quarantine.

1.13(5) *Appeal from order imposing area quarantine.*

a. Contested case. The subject of a department order imposing area quarantine may appeal a written order and has the right to a contested case hearing regarding such appeal. The subject of a department order imposing area quarantine may appeal the order by submitting a written appeal within 10 days of receipt or other notice of the written order. The appeal shall be addressed to the Local Board of Health or to the Department of Public Health, Division of Acute Disease Prevention and Emergency Response, Lucas State Office Building, Des Moines, Iowa 50319-0075. Unless stayed by order of the director or a district court, the written order for area quarantine shall remain in force and effect until the appeal is finally determined and disposed of upon its merits.

b. Presiding officer. The presiding officer in a contested case shall be the director or the director's designee. The director or the director's designee may be assisted by an administrative law judge in conducting the contested case hearing. The decision of the director or the director's designee shall be the agency's final decision and is subject to judicial review in accordance with the provisions of Iowa Code chapter 17A.

c. Proceeding. The contested case hearing shall be conducted in accordance with the provisions contained at 641—Chapter 173. The hearing shall be held as soon as is practicable, and in no case later than 10 days from the date of receipt of the appeal. In extraordinary circumstances and for good cause shown, the department may apply to continue the hearing date on a petition filed pursuant to this paragraph for up to 10 days, which continuance the presiding officer may grant in the presiding officer's discretion giving due regard to the rights of the affected individuals, the protection of the public's health, and the availability of necessary witnesses and evidence.

d. Judicial review. The aggrieved party to the final decision of the department may petition for judicial review of that action pursuant to Iowa Code chapter 17A. Petitions for judicial review shall be filed within 30 days after the decision becomes final.

e. Immediate judicial review of department order. The department or local board acknowledges that in certain circumstances the subject or subjects of a department order may desire immediate judicial review of a department order in lieu of proceeding with the contested case process. The department recognizes that the procedural step of pursuing exhaustion of administrative remedies may be inadequate for purposes of Iowa Code section 17A.19, and the department may consent to immediate jurisdiction of the district court when requested by the subject or subjects of a department order and justice so requires. Unless stayed by order of the director or a district court, the written order for area quarantine shall remain in force and effect until the judicial review is finally determined and disposed of upon its merits.

1.13(6) *Rights of owners of sites subject to area quarantine.* An owner of a building, structure, or other physical location subject to area quarantine shall have the following rights:

- a.* The right to be represented by legal counsel.
- b.* The right to be provided with prior notice of the date, time, and location of any hearing.
- c.* The right to participate in any hearing.
- d.* The right to respond and present evidence and argument on the owner's own behalf in any hearing.
- e.* The right to cross-examine witnesses who testify against the owner or individual.
- f.* The right to view and copy all records in the possession of the department which relate to the subject of the written order.

1.13(7) Consolidation of claims. In any proceeding brought pursuant to this rule, to promote the fair and efficient operation of justice and having given due regard to the rights of the affected individuals, the protection of the public's health, and the availability of necessary witnesses and evidence, the department or a court may order the consolidation of individual claims into group claims, if all of the following conditions exist:

- a. The number of individuals involved or who may be affected is so large that individual participation is impractical.
- b. There are questions of law or fact common to the individual claims or rights to be determined.
- c. The group claims or rights to be determined are typical of the affected individuals' claims or rights.
- d. The entire group will be adequately represented in the consolidation.

1.13(8) Implementation and enforcement of area quarantine.

a. *Jurisdictional issues.* The department has primary jurisdiction to impose area quarantine if the quarantinable disease or hazardous or toxic agent has affected more than one county and implicates multicounty or statewide public health concerns. If area quarantine is imposed by the department, a local board of health or local health department may not alter, amend, modify, or rescind the area quarantine order.

b. *Assistance of local boards of health and local health departments.* If area quarantine is imposed by the department, the local boards of health and the local health departments in the affected areas shall assist in the implementation of the area quarantine.

c. *Assistance of law enforcement.* Pursuant to Iowa Code section 135.35, all peace officers of the state shall enforce and execute a lawful department order for area quarantine within their respective jurisdictions. The department shall take all reasonable measures to minimize the risk of individual exposure of peace officers and others assisting with enforcement of an area quarantine order.

