

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 will apply:

“*AIDS*” means the same as defined in Iowa Code chapter 141A.

“*Area quarantine*” means the same as defined in Iowa Code chapter 139A.

“*Business*” means the same as defined in Iowa Code chapter 139A.

“*Care provider*” means the same as defined in Iowa Code chapter 139A.

“*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 the same as defined in Iowa Code chapter 139A.

“*Congenital or inherited disorder*” means any congenital disorder as defined in Iowa Code chapter 136A or any inherited disorder as defined in Iowa Code chapter 136A.

“*Disease surveillance*” means the ongoing, systematic collection, analysis, and interpretation of health-related data essential for planning, implementation, and evaluation of public health programs and practices.

“*Exposure*” means contact with an agent in a manner that could cause disease or infection.

“*HBV*” means the same as defined in Iowa Code chapter 139A.

“*Health care facility*” means the same as defined in Iowa Code chapter 139A.

“*Health care provider*” means the same as defined in Iowa Code chapter 139A.

“*HIV*” means the same as defined in Iowa Code chapter 141A.

“*Hospital*” means the same as defined in Iowa Code chapter 135B.

“*IDSS*” means the Iowa disease surveillance system, a secure electronic 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 that 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, CT, PET or MRI scan, 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.

“*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 or general population. “Investigation” may also include the application of scientific methods and analysis to institute appropriate control measures.

“*Isolation*” means the same as defined in Iowa Code chapter 139A.

“*Local board*” means the same as defined in Iowa Code chapter 139A.

“*Local department*” means the same as defined in Iowa Code chapter 139A.

“*Placard*” means the same as defined in Iowa Code chapter 139A.

“*Poison control or poison information center*” means any organization or program that 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 that presents a risk of serious harm to public health and that 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, novel influenza, and severe acute respiratory syndrome (SARS).

“*Quarantine*” means the same as defined in Iowa Code chapter 139A.

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

“*Reportable disease*” means any disease or condition approved by the state epidemiologist or medical director and designated by this chapter.

“*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 who 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 as defined in Iowa Code chapter 206, 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.

[ARC 8070C, IAB 6/12/24, effective 7/17/24]

**641—1.2(139A) Authority.** The director is the principal officer of the state to administer disease, poisoning and condition, and incident reporting and control. The Iowa Cancer Registry, 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 8070C, IAB 6/12/24, effective 7/17/24]

**641—1.3(139A,141A) Reportable communicable and infectious diseases, poisonings or conditions, and cancers.** Reportable communicable and infectious diseases, poisonings and conditions under this chapter are those listed in Appendices A and B. The director may also designate any disease, poisoning or condition or syndrome temporarily reportable for the purpose of a special investigation.

**1.3(1) Cancer.** Pursuant to Public Law 92-218 and Public Law 102-515, 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 Iowa Cancer Registry.

**1.3(2) 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 pursuant to Iowa Code chapter 136A, 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 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.

[ARC 8070C, IAB 6/12/24, effective 7/17/24]

**641—1.4(135,139A) Reporting requirements.**

**1.4(1) Who is required to report.**

*a.* Communicable and infectious diseases, and poisonings.

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

(2) School nurses are required to report suspected cases of a reportable disease, poisoning or condition occurring among the children supervised.

(3) Poison control and poison information centers are required to report inquiries about cases of a reportable disease, poisoning or condition received by them.

(4) Medical examiners are required to report their investigatory findings of any death that was caused by or otherwise involved a reportable disease, poisoning or condition.

(5) Occupational nurses are required to report cases of reportable diseases, poisonings and conditions.

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

*b.* Reportable cancers. Health care providers, hospitals, clinical laboratories and health care facilities involved in the diagnosis, care or treatment of individuals are required to report individuals with a reportable cancer.

*c.* Congenital and inherited disorders. Health care providers, clinics, clinical laboratories and other health care facilities are required to report cases of a congenital or inherited disorder.

**1.4(2) What to report.** Each report will contain all information as listed in Iowa Code chapter 139A, in addition to:

*a.* For communicable and infectious diseases:

(1) The name of the reportable disease.

(2) The treatment provided for the reportable disease.

*b.* For poisonings:

(1) The analytical result.

(2) In the case of blood lead testing, whether the sample is a capillary or venous blood sample.

(3) For conditions not identified by a laboratory analysis, the date that the condition was diagnosed.

(4) In the case of occupational conditions, the name of the patient's employer.

*c.* For reportable cancers:

(1) Follow-up data.

