TITLE 410 INDIANA STATE DEPARTMENT OF HEALTH

Proposed Rule
LSA Document #08-62

DIGEST

Adds 410 IAC 1-2.3-4.5, 410 IAC 1-2.3-8.5, 410 IAC 1-2.3-22.5, 410 IAC 1-2.3-25.5, 410 IAC 1-2.3-29.5, 410 IAC 1-2.3-31.2, 410 IAC 1-2.3-31.5, 410 IAC 1-2.3-33.5, and 410 IAC 1-2.3-37.8 to add new definitions. Amends 410 IAC 1-2.3-47 and 410 IAC 1-2.3-48 to add communicable diseases to the list of reportable diseases and to remove other communicable diseases from the list of reportable diseases. Adds 410 IAC 1-2.3-66.5, 410 IAC 1-2.3-74.5, 410 IAC 1-2.3-76.5, 410 IAC 1-2.3-87.5, and 410 IAC 1-2.3-110.5 to add diseases and control measures for communicable diseases. Adds 410 IAC 1-2.3-114 to incorporate documents by reference. Makes numerous other changes in the rule concerning updating definitions, updating reference information, clarifying language, updating and modifying reporting requirements, and updating and modifying control measures. Makes numerous technical changes. Repeals 410 IAC 1-2.3-16, 410 IAC 1-2.3-21, 410 IAC 1-2.3-40, 410 IAC 1-2.3-84, and 410 IAC 1-2.3-113. Effective 30 days after filing with the Publisher.

IC 4-22-2.1-5 Statement Concerning Rules Affecting Small Businesses

410 IAC 1-2.3-3; 410 IAC 1-2.3-4.5; 410 IAC 1-2.3-5; 410 IAC 1-2.3-6; 410 IAC 1-2.3-8; 410 IAC 1-2.3-8.5; 410 IAC 1-2.3-9; 410 IAC 1-2.3-11; 410 IAC 1-2.3-12; 410 IAC 1-2.3-14; 410 IAC 1-2.3-15; 410 IAC 1-2.3-16; 410 IAC 1-2.3-17; 410 IAC 1-2.3-18; 410 IAC 1-2.3-19; 410 IAC 1-2.3-20; 410 IAC 1-2.3-21; 410 IAC 1-2.3-22.5; 410 IAC 1-2.3-23; 410 IAC 1-2.3-24; 410 IAC 1-2.3-25; 410 IAC 1-2.3-25.5; 410 IAC 1-2.3-28; 410 IAC 1-2.3-29; 410 IAC 1-2.3-29.5; 410 IAC 1-2.3-31; 410 IAC 1-2.3-31.2; 410 IAC 1-2.3-31.5; 410 IAC 1-2.3-33; 410 IAC 1-2.3-33.5; 410 IAC 1-2.3-35; 410 IAC 1-2.3-36; 410 IAC 1-2.3-37; 410 IAC 1-2.3-37.8; 410 IAC 1-2.3-39; 410 IAC 1-2.3-40; 410 IAC 1-2.3-41; 410 IAC 1-2.3-42; 410 IAC 1-2.3-44; 410 IAC 1-2.3-46; 410 IAC 1-2.3-47; 410 IAC 1-2.3-48; 410 IAC 1-2.3-49; 410 IAC 1-2.3-50; 410 IAC 1-2.3-51; 410 IAC 1-2.3-52; 410 IAC 1-2.3-53; 410 IAC 1-2.3-54; 410 IAC 1-2.3-55; 410 IAC 1-2.3-56; 410 IAC 1-2.3-57; 410 IAC 1-2.3-58; 410 IAC 1-2.3-59; 410 IAC 1-2.3-60; 410 IAC 1-2.3-61; 410 IAC 1-2.3-62; 410 IAC 1-2.3-63; 410 IAC 1-2.3-64; 410 IAC 1-2.3-65; 410 IAC 1-2.3-66; 410 IAC 1-2.3-66.5; 410 IAC 1-2.3-67; 410 IAC 1-2.3-68; 410 IAC 1-2.3-69; 410 IAC 1-2.3-70; 410 IAC 1-2.3-71; 410 IAC 1-2.3-72; 410 IAC 1-2.3-73; 410 IAC 1-2.3-74; 410 IAC 1-2.3-74.5; 410 IAC 1-2.3-75; 410 IAC 1-2.3-76; 410 IAC 1-2.3-76.5; 410 IAC 1-2.3-77; 410 IAC 1-2.3-78; 410 IAC 1-2.3-79; 410 IAC 1-2.3-80; 410 IAC 1-2.3-81; 410 IAC 1-2.3-82; 410 IAC 1-2.3-83; 410 IAC 1-2.3-84; 410 IAC 1-2.3-85; 410 IAC 1-2.3-86; 410 IAC 1-2.3-87.5; 410 IAC 1-2.3-88; 410 IAC 1-2.3-89; 410 IAC 1-2.3-90; 410 IAC 1-2.3-91; 410 IAC 1-2.3-92; 410 IAC 1-2.3-93; 410 IAC 1-2.3-94; 410 IAC 1-2.3-95; 410 IAC 1-2.3-96; 410 IAC 1-2.3-97; 410 IAC 1-2.3-97.5; 410 IAC 1-2.3-98; 410 IAC 1-2.3-99; 410 IAC 1-2.3-100; 410 IAC 1-2.3-101; 410 IAC 1-2.3-102; 410 IAC 1-2.3-103; 410 IAC 1-2.3-104; 410 IAC 1-2.3-105; 410 IAC 1-2.3-106; 410 IAC 1-2.3-107; 410 IAC 1-2.3-108; 410 IAC 1-2.3-109; 410 IAC 1-2.3-110; 410 IAC 1-2.3-110.5; 410 IAC 1-2.3-111; 410 IAC 1-2.3-112; 410 IAC 1-2.3-113; 410 IAC 1-2.3-114

SECTION 1. 410 IAC 1-2.3-3 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-3 "Airborne precautions" defined

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 3. "Airborne precautions" means ~~transmission-based precautions for health care facilities designed~~ **safeguards intended** to ~~reduce the risk~~ **prevent transmission** of airborne ~~transmission of~~ infectious agents. Requirements for airborne precautions are presented in ~~Guidelines~~ **Guideline** for Isolation Precautions: ~~in Hospitals, Infection Control and Hospital Epidemiology, Volume 17, No. 1, January 1996.~~ **Preventing Transmission of Infectious Agents in Healthcare Settings 2007.**

(Indiana State Department of Health; 410 IAC 1-2.3-3; filed Sep 11, 2000, 1:36 p.m.: 24 IR 334; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 2. 410 IAC 1-2.3-4.5 IS ADDED TO READ AS FOLLOWS:

410 IAC 1-2.3-4.5 "Blood center" defined

Authority: IC 16-19-3-4; IC 16-41-2-1; IC 16-41-12-17
Affected: IC 16-41-2; IC 16-41-12

Sec. 4.5. "Blood center" includes:
(1) a blood bank;
(2) a blood storage facility;
(3) a plasma center;
(4) a hospital; or
(5) another facility where blood or blood products are collected.

(Indiana State Department of Health; 410 IAC 1-2.3-4.5)

SECTION 3. 410 IAC 1-2.3-5 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-5 "Carrier" defined

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2

Sec. 5. "Carrier" means a person, **living or deceased,** who:
(1) harbors a specific infectious agent without discernible clinical disease; and
(2) serves as a potential source of infection.

(Indiana State Department of Health; 410 IAC 1-2.3-5; filed Sep 11, 2000, 1:36 p.m.: 24 IR 334; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 4. 410 IAC 1-2.3-6 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-6 "Case" defined

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2

Sec. 6. "Case" means a person, **living or deceased,** who:
(1) harbors a communicable disease, usually in the presence of discernible clinical disease, symptoms, or signs; and
(2) may serve as a potential source of infection.
Specific case definitions are defined in the Centers for Disease Control and Prevention publication Case Definitions for Infectious Conditions Under Public Health Surveillance, MMWR, Recommendations and Reports, May 2, 1997, Volume 46, No. RR-10 and by reference are incorporated into this rule.

(Indiana State Department of Health; 410 IAC 1-2.3-6; filed Sep 11, 2000, 1:36 p.m.: 24 IR 334; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 5. 410 IAC 1-2.3-8 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-8 "Case management" defined

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2

Sec. 8. "Case management" means systematic monitoring and quality assurance of diagnosis, treatment, control, and prevention strategies performed by public health employees, including, but not limited to, local health officers. ~~and their designees.~~

(Indiana State Department of Health; 410 IAC 1-2.3-8; filed Sep 11, 2000, 1:36 p.m.: 24 IR 335; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 6. 410 IAC 1-2.3-8.5 IS ADDED TO READ AS FOLLOWS:

410 IAC 1-2.3-8.5 "Child" defined

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2

Sec. 8.5. "Child" means a person less than eighteen (18) years of age.

(Indiana State Department of Health; 410 IAC 1-2.3-8.5)

SECTION 7. 410 IAC 1-2.3-9 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-9 "Cleaning" defined

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2

Sec. 9. "Cleaning" means the removal by scrubbing and washing, as with water and soap or suitable detergent, or by ~~vacuum~~ **steam** cleaning of infectious agents and of organic matter from surfaces on which and in which infectious agents may find favorable conditions for surviving or multiplying.

(Indiana State Department of Health; 410 IAC 1-2.3-9; filed Sep 11, 2000, 1:36 p.m.: 24 IR 335; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 8. 410 IAC 1-2.3-11 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-11 "Communicable disease" defined

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41

Sec. 11. "Communicable disease" means an illness due to a specific infectious agent or its toxic products that arises through transmission of that agent or its **toxic** products from an infected person, animal, or inanimate reservoir to a susceptible host, either directly or indirectly, through an intermediate plant or animal host, vector, or the inanimate environment.

(Indiana State Department of Health; 410 IAC 1-2.3-11; filed Sep 11, 2000, 1:36 p.m.: 24 IR 335; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 9. 410 IAC 1-2.3-12 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-12 "Concurrent disinfection" defined

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 12. "Concurrent disinfection" means the application of disinfective measures including use of an **Environmental Protection Agency** (EPA) approved disinfectant cleaning agent **or chemical germicide** as soon as possible after the:

(1) discharge of infectious material from the body of an infected person; or ~~after the~~
(2) soiling of articles with ~~such~~ **the** infectious discharges.

(Indiana State Department of Health; 410 IAC 1-2.3-12; filed Sep 11, 2000, 1:36 p.m.: 24 IR 335; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 10. 410 IAC 1-2.3-14 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-14 "Contact precautions" defined

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 14. "Contact precautions" means ~~procedures in addition to standard precautions~~ **safeguards intended** to prevent transmission **of infectious agents** in health care facilities of diseases or conditions ~~which~~ **that** are spread primarily by direct or indirect contact. Direct contact transmission involves skin-to-skin contact and physical transfer of microorganisms to a susceptible host from an infected or colonized person. **Indirect contact transmission involves skin-to-inanimate-object contact where the object serves as the vehicle for the physical transfer of microorganisms from an infected individual to a susceptible host.** For details of the precautions, see Guideline for Isolation Precautions: ~~in Hospitals, Infection Control and Hospital Epidemiology, Volume 17, No. 1, January 1996.~~ **Preventing Transmission of Infectious Agents in Healthcare Settings 2007.**

(Indiana State Department of Health; 410 IAC 1-2.3-14; filed Sep 11, 2000, 1:36 p.m.: 24 IR 335; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 11. 410 IAC 1-2.3-15 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-15 "Contact tracing" defined

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2

Sec. 15. "Contact tracing" means the ~~use of epidemiological methods~~ **process** to ~~confidentially~~ locate, counsel, and refer for medical evaluation and possible treatment of person or persons who have been in contact with ~~someone with a communicable disease in a manner~~ **a known infected person, animal, or contaminated environment** that might provide an opportunity to acquire the disease.