d. *Emergency response, investigation, and decontamination—authority of other agencies.* Emergency response, investigation, and decontamination activities in and around an area quarantine site shall be conducted by law enforcement, fire service, emergency medical service providers, or other appropriate federal, state, or local officials in accordance with federal and state law and accepted procedures and protocols for emergency response, investigation, and decontamination. This rule shall not be construed to limit the authority of law enforcement, fire service, emergency medical service providers, or other federal, state, or local officials to conduct emergency response, investigation, or decontamination activities to the extent authorized by federal and state law and accepted procedures and protocols.

e. *Penalty.* Pursuant to Iowa Code section 135.38, any individual who knowingly violates a lawful department order for area quarantine, whether written or oral, shall be guilty of a simple misdemeanor. The court-ordered sentence may include a fine of up to \$500 and imprisonment not to exceed 30 days.

f. *Enforcement action.* To enforce a department order for quarantine, the department may file a civil action in Polk County District Court or in the district court for the county in which the area quarantine will be enforced. Such action shall be filed in accordance with the Iowa Rules of Civil Procedure.

[ARC 8231B, IAB 10/7/09, effective 11/11/09]

SPECIFIC NONCOMMUNICABLE CONDITIONS

641—1.14(139A) Cancer. Each occurrence of a reportable cancer that is diagnosed or treated in an Iowa resident or occurs in a nonresident who is diagnosed or treated in an Iowa facility shall be reported to the State Health Registry of Iowa, administered by the Department of Epidemiology of the College of Public Health at the University of Iowa, by mail, telephone or electronic means.

1.14(1) Who is required to report. Occurrences of reportable cancers shall be reported by registrars employed by the State Health Registry of Iowa, registrars employed by health care facilities, and health care providers involved in the diagnosis, care, or treatment of individuals with a reportable cancer.

1.14(2) *What to report.* The content of the reports shall include, but not be limited to, follow-up data and demographic, diagnostic, treatment, and other medical information.

1.14(3) *How to report.* For these particular diseases, physicians and other health practitioners should not send a report to the department.

a. The department has delegated to the State Health Registry of Iowa the responsibility for collecting these data through review of records from hospitals, radiation treatment centers, outpatient surgical facilities, oncology clinics, pathology laboratories, and physician offices.

b. 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.

c. Where applicable, reportable cancers shall be reported on forms developed and distributed by the State Health Registry of Iowa.

d. Data will be supplemented with information obtained from records from hospitals, radiation treatment centers, outpatient surgical centers, oncology clinics, pathology laboratories, and physician offices through an abstracting process developed by the State Health Registry of Iowa.

[ARC 8231B, IAB 10/7/09, effective 11/11/09; ARC 2291C, IAB 12/9/15, effective 1/13/16]

641—1.15(144) Congenital and inherited disorders. Each occurrence of a congenital and inherited disorder that is diagnosed or treated in an Iowa resident or occurs in a nonresident who is diagnosed or treated in an Iowa facility is a reportable condition, and records of these congenital and inherited disorders shall be abstracted and maintained in a central registry. Congenital and inherited disorder surveillance shall be performed in order to determine the occurrence and trends of congenital and inherited disorders, to conduct thorough and complete epidemiological surveys, to assist in the planning for and provision of services to children with congenital and inherited disorders and their families, and to identify environmental and genetic risk factors for congenital and inherited disorders.

1.15(1) *Who is required to report.* Occurrences of reportable congenital and inherited disorders shall be reported by registrars employed by the Iowa Registry for Congenital and Inherited Disorders, registrars employed by health care facilities, and health care providers involved in the diagnosis, care, or treatment of individuals with reportable congenital and inherited disorders.

1.15(2) *What to report.* The content of the reports shall include, but not be limited to, follow-up data and demographic, diagnostic, treatment, and other medical information. Tissue samples may also be submitted under the authority of this rule.

1.15(3) *How to report.*

a. The department has delegated to the Iowa Registry for Congenital and Inherited Disorders the responsibility for collecting these data through review of records from hospitals, radiation treatment centers, outpatient surgical facilities, oncology clinics, pathology laboratories, and physician offices.

b. Prior to collecting the data from an office or facility, the Iowa Registry for Congenital and Inherited Disorders shall work with the office or facility to develop a process for abstracting records.