(2) Demographic, diagnostic, prognostic, treatment, and other medical information.

*d.* For congenital and inherited conditions:

(1) Follow-up data.

(2) Demographic, diagnostic, treatment and other medical information.

(3) Tissue samples, which may also be submitted.

**1.4(3) How to report.** Information on when and how to report any of the diseases, conditions, or injuries included in this chapter can be found in Appendices A and B.

*a. Immediate reporting by telephone of diseases identified as immediately reportable.* A health care provider and a public, private, or hospital clinical laboratory will immediately report any confirmed or suspect case of a disease identified in Appendix A as immediately reportable to the department.

*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 will immediately report any confirmed or suspected case of a common source epidemic or disease outbreak of unusual numbers.

*c. Reporting to other public health authorities.* The department may authorize hospitals, health care providers or clinical laboratories outside the state of Iowa to report any confirmed or suspect case of a reportable disease, poisoning, or condition to another public health authority for the purpose of facilitating a report to the department.

*d. Cancers.* The department has delegated to the Iowa Cancer Registry the responsibility for collecting cancer data.

(1) Those required to report shall submit required data to the Iowa Cancer Registry monthly, in an electronic format specified by the Iowa Cancer Registry. Those required to report may employ registrars with Iowa Cancer Registry-approved training, or contract with the Iowa Cancer Registry or an outside vendor to submit reportable cancer cases and required data elements to the Iowa Cancer Registry.

(2) As needed for SEER surveillance activities, the Iowa Cancer Registry shall have remote electronic access, where available, or physical access to all cancer-relevant medical records.

*e. Congenital and inherited disorders.* The department has delegated to the Iowa Registry for Congenital and Inherited Disorders the responsibility to maintain a central registry for congenital and inherited disorders. The Iowa Registry for Congenital and Inherited Disorders shall:

(1) Prior to collecting the data from health care providers, hospitals, clinics, clinical laboratories and other health care facilities, work with the reporting facility to develop a process for abstracting records that is agreeable to the reporting facility.

(2) Develop and distribute reporting forms where applicable.

(3) Develop an abstracting process for data to be supplemented with information obtained from records from hospitals, treatment centers, outpatient centers, clinics, pathology laboratories and physician offices.

[ARC 8070C, IAB 6/12/24, effective 7/17/24]

#### INVESTIGATION

##### **641—1.5(135,139A) Investigation of reportable diseases.**

**1.5(1)** A health care provider and a public, private, or hospital clinical laboratory will 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.

**1.5(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 or the state public health epidemiologist or designee, subpoena records, reports, or any other evidence necessary to conduct a disease investigation. The subpoena will be signed by the department following review and approval of the written request for subpoena.

*b.* Process to challenge a subpoena. Any person who is aggrieved or adversely affected by compliance with the subpoena and who desires to challenge the subpoena shall follow 441—Chapter 7.  
[ARC 8070C, IAB 6/12/24, effective 7/17/24]

#### ISOLATION AND QUARANTINE

**641—1.6(135,193A) Isolation and quarantine.** Isolation and quarantine should be consistent with guidelines provided by the Centers for Disease Control and Prevention.

**1.6(1)** *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.

**1.6(2)** *Issuance of isolation or quarantine orders.* The department or the local board of health may isolate or quarantine an individual or groups of individuals, and area quarantine in the rarest of instances, through a written order issued pursuant to this rule. The isolation or quarantine of an individual or group, whether during a declared state of emergency or not, shall be conducted as follows:

*a.* A written administrative order to isolate or quarantine an individual or group of individuals shall be issued when voluntary measures are deemed impracticable or ineffective. Orders shall become effective immediately upon issuance.

*b.* Orders for isolation and quarantine may include, without limitation, confinement in a residence or other private or public premises including medical and nonmedical facilities; conditions on travel or behavior; and exclusion of individuals or groups from certain places, including but not limited to school, workplace, public conveyances, and other places where members of the public may congregate; or a

requirement that a person self-monitor specified health conditions (e.g., body temperature) and report the findings.

*c.* Administrative orders to isolate or quarantine an individual or a group of individuals may be issued orally if delay in imposing the isolation or quarantine would pose a serious imminent danger to the public health. If an oral order is issued, a written order shall be issued as soon as is reasonably possible, but in no event later than 24 hours following the issuance of the oral order.

*d.* A copy of the written order shall be provided to the individual to be isolated or quarantined or, if that is not possible, by any means reasonably calculated to provide actual notice. If the order applies to a group of individuals and it is impractical to provide individual copies, the order shall be posted in a conspicuous place in the isolation or quarantine premises.