(Indiana State Department of Health; 410 IAC 1-2.3-15; filed Sep 11, 2000, 1:36 p.m.: 24 IR 335; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 12. 410 IAC 1-2.3-17 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-17 "Contamination" defined

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 17. "Contamination" means the presence of an infectious agent:
(1) on a body surface;
(2) in clothes;
(3) in bedding;
(4) on toys;
(5) on surgical instruments or dressings; ~~or~~
(6) in food or beverages;
(7) in water; or
~~(6)~~ **(8)** in or on other inanimate articles or substances. ~~including water and food.~~

(Indiana State Department of Health; 410 IAC 1-2.3-17; filed Sep 11, 2000, 1:36 p.m.: 24 IR 336; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 13. 410 IAC 1-2.3-18 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-18 "Control measures" defined

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 18. "Control measures" means ~~those measures~~ **safeguards implemented** to reduce the threat of disease transmission from a ~~case of communicable disease~~ **person known or suspected to be infected or a contaminated environment. Control measures may include, but are not limited to, one (1) or more of the following:**

(1) Counseling.
(2) Immunization.
(3) Preventive therapy.
(4) Chemoprophylaxis.
(5) Environmental sanitation.
(6) Closure of establishment.
(7) Exclusion from duty.
(8) Restriction of activities.
(9) Isolation.
(10) Quarantine.
(11) Other accepted measures imposed on persons or property to:
(A) reduce illness; and
(B) prevent disease.

(Indiana State Department of Health; 410 IAC 1-2.3-18; filed Sep 11, 2000, 1:36 p.m.: 24 IR 336; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 14. 410 IAC 1-2.3-19 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-19 "Counseling and testing site" defined

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2

Sec. 19. "Counseling and testing site" means a place that has been designated, approved, and registered with the department to counsel and test individuals anonymously or confidentially, or both, for HIV. **A site includes, but is not limited to, the following:**

(1) Community based organizations.
(2) Local health departments.

(Indiana State Department of Health; 410 IAC 1-2.3-19; filed Sep 11, 2000, 1:36 p.m.: 24 IR 336; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 15. 410 IAC 1-2.3-20 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-20 "Daycare facility" defined

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2

Sec. 20. "Daycare ~~center"~~ **facility"** means ~~a day nursery that is~~ any **licensed, registered, or unlicensed facility,** institution, **center, establishment, or home** operated for the purpose of providing care, ~~and~~ maintenance, **or supervision** to children **or adults, or both, who are** separated from their parent, guardian, or custodian ~~during a part of the~~ **for some portion of a twenty-four (24) hour** day for two (2) or more consecutive weeks, **as a supplement to the primary care of the parent, guardian, or custodian,** except a school or other bona fide educational institution. **The term includes, but is not limited to, the following:**

(1) A child care center.
(2) A daycare center.
(3) A nursery.
(4) A family daycare home.

(5) An adult daycare.
(6) A babysitter.

(Indiana State Department of Health; 410 IAC 1-2.3-20; filed Sep 11, 2000, 1:36 p.m.: 24 IR 336; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 16. 410 IAC 1-2.3-22.5 IS ADDED TO READ AS FOLLOWS:

410 IAC 1-2.3-22.5 "Disinfect" defined

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 22.5. "Disinfect" means the use of directly applied chemical or physical means to destroy or inactivate communicable disease causing agents on inanimate objects.

(Indiana State Department of Health; 410 IAC 1-2.3-22.5)

SECTION 17. 410 IAC 1-2.3-23 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-23 "Droplet precautions" defined

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 23. "Droplet precautions" means ~~measures~~ **safeguards intended** to ~~reduce the risk of~~ **prevent** droplet transmission of infectious agents. Droplet transmission involves contact of the conjunctivae or the mucous membranes of the nose or mouth of a susceptible person with large-particle droplets (larger than five (5) micrometers in size) containing microorganisms generated from a person who:
(1) has a clinical disease; or ~~who~~
(2) is a carrier of the microorganism.
For **a** complete description, see Guideline for Isolation Precautions: ~~in Hospitals, Infection Control and Hospital Epidemiology, Volume 17, No. 1, 1996.~~ **Preventing Transmission of Infectious Agents in Healthcare Settings 2007.**

(Indiana State Department of Health; 410 IAC 1-2.3-23; filed Sep 11, 2000, 1:36 p.m.: 24 IR 336; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 18. 410 IAC 1-2.3-24 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-24 "Food handler" defined

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2

Sec. 24. "Food handler" means an individual who: ~~works with~~
(1) prepares;
(2) processes;
(3) serves; or
(4) handles;
unpackaged food, food equipment or utensils, or food contact surfaces.

(Indiana State Department of Health; 410 IAC 1-2.3-24; filed Sep 11, 2000, 1:36 p.m.: 24 IR 336; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 19. 410 IAC 1-2.3-25 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-25 "Hand washing procedures" defined

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2

Sec. 25. "Hand washing procedures" means vigorous washing of hands **for at least fifteen (15) seconds** using soap and running water from an approved water supply, followed by **rinsing of hands under water and** drying hands using clean paper or single use cloth toweling or air drying devices. ~~An~~ Alcohol-based hand ~~rinse/foam~~ **sanitizers** may be used **in accordance with manufacturer's guidelines** when hands are not visibly soiled. ~~and in accordance with manufacturer's guidelines.~~ **For a complete description, see Guideline for Hand Hygiene in Health-Care Settings, Morbidity and Mortality Weekly Report, October 25, 2002, Volume 51, No. RR-16.**

(Indiana State Department of Health; 410 IAC 1-2.3-25; filed Sep 11, 2000, 1:36 p.m.: 24 IR 336; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 20. 410 IAC 1-2.3-25.5 IS ADDED TO READ AS FOLLOWS:

410 IAC 1-2.3-25.5 "HAV" defined

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2

Sec. 25.5. "HAV" means hepatitis A virus.

(Indiana State Department of Health; 410 IAC 1-2.3-25.5)

SECTION 21. 410 IAC 1-2.3-28 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-28 "Health care facility" defined

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 12-25; IC 16-21-2; IC 16-24-1; IC 16-28; IC 16-41-2

Sec. 28. "Health care facility" includes the following:
(1) Hospitals licensed under IC 16-21-2.
(2) Private mental health institutions licensed under IC 12-25. ~~and~~
(3) Tuberculosis hospitals established under IC 16-24-1.
~~(2)~~ **(4)** Health facilities licensed under IC 16-28.
~~(3)~~ **(5)** Rehabilitation facilities. ~~and~~
(6) Kidney disease treatment centers.
(7) Any location where:
(A) care;
(B) treatment;
(C) service; or
(D) procedure;
to maintain, diagnose, or treat an individual's physical or mental condition is provided.

(Indiana State Department of Health; 410 IAC 1-2.3-28; filed Sep 11, 2000, 1:36 p.m.: 24 IR 337; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 22. 410 IAC 1-2.3-29 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-29 "Health care worker" defined

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2

Sec. 29. "Health care worker" means a person who provides **care or** services, **or both,** whether as:
(1) an individual health care provider;
(2) a volunteer; or
(3) a student;
at or employee of a health care facility.

(Indiana State Department of Health; 410 IAC 1-2.3-29; filed Sep 11, 2000, 1:36 p.m.: 24 IR 337; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 23. 410 IAC 1-2.3-29.5 IS ADDED TO READ AS FOLLOWS:

410 IAC 1-2.3-29.5 "HEV" defined

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2

Sec. 29.5. "HEV" means hepatitis E virus.

(Indiana State Department of Health; 410 IAC 1-2.3-29.5)

SECTION 24. 410 IAC 1-2.3-31 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-31 "HIV infection/disease" defined

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2

Sec. 31. "HIV infection/disease" means a condition that meets the criteria of one (1) of the following:
(1) Persons who meet the Centers for Disease Control and Prevention (CDC) definition of AIDS, as found in Morbidity and Mortality Weekly Report, Volume 41, Recommendations and Reports No. RR-17, December 18, 1992, **1993 Revised Classification System for HIV Infection and Expanded Surveillance Case Definition for AIDS Among Adolescents and Adults.**
(2) Persons who have serologic evidence of HIV infection.
(3) Other persons with signs or symptoms, or both, that cause the attending physician to strongly suspect HIV infection.
(4) Infants:
(A) born to mothers with HIV infection/disease; and
(B) who have not been determined to be a seroreverter as defined in the Morbidity and Mortality Weekly Report Volume 43, No. RR-12, **September 30, 1994,** 1994 Revised ~~Classified~~ **Classification** System for Human Immunodeficiency Virus Infection in Children Less Than 13 Years of Age.
(5) Children ~~under~~ **less than** thirteen (13) years of age who meet the CDC definition of HIV infection or AIDS, or both, as found in Morbidity and Mortality Weekly Report Volume 43, No. RR-12, **September 30, 1994,** 1994 Revised ~~Classified~~ **Classification** System for Human Immunodeficiency Virus Infection in Children Less Than 13 Years of Age.
(6) Persons who meet the CDC Revised Surveillance Case Definition for HIV Infection, as found in Morbidity and Mortality Weekly Report, Vol. 48, No. RR-13, **December 10,** 1999, CDC Guidelines for National Human Immunodeficiency Virus Case Surveillance, Including Monitoring for Human Immunodeficiency Virus Infection and Acquired Immunodeficiency Syndrome.

(Indiana State Department of Health; 410 IAC 1-2.3-31; filed Sep 11, 2000, 1:36 p.m.: 24 IR 337; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 25. 410 IAC 1-2.3-31.2 IS ADDED TO READ AS FOLLOWS:

410 IAC 1-2.3-31.2 "Infant" defined

Authority: IC 16-19-3-4; IC 16-41-2-1

Affected: IC 16-41-2

Sec. 31.2. "Infant" means a child less than twelve (12) months of age.

(Indiana State Department of Health; 410 IAC 1-2.3-31.2)

SECTION 26. 410 IAC 1-2.3-31.5 IS ADDED TO READ AS FOLLOWS:

410 IAC 1-2.3-31.5 "Influenza-associated death" defined

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2

Sec. 31.5. "Influenza-associated death" means a human death in which an influenza diagnosis has been detected by one (1) or more of the following methods:
(1) Commercial rapid antigen testing.
(2) Viral culture.
(3) Direct fluorescent antibody (DFA).
(4) Indirect fluorescent antibody (IFA).
(5) Enzyme immunoassay.
(6) Reverse transcription polymerase chain reaction (RT-PCR).
(7) Immunohistochemistry (IHC).

(Indiana State Department of Health; 410 IAC 1-2.3-31.5)

SECTION 27. 410 IAC 1-2.3-33 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-33 "Invasive disease" defined

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2

Sec. 33. "Invasive disease" means disease:
(1) in association with positive bacterial cultures from:
(A) blood;
(B) cerebrospinal fluid;
(C) pleural fluid;
(D) pericardial fluid;
(E) synovial fluid; or
(F) other usually sterile body fluid; or
(2) such as ~~epiglottitis or~~ necrotizing fasciitis, in association with positive bacterial cultures from those sites.

(Indiana State Department of Health; 410 IAC 1-2.3-33; filed Sep 11, 2000, 1:36 p.m.: 24 IR 337; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 28. 410 IAC 1-2.3-33.5 IS ADDED TO READ AS FOLLOWS:

410 IAC 1-2.3-33.5 "Isolation" defined

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 33.5. "Isolation" means physical separation from others, during the period of communicability, of persons or animals infected or suspected to be infected with a communicable disease to prevent or limit the direct or indirect transmission of infectious agents to uninfected persons.

(Indiana State Department of Health; 410 IAC 1-2.3-33.5)

SECTION 29. 410 IAC 1-2.3-35 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-35 "Medical laboratory" defined

Authority: IC 16-19-3-4; IC 16-41-2-1; IC 16-41-12-17
Affected: IC 16-41-2; IC 16-41-12

Sec. 35. "Medical laboratory" means an entity that engages in the:
(1) biological;
(2) microbiological;
(3) serological;
(4) chemical;
(5) immunohematological;
(6) radioimmunological;
(7) hematological;
(8) cytological;
(9) pathological; or
(10) other;
examination of materials derived from the human body for the detection, diagnosis, prevention, or treatment of any disease, infection, or impairment, or the assessment of human health. **The term includes blood centers.**

(Indiana State Department of Health; 410 IAC 1-2.3-35; filed Sep 11, 2000, 1:36 p.m.: 24 IR 337; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 30. 410 IAC 1-2.3-36 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-36 "Other potentially infectious materials" defined

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2

Sec. 36. "Other potentially infectious materials" means **the following:**
(1) Human body fluids as follows:
~~(1)~~ **(A)** Semen.
~~(2)~~ **(B)** Vaginal secretions.
~~(3)~~ **(C)** Cerebrospinal fluid.
~~(4)~~ **(D)** Synovial fluid.
~~(5)~~ **(E)** Pleural fluid.
~~(6)~~ **(F)** Pericardial fluid.
~~(7)~~ **(G)** Peritoneal fluid.
~~(8)~~ **(H)** Amniotic fluid.
~~(9)~~ **(I)** Saliva in dental procedures.
~~(10)~~ **(J)** Any body fluid that is visibly contaminated with blood.
~~(11)~~ **(K)** All body fluids where it is difficult or impossible to differentiate between body fluids.
~~(12)~~ **(2)** Any unfixed tissue or organ (other than intact skin) from a human, living or dead.
~~(13)~~ **(3)** Any: ~~HIV-containing~~
(A) cell or tissue cultures;
(B) organ cultures; ~~and HIV-containing or HBV-containing~~
(C) culture medium; **and**
(D) other solutions;
that contain HIV, HBV, or **HCV.**
~~(14)~~ **(4)** Blood, organs, or other tissues from experimental animals infected with HIV, HBV, or HCV.