1.15(4) *Fetal death (stillbirth).* Each occurrence of a fetal death that occurs in an Iowa resident or occurs in a nonresident who is identified in an Iowa facility is a reportable condition.

a. Providers shall complete the fetal death certificate supplied by the department.

b. Fetal death certificates are to be filed with the department's bureau of vital records within seven days.

[ARC 8231B, IAB 10/7/09, effective 11/11/09]

641—1.16(139A) Agriculturally related injury.

1.16(1) *Who is required to report.*

a. Health care providers are required to report all cases of agriculturally related injury attended by them.

b. Clinics, hospitals and other health care facilities are required to report all cases of agriculturally related injury treated at their facility.

c. Health care providers who reside and health care facilities that are located outside the state of Iowa shall report all cases of agriculturally related injury of an Iowa resident that are attended or treated by them.

d. Medical examiners are required to report their investigatory findings of any death occurring within the state of Iowa which was caused by or otherwise involved a reportable agriculturally related injury.

1.16(2) What to report. Each report shall contain all of 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. If the patient is female, whether the patient is pregnant.
- i. In the case of occupational conditions, the name of the patient's employer.
- j. The date that the injury occurred.
- k. The name and address of the health care provider who diagnosed and treated the injury, and the name of the reporting site, clinic, or hospital.
- l. Injury diagnosis and description, including diagnostic and external cause of injury codes utilizing the international classification of diseases (ICD) coding system.
- m. Severity of injury.

1.16(3) How to report.

a. All data shall be reported to the department at least quarterly using formats approved by the department. Reports, using the Iowa Agricultural Injury Report Form found at www.idph.state.ia.us, may be submitted by facsimile to (515)281-4529, or by mail to the Iowa Department of Public Health, Bureau of Lead Poisoning Prevention, Occupational Safety and Health Surveillance Program, Lucas State Office Building, 321 E. 12th Street, Des Moines, Iowa 50319-0075. Information may also be reported by telephone to 1-800-972-2026 during normal office hours.

b. Trauma centers may report using the Iowa Trauma Patient Registry COLLECTOR software by indicating "Yes" for farm and agriculturally related injury. For more information about using the Iowa Trauma Patient Registry for reporting, contact the Iowa Department of Public Health Bureau of Emergency Medical Services at 1-800-728-3367.

[ARC 8231B, IAB 10/7/09, effective 11/11/09]

CONFIDENTIALITY

641—1.17(139A,22) Confidentiality.

1.17(1) 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.

1.17(2) The identity of a business named in a report or investigation is confidential and shall not be accessible to the public. If information contained in a report or other information provided to or maintained by the department, a local board, or a local department concerns a business, information disclosing the identity of the business may be released to the public when the state public health medical director and epidemiologist or the director determines such a release of information necessary for the protection of the public.

1.17(3) Reportable disease records and information, with the exception of AIDS and HIV records, which identify a person or a business named in a report, may be disclosed under the following limited circumstances:

a. By and between department employees and agents who have a need for the record in the performance of their duties.

b. By and between department employees and agents and local boards of health and local health departments as necessary to conduct an investigation or to enforce a department order or an order of a local board of health.

c. By and between department employees and agents and health care providers, laboratories, and hospitals as necessary to conduct an investigation or to enforce a department order or an order of a local board of health.

d. By and between department employees and agents and employees and agents of federal, state, and local agencies as necessary to conduct an investigation or to enforce a department order or an order of a local board of health.

e. Reportable disease information may be included in a quarantine or isolation order or placard as necessary to prevent the spread of a quarantinable disease.

f. Pursuant to rule 641—175.9(17A,22) or 641—175.10(17A,22).
[ARC 8231B, IAB 10/7/09, effective 11/11/09; ARC 2291C, IAB 12/9/15, effective 1/13/16]

STATE HYGIENIC LABORATORY

641—1.18(135,139A) Specimens for which the fee charged by the state hygienic laboratory shall be waived.

1.18(1) Purpose. Iowa Code section 263.8 and 681—subrule 5.3(1) provide that the state hygienic laboratory shall perform without charge all bacteriological, serological, and epidemiological examinations and investigations which are required by the department and established in rule, including specimens relating to diseases communicable from human to human and from animals to human and any specimen when there is probable cause that a direct threat to public health exists. The purpose of this rule is to designate those examinations which shall be performed by the state hygienic laboratory without charge pursuant to these legal authorities.