*e.* The order of isolation or quarantine shall include the following:

(1) Full name and address of person or description of the group subject to the order.  
(2) The clinical grounds for believing that the individual or group is infected with, or may have been exposed to, a communicable disease.

(3) The location where the individual or group will be confined during the period of isolation or quarantine.

(4) The exact date and time when the period of isolation or quarantine will expire. If it is not possible to fix an exact date, the order should specify the conditions or circumstances under which the individual or group would no longer pose a threat to the public health and confinement would end (e.g., the disappearance or absence of specified clinical symptoms).

(5) The conditions under which the individual or group will be isolated or quarantined.

(6) Notice of right to challenge the isolation or quarantine.

*f.* When individuals or groups are isolated or quarantined, whether through an administrative order or through voluntary compliance, the department or county board of health shall determine what method and place of isolation or quarantine is appropriate based upon the suitability of an individual's home or other designated facility and the services available.

*g.* To the greatest extent that it is possible to do so without jeopardizing the integrity of the isolation or quarantine, the authority issuing the isolation or quarantine order shall preserve and facilitate the ability of isolated and quarantined individuals to communicate with the outside world and, in particular, to exchange confidential communications with legal and medical advisors of their choice.

*h.* 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.

**1.6(3)** *Appeal from department order imposing isolation or quarantine.*

*a.* Individuals have the right to appeal an order imposing isolation or quarantine. Appeal procedures for department orders are as laid forth in 441—Chapter 7.

*b.* A request for a hearing shall not stay an isolation or quarantine order unless by order of the issuing department or board, or by a district court.

**1.6(4)** *Appeal from a local board of health 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 the issuing board. 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 and specific local board of health rules 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.

**1.6(5) 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 will 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 will assist in the implementation of the isolation or quarantine order.

*c. Assistance of law enforcement.* Pursuant to Iowa Code chapter 135, all peace officers of the state will enforce and execute a lawful department order for isolation or quarantine within their respective jurisdictions. The department will 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.* Violation of a lawful isolation or quarantine order will be subject to penalties pursuant to Iowa Code chapter 135.

*e. Enforcement action.* The department may file a civil action in the 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 will be filed in accordance with the Iowa Rules of Civil Procedure.

**1.6(6) Control of isolation and quarantine premises.**

*a.* The department or 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.

*b.* No person shall enter isolation or quarantine premises unless authorized to do so by the department or local board of health.

*c.* Any person entering isolation or quarantine premises may be required to wear personal protective equipment or receive vaccination or any other preventative care as appropriate.

*d.* Any person entering isolation or quarantine premises, with or without authorization, may be subject to an order of quarantine as deemed medically necessary.

[ARC 8070C, IAB 6/12/24, effective 7/17/24]

**641—1.7(139A,22) Confidentiality.** Reportable disease records and information, with the exception of AIDS and HIV records, that identify a person or a business named in a report may be disclosed under the following limited circumstances:

**1.7(1)** By and between department employees and agents who have a need for the record in the performance of their duties.

**1.7(2)** By and between department employees and agents and local boards of health and local health departments as necessary to conduct disease surveillance and investigation, to the extent necessary to protect the health or life of the named party, or to enforce a department order or an order of a local board of health.

**1.7(3)** By and between department employees and agents and health care providers, laboratories, and hospitals as necessary to conduct disease surveillance or an investigation, to the extent necessary to protect the health or life of the named party, or to enforce a department order or an order of a local board of health.

**1.7(4)** By and between department employees and agents and employees and agents of federal, state, and local agencies as necessary to conduct disease surveillance or an investigation or to enforce a department order or an order of a local board of health.

**1.7(5)** By and between department employees and agents and employees and agents of tribes and tribal public health authorities as necessary to conduct disease surveillance or an investigation or to enforce a department order or an order of a local board of health.

**1.7(6)** Reportable disease information may be included in an isolation or quarantine order or placard as necessary to prevent the spread of a quarantinable disease.

[ARC 8070C, IAB 6/12/24, effective 7/17/24]

#### STATE HYGIENIC LABORATORY

**641—1.8(135,139A) Specimens for which the fee charged by the state hygienic laboratory will be waived.** Pursuant to Iowa Code section 263.8, the state hygienic laboratory will waive testing fees for conditions deemed to be of public health significance by the department with approval from the state medical director or the state epidemiologist. A list of conditions and the criteria for which the fee is waived can be found on the HHS website.