(Indiana State Department of Health; 410 IAC 1-2.3-36; filed Sep 11, 2000, 1:36 p.m.: 24 IR 338; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 31. 410 IAC 1-2.3-37 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-37 "Outbreak" defined

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 37. "Outbreak" means cases of disease occurring in a community, region, or particular population at a rate ~~clearly~~ in excess of that which is normally expected.

(Indiana State Department of Health; 410 IAC 1-2.3-37; filed Sep 11, 2000, 1:36 p.m.: 24 IR 338; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 32. 410 IAC 1-2.3-37.8 IS ADDED TO READ AS FOLLOWS:

410 IAC 1-2.3-37.8 "Preschool" defined

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2

Sec. 37.8. "Preschool" means a school or other bona fide educational institution for children who are not old enough to attend kindergarten.

(Indiana State Department of Health; 410 IAC 1-2.3-37.8)

SECTION 33. 410 IAC 1-2.3-39 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-39 "Restriction of activities" defined

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 39. "Restriction of activities" means limitations placed on the activities of persons ~~with disease or infection~~ to prevent transmission of communicable diseases to other individuals. **Limitations may include, but are not limited to, restrictions on one (1) or more of the following activities:**

(1) Attendance at a:
(A) school;
(B) preschool; or
(C) daycare facility.
(2) Appearance at a person's place of employment.
(3) Participation in the health care of others.
(4) Involvement in:
(A) food preparation; or
(B) food handling duties.

(Indiana State Department of Health; 410 IAC 1-2.3-39; filed Sep 11, 2000, 1:36 p.m.: 24 IR 338; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 34. 410 IAC 1-2.3-41 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-41 "Sexually transmitted disease" defined

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2

Sec. 41. "Sexually transmitted disease" means local or systemic communicable diseases due to infectious agents, generally transmitted person-to-person by sexual intercourse ~~on~~ **or** genital mucosal contact, including, but not limited to, the following:

(1) HIV.

(2) HBV.
(3) HCV.
(4) Gonorrhea.
(5) Chlamydia.
(6) Syphilis.
(7) Chancroid.
(8) Granuloma inguinale.

(Indiana State Department of Health; 410 IAC 1-2.3-41; filed Sep 11, 2000, 1:36 p.m.: 24 IR 338; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 35. 410 IAC 1-2.3-42 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-42 "Standard precautions" defined

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 42. "Standard precautions" means ~~measures~~ **safeguards** used for all patients **receiving care in health care facilities, regardless of diagnosis, or suspected or confirmed infection status,** to prevent ~~the nosocomial spread~~ **transmission** of microorganisms ~~in hospitals.~~ **from both recognized and unrecognized sources of infection.** Requirements of standard precautions are presented in Guideline for Isolation Precautions: ~~in Hospitals, Infection Control and Hospital Epidemiology, Volume 17, No. 1, January 1996.~~ **Preventing Transmission of Infectious Agents in Healthcare Settings 2007.**

(Indiana State Department of Health; 410 IAC 1-2.3-42; filed Sep 11, 2000, 1:36 p.m.: 24 IR 339; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 36. 410 IAC 1-2.3-44 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-44 "Suspect case" defined

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 44. "Suspect case" means a person, **living or deceased,** whose medical history, signs, ~~and~~ symptoms, ~~suggest~~ **or laboratory evidence suggests** that this person may be:
(1) incubating; or ~~may be~~
(2) actively infected with; ~~some~~
a communicable disease.

(Indiana State Department of Health; 410 IAC 1-2.3-44; filed Sep 11, 2000, 1:36 p.m.: 24 IR 339; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 37. 410 IAC 1-2.3-46 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-46 "Universal precautions" defined

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 46. "Universal precautions" means an approach to infection control in which all human blood and ~~certain body fluids~~ **other potentially infectious materials** are treated as if known to be infectious for:
(1) HIV;
(2) HBV;
(3) HCV; and
(4) other bloodborne pathogens.

(Indiana State Department of Health; 410 IAC 1-2.3-46; filed Sep 11, 2000, 1:36 p.m.: 24 IR 339; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 38. 410 IAC 1-2.3-47 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-47 Reporting requirements for physicians and hospital administrators

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 4-22-2-37.1; IC 16-21; IC 16-41-2-8; IC 25-22.5

Sec. 47. (a) It shall be the duty of each:
(1) physician licensed under IC 25-22.5; and
(2) administrator of a hospital licensed under IC 16-21, or the administrator's representative;
to report all cases and suspected cases of the diseases listed in subsection (d). Reporting of specimen results by a laboratory to health officials does not nullify the physician's or administrator's obligations to report ~~said~~ **the** case.

(b) The report required by subsection (a) shall be made to the local health officer in whose jurisdiction the patient **normally resides or, in the absence of such information, in whose jurisdiction the patient** was examined at the time the diagnosis was made or suspected. If the patient is a resident of a different jurisdiction, the local health jurisdiction receiving the report shall forward the report to the local health jurisdiction where the patient resides. **If the patient is not a resident of Indiana, the report shall be forwarded to the department.** If a person who is required to report is unable to make a report to the local health officer within the time mandated by this rule, a report shall be made directly to the department within the time mandated by this rule.

(c) Any reports of diseases required by subsection (a) shall include the following:
(1) The patient's:
(A) full name;
(B) street address;
(C) city;
(D) zip code;
(E) county of residence;
(F) telephone number;
(G) ~~age or~~ date of birth **or age if date of birth is not available;**
(H) sex; and
(I) race and ethnicity, if available.
(2) **The** date of onset.
(3) **The** diagnosis.
(4) Definitive diagnostic test results, for example:
(A) culture;
(B) IgM;
(C) liver enzyme levels;
~~(C)~~ **(D)** serology; or
~~(D)~~ **(E)** Western blot.
(5) The:
(A) name;
(B) address; and
(C) telephone number;
of the attending physician.
(6) Other epidemiologically necessary information requested by the:
(A) local health officer; or ~~the~~
(B) commissioner.
(7) Persons who are tested anonymously at a counseling and testing site cannot be reported using personal identifiers. Rather, they are to be reported using a numeric identifier code. The following shall also be reported:
(A) Age.
(B) Race.
(C) Sex.
(D) Risk factors.

(E) County of residence.

(8) The:

(A) name;

(B) address; and

(C) telephone number;

of the person completing report.

(d) The dangerous communicable diseases and conditions described in this subsection shall be reported within the time specified. Diseases or conditions that are to be reported immediately to the local health officer shall be reported by telephone or other instantaneous means of communication on first knowledge or suspicion of the diagnosis. Diseases that are to be reported within seventy-two (72) hours shall be reported to the local health officer within seventy-two (72) hours of first knowledge or suspicion of the diagnosis by telephone, electronic data transfer, other confidential means of communication, or official report forms furnished by the department. During evening, weekend, and holiday hours, those required to report should report diseases required to be immediately reported to the after-hours duty officer at the local health department. If unable to contact the after-hours duty officer locally, or one has not been designated locally, those required to report shall file their reports with the after-hours duty officer at the department at (317) 233-1325 or (317) 233-8115.

DANGEROUS COMMUNICABLE DISEASES AND CONDITIONS

Disease	When to Report (from probable diagnosis)	Disease Intervention Methods (section ~~in~~ **of** this rule)
Acquired immunodeficiency syndrome	See HIV Infection/Disease	Sec. 76
Animal bites	Within 24 hours	Sec. 52
Anthrax	Immediately	Sec. 53
Babesiosis	Within 72 hours	Sec. 54
Botulism	Immediately	Sec. 55
Brucellosis	Within 72 hours	Sec. 56
Campylobacteriosis	Within 72 hours	Sec. 57
Chancroid	Within 72 hours	Sec. 58
Chlamydia trachomatis, genital infection	Within 72 hours	Sec. 59
Cholera	Immediately	Sec. 60
Cryptosporidiosis	Within 72 hours	Sec. 61
Cyclospora	Within 72 hours	Sec. 62
Diphtheria	Immediately	Sec. 63
Ehrlichiosis	Within 72 hours	Sec. 64
Encephalitis, arboviral, Calif, EEE, WEE, **Powassan,** SLE, West Nile, **dengue and dengue hemorrhagic fever**	Immediately	Sec. 65
Escherichia coli ~~infection~~ **(diarrhea producing and other enterohemorrhagic types** including, **but not limited to, E. coli 0157,** E. coli 0157:H7, **sorbitol-negative,** and ~~other enterohemorrhagic types)~~ **shiga-toxin producing)**	Immediately	Sec. 66
Giardiasis	**Within 72 hours**	**Sec. 66.5**
Gonorrhea	Within 72 hours	Sec. 67
Granuloma inguinale	Within 72 hours	Sec. 68
Haemophilus influenzae invasive disease	Immediately	Sec. 69
Hansen's disease (leprosy)	Within 72 hours	Sec. 70
Hantavirus pulmonary syndrome	Immediately	Sec. 71
Hemolytic uremic syndrome, postdiarrheal	Immediately	Sec. 66
Hepatitis, viral, type A	Immediately	Sec. 72
Hepatitis, viral, type B	Within 72 hours	Sec. 73
Hepatitis, viral, type B, pregnant woman (acute and chronic), or perinatally exposed infant	Immediately (when discovered at or close to time of birth)	Sec. 73
Hepatitis, viral, type C (acute)	Within ~~72 hours~~ **five (5) business days**	Sec. 74
Hepatitis, viral, type delta	Within 72 hours	Sec. 73
Hepatitis, viral, type E	**Immediately**	**Sec. 74.5**

Hepatitis, viral, unspecified	Within 72 hours	
Histoplasmosis	Within 72 hours	Sec. 75
HIV infection/disease	Within 72 hours **after informing patient or if patient does not return for test results**	Sec. 76
HIV infection/disease, pregnant woman, or perinatally exposed infant	Immediately (when discovered at or close to time of birth)	Sec. 76
~~Influenza~~ **Influenza-associated death**	~~See subsection (f)~~ **Within 72 hours**	**Sec. 76.5**
Legionellosis	Within 72 hours	Sec. 77
Leptospirosis	Within 72 hours	Sec. 78
Listeriosis	Within 72 hours	Sec. 79
Lyme disease	Within 72 hours	Sec. 80
Lymphogranuloma venereum	Within 72 hours	Sec. 81
Malaria	Within 72 hours	Sec. 82
Measles (rubeola)	Immediately	Sec. 83
~~Meningitis, aseptic~~	~~Within 72 hours~~	~~Sec. 84~~
Meningococcal disease, invasive	Immediately	Sec. 85
Mumps	Within 72 hours	Sec. 86
Neonatal herpes	**Within 72 hours**	**Sec. 87.5**
Pertussis	Immediately	Sec. 88
Plague	Immediately	Sec. 89
Poliomyelitis	Immediately	Sec. 90
Psittacosis	Within 72 hours	Sec. 91
Q Fever	Immediately	Sec. 92
Rabies in humans or animals (confirmed and suspect animal with human exposure)	Immediately	Sec. 93
Rabies, postexposure treatment	Within 72 hours	Secs. 93 and 52
Rocky Mountain spotted fever	Within 72 hours	Sec. 94
Rubella (German measles)	Immediately	Sec. 95
Rubella congenital syndrome	Immediately	Sec. 95
Salmonellosis, ~~other than typhoid fever~~ **non-typhoidal**	Within 72 hours	Sec. 96
Shigellosis	Immediately	Sec. 97
Smallpox (variola infection)	Immediately	Sec. 97.5
Adverse events or complications due to smallpox vaccination (vaccinia virus infection) or secondary transmission to others after vaccination. This includes accidental implantation at sites other than the vaccination site, secondary bacterial infections at vaccination site, vaccinia keratitis, eczema vaccinatum, generalized vaccinia, congenital vaccinia, progressive vaccinia, vaccinia encephalitis, death due to vaccinia complications, and other complications requiring significant medical intervention.	Immediately	Sec. 97.5
Staphylococcus aureus, vancomycin resistance level of MIC $\geq$ 8 µg/mL, **or severe Staphylococcus aureus in a previously healthy person**	Immediately	Sec. 98
Streptococcus pneumoniae, invasive disease, and antimicrobial resistance pattern	Within 72 hours	Sec. 99
Streptococcus, group A, invasive disease	Within 72 hours	Sec. 100
Streptococcus, group B, invasive disease	Within 72 hours	Sec. 101
Syphilis	Within 72 hours	Sec. 102
Tetanus	Within 72 hours	Sec. 103
Toxic shock syndrome (streptococcal or staphylococcal)	Within 72 hours	Sec. 104
Trichinosis	Within 72 hours	Sec. 105
Tuberculosis, cases and suspects	Within 72 hours	Sec. 106
Tularemia	Immediately	Sec. 107
Typhoid fever, cases and carriers	Immediately	Sec. 108
Typhus, endemic (fleaborne)	Within 72 hours	Sec. 109
Varicella ~~resulting in hospitalization or death~~ **(chicken pox)**	Within 72 hours	Sec. 110