1.18(2) Acute infectious diseases. Regardless of the entity that submits the specimen, the following examinations shall be performed by the state hygienic laboratory without charge:

- a.* Anthrax;
- b.* Botulism;
- c.* Cholera;
- d.* Diphtheria;
- e.* Haemophilus influenzae type B invasive disease;
- f.* Measles;
- g.* Meningococcal invasive disease;
- h.* Pulsed-field gel electrophoresis (PFGE) (*Listeria*, *Salmonella*, *E. coli*);
- i.* Plague;
- j.* Poliomyelitis;
- k.* Rabies, animal (human exposure only);
- l.* Rabies, human;
- m.* Smallpox;
- n.* Vancomycin intermediate *Staphylococcus aureus* (VISA) and vancomycin-resistant *Staphylococcus aureus* (VRSA) confirmation;
- o.* Tuberculosis (exception: QuantiFERON-TB Gold testing that is not associated with contact investigation);
- p.* Viral hemorrhagic fever;
- q.* Yellow fever; and
- r.* Under any of the following circumstances:
 - (1) All outbreaks (respiratory and enteric pathogens, and environmental contaminants where justified) shall be reported to the department, and the department will instruct the state hygienic laboratory to waive the fee.
 - (2) Periodic confirmations at the request of the department.
 - (3) All situations where negative stool cultures are being requested for public health purposes.

(4) When the state hygienic laboratory is specifically funded to do testing.

1.18(3) Sexually transmitted disease and infections and HIV/AIDS. The following examinations shall be performed by the state hygienic laboratory without charge if the following defined criteria have been met and if the specimen was sent to the state hygienic laboratory from sites approved by and submitted to the laboratory by the department:

- a. Chlamydia and gonorrhea.
 - (1) All individuals 24 years of age or younger.
 - (2) Individuals above the age of 24 with any of the following:
 1. New or multiple sex partners in the last 90 days;
 2. Persons with reported symptoms consistent with chlamydia or gonorrhea;
 3. Persons with observed clinical signs consistent with chlamydia or gonorrhea or pelvic inflammatory disease (PID);
 4. Persons recently diagnosed with another sexually transmitted infection (STI);
 5. Persons who have a sex partner in one of the other risk groups (new or multiple partners, STI diagnosis); or
 6. Women presenting for an intrauterine device (IUD) insertion.
 - (3) Persons who have tested positive within the last four months (i.e., retesting).
 - (4) Persons diagnosed with gonorrhea and treated with alternative regimens as defined by the Centers for Disease Control and Prevention (CDC) (i.e., tests of cure).
- b. Hepatitis B. All unvaccinated individuals at increased risk, including:
 - (1) Men who have sex with men;
 - (2) HIV-positive persons; or
 - (3) Persons who have ever injected drugs.
- c. Maternal hepatitis B.
 - (1) Testing related to case management of HBsAG-positive pregnant women;
 - (2) Household contacts of HBsAG-positive pregnant women tested for infection or immunity (HBsAG, anti-HBs);
 - (3) Children born to HBsAG-positive women (postvaccination serology testing).
- d. Hepatitis C. All individuals at increased risk, including persons who have ever injected drugs.
- e. Herpes simplex virus. Individuals who present with clinical signs of genital herpes.
- f. Human immunodeficiency virus (HIV). All individuals at increased risk, including:
 - (1) Men who have sex with men;
 - (2) Disproportionately impacted populations (as determined by the department based on epidemiological data);
 - (3) Persons who have ever injected drugs;
 - (4) Persons who exchange sex for drugs or money; or
 - (5) Persons with an STI diagnosis within the last 12 months or someone who has a partner in another risk group (IDU, MSM, recent STI, exchange sex for drugs or money).
- g. Syphilis.
 - (1) All individuals at increased risk, including:
 1. Persons who have had signs or symptoms consistent with primary or secondary syphilis within the last 12 months;
 2. Men who have sex with men;
 3. Persons diagnosed with other STIs;
 4. Persons who exchange sex for drugs or money; or
 5. Persons who have recently been treated for syphilis to monitor serologic response (titers) at intervals recommended by the CDC.
 - (2) All pregnant women at first prenatal visit. Tests that are initially reactive will be followed up with a secondary test of different methodology to assist with diagnosis and staging of the infection (i.e.,

specimens reactive using a nontreponemal test will be analyzed using a treponemal test). Testing should be repeated in the third trimester for women at high risk of having been exposed to the infection.
[ARC 2291C, IAB 12/9/15, effective 1/13/16]

These rules are intended to implement Iowa Code chapters 135, 136A, 139A, 141A and 144.