[ARC 8070C, IAB 6/12/24, effective 7/17/24]

**APPENDIX A****Iowa Department of Health and Human Services  
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 Health and Human Services  
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 [www.shl.uiowa.edu](http://www.shl.uiowa.edu).

<b>Diseases</b>	<b>When to Report</b>	<b>How to Report</b>
Acquired immune deficiency syndrome (AIDS) and AIDS-defining conditions	7 days	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. Report by one of the following methods: Phone (515)322-8819 or mail <ul style="list-style-type: none"> <li>• Health care providers: use the Pediatric or Adult Confidential Case Report Form</li> <li>• Laboratories: send copy of lab report or the Iowa Confidential Report of Sexually Transmitted Disease &amp; HIV Infection. Mark envelope "Attention 03"</li> </ul>

Diseases	When to Report	How to Report
		<b>For HIV/AIDS-related questions, call (515)322-8819</b>
Acute Flaccid Myelitis (AFM)	3 days	Report for Iowa residents. Phone, IDSS, fax or mail
Anthrax	<b>Immediately</b>	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. 24/7 disease reporting telephone hotline: 1-800-362-2736
Botulism (including infant botulism)	<b>Immediately</b>	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. 24/7 disease reporting telephone hotline: 1-800-362-2736
Brucellosis (Brucella)	3 days	Report for Iowa residents. Phone, IDSS, fax or mail
Campylobacteriosis (Campylobacter)	3 days	Report for Iowa residents. Phone, IDSS, fax or mail
Candida auris	3 days	Report for Iowa residents. Phone, IDSS, fax or mail
Carbapenemase-Producing Organisms (CPO)	3 days	Report for Iowa residents. Phone, IDSS, fax or mail
Chlamydia	3 days	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. Report by one of the following methods: Phone (515)281-3031, IDSS, fax (515)725-1278 or mail <ul style="list-style-type: none"> <li>• Use the Iowa Confidential Report of Sexually Transmitted Disease</li> <li>• Mark envelope "Attention 00"</li> </ul>
Cholera	1 day	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. Phone, IDSS or fax Laboratories: send isolate or specimen to the SHL
Cronobacter invasive infection (in infants)	1 day	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. Phone, IDSS or fax
Cryptosporidiosis	3 days	Report for Iowa residents. Phone, IDSS, fax or mail
Cyclospora	3 days	Report for Iowa residents. Phone, IDSS, fax or mail Laboratories: send isolate or specimen to the SHL
Cytomegalovirus (CMV)	3 days	Report for Iowa residents. IDSS or fax: 1-515-242-6013
Diphtheria	<b>Immediately</b>	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. 24/7 disease reporting telephone hotline: 1-800-362-2736
Escherichia coli shiga toxin-producing and related diseases (includes HUS and TTP)	3 days	Report for Iowa residents. Phone, IDSS, fax or mail Laboratories: send isolate or specimen to the SHL
Giardiasis (Giardia)	3 days	Report for Iowa residents. Phone, IDSS, fax or mail

Diseases	When to Report	How to Report
Gonorrhea	3 days	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. Report by one of the following methods: Phone (515)281-3031, IDSS, fax (515)725-1278 or mail <ul style="list-style-type: none"> <li>Use the Iowa Confidential Report of Sexually Transmitted Disease</li> <li>Mark envelope "Attention 00"</li> </ul>
Haemophilus influenzae type B invasive disease	<b>Immediately</b>	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. 24/7 disease reporting telephone hotline: 1-800-362-2736 Laboratories send isolate or specimen to the SHL
Hansen's disease (leprosy)	3 days	Report for Iowa residents. Phone, IDSS, fax or mail
Hantavirus syndromes	3 days	Report for Iowa residents. Phone, IDSS, fax or mail
Hepatitis A	1 day	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. Phone, IDSS or fax
Hepatitis B, C, D, E	3 days	Report for Iowa residents. Phone, IDSS, fax or mail
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 for Iowa residents and for residents of other states diagnosed or treated in Iowa. Report by one of the following methods: Phone (515)322-8819 or mail <ul style="list-style-type: none"> <li>Health care providers: use the Pediatric or Adult Confidential Case Report Form</li> <li>Laboratories: send copy of lab report or the Iowa Confidential Report of Sexually Transmitted Disease &amp; HIV Infection. Mark envelope "Attention 03"</li> </ul> <b>For HIV/AIDS-related questions, call (515)322-8819</b>
Legionellosis (Legionella)	3 days	Report for Iowa residents. Phone, IDSS, fax or mail
Listeria monocytogenes invasive disease	1 day	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. Phone, IDSS or fax Laboratories: send isolate or specimen to the SHL
Malaria	3 days	Report for Iowa residents. Phone, IDSS, fax or mail
Measles (rubeola)	<b>Immediately</b>	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. 24/7 disease reporting telephone hotline: 1-800-362-2736
Meningococcal invasive disease	<b>Immediately</b>	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. 24/7 disease reporting telephone hotline: 1-800-362-2736 Laboratories: send isolate or specimen to the SHL