Vibriosis (non-cholera)	**Within 72 hours**	**Sec. 110.5**
Yellow fever	Within 72 hours	Sec. 111
Yersiniosis	Within 72 hours	Sec. 112

(e) Reporting of HIV infection/disease shall include classification as defined in the CDC Morbidity and Mortality Weekly Report, **December 18, 1992,** Volume 41, No. RR-17, 1993 Revised Classification System for HIV Infection and Expanded Surveillance Case Definition for AIDS among Adolescents and Adults. Reporting of HIV infection/disease in children less than thirteen (13) years of age shall include classification as defined in the CDC Morbidity and Mortality Weekly Report, **September 30, 1994,** Volume 43, No. RR-12, 1994 Revised Classification System for Human Immunodeficiency Virus Infection in Children Less Than 13 Years of Age. Supplemental reports shall be provided by the physician when an individual's classification changes. The CD4+ T-lymphocyte count and percentage or viral load count, or both, shall be included with both initial and supplemental reports.

~~(f) Influenza shall be reported within seventy-two (72) hours of either of the following occurrences:~~
~~(1) A human death in which an influenza diagnosis has been detected in the deceased by:~~
~~(A) commercial rapid antigen testing;~~
~~(B) viral culture;~~
~~(C) direct fluorescent antibody (DFA);~~
~~(D) indirect fluorescent antibody (IFA);~~
~~(E) enzyme immunoassay;~~
~~(F) reverse transcriptase-polymerase chain reaction (RT-PCR); or~~
~~(G) immunohistochemistry (IHC).~~
~~(2) A human death in which a strong probability of influenza has been detected in the deceased based on clinically compatible symptoms under any of the following circumstances:~~
~~(A) An influenza pandemic has been declared by the World Health Organization (WHO).~~
~~(B) Known pandemic influenza activity is occurring in the United States as determined by the Centers for Disease Control and Prevention (CDC).~~
~~(C) Known pandemic influenza activity is occurring in the local community as determined by the commissioner.~~

~~(g)~~ **(f)** The department, under the authority of IC 4-22-2-37.1, may adopt emergency rules to include mandatory reporting of emerging infectious diseases. Reports shall include the information specified in subsection (c).

~~(h)~~ **(g)** Outbreaks of any of the following shall be reported immediately upon suspicion:
(1) Any disease required to be reported under this section.
(2) Diarrhea of the newborn (in hospitals or other institutions).
(3) Foodborne or waterborne diseases in addition to those specified by name in this rule.
(4) Streptococcal illnesses.
(5) Conjunctivitis.
(6) Impetigo.
(7) Nosocomial disease within hospitals and health care facilities.
(8) Influenza-like illness.
(9) Viral meningitis.
~~(9)~~ **(10)** Unusual occurrence of disease.
~~(10)~~ **(11)** Any disease, ~~that is:~~ **including, but not limited to:**
(A) anthrax;
(B) plague;
(C) tularemia;
(D) Brucella species;
(E) smallpox; or
(F) ~~botulinum toxin; or~~ **botulism.**
(12) Chemical illness that is considered:
(A) a bioterrorism threat;
(B) an importation; or
(C) a laboratory release.

~~(i)~~ **(h)** Failure to report constitutes a Class A infraction as specified by IC 16-41-2-8.

(Indiana State Department of Health; 410 IAC 1-2.3-47; filed Sep 11, 2000, 1:36 p.m.: 24 IR 339; filed Oct 23, 2003, 4:10 p.m.: 27 IR 865; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA; filed Apr 16, 2008, 2:21 p.m.: 20080514-IR-410060425FRA)

SECTION 39. 410 IAC 1-2.3-48 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-48 Laboratories; reporting requirements

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2-8

Sec. 48. (a) Each director, or the director's representative, of a medical laboratory in which examination of any specimen derived from the human body yields:
(1) microscopic;
(2) bacteriologic;
(3) immunologic;
(4) serologic; or
(5) other;
evidence of infection by any of the organisms or agents listed in subsection (d) shall report the findings and any other epidemiologically necessary information requested by the department. HIV serologic results of tests performed anonymously in conjunction with the operation of a counseling and testing site registered with the department shall not be identified by the name of the patient, but by a numeric identifier code. For the appropriate method to report the results, see subsection (b).

(b) The report required by subsection (a) shall, at a minimum, include the following:
(1) ~~The: (A)~~ **The** name, date, and results of the test performed.
~~(B)~~ **(2) The** laboratory's normal limits for ~~that~~ **the** test. ~~and~~
~~(C)~~ **(3) The** laboratory's interpretation of the test results.
(4) The laboratory's accession number or other numeric identifier.
~~(2)~~ **(5)** The name, ~~of the person~~ **address,** and ~~the~~ date of birth or age **if date of birth is not available** of the person from whom the specimen was obtained.
~~(3)~~ **(6)** The name, address, and telephone number of the:
(A) attending physician;
(B) hospital;
(C) clinic; or
(D) other specimen submitter.
~~(4)~~ **(7)** The name, address, ~~and~~ telephone number, **and CLIA ID number** of the laboratory performing the test.

(c) This subsection does not preclude laboratories from testing specimens, which, when submitted to the laboratory, are identified by a numeric identifier code and not by the name of the patient. If testing of such a specimen, identified by numeric code, produces results that are required to be reported under this rule, the laboratory shall submit a report that includes the following:
(1) The ~~numeric identifier code,~~ **name,** date, and results of tests performed.
(2) The laboratory's normal limits for the test.
(3) The laboratory's interpretation of the test results.
(4) The laboratory's accession number or other numeric identifier.
(5) The numeric identifier code of the person from whom the specimen was obtained.
~~(2)~~ **(6)** The name and address of the:
(A) attending physician;
(B) hospital;
(C) clinic; or
(D) other **specimen submitter.**
~~(3)~~ **(7)** The:
(A) name; ~~and~~
(B) address;
(C) telephone number; and
(D) CLIA ID number;
of the laboratory performing the test.

(d) Laboratory findings demonstrating evidence of the following infections, diseases, or conditions shall be reported at least weekly to the department:

(1) Arboviruses, including, but not limited to, the following:
(A) St. Louis.
(B) California group.
(C) Eastern equine.
(D) Western equine.
(E) West Nile.
(F) Japanese B.
(G) Yellow fever.
(H) Powassan.
(I) Dengue and dengue hemorrhagic fever.

(2) Babesia species.
(3) Bacillus anthracis.
(4) Bordetella pertussis.
(5) Borrelia burgdorferi.
(6) Brucella species.
(7) Calymmatobacterium granulomatis.
(8) Campylobacter species.
(9) Chlamydia psittaci.
(10) Chlamydia trachomatis.
(11) Clostridium botulinum.
~~(12) Clostridium perfringens.~~
~~(13)~~ **(12)** Clostridium tetani.
~~(14)~~ **(13)** Corynebacterium diphtheriae.
~~(15)~~ **(14)** Coxiella burnetii.
~~(16)~~ **(15)** Cryptococcus neoformans.
~~(17)~~ **(16)** Cryptosporidium parvum.
~~(18)~~ **(17)** Cyclospora cayetanensis.
~~(19)~~ **(18)** Ehrlichia chaffeensis.
~~(20)~~ **(19)** Ehrlichia phagocytophila.
~~(21) Enteroviruses (coxsackie, echo, polio).~~
~~(22)~~ **(20)** Escherichia coli, ~~infection,~~ including **diarrhea producing and other enterohemorrhagic types, including, but not limited to, the following:**
(A) E. coli 0157.
~~(A)~~ **(B)** E. coli 0157:H7. ~~and~~
~~(B) other enterohemorrhagic types.~~
(C) Sorbitol-negative.
(D) Shiga-toxin producing.

~~(23)~~ **(21)** Francisella tularensis.
(22) Giardia lamblia.
~~(24)~~ **(23)** Haemophilus ducreyi.
~~(25)~~ **(24)** Hantavirus.
~~(26)~~ **(25) The following** hepatitis viruses:
(A) Anti-HAV IgM.
(B) HBsAg, ~~or~~ HBeAg, or ~~anti-HBc IgM;~~ **IgM anti-HBc.**
(C) RIBA, ~~or~~ RNA, or anti-HCV, or any combination.
(D) Delta.
(E) Anti-HEV IgM and IgG.

(26) Herpes simples virus (neonatal).
(27) Haemophilus influenzae, invasive disease.
(28) Histoplasmosis capsulatum.
(29) HIV and related retroviruses.
(30) Influenza.
(31) Kaposi's sarcoma (biopsies).
(32) Legionella species.
(33) Leptospira species.
(34) Listeria monocytogenes.
(35) Measles virus.

(36) Mumps virus.
(37) Mycobacterium tuberculosis.
(38) Neisseria gonorrhoeae.
(39) Neisseria meningitidis, invasive.
(40) Nocardia species and antimicrobial resistance pattern.
~~(40)~~ **(41)** Plasmodium species.
~~(41)~~ **(42)** Pneumocystis carinii.
(43) Poliomyelitis.
~~(42)~~ **(44)** Rabies virus (animal or human).
~~(43)~~ **(45)** Rickettsia species.
~~(44)~~ **(46)** Rubella virus.
~~(45)~~ **(47)** Salmonella species.
~~(46)~~ **(48)** Shigella species and antimicrobial resistance pattern.
~~(47)~~ **(49)** Smallpox (variola) virus.
~~(48)~~ **(50)** Staphylococcus aureus, vancomycin resistance equal to or greater than eight (8) µg/mL.
~~(49)~~ **(51)** Streptococcus pneumoniae, invasive disease, and antimicrobial resistance pattern.
~~(50)~~ **(52)** Streptococcus group A (Streptococcus pyogenes), invasive disease.
~~(51)~~ **(53)** Streptococcus group B, invasive disease.
~~(52)~~ **(54)** Treponema pallidum.
~~(53)~~ **(55)** Trichinella spiralis.
~~(54)~~ **(56)** Vibrio species.
~~(55)~~ **(57)** Yersinia species, including the following:
(A) Pestis.
(B) Enterocolitica.
(C) Pseudotuberculosis.

(e) Laboratories may also report to the local health officer, but any such local report shall be in addition to reporting to the department. A laboratory may report by:
(1) electronic data transfer;
(2) telephone; or
(3) other confidential means of communication.
Instead of electronic data transfer or reporting by telephone, a laboratory may submit a legible copy of the laboratory report, provided that the information specified in subsection (b) **or (c)** appears thereon. Whenever a laboratory submits a specimen, portion of a specimen, or culture to the department laboratory resource center for confirmation, phage typing, or other service, ~~these~~ **this does not preclude a laboratory from** reporting requirements ~~will be deemed to have been fulfilled, provided that the minimum information~~ **as** specified in ~~subsection (b) accompanies the specimen or culture.~~ **this section.**

(f) Laboratories shall submit all isolates of the following organisms to the department's microbiology laboratory for further evaluation **within five (5) business days of isolation:**
(1) Haemophilus influenzae, invasive disease.
(2) Neisseria meningitidis, invasive disease.
(3) ~~E.~~ **Escherichia** coli ~~0157:H7 or sorbital-negative E.~~ isolates, **collected from stool, blood, or other sterile sites as described in section 33 of this rule, and includes diarrhea producing and other enterohemorrhagic types including, but not limited to, the following:**
(A) E. coli 0157.
(B) E. coli 0157:H7.
(C) Sorbitol-negative.
(D) Shiga-toxin producing.
(4) Staphylococcus aureus, vancomycin resistance equal to or greater than eight (8) µg/mL.
(5) Mycobacterium tuberculosis.
(6) Streptococcus pneumoniae invasive disease isolates from persons less than five (5) years of age.
(7) Nocardia.
~~(6)~~ **(8)** Listeria monocytogenes.
~~(7)~~ **(9)** Salmonella, **including antimicrobial susceptibilities if available collected** from ~~any site.~~ **stool, urine, blood, or other sterile sites as described in section 33 of this rule.**

(g) Laboratories shall submit all confirmed positive remnant HIV diagnostic specimens to a department designated laboratory for confirmation, testing, and further evaluation including, but not limited to, confirmed western blot positives.