APPENDIX A
Iowa Department of Public Health
Table of Reportable Communicable and Infectious Diseases

Report cases of the diseases listed in the following table to the department within the time frame specified in the When to Report column and by the reporting method in the How to Report column.

To report diseases immediately, use the 24/7 disease reporting telephone hotline: 1-800-362-2736.

IMMEDIATELY report diseases, syndromes, poisonings and conditions of any kind suspected or caused by a biological, chemical, or radiological agent or toxin when there is reasonable suspicion that the disease, syndrome, poisoning or condition may be the result of a deliberate act such as terrorism.

IMMEDIATELY report to the department outbreaks of any kind, diseases that occur in unusual numbers or circumstances, unusual syndromes, or uncommon diseases. Outbreaks may be infectious, environmental or occupational in origin and include food-borne outbreaks or illness secondary to chemical exposure (e.g., pesticides, anhydrous ammonia).

Report diseases by:

Entering into the Iowa Disease Surveillance System (IDSS): For IDSS-related questions, call the Center for Acute Disease Epidemiology (CADE) at 1-800-362-2736.

Fax: (515)281-5698

Mail:

Iowa Department of Public Health
 Center for Acute Disease Epidemiology
 Lucas State Office Building
 321 E. 12th Street
 Des Moines, Iowa 50319

Isolates or specimens shall be sent to:
 State Hygienic Laboratory at the University of Iowa (SHL)
 U of I Research Park
 2490 Crosspark Road
 Coralville, Iowa 52241-4721

For specimen submission questions, call (319)335-4500 or go to <http://www.shl.uiowa.edu>.

Diseases	When to Report	How to Report
Acquired immune deficiency syndrome (AIDS) and AIDS-defining conditions	7 days	Report by one of the following methods: Phone (515)242-5141 or (515)281-6918 Mail <ul style="list-style-type: none"> • Health care providers: use the Pediatric or Adult Confidential Case Report Form • Laboratories: send copy of lab report or the Iowa Confidential Report of Sexually Transmitted Disease & HIV Infection. Mark envelope "Attention 03"

Diseases	When to Report	How to Report
		For HIV/AIDS-related questions, call (515)242-5141
Anthrax	Immediately	24/7 disease reporting telephone hotline: 1-800-362-2736
Botulism (including infant botulism)	Immediately	24/7 disease reporting telephone hotline: 1-800-362-2736
Brucellosis (Brucella)	3 days	Phone, IDSS, fax or mail
Campylobacteriosis (Campylobacter)	3 days	Phone, IDSS, fax or mail
Chlamydia	3 days	Report by one of the following methods: Secure electronic data system (as determined by the Department) Fax (515)725-1278 Phone (515)281-3031 Mail <ul style="list-style-type: none"> • Use the Iowa Confidential Report of Sexually Transmitted Disease • Mark envelope "Attention 00"
Cholera	Immediately	24/7 disease reporting telephone hotline: 1-800-362-2736
Cryptosporidiosis	3 days	Phone, IDSS, fax or mail
Cyclospora	3 days	Phone, IDSS, fax or mail
Diphtheria	Immediately	24/7 disease reporting telephone hotline: 1-800-362-2736
Escherichia coli shiga toxin-producing and related diseases (includes HUS and TTP)	3 days	Phone, IDSS, fax or mail Laboratories send isolate or specimen to the SHL
Giardiasis (Giardia)	3 days	Phone, IDSS, fax or mail
Gonorrhea	3 days	Report by one of the following methods: Secure electronic data system (as determined by the Department) Fax (515)725-1278 Phone (515)281-3031 Mail <ul style="list-style-type: none"> • Use the Iowa Confidential Report of Sexually Transmitted Disease • Mark envelope "Attention 00"
Haemophilus influenzae type B invasive disease	Immediately	24/7 disease reporting telephone hotline: 1-800-362-2736 Laboratories send isolate or specimen to the SHL
Hansen's disease (leprosy)	3 days	Phone, IDSS, fax or mail
Hantavirus syndromes	3 days	Phone, IDSS, fax or mail
Hepatitis A	1 day	Phone, IDSS or fax
Hepatitis B, C, D, E	3 days	Phone, IDSS, fax or mail