<b>Diseases</b>	<b>When to Report</b>	<b>How to Report</b>
Mosquito-borne diseases (e.g., chikungunya, dengue, eastern equine encephalitis, Jamestown Canyon, La Crosse, St. Louis, Venezuelan equine encephalitis, West Nile, western equine encephalitis and Zika)	3 days	Report for Iowa residents. Phone, IDSS, fax or mail
Mpox	1 day	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. Phone, IDSS or fax
Mumps	3 days	Report for Iowa residents. Phone, IDSS, fax or mail
Multisystem Inflammatory Syndrome in Children (MIS-C) Associated with COVID-19	3 days	Report for Iowa residents. Phone, IDSS, fax or mail
Pertussis	3 days	Report for Iowa residents. Phone, IDSS, fax or mail
Plague	<b>Immediately</b>	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. 24/7 disease reporting telephone hotline: 1-800-362-2736
Poliomyelitis	<b>Immediately</b>	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. 24/7 disease reporting telephone hotline: 1-800-362-2736
Psittacosis	3 days	Report for Iowa residents. Phone, IDSS, fax or mail
Q fever	3 days	Report for Iowa residents. Phone, IDSS, fax or mail
Rabies, animal	3 days	Report for Iowa residents. Phone, IDSS, fax or mail
Rabies, human	<b>Immediately</b>	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. 24/7 disease reporting telephone hotline: 1-800-362-2736
Rubella (including congenital)	1 day	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. Phone, IDSS or fax
Salmonellosis (Salmonella)	3 days	Report for Iowa residents. Phone, IDSS, fax or mail Laboratories: send isolate or specimen to the SHL
Severe acute respiratory syndrome (SARS)	<b>Immediately</b>	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. 24/7 disease reporting telephone hotline: 1-800-362-2736
Shigellosis (Shigella)	3 days	Report for Iowa residents. Phone, IDSS, fax or mail Laboratories: send isolate or specimen to the SHL
Smallpox	<b>Immediately</b>	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. 24/7 disease reporting telephone hotline: 1-800-362-2736

<b>Diseases</b>	<b>When to Report</b>	<b>How to Report</b>
Syphilis	3 days	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. Report by one of the following methods: Phone (515)281-3031, IDSS, fax (515)725-1278 or mail <ul style="list-style-type: none"> <li>• Use the Iowa Confidential Report of Sexually Transmitted Disease</li> <li>• Mark envelope "Attention 00"</li> </ul>
Tetanus	3 days	Report for Iowa residents. Phone, IDSS, fax or mail
Tickborne diseases (e.g., alpha-gal syndrome, anaplasmosis, babesiosis, Bourbon virus disease, ehrlichiosis, Heartland virus disease, Lyme disease, Powassan virus disease, spotted fever group rickettsioses and tickborne relapsing fever)	3 days	Report for Iowa residents. Phone, IDSS, fax or mail
Tuberculosis, pulmonary and laryngeal (infectious)	1 day	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. Phone (515)281-7504, IDSS or fax (515)281-4570
Tuberculosis, extrapulmonary	3 days	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. Phone (515)281-7504, IDSS or fax (515)281-4570
Tularemia	3 days	Report for Iowa residents. Phone, IDSS or fax
Typhoid fever	1 day	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. Phone, IDSS or fax
Vancomycin intermediate Staphylococcus aureus (VISA) and vancomycin-resistant Staphylococcus aureus (VRSA)	1 day	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. Phone, IDSS or fax Laboratories: send isolate or specimen to the SHL
Viral hemorrhagic fever (VHF) (e.g., Lassa, Marburg, Ebola, and Crimean-Congo)	<b>Immediately</b>	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. 24/7 disease reporting telephone hotline: 1-800-362-2736
Yellow fever	<b>Immediately</b>	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. 24/7 disease reporting telephone hotline: 1-800-362-2736