~~(g)~~ **(h)** Reporting by a laboratory, as required by this section, shall not:
(1) constitute a diagnosis or a case report; ~~and~~ **or**
(2) be considered to fulfill the obligation of the attending physician or hospital to report.

(i) Failure to report constitutes a Class A infraction as specified by IC 16-41-2-8.

(Indiana State Department of Health; 410 IAC 1-2.3-48; filed Sep 11, 2000, 1:36 p.m.: 24 IR 342; filed Oct 23, 2003, 4:10 p.m.: 27 IR 869; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA)

SECTION 40. 410 IAC 1-2.3-49 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-49 Disease intervention measures; responsibility to investigate and implement

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2

Sec. 49. (a) Case reports submitted to the local health department or the department may be used for:
(1) epidemiological investigation; or
(2) other disease intervention activities;
as warranted. Prior approval from a patient is not required before releasing medical or epidemiological information to the local health department or the department.

(b) Unless otherwise indicated, the local health department in the jurisdiction where the patient is a resident is responsible for:
(1) performing any epidemiological investigation required; and
(2) instituting control measures.

(c) Upon receiving a **reportable** communicable disease report, local health officers must investigate the report within a reasonable time frame, immediately for diseases that shall be reported immediately, but usually not more than seventy-two (72) hours after the report is received for other diseases. **A local health officer in receipt of a report of a disease that is:**
(1) potentially dangerous to the public health; or
(2) of national or international significance;
not otherwise listed as a reportable disease in this rule, shall notify the department immediately by telephone or other confidential means.

(d) Investigation shall include obtaining laboratory and clinical data necessary for case ascertainment. Investigation efforts should identify all potential means for disease acquisition, risk factors, and any potential public health threats posed by the case. Findings of the investigation shall be used to institute control measures to minimize or abrogate the risk of disease spread.

(e) The results of ~~the~~ **each individual case** investigation shall be documented, in writing, with a copy maintained at the local health department, and a copy forwarded to the department communicable disease section **within a reasonable time frame of receiving the initial communicable disease report.** Local health departments that do not have the necessary security to maintain complete confidentiality of HIV/AIDS patients may defer the storage of all copies to the department.

(f) The department may request and obtain epidemiological information on cases of communicable disease or diseases of public health importance, including **the following:**
(1) Outbreaks.
(2) Diseases caused by drug-resistant organisms. ~~and~~
(3) Emerging infectious diseases.

~~(g) Medical or epidemiological information, wherever maintained, concerning reportable cases, shall be made~~

~~available to the commissioner or the commissioner's designee.~~

(g) Pursuant to 45 CFR 164.512 (2002), the department is a public health authority as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Privacy Rule. The department is authorized to receive protected health information, wherever maintained, without patient authorization for the purposes of public health surveillance, investigation, and interventions and as otherwise permitted by law.

(Indiana State Department of Health; 410 IAC 1-2.3-49; filed Sep 11, 2000, 1:36 p.m.: 24 IR 342; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 41. 410 IAC 1-2.3-50 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-50 Confidentiality of medical and epidemiological information

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-18-2; IC 16-41; IC 34-43-1-12; IC 36-2-14-21

Sec. 50. (a) All information obtained ~~pursuant to~~ **under** this rule, whether from patient records or other sources, is confidential as specified by IC 16-41-8-1(a).

(b) Except as provided in subsection (a), a person responsible for recording, reporting, or maintaining information required to be reported under IC 16-41-2 who recklessly, knowingly, or intentionally discloses or fails to protect medical or epidemiological information classified as confidential under this section commits a Class A misdemeanor.

(c) In addition to subsection (b), a public employee who violates this section is subject to discharge or other disciplinary action under the personnel rules of the agency that employs the employee.

(d) Release shall be made of the medical records concerning an individual to:
(1) the individual; ~~or to~~
(2) a person authorized in writing by the individual to receive the medical records; **or**
(3) a coroner under IC 36-2-14-21.

(e) An individual may voluntarily disclose information about the individual's communicable disease.

(f) The provisions of this section regarding confidentiality apply to information obtained under IC 16-41-1 through IC 16-41-16. For purposes of compliance with the confidentiality provisions of IC 34-43-1-12, only the following diseases and conditions shall be defined as dangerous communicable diseases:
(1) Acquired immunodeficiency syndrome.
(2) Gonorrhea.
(3) Hepatitis, viral.
(4) HIV infection/disease.
(5) Syphilis.
(6) Chancroid.
(7) Chlamydial (genital) infections.
(8) Lymphogranuloma venereum.
~~(9)~~ Information regarding all other diseases and conditions listed in section 47 of this rule, and not listed in this subsection, may be released as authorized by IC 34-43-1-12.

(Indiana State Department of Health; 410 IAC 1-2.3-50; filed Sep 11, 2000, 1:36 p.m.: 24 IR 343; errata filed Aug 29, 2001, 2:50 p.m.: 25 IR 106; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 42. 410 IAC 1-2.3-51 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-51 General control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 51. General control measures are as follows:
(1) A local health officer or the commissioner, upon being notified of the existence of any communicable disease covered by a specific control measure in this section, shall ensure that the procedures required under the rule for the specific disease are carried out.
(2) A local health officer or the commissioner, upon learning or being notified of communicable diseases that are not covered by any specific control measures in this section, shall place such restrictions upon the movements of cases or carriers and their contacts as may be reasonably necessary to prevent the spread of disease. Specific control measures for the selected diseases or conditions are listed in sections 52 through 112 of this rule. ~~For~~ Control measures for diseases or conditions not listed insofar as applicable:
(A) are detailed in the procedures prescribed in the Control of Communicable Diseases Manual, ~~17th~~ **18th** Edition, ~~2000,~~ **2004,** a publication of the American Public Health Association; **and**
(B) shall be followed to the extent that they are not in conflict with the laws of Indiana or this rule.
In addition, the procedures implemented by the local health officer or the commissioner shall include provisions for proper hand washing procedures and universal precautions as defined in this rule.
(3) A local health officer, upon notification of the occurrence of a disease that is required by sections 47 and 48 of this rule to be reported immediately, shall in turn notify the department immediately by telephone or other instantaneous means of communication.
(4) A local health officer, in receipt of reports required by sections 47 and 48 of this rule to be reported in either seventy-two (72) hours or one (1) week, shall, on each Friday, or if Friday is a holiday, the previous business day, forward to the department electronic or paper copies of reports received during the previous seven (7) days and not yet forwarded. Upon suspicion of an outbreak, the local health officer shall notify the department immediately, by telephone or other instantaneous means of communication. More frequent reports shall be furnished during an outbreak as required by the department.
(5) A local health officer in receipt of a report of a disease that is potentially dangerous to the public health, or of national or international significance not listed as a reportable disease in section 47 or 48 of this rule, shall notify the department immediately by telephone or other confidential means of communication to establish reporting requirements for additional reports of that disease that subsequently may be received by the local health officer.
(6) The local health officer or the commissioner shall make an attempt to seek cooperation of cases, carriers, contacts, or suspect cases to implement the least restrictive, but medically necessary, procedures to protect the public health. Those procedures may include, but not be limited to, **any of the following:**
(A) ~~participate~~ **Participating** in a designated education, counseling, or treatment program.
(B) ~~undergo~~ **Undergoing** confirmatory testing.
(C) ~~undergo~~ **Undergoing** medically accepted tests or treatments that are consistent with standard medical practice as necessary to make the case or carrier noninfectious.
(D) ~~notify~~ **Notifying** or ~~appear~~ **appearing** before designated health officials for verification of disease status at periodic times.
(E) ~~cease~~ **Ceasing** and ~~desist~~ **desisting** conduct that constitutes a health threat to others.
(F) ~~be~~ **Being** monitored by an electronic monitoring device to prevent activities that constitute a health threat to others.
(G) ~~live~~ **Living** part time or full time in a supervised setting.
(H) ~~be~~ **Being** confined to an appropriate:
(i) hospital;
(ii) home;
(iii) apartment; or
(iv) other institutional facility or residential setting. ~~or~~
(I) ~~comply~~ **Complying** with any combination of the remedies under this subdivision considered appropriate by the health officer.

(Indiana State Department of Health; 410 IAC 1-2.3-51; filed Sep 11, 2000, 1:36 p.m.: 24 IR 344; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 43. 410 IAC 1-2.3-52 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-52 Animal bites; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1

Sec. 52. (a) The specific control measures for animal bites are as follows:
(1) Every case of a human bitten by a domestic or wild mammal shall be reported ~~promptly~~ **within twenty-four (24) hours** to the local health officer ~~or his or her designee~~ having jurisdiction. If a physician is in attendance, ~~such~~ **the** physician shall report the bite. ~~If no physician is in attendance and the person bitten is a child, it shall be the duty of the parent or the guardian to make such a report immediately. If the person bitten is an adult, such person shall make the report or, if incapacitated, the bite shall be reported by whoever is caring for the person bitten.~~ It shall be the duty of the local health officer to report information concerning the bite on the prescribed form. The report shall include requested information on postexposure rabies prophylaxis if it is being administered to the bite victim. Each reported bite shall be investigated immediately by the local health officer. ~~or a designee.~~ This investigation shall be conducted with the purpose of determining the need for postexposure rabies prophylaxis of the bite victim and either:
(A) imposing a ten (10) day observation period on the biting animal (dog, cat, or ferret only) to determine if the animal was capable of transmitting rabies at the time of the biting incident; or
(B) submission of the head, if the biting animal is a potential rabies vector, to the department laboratory to determine if it was infected with rabies.
(2) Isolation **of persons** is not necessary.
(3) Concurrent disinfection is not necessary.
(4) Quarantine shall be applied as follows:
(A) Any apparently healthy dog, cat, or ferret that has bitten a person, or any dog, cat, or ferret suspected of being rabid shall be confined and held in observation for the period specified in ~~IC 15-2.1-6-11~~ **IC 15-17-6-11** (not less than ten (10) days) or humanely killed at once for laboratory examination. ~~Such~~ **The** confinement shall be:
(i) under the supervision of the state veterinarian or a licensed, accredited veterinarian, or other person designated by the official quarantining the animal; and
(ii) at the expense of the owner.
(B) Any illness in the confined dog, cat, or ferret shall be reported immediately to the local health department. Animals under confinement shall not be immunized against rabies during the observation period. The head of any such dog, cat, or ferret that dies during the period of observation, or is killed subsequent to having bitten a person or another animal, shall be:
(i) removed;
(ii) packed in an iced container, but not frozen; and
(iii) forwarded immediately to the laboratory of the department for rabies testing.
(C) Any stray, unwanted, or unhealthy dog, cat, or ferret that has bitten a person shall be humanely killed immediately for laboratory examination. The animal's owner shall be responsible for having the unwanted or unhealthy animal euthanized, head removed, and shipped to the department for rabies examination. In the case of a stray animal or an animal whose owner cannot be found, the local health department ~~or its designee~~ shall assume this responsibility.
(D) Any potentially rabid wild mammal that has bitten a human or a domestic animal, or is suspected of being rabid, shall not be placed under observation, but shall be humanely killed at once in a manner that does not cause trauma to the head or brain. The head shall be refrigerated, but not frozen, and submitted within forty-eight (48) hours to the laboratory of the department. Wild mammals include, but are not limited to, the following:
(i) Wild animals kept as pets.
(ii) Wild mammals crossbred to domestic dogs and cats.
(E) The bite victim shall be notified after:
(i) a dog, cat, or ferret has passed the ten (10) day observation period in a healthy state; or ~~after~~
(ii) the results of a laboratory test are available.
(F) Any person bitten or scratched by a wild carnivorous mammal or bat not available for rabies testing should be regarded as having been potentially exposed to rabies. The following chart provides information on quarantine and disposition of biting animals:

Animal Type	Evaluation and Disposition of Animal	Postexposure Prophylaxis Recommendation
Dogs, cats, and ferrets	Healthy and available for 10 day observation[1]	Should not begin prophylaxis unless animal develops symptoms of rabies[2]
	Rabid or suspected rabid	Immediate postexposure prophylaxis
	Unknown	Consult public health officials

Skunks, raccoons, bats[3], foxes, and most other carnivores; woodchucks and wild animals kept as pets	Regard as rabid unless geographic area is known to be free of rabies or until animal **is** proven negative by laboratory testing[4]	Immediate postexposure prophylaxis or if animal **is** available for testing, as soon as **a** positive result is observed
Livestock, rodents, and lagomorphs (rabbits and hares)	Consider individually	Consult public health officials. Bites of squirrels, hamsters, guinea pigs, gerbils, chipmunks, rats, mice, other rodents, rabbits, and hares almost never require antirabies treatment.