Diseases	When to Report	How to Report
Human immunodeficiency virus (HIV) cases Death of a person with HIV Perinatally exposed newborn and child (newborn and child who was born to an HIV-infected mother)	7 days	Report by one of the following methods: Phone (515)242-5141 or (515)281-6918 Mail <ul style="list-style-type: none"> Health care providers: use the Pediatric or Adult Confidential Case Report Form Laboratories: send copy of lab report or the Iowa Confidential Report of Sexually Transmitted Disease & HIV Infection. Mark envelope "Attention 03" For HIV/AIDS-related questions, call (515)242-5141
Legionellosis (Legionella)	3 days	Phone, IDSS, fax or mail
Listeria monocytogenes invasive disease	1 day	Phone, IDSS, or fax Laboratories send isolate or specimen to the SHL
Malaria	3 days	Phone, IDSS, fax or mail
Measles (rubeola)	Immediately	24/7 disease reporting telephone hotline: 1-800-362-2736
Meningococcal invasive disease	Immediately	24/7 disease reporting telephone hotline: 1-800-362-2736 Laboratories send isolate or specimen to the SHL
Mosquito-borne diseases (includes chikungunya, dengue, eastern equine encephalitis, La Crosse, St. Louis, Venezuelan equine encephalitis, West Nile, and western equine encephalitis)	3 days	Phone, IDSS, fax or mail
Mumps	3 days	Phone, IDSS, fax or mail
Pertussis	3 days	Phone, IDSS, fax or mail
Plague	Immediately	24/7 disease reporting telephone hotline: 1-800-362-2736
Poliomyelitis	Immediately	24/7 disease reporting telephone hotline: 1-800-362-2736
Psittacosis	3 days	Phone, IDSS, fax or mail
Q fever	3 days	Phone, IDSS, fax or mail
Rabies, animal	3 days	Phone, IDSS, fax or mail
Rabies, human	Immediately	24/7 disease reporting telephone hotline: 1-800-362-2736
Rubella (including congenital)	1 day	Phone, IDSS, or fax
Salmonellosis (Salmonella)	3 days	Phone, IDSS, fax or mail Laboratories send isolate or specimen to the SHL
Severe acute respiratory syndrome (SARS)	Immediately	24/7 disease reporting telephone hotline: 1-800-362-2736
Shigellosis (Shigella)	3 days	Phone, IDSS, fax or mail Laboratories send isolate or specimen to the SHL
Smallpox	Immediately	24/7 disease reporting telephone hotline: 1-800-362-2736

Diseases	When to Report	How to Report
Syphilis	3 days	Report by one of the following methods: Secure electronic data system (as determined by the Department) Fax (515)725-1278 Phone (515)281-3031 Mail <ul style="list-style-type: none"> ● Use the Iowa Confidential Report of Sexually Transmitted Disease ● Mark envelope "Attention 00"
Tetanus	3 days	Phone, IDSS, fax or mail
Tickborne diseases (includes anaplasmosis, babesiosis, ehrlichiosis, Lyme disease, and Rocky Mountain spotted fever)	3 days	Phone, IDSS, fax or mail
Tuberculosis, pulmonary and laryngeal (infectious)	1 day	Phone (515)281-7504 or fax to (515)281-4570
Tuberculosis, extrapulmonary	3 days	Phone (515)281-7504 or fax to (515)281-4570
Tularemia	3 days	Phone, IDSS or fax
Typhoid fever	1 day	Phone, IDSS or fax
Vancomycin intermediate Staphylococcus aureus (VISA) and vancomycin-resistant Staphylococcus aureus (VRSA)	1 day	Phone, IDSS or fax
Viral hemorrhagic fever (VHF) (e.g., Lassa, Marburg, Ebola, and Crimean-Congo)	Immediately	24/7 disease reporting telephone hotline: 1-800-362-2736
Yellow fever	Immediately	24/7 disease reporting telephone hotline: 1-800-362-2736

[ARC 2291C, IAB 12/9/15, effective 1/13/16]

APPENDIX B
Iowa Department of Public Health
Table of Reportable Poisonings and Conditions

Report cases of the poisonings and conditions listed in the following table to the department within the time frame specified in the When to Report column and by the reporting method in the How to Report column.