**APPENDIX B**  
**Iowa Department of Health and Human Services**  
**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 Health and Human Services  
 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. Electronic 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. Electronic 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. Electronic 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. Electronic 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. Electronic reporting if available. Alternatives include by mail, telephone, and facsimile.
Microcystin toxin poisoning	All cases	Weekly	Format specified by department. Electronic reporting if available. Alternatives include by mail, telephone, and facsimile.
Noncommunicable respiratory illness	All cases	Weekly	Format specified by department. Electronic 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. Electronic reporting if available. Alternatives include by mail, telephone, and facsimile.
Pesticide poisoning (including pesticide-related contact dermatitis)	All cases	Weekly	Format specified by department. Electronic reporting if available. Alternatives include by mail, telephone, and facsimile.
Severe skin disorder	All cases	Weekly	Format specified by department. Electronic reporting if available. Alternatives include by mail, telephone, and facsimile.
Toxic hepatitis	All cases	Weekly	Format specified by department. Electronic reporting if available. Alternatives include by mail, telephone, and facsimile.

[Filed November 20, 1970; amended August 31, 1971]

[Filed emergency 8/15/77—published 9/7/77, effective 8/15/77]

[Filed 11/10/77, Notice 10/5/77—published 11/30/77, effective 1/4/78]

[Filed 4/3/81, Notice 2/18/81—published 4/29/81, effective 6/5/81]

[Filed 2/12/82, Notice 10/28/81—published 3/3/82, effective 4/7/82]

[Filed 11/18/83, Notice 8/31/83—published 12/7/83, effective 1/13/84]

[Filed 8/14/85, Notice 4/24/85—published 9/11/85, effective 10/16/85]

[Filed emergency 7/10/87—published 7/29/87, effective 7/10/87]

[Filed 11/17/88, Notice 6/1/88—published 12/14/88, effective 1/18/89]

[Filed 5/10/89, Notice 4/5/89—published 5/31/89, effective 7/5/89]

[Filed 11/9/89, Notice 10/4/89—published 11/29/89, effective 1/3/90]

[Filed 9/24/90, Notice 8/8/90—published 10/17/90, effective 11/21/90]

- [Filed 7/17/92, Notice 4/1/92—published 8/5/92, effective 9/9/92]
- [Filed 11/6/92, Notice 9/16/92—published 11/25/92, effective 1/1/93]
- [Filed 7/16/93, Notice 4/28/93—published 8/4/93, effective 9/8/93]
- [Filed emergency 1/11/96 after Notice 11/8/95—published 1/31/96, effective 1/12/96]
- [Filed 3/15/96, Notice 1/31/96—published 4/10/96, effective 5/15/96]
- [Filed 7/10/98, Notice 5/6/98—published 7/29/98, effective 9/2/98]
- [Filed 11/10/98, Notice 9/23/98—published 12/2/98, effective 1/6/99]
- [Filed 5/10/01, Notice 4/4/01—published 5/30/01, effective 7/4/01]
- [Filed emergency 9/14/01—published 10/3/01, effective 9/14/01]
- [Filed 11/19/01, Notice 10/3/01—published 12/12/01, effective 1/16/02]◇
- [Filed 1/16/04, Notice 12/10/03—published 2/4/04, effective 3/10/04]
- [Filed 1/13/05, Notice 11/24/04—published 2/2/05, effective 3/9/05]
- [Filed 5/12/05, Notice 3/30/05—published 6/8/05, effective 7/13/05]
- [Filed 1/10/07, Notice 11/22/06—published 1/31/07, effective 3/7/07]
- [Filed 11/14/07, Notice 10/10/07—published 12/5/07, effective 1/9/08]
- [Filed ARC 8231B (Notice ARC 7966B, IAB 7/15/09), IAB 10/7/09, effective 11/11/09]
  - [Filed Emergency ARC 9250B, IAB 12/1/10, effective 11/10/10]
- [Filed ARC 0754C (Notice ARC 0672C, IAB 4/3/13), IAB 5/29/13, effective 7/3/13]
- [Filed ARC 2291C (Notice ARC 2083C, IAB 8/5/15), IAB 12/9/15, effective 1/13/16]
- [Filed ARC 2935C (Notice ARC 2814C, IAB 11/23/16), IAB 2/1/17, effective 3/8/17]
- [Filed ARC 8070C (Notice ARC 7374C, IAB 1/24/24), IAB 6/12/24, effective 7/17/24]