[1]Stray dogs and cats may be euthanized immediately and their heads submitted to the rabies laboratory.

[2]Postexposure prophylaxis should be started if a veterinarian identifies an animal as being symptomatic. Symptomatic animals should be euthanized and tested immediately.

[3]What appears to be insignificant contact with bats may result in rabies transmission, even without clear evidence of a bite. Postexposure prophylaxis is recommended for all persons with bite, scratch, or mucous membrane exposure to a bat unless the bat is available for testing and is negative for rabies. Postexposure prophylaxis is appropriate even in the absence of bite, scratch, or mucous membrane exposure in situations in which there is a reasonable probability that such contact occurred (for example, a sleeping individual awakes to find a bat in the room, an adult witnesses a bat in the room with a previously unattended child, mentally challenged person, or intoxicated person) and rabies cannot be ruled out by testing the bat.

[4]The animal should be killed and tested as soon as possible. Holding for observation is not recommended as time lapse from virus secretion in saliva until clinical symptoms appear have not been determined for species other than a dog, cat, and ferret. Consult with the department veterinary epidemiologist for information on presence or absence of rabies in particular species.

(b) All bite wounds should be treated immediately in the following steps:
(1) Clean and flush wound as first aid.
(2) Thorough wound cleansing under medical supervision.
(3) Evaluation of need for postexposure prophylaxis.
(4) Tetanus prophylaxis and antibacterial treatment as required.

(c) If the decision is made to provide postexposure prophylaxis to the individual, the following protocols must be followed, and a decision to provide postexposure prophylaxis must be reported to the department:

Guidelines for Postexposure Prophylaxis

Vaccination Status	Treatment	Regimen*
Not previously vaccinated	Local wound cleaning	All postexposure treatment should begin with immediate thorough cleansing of all wounds with soap and water.
	Human rabies immune globulin (HRIG)	20 IU/kg body weight. If anatomically feasible, the full dose should be infiltrated around the wound or wounds. Any remaining volume should be administered intramuscularly at a site distant from vaccine inoculation.
	Vaccine	Human diploid cell vaccine (HDCV), purified chick embryo cell vaccine (PCEC), or rabies vaccine adsorbed (RVA), 1.0 ml, IM (deltoid[1]), 1 each on days 0, 3, 7, 14, and 28.
Previously vaccinated[2]	Local wound cleaning	All postexposure treatment should begin with immediate thorough cleansing of all wounds with soap and water.
	HRIG	Should not be administered.
	Vaccine	HDCV, PCEC, or RVA, 1.0 ml IM (deltoid[1]), 1 each on days 0 and 3.

*These regimens are applicable for all age groups, including children.

[1]The deltoid area is the only acceptable site of vaccination for adults and older children. For younger children, the outer aspect of the thigh may be used. The vaccine should never be administered in the gluteal area.

[2]Any person with a history of preexposure vaccination with HDCV or RVA; prior postexposure prophylaxis with HDCV or RVA; or previous vaccination with any other type of rabies vaccine and a documented history of antibody response to the prior vaccination.

(Indiana State Department of Health; 410 IAC 1-2.3-52; filed Sep 11, 2000, 1:36 p.m.: 24 IR 345; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 44. 410 IAC 1-2.3-53 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-53 Anthrax; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 53. The specific control measures for anthrax (infectious agent: Bacillus anthracis) are as follows:
(1) ~~Immediate~~ **An** investigation by the local health officer shall be ~~accomplished~~ **performed immediately** to determine the source of exposure. History of exposure to animals and animal products (wool, hair, or raw leather), and travel to endemic anthrax areas shall be fully investigated.
(2) Standard precautions for isolation of hospitalized patients shall be followed.
(3) Discharges from lesions and articles contaminated with discharges require disinfection. An infectious agent is a spore former that will survive in environment for long periods. Disinfection requires sporicidal agent.
(4) Quarantine is not necessary.
(5) If exposure occurred in an occupational/industrial setting, a review of industrial hygiene practices shall be made to reduce **the** risk of other cases.

(Indiana State Department of Health; 410 IAC 1-2.3-53; filed Sep 11, 2000, 1:36 p.m.: 24 IR 346; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 45. 410 IAC 1-2.3-54 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-54 Babesiosis; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 54. The specific control measures for babesiosis (infectious agent: Babesia species) are as follows:
(1) **An investigation by** the local health officer shall: ~~perform an investigation~~
(A) be performed within seventy-two (72) hours; ~~The investigation shall~~ **and**
(B) focus on source of exposure to:
(i) infected ticks; or
(ii) recent blood transfusions.
Travel history for the previous six (6) months to include the most recent summer months is essential.
(2) Isolation is ~~not~~ required **regarding blood and body fluids.**
(3) Concurrent disinfection is not required.
(4) Quarantine is not required.
(5) Immunizations are not available. Household contacts or traveling companions with similar exposures should also be evaluated for infection. If the patient donated blood while incubating the disease, the blood collecting agency should be notified.

(Indiana State Department of Health; 410 IAC 1-2.3-54; filed Sep 11, 2000, 1:36 p.m.: 24 IR 347; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 46. 410 IAC 1-2.3-55 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-55 Botulism; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 55. The specific control measures for botulism (infectious agent: Clostridium botulinum) are as follows:
(1) An investigation **by the local health officer** shall:
(A) be performed immediately; **and**
(B) include a:
(i) five (5) day food history; and
(ii) fourteen (14) day wound history.
The purpose of the investigation shall be case ascertainment, assurance of availability of polyvalent (equine ABE) antitoxin **through the department,** and identification of **the** infection source. ~~The local health officer shall obtain a five (5) day food history of those ill, in addition to a fourteen (14) day wound history.~~ The local health officer shall also recover all suspected foods for appropriate testing and disposal. If suspicion is high that the source is a commercial food product or a product served in a restaurant, the local health officer shall perform active surveillance to identify additional cases.
(2) Isolation is not required.
(3) Implicated food shall be ~~detoxified by boiling before discarding, or containers broken and buried deeply to prevent ingestion by animals.~~ **double-bagged and discarded. The department shall direct bulk disposal.** Contaminated environmental surfaces shall be sterilized by boiling or by chlorine disinfection to inactivate any remaining toxin. Feces from infant cases may be disposed of in a sanitary sewer. Terminal cleaning shall also be followed.
(4) Quarantine is not applicable.
~~(4)~~ **(5)** Polyvalent (equine ABE) antitoxin may be given to asymptomatic individuals within ~~one (1) to two (2)~~ **seven (7)** days of consuming implicated foods but must be weighed against the risk of adverse reaction and sensitization to horse serum.

(Indiana State Department of Health; 410 IAC 1-2.3-55; filed Sep 11, 2000, 1:36 p.m.: 24 IR 347; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 47. 410 IAC 1-2.3-56 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-56 Brucellosis; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 56. The specific control measures for brucellosis (infectious agent: Brucella species) are as follows:
(1) An investigation **by the local health officer shall be performed within seventy-two (72) hours** to trace infection to the common or individual source, usually:
(A) infected dogs, domestic goats, swine, or cattle; or
(B) unpasteurized milk or dairy products (cheese) from cows and goats.
~~shall be conducted by the local health officer.~~ Occupational exposures from slaughterhouses or others working with infected animal tissues or products should be considered. Animals suspected of being infected shall be managed according to requirements of the Indiana state board of animal health.
(2) Standard precautions for hospitalized patients shall be taken.
(3) Concurrent disinfection of purulent discharges shall be followed.
(4) Quarantine is not required.
(5) Protection or immunization of contacts is not required.

(Indiana State Department of Health; 410 IAC 1-2.3-56; filed Sep 11, 2000, 1:36 p.m.: 24 IR 347; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 48. 410 IAC 1-2.3-57 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-57 Campylobacteriosis; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 57. The specific control measures for Campylobacter enteritis (infectious agent: Campylobacter species) are as follows:

(1) An investigation by the local health officer shall:

(A) be performed within seventy-two (72) hours; and

(B) include a:

(i) five (5) day food history;

(ii) history of international travel; and

(iii) history of exposure to pets, farm animals, or ~~infected infants.~~ **other cases.**

The local health officer shall determine if the case is part of an outbreak and if the case is a food handler, daycare worker, health care worker, or daycare, school, or other institution attendee.

(2) Contact precautions shall be followed for diapered or incontinent individuals or children less than six (6) years of age, otherwise use standard precautions. For others, the following guidelines apply:

(A) ~~Symptomatic persons~~ **Cases employed as food handlers, daycare workers, health care workers, or similar positions** shall be excluded from employment involving food handling ~~or~~ **and** direct care of children or hospitalized or institutionalized patients **until all of the following have occurred:**

~~(B) Asymptomatic food handlers, day care workers, or health care workers may be released to return to work provided the following activities have taken place prior to that person's return to work:~~

(i) The case is asymptomatic for at least twenty-four (24) hours.

~~(i)~~ **(ii)** The local health officer ~~or his or her designee discusses with the asymptomatic worker his or her symptoms and determines that he or she~~ **has determined the case** is ~~indeed~~ asymptomatic. ~~and that~~

(iii) The ~~worker is further~~ **case has been** counseled about **preventive** measures, such as hand washing, that shall be followed to prevent transmission of disease.

~~(ii)~~ **(iv)** The local health officer ~~or his or her designee contacts~~ **has discussed the following topics with** the employer: ~~to reemphasize the need~~

(AA) The employer's duty to comply with local and state rules ~~requiring~~ **pertaining to prevention of infectious diseases.**

(BB) The availability of required proper hand washing facilities for ~~all~~ employees. ~~and to correct~~

(CC) The correction of any observed lapses in hygienic measures of ~~any~~ employees.

~~(C) Symptomatic persons~~ **(B) Cases** shall be excluded from **attending** schools, **preschools,** and daycare ~~centers~~ **facilities until all of the following have occurred:**

(i) The case is asymptomatic ~~persons may be released to return to school or day care after the~~ **for at least twenty-four (24) hours.**

(ii) The local health officer has determined the case is asymptomatic.

(iii) The case or case's guardian has been counseled about preventive measures, such as hand washing, that shall be followed to prevent transmission of disease.

(iv) The local health officer ~~or his or her designee~~ has discussed with the appropriate school, **preschool,** or daycare ~~center~~ **facility** staff the need:

(AA) for proper hand washing and other infection control practices; and ~~the need~~

(BB) to comply with all local and state rules pertaining to prevention of infectious diseases.

~~(D)~~ **(C)** If an outbreak of the infection occurs ~~among staff or attendees~~ in a daycare ~~center,~~ **facility or preschool,** all attendees **and staff** may be required to submit stool specimens for examination. ~~In addition, all asymptomatic~~ **Instead of exclusion,** attendees and staff ~~who are infected with Campylobacter~~ may ~~need to~~ be isolated from other attendees and staff in the same ~~day care center~~ **facility based on symptoms, laboratory testing,** and **treatment. This alternative can only be considered if the physical structure and staff organization of the facility can accommodate isolation of various attendee and staff groups from one another. If this alternative is selected, increased emphasis on hand washing and environmental cleaning is required.** Admission of all new attendees **may be** suspended while the outbreak continues.

(3) Concurrent disinfection of feces and soiled articles is required. Feces may be discharged in a sanitary sewer without prior disinfection.

(4) Quarantine is not required.

(5) Protection/immunization is not available.

(Indiana State Department of Health; 410 IAC 1-2.3-57; filed Sep 11, 2000, 1:36 p.m.: 24 IR 347; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 49. 410 IAC 1-2.3-58 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-58 Chancroid; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 58. The specific control measures for chancroid (infectious agent: Haemophilus ducreyi) are as follows:
(1) An investigation ~~shall be accomplished~~ by the local health officer **shall be:**
(A) performed within seventy-two (72) hours; and ~~shall be~~
(B) focused on identifying sexual partners who were at risk for transmitting to, or contracting the infection from, the case.
Case and contacts shall be fully evaluated and treated as recommended in the ~~MMWR 1998 Guidelines for Treatment of~~ Sexually Transmitted Diseases ~~January 23, 1998, Volume 47/RR1.~~ **Treatment Guidelines, 2006, Morbidity and Mortality Weekly Report, August 4, 2006, Volume 55, No. RR-11.**
(2) Standard precautions are required. Avoid sexual contact until all lesions are healed.
(3) Concurrent disinfection is not required.
(4) Quarantine is not required.
(5) Sexual contacts shall receive prophylactic treatment. Immunization is not available.

