

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

1.3(1) List of reportable diseases or conditions.

a. Specific communicable diseases.

(1) Common diseases:

¹Acquired immune deficiency syndrome (AIDS) and AIDS-defining conditions

²Aeromonas

Campylobacteriosis

¹Chlamydia

Cryptosporidiosis

Encephalitis, arboviral

³Enterococcus invasive disease

Enterohemorrhagic Escherichia coli (non-O157:H7)

³Escherichia coli O157:H7 related diseases (includes HUS)

Giardiasis

Gonorrhea

³Group A Streptococcus invasive disease

³⁶Haemophilus influenza type B invasive disease

Hepatitis, types A, ¹B, C, D, and E

¹Human immunodeficiency virus (HIV) infection, including HIV-exposed newborn infant (i.e., newborn infant whose mother is infected with HIV)

Legionellosis

Lyme disease

⁶Measles (rubeola)

³⁶Meningococcal invasive disease

³Methicillin-resistant Staphylococcus aureus invasive disease

²Norwalk-like virus

Pertussis

Rabies (animal and ⁶human)

³Salmonellosis (including Typhoid fever)

³Shigellosis

⁷Staphylococcus aureus invasive disease

³Streptococcus pneumoniae invasive disease

¹Syphilis

Tuberculosis

²Yersinia

(2) Rare diseases:

Anthrax

⁶Botulism

Brucellosis

⁶Cholera

Cyclospora

⁶Diphtheria

Hansen's disease (Leprosy)

Hantavirus syndromes

³Listeria monocytogenes invasive disease

Malaria

Mumps

⁶Plague

⁶Poliomyelitis

Psittacosis

Rocky Mountain spotted fever

Rubella (including congenital)

Tetanus

Toxic shock syndrome

Trichinosis

⁶Yellow fever

⁶Vancomycin-resistant *Staphylococcus aureus*

⁶Outbreaks of any kind, unusual syndromes, or uncommon diseases

Diseases or syndromes of any kind caused by a biological agent or toxin when the provider reasonably believes or suspects that the agent or toxin may be a result of a deliberate act such as terrorism. Examples of these agents include ⁶ricin, ⁶tularemia and ⁶smallpox.

b. Specific noncommunicable diseases.

Acute or chronic respiratory conditions due to fumes or vapors or dusts

Asbestosis

Birth defect or genetic disease¹⁰

Cancer¹⁰

Carbon monoxide poisoning

Coal workers pneumoconiosis

Heavy metal poisoning

Hepatitis, toxic

Hypersensitivity pneumonitis (including farmers lung and toxic organic dust syndrome)

Methemoglobinemia

Pesticide poisoning (including pesticide-related contact dermatitis)

Silicosis

Silo fillers disease

⁶Diseases or syndromes of any kind caused by a chemical or radiological agent when the provider reasonably believes or suspects that the agent or toxin may be a result of a deliberate act such as terrorism. Examples of these agents include ⁶mustard gas and ⁶sarin gas.

c. Specific occupationally related conditions.

Acute hearing loss and tinnitus

Carpal tunnel and related neuropathy¹¹

Asthma, bronchitis or respiratory hypersensitivity reactions

Raynaud's phenomenon¹¹

Severe skin disorder

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

e. Heavy metal poisonings.

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

(2) Mercury poisonings.

1. Blood mercury values equal to or greater than 2.8 mcg/dL.

2. Urine mercury values equal to or greater than 20 mcg/L.

(3) Arsenic poisonings.

1. Blood arsenic values equal to or greater than .07 mcg/mL.
2. Urine arsenic values equal to or greater than 100 mcg/L.
3. Twenty-four hour urinary arsenic excretion values equal to or greater than .02 mg/day.
- (4) Cadmium poisonings.
 1. Blood cadmium values equal to or greater than 5 mcg/L.
 2. Urine cadmium values equal to or greater than 10 mcg/L.
- (5) Physicians and other health care practitioners are exempted from the requirements of 1.3(1) "e" if the laboratory performing the analysis provides the report containing the required information to the department.

f. Pesticide poisonings.

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

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

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

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

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

j. Carbon monoxide (CO) poisoning.

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

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

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

¹ Sexually transmitted disease.

² Diseases that should be reported by the University of Iowa Hygienic Laboratory through the end of calendar year 2002 for purposes of special study.

- ³ Isolates of organisms from diseases so noted should be sent to the University of Iowa Hygienic Laboratory.
- ⁴ Diseases that should be reported by the University of Iowa Hygienic Laboratory through the end of calendar year 2002 for purposes of special study.
- ⁵ Sexually transmitted disease.
- ⁶ Diseases noted should be reported IMMEDIATELY by telephone 1-800-362-2736.
- ⁷ Numbers of staphylococcal isolates should be reported to the Department of Public Health on a quarterly basis.
- ⁸ Isolates of organisms from diseases so noted should be sent to the University of Iowa Hygienic Laboratory.
- ⁹ Diseases noted should be reported IMMEDIATELY by telephone 1-800-362-2736.
- ¹⁰ NOTE: For these particular diseases, physicians and other health practitioners should not send a report to the department. 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. 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.
- ¹¹ NOTE: In the case of employers with more than 200 employees, cases of carpal tunnel syndrome and related neuropathy and Raynaud's phenomenon may be reported semiannually to the department in summary form. Separate semiannual summary reports shall be provided for each physical location where operations are conducted. Such summary reports shall include a separate count of cases of carpal tunnel syndrome and related neuropathy, and Raynaud's phenomenon, by sex and job category.