To report diseases immediately, use the 24/7 disease reporting telephone hotline: 1-800-362-2736.

IMMEDIATELY report diseases, syndromes, poisonings and conditions of any kind suspected or caused by a biological, chemical, or radiological agent or toxin when there is reasonable suspicion that the disease, syndrome, poisoning or condition may be the result of a deliberate act such as terrorism.

IMMEDIATELY report to the department outbreaks of any kind, diseases that occur in unusual numbers or circumstances, unusual syndromes, or uncommon diseases. Outbreaks may be infectious, environmental or occupational in origin and include food-borne outbreaks or illness secondary to chemical exposure (e.g., pesticides, anhydrous ammonia).

Mailing address:

Bureau of Environmental Health Services
 Iowa Department of Public Health
 321 East 12th Street
 Des Moines, Iowa 50319-0075

Telephone: 1-800-972-2026

Fax: (515)281-4529

Poisoning or Condition	Cases to Report	When to Report	How to Report
Arsenic poisoning	Blood arsenic values equal to or greater than 70 µg/L Urine arsenic values equal to or greater than 100 µg/g of creatinine	Weekly	Format specified by department. Web-based reporting if available. Alternatives include by mail, telephone, and facsimile.
Blood lead testing	All analytical results greater than or equal to 20 micrograms per deciliter (µg/dL) in a child under the age of 6 years or a pregnant woman	Daily	By telephone: 1-800-972-2026
	All other analytical values for all blood lead analyses	Weekly	Electronic format specified by the department
Cadmium poisoning	Blood cadmium values equal to or greater than 5 µg/L Urine cadmium values equal to or greater than 3 µg/g of creatinine	Weekly	Format specified by department. Web-based reporting if available. Alternatives include by mail, telephone, and facsimile.

Poisoning or Condition	Cases to Report	When to Report	How to Report
Carbon monoxide (CO) poisoning	Blood carbon monoxide level equal to or greater than 10% carboxyhemoglobin or its equivalent with a breath analyzer test, or a clinical diagnosis of CO poisoning regardless of any test results	Daily	By telephone: 1-800-972-2026
Hypersensitivity pneumonitis	All cases	Weekly	Format specified by department. Web-based reporting if available. Alternatives include by mail, telephone, and facsimile.
Mercury poisoning	Blood mercury values equal to or greater than 2.8 µg/dL Urine mercury values equal to or greater than 20 µg/L	Weekly	Format specified by department. Web-based reporting if available. Alternatives include by mail, telephone, and facsimile.
Methemoglobinemia	Blood analyses showing greater than 5% of total hemoglobin present as methemoglobin	Weekly	Format specified by department. Web-based reporting if available. Alternatives include by mail, telephone, and facsimile.
Microcystin toxin poisoning	All cases	Weekly	Format specified by department. Web-based reporting if available. Alternatives include by mail, telephone, and facsimile.
Noncommunicable respiratory illness	All cases	Weekly	Format specified by department. Web-based reporting if available. Alternatives include by mail, telephone, and facsimile.
Occupationally related asthma, bronchitis or respiratory hypersensitivity reaction	All cases	Weekly	Format specified by department. Web-based reporting if available. Alternatives include by mail, telephone, and facsimile.
Pesticide poisoning (including pesticide-related contact dermatitis)	All cases	Weekly	Format specified by department. Web-based reporting if available. Alternatives include by mail, telephone, and facsimile.
Severe skin disorder	All cases	Weekly	Format specified by department. Web-based reporting if available. Alternatives include by mail, telephone, and facsimile.
Toxic hepatitis	All cases	Weekly	Format specified by department. Web-based reporting if available. Alternatives include by mail, telephone, and facsimile.

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