(Indiana State Department of Health; 410 IAC 1-2.3-58; filed Sep 11, 2000, 1:36 p.m.: 24 IR 348; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 50. 410 IAC 1-2.3-59 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-59 Chlamydial infections, genital; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 59. The specific control measures for chlamydial infections, genital (infectious agent: Chlamydia trachomatis) (see Psittacosis for infections caused by Chlamydia psittaci) are as follows:
(1) An investigation ~~shall be accomplished~~ by the local health officer **shall be:**
(A) performed within seventy-two (72) hours; and ~~shall be~~
(B) focused on identifying sexual partners who were at risk for transmitting to, or ~~contacting~~ **contracting** the infection from, the case.
Case and contacts shall be fully evaluated and treated as recommended in the ~~MMWR 1998 Guidelines for Treatment of~~ Sexually Transmitted Diseases ~~January 23, 1998, Volume 47/RR1.~~ **Treatment Guidelines, 2006, Morbidity and Mortality Weekly Report, August 4, 2006, Volume 55, No. RR-11.**
(2) For hospital patients, standard precautions shall be followed. Appropriate antibiotic therapy renders discharges noninfectious. Patients shall refrain from sexual intercourse until treatment is completed.
(3) Careful disposal of articles contaminated with urethral and vaginal discharges is required.
(4) Quarantine is not required.
(5) Immunization is not available.

(Indiana State Department of Health; 410 IAC 1-2.3-59; filed Sep 11, 2000, 1:36 p.m.: 24 IR 348; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 51. 410 IAC 1-2.3-60 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-60 Cholera; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 60. The specific control measures for Cholera (infectious agent: Vibrio cholerae) are as follows:
(1) ~~Immediate~~ **An** investigation by the local health officer **shall be performed immediately and** shall include food and water consumption history for patients for five (5) days prior to illness ~~as well as~~ **and a** travel history.

The local health officer shall determine if the case is part of an outbreak and if the case is a:

(A) food handler;

(B) daycare worker;

(C) health care worker; or

(D) daycare, school, or other institution attendee.

The local health officer shall interview individuals who consumed food and water with the patient to identify additional cases and determine the contaminated food or water source. If suspicion centers on water, a commercial food product, or a restaurant as a potential source, active surveillance shall be carried out to identify additional cases.

(2) For hospitalized individuals, standard precautions shall be followed with the addition of contact precautions for diapered or incontinent children less than six (6) years of age for duration of illness. **For others, the following guidelines apply:**

(A) Cases shall be excluded from employment as food handlers until all of the following have occurred:

(i) The case is asymptomatic for at least twenty-four (24) hours.

(ii) One (1) negative stool culture has been confirmed.

(iii) The local health officer has determined the employee is asymptomatic.

(iv) The case has been counseled about preventive measures, such as hand washing, that shall be followed to prevent transmission of disease.

(v) The local health officer has discussed the following topics with the employer:

(AA) The employer's duty to comply with local and state rules pertaining to prevention of infectious diseases.

(BB) The availability of required proper hand washing facilities for all employees.

(CC) The correction of any observed lapses in hygienic measures of employees.

(B) Cases employed as daycare workers, health care workers, or similar positions, shall be excluded from employment involving direct care of children or hospitalized or institutionalized patients until all of the following have occurred:

(i) The case is asymptomatic for at least twenty-four (24) hours.

(ii) The local health officer has determined the case is asymptomatic.

(iii) The case has been counseled about preventive measures, such as hand washing, that shall be followed to prevent transmission of disease.

(iv) The local health officer has discussed the following topics with the employer:

(AA) The employer's duty to comply with local and state rules pertaining to prevention of infectious diseases.

(BB) The availability of required proper hand washing facilities for employees.

(CC) The correction of any observed lapses in hygienic measures of employees.

(C) Cases shall be excluded from attending schools, preschools, and daycare facilities until all of the following have occurred:

(i) The case is asymptomatic for at least twenty-four (24) hours.

(ii) The local health officer has determined the case is asymptomatic.

(iii) The case or case's guardian has been counseled about preventive measures, such as hand washing, that shall be followed to prevent transmission of disease.

(iv) The local health officer has discussed with the appropriate school, preschool, or daycare facility staff the need:

(AA) for proper hand washing and other infection control practices; and

(BB) to comply with all local and state rules pertaining to prevention of infectious diseases.

(D) If an outbreak of the infection occurs in a daycare facility or preschool, all attendees and staff may be required to submit stool specimens for examination. Instead of exclusion, attendees and staff may be isolated from other attendees and staff in the same facility based on symptoms, laboratory testing, and treatment. This alternative can only be considered if the physical structure and staff organization of the facility can accommodate isolation of various attendee and staff groups from one another. If this alternative is selected, increased emphasis on hand washing and environmental cleaning is necessary. Admission of all new attendees may be suspended while the outbreak continues.

(3) Feces, vomitus, and articles soiled by feces or vomitus, or both, shall receive concurrent disinfection. Feces and vomitus can be discharged directly in a sanitary sewer system.

(4) Quarantine is not required.

(5) Observe individuals who consume food and drink from the same sources as the patient for five (5) days from the last exposure. In **a** household where secondary transmission is highly likely, antimicrobial therapy with either tetracycline or doxycycline should be provided. Immunization of contacts is not ~~beneficial.~~ **applicable.**

(Indiana State Department of Health; 410 IAC 1-2.3-60; filed Sep 11, 2000, 1:36 p.m.: 24 IR 348; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 52. 410 IAC 1-2.3-61 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-61 Cryptosporidiosis; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 61. The specific control measures for cryptosporidiosis (infectious agent: Cryptosporidium species) are as follows:

(1) **An investigation by** the local health officer shall **be performed within seventy-two (72) hours and shall include a seven (7) day food history and history of exposure to the following:**

(A) Daycare or preschool children.

(B) Pets or domestic animals.

(C) Surface water.

The local health officer shall determine if the case is **part of an outbreak and if the case is** a food handler, daycare worker, ~~or~~ health care worker, or daycare, **school, or other institution** attendee. ~~Additional investigation shall include a seven (7) day food history, history of exposure to day care or preschool children, pets or domestic animals, or exposure to surface water.~~ If suspicion centers on a commercial food product, restaurant, **recreational water setting,** or public water supply, active surveillance shall be instituted to identify additional cases.

(2) For hospitalized individuals, standard precautions shall be followed with the addition of contact precautions for diapered or incontinent children less than six (6) years of age for the duration of the illness. For others, the following instructions apply:

(A) ~~Symptomatic persons~~ **Cases employed as food handlers, daycare workers, health care workers, or similar positions** shall be excluded from employment involving food handling ~~or~~ **and** the direct care of children or hospitalized or institutionalized patients **until all of the following have occurred:**

~~(B) Asymptomatic food handlers, day care workers, or health care workers may be released to return to work, providing the following activities have taken place prior to that person's return to work:~~

(i) The case is asymptomatic for at least twenty-four (24) hours.

~~(i)~~ **(ii)** The local health officer ~~or his or her designee discusses with the asymptomatic worker his or her symptoms and determines that he or she~~ **has determined the case** is ~~indeed~~ asymptomatic. ~~and that~~

(iii) The ~~worker is further~~ **case has been** counseled about **preventive** measures, such as hand washing, that shall be followed to prevent transmission of ~~the~~ disease.

~~(ii)~~ **(iv)** The local health officer ~~or his or her designee contacts~~ **has discussed the following topics with** the employer: ~~to:~~

(AA) ~~reemphasize~~ The ~~need~~ **employer's duty** to comply with local and state rules ~~requiring~~ **pertaining to prevention of infectious diseases.**

(BB) The availability of required proper hand washing facilities for ~~all~~ employees. ~~and~~

~~(BB) correct~~ **(CC) The correction of** any observed lapses in hygienic measures of ~~any~~ employees.

~~(C) Symptomatic persons~~ **(B) Cases** shall be excluded from **attending** schools, **preschools,** and daycare ~~centers.~~ **facilities until all of the following have occurred:**

(i) The case is asymptomatic for at least twenty-four (24) hours.

(ii) The case has completed effective antiparasitic treatment.

(iii) The local health officer has determined the attendee is asymptomatic.

(iv) The case or case's guardian has been counseled about preventive measures, such as hand washing, that shall be followed to prevent transmission of disease.

~~(D) Asymptomatic persons may be released to return to school or day care after~~ **(v)** The local health officer ~~or his or her designee~~ has discussed with appropriate school, **preschool,** or ~~care center~~ **daycare facility** staff the need:

~~(i)~~ **(AA)** for proper hand washing and other infection control practices; and

~~(ii)~~ **(BB)** to comply with all local and state rules pertaining to prevention of infectious diseases.

(C) If an outbreak of the infection occurs in a daycare ~~center,~~ **facility or preschool,** all attendees **and staff** may be required to submit stool specimens for examination. ~~In addition, all asymptomatic~~ **Instead of exclusion,** attendees and staff ~~who are infected with Cryptosporidium~~ may ~~need to~~ be isolated from other attendees and staff in the same ~~center,~~ **facility based on symptoms, laboratory testing,** and **treatment. This alternative can only be considered if the physical structure and staff organization of the facility**

can accommodate isolation of various attendee and staff groups from one another. If this alternative is selected, increased emphasis on hand washing and environmental cleaning is necessary. Admission of all new attendees **may be** suspended while the outbreak continues.

(3) Concurrent disinfection of feces and feces soiled articles is required. Feces may be disposed of in a sanitary sewer system.

(4) Quarantine is not required.

(5) ~~Vaccination~~ **Immunization** is not available.

(Indiana State Department of Health; 410 IAC 1-2.3-61; filed Sep 11, 2000, 1:36 p.m.: 24 IR 349; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 53. 410 IAC 1-2.3-62 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-62 Cyclospora species; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 62. The specific control measures for Cyclospora species **(infectious agent: Cyclospora cayetanensis)** are as follows:

(1) ~~Within seventy-two (72) hours of receiving the report,~~ **An investigation by** the local health officer shall ~~investigate the case to~~ **be performed within seventy-two (72) hours and shall** include a seven (7) day food history, exposure to water, and travel. **The local health officer shall determine if the case is part of an outbreak and if the case is a:**

(A) food handler;
(B) daycare worker;
(C) health care worker; or
(D) daycare, school, or other institution attendee.

The local health officer shall use individual case investigation to detect outbreaks and identify potential sources. If a commercial food source is suspected, active surveillance shall be undertaken.

(2) For hospitalized individuals, standard precautions shall be followed with the addition of contact precautions for diapered or incontinent children less than six (6) years of age for the duration of the illness. For others, the following instructions apply:

(A) ~~Symptomatic persons~~ **Cases employed as food handlers, daycare workers, health care workers, or similar positions** shall be excluded from employment involving food handling ~~or~~ **and** the direct care of children or hospitalized or institutionalized patients **until all of the following have occurred:**

~~(B) Asymptomatic food handlers, day care workers, or health care workers may be released to return to work, provided the following activities have taken place prior to that person's return to work:~~

(i) The case is asymptomatic for at least twenty-four (24) hours.

~~(i)~~ **(ii)** The local health officer ~~or his or her designee discusses with the asymptomatic worker his or her symptoms and determines that he or she~~ **has determined the case** is ~~indeed~~ asymptomatic. ~~and that~~

(iii) The ~~worker is further~~ **case has been** counseled about **preventive** measures, such as hand washing, that shall be followed to prevent transmission of disease.

~~(ii)~~ **(iv)** The local health officer ~~or his or her designee contacts~~ **has discussed the following topics with** the employer: ~~to:~~

(AA) ~~reemphasize~~ The ~~need~~ **employer's duty** to comply with local and state rules ~~requiring~~ **pertaining to prevention of infectious diseases.**

(BB) The availability of required proper hand washing facilities for ~~all~~ employees. ~~and~~

~~(BB) correct~~ **(CC) The correction of** any observed lapses in hygienic measures of ~~any~~ employees.

~~(C) Symptomatic persons~~ **(B) Cases** shall be excluded from **attending** schools, **preschools,** and daycare ~~centers.~~ **facilities until all of the following have occurred:**

(i) The case is asymptomatic for at least twenty-four (24) hours.
(ii) The case has completed effective antiparasitic treatment, if indicated.
(iii) The local health officer has determined the case is asymptomatic.
(iv) The case or case's guardian has been counseled about preventive measures, such as hand washing, that shall be followed to prevent transmission of disease.

~~(D) Asymptomatic persons may be released to return to school or day care after~~ **(v)** The local health officer ~~or his or her designee~~ has discussed with **the** appropriate school, **preschool,** or ~~care center~~ **daycare facility** staff the need:

~~(i)~~ **(AA)** for proper hand washing and other infection control practices; and

~~(ii)~~ **(BB)** to comply with all local and state rules pertaining to prevention of infectious diseases.

(C) If an outbreak of the infection occurs in a daycare ~~center,~~ **facility or preschool,** all attendees **and staff** may be required to submit stool specimens for examination. ~~In addition, all asymptomatic~~ **Instead of exclusion,** attendees and staff ~~who are infected with Cyclospora~~ may ~~need to~~ be isolated from other attendees and staff in the same ~~center,~~ **facility based on symptoms, laboratory testing,** and **treatment. This alternative can only be considered if the physical structure and staff organization of the facility can accommodate isolation of various attendee and staff groups from one another. If this alternative is selected, increased emphasis on hand washing and environmental cleaning is necessary.** Admission of all new attendees **may be** suspended while the outbreak continues.

(3) Concurrent disinfection of feces and feces soiled articles is required. Feces may be disposed of in a sanitary sewer.

(4) Quarantine is not required.

(5) Immunization is not applicable.

(Indiana State Department of Health; 410 IAC 1-2.3-62; filed Sep 11, 2000, 1:36 p.m.: 24 IR 349; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 54. 410 IAC 1-2.3-63 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-63 Diphtheria; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 63. The specific control measures for diphtheria (infectious agent: Corynebacterium diphtheriae) ~~shall be implemented immediately and~~ are as follows:

(1) **An investigation by** a ~~trained immunization~~ **department** field representative, ~~of the department,~~ in cooperation with **the** local health ~~officers,~~ **officer,** shall: ~~perform an investigation~~

(A) be performed immediately; and

(B) include case management of diphtheria. ~~cases. All~~

The investigation ~~activities shall be performed immediately and~~ shall include, at a minimum, determination of immunization status of the index case or suspect case. Culture shall be obtained for organism identification. A complete list of contacts shall be generated. Contacts are defined as all individuals in the household, all individuals with a history of habitual, close contact, and all individuals directly exposed to throat and nasal secretions of the patient.

(2) For hospitalized patients, institute droplet precautions for pharyngeal diphtheria and contact precautions for cutaneous diphtheria. Continue precautions until:

(A) the patient is off antibiotics; and

(B) two (2) cultures taken twenty-four (24) hours apart are negative.

(3) Concurrent disinfection is required for **the following:**

(A) Articles in contact with the patient. ~~and~~

(B) All articles soiled by the patient's discharges.

(4) Contacts who are:

(A) food handlers; ~~child care providers~~

(B) daycare workers; or

(C) health care workers;

shall be excluded from work until bacteriologic examination proves them not to be carriers.

(5) ~~Close~~ **All** contacts, regardless of immunization status, shall be: ~~observed~~

(A) kept under surveillance for seven (7) days for signs **and** symptoms of disease;

(B) cultured for C. diphtheriae; and

(C) treated prophylactically with ~~oral erythromycin (forty (40) to fifty (50) milligram per kilogram per day (mg/kg/day) for seven (7) days, two (2) grams per day (gm/day) maximum), or given~~ a single intramuscular (IM) dose of benzathine penicillin G:

(i) six hundred thousand (600,000) units (U) for those less than ~~thirty (30) kg~~ **six (6) years of age** and one million two hundred thousand (1,200,000) U for **persons six (6) years of age or** older; **or**

(ii) a seven (7) to ten (10) day course of oral erythromycin (forty (40) milligrams per kilogram per day (mg/kg/day) for children and **one (1) gram per day (gm/day) for** adults.

For individuals who are culture positive, repeat cultures after completion of therapy.

Previously immunized ~~asymptomatic close~~ contacts should receive a booster dose of diphtheria toxoid if **more than** five (5) years have lapsed since the last immunization. Individuals incompletely immunized or with

unknown immunization status should start an active immunization series with a diphtheria toxoid preparation appropriate for age **and medical history.**

(6) Treatment of individuals suspected of having diphtheria should not be delayed **while** awaiting culture results. Diphtheria antitoxin should be given based on clinical diagnosis. Antitoxin dosage is dependent on length and severity of the disease. Antimicrobial therapy is essential to eliminate **the** organism and to prevent the spread of the disease. ~~as follows:~~ **One (1) of the following antimicrobial therapies should be given:**

~~(A) Erythromycin (forty (40) to fifty (50) mg/kg/day, maximum two (2) grams per day (gm/d)) given orally or parenterally for fourteen (14) days.~~

~~(B) Penicillin G given parenterally (aqueous crystalline, one hundred thousand (100,000) to one hundred fifty thousand (150,000) units per kilogram per day (U/kg/day), in four (4) divided doses intravenous (IV)).~~

~~(C) Aqueous~~ **(A)** Procaine penicillin **G (IM)** (twenty-five thousand (25,000) to fifty thousand (50,000) U/kg/day ~~maximum~~ **for children and** one million two hundred thousand (1,200,000) ~~units intramuscular (IM)~~ **U/kg/day for adults** in two (2) divided doses) **for a recommended treatment period of** fourteen (14) days. ~~are the recommended therapy.~~

~~(D)~~ **(B) Parenteral erythromycin (forty (40) to fifty (50) mg/kg/day, maximum two (2) grams per day (gm/d)) has been recommended until the patient can swallow comfortably, at which point oral erythromycin in four (4) divided doses or oral** penicillin V ~~per os (PO)~~ (one hundred ~~twenty-four (124)~~ **twenty-five (125)** to two hundred fifty (250) mg four (4) times daily) ~~for~~ **may be substituted for a recommended total treatment period of** fourteen (14) days.

(Indiana State Department of Health; 410 IAC 1-2.3-63; filed Sep 11, 2000, 1:36 p.m.: 24 IR 350; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 55. 410 IAC 1-2.3-64 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-64 Ehrlichiosis; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 64. The specific control measures for ehrlichiosis (infectious agent: Ehrlichia chaffeensis or other Ehrlichia species) are as follows:

(1) **An investigation by the local health officer shall:**

(A) be performed within seventy-two (72) hours; and

(B) include an interview **with** the patient to determine:

(i) exposure to ticks; and

(ii) the location of exposure for the previous four (4) weeks.

Information gathered is useful in identifying foci of infected environments and public education campaigns on prevention.

(2) Standard precautions are required.

(3) Concurrent disinfection is ~~not~~ required. **All ticks shall be removed from the patient.**

(4) Quarantine is not required.

(5) Immunization and investigation of contacts is not applicable.

(Indiana State Department of Health; 410 IAC 1-2.3-64; filed Sep 11, 2000, 1:36 p.m.: 24 IR 350; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 56. 410 IAC 1-2.3-65 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-65 Encephalitis, arboviral; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 65. The specific control measures for arboviral encephalitis (California, eastern equine encephalitis, western equine encephalitis, ~~and~~ **Powassan encephalitis,** St. Louis encephalitis, **and dengue and dengue hemorrhagic fever)** are as follows:

(1) **An investigation by** the local health officer shall ~~investigate~~ **be performed** immediately for the purpose of identifying location and presence of vector mosquitoes. **If applicable, the local health officer shall:**

(A) obtain travel history prior to illness onset; and
(B) identify traveling companions who may have been exposed.

Active surveillance shall be instituted. The local health ~~department~~ **officer** shall identify areas in the community where there is a need for vector control. Identification of cases in horses, birds, or humans ~~or both~~ provides evidence of virus presence and amplification in the community environment.

(2) Use contact precautions until enterovirus meningoencephalitis is eliminated from **the** list of possible diagnoses.

(3) Concurrent disinfection is not required.

(4) Quarantine is not required.

(5) Protection or immunization of contacts is not required for individuals. Fogging or spraying insecticides: ~~have~~

(A) has been effectively used to abort urban epidemics; and
(B) may be recommended by the department.

(Indiana State Department of Health; 410 IAC 1-2.3-65; filed Sep 11, 2000, 1:36 p.m.: 24 IR 351; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 57. 410 IAC 1-2.3-66 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-66 E. coli infection (diarrhea producing and other enterohemorrhagic types including, but not limited to, E. coli 0157, E. coli 0157:H7, sorbitol-negative, and shiga-toxin producing) and hemolytic uremic syndrome (HUS); specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 66. The specific control measures for ~~diarrhea and hemolytic uremic syndrome associated~~ E. coli infection **(diarrhea producing and other enterohemorrhagic types** including, **but not limited to, E. coli 0157,** E. coli 0157:H7, ~~(infectious agent: Escherichia coli (including serotype 0157:H7))~~ **sorbitol-negative, and shiga-toxin producing) and hemolytic uremic syndrome (HUS)** are as follows:

(1) An investigation by the local health officer shall be ~~accomplished~~ **performed** immediately **and shall include a seven (7) day food consumption history with an emphasis on the consumption of beef products, raw vegetables, unpasteurized fruit juices or milk, and history of exposure** to **potentially contaminated water, by swimming or consumption. The investigation shall** determine if the ~~affected individual~~ **case** is part of an outbreak and if ~~he or she~~ **the case** is a:

(A) food handler;
(B) daycare ~~attendant,~~ **worker;**
(C) health care worker; **or**
(D) daycare, ~~attendee, or attendee at a~~ school, or other institution **attendee.**

~~Further investigation~~ **The local health officer** shall ~~be performed to determine a seven (7) day food consumption history with an emphasis on the consumption of beef products and raw vegetables, unpasteurized fruit juices or milk, or exposure to potentially contaminated water, either by swimming or consumption.~~ interview meal companions for additional cases and, if a commercial food product or restaurant is suspected, conduct active surveillance for additional cases. Medical evaluation, including adequate laboratory examination of feces of contacts, should be limited to food handlers, ~~child care attendants,~~ **daycare workers,** health care workers, or other situations where outbreaks may occur.

(2) For hospitalized individuals, standard precautions shall be followed with the addition of contact precautions for diapered or incontinent patients for the duration of the illness and until two (2) successive **negative** stool cultures **have been** taken ~~no~~ **not** less than twenty-four (24) hours apart. ~~and no sooner than forty-eight (48) hours after the cessation of antibiotic therapy are negative for the presence of E. coli 0157:H7 organisms.~~ **If the case was treated with antimicrobials prior to E. coli confirmation or diagnosis, stool specimens are to be collected not sooner than forty-eight (48) hours after the cessation of antimicrobial therapy.** For others, the following steps shall be taken:

(A) ~~Symptomatic persons~~ **Cases** shall be excluded from employment ~~involving food handling or the direct care of children or hospitalized or institutionalized patients.~~ **as food handlers until all of the following have occurred:**

~~(B) Asymptomatic food handlers, day care workers, and health care workers may return to work, provided the following have taken place prior to that person's return to work:~~

(i) The case is asymptomatic for at least twenty-four (24) hours.
(ii) Two (2) successive negative stool cultures have been taken not less than twenty-four (24) hours

apart. If the case was treated with antimicrobials prior to E. coli confirmation or diagnosis, stool specimens are to be collected not sooner than forty-eight (48) hours after the cessation of antimicrobial therapy.

~~(i)~~ **(iii)** The local health officer ~~discusses with~~ **has determined** the ~~asymptomatic worker his or her symptoms and determines that he or she~~ **employee** is ~~indeed~~ asymptomatic. ~~and that~~

(iv) The ~~worker is further~~ **case has been** counseled about **preventive** measures, such as hand washing, that shall be followed to prevent transmission of disease.

~~(ii)~~ **(v)** The local health officer ~~contacts~~ **has discussed the following topics with** the employer: ~~to reemphasize~~

(AA) The ~~need~~ **employer's duty** to comply with local and state rules ~~requiring~~ **pertaining to prevention of infectious diseases.**

(BB) The availability of proper hand washing facilities for all employees. ~~and to correct~~

(CC) The correction of any observed lapses in ~~hygiene~~ **hygienic** measures of ~~any~~ employees.

~~In addition, asymptomatic food handlers will be restricted from working with exposed food, clean equipment, utensils, linens, unwrapped single-service, and single-use articles until two (2) successive stool cultures taken no less than twenty-four (24) hours apart and no sooner than forty-eight (48) hours after the cessation of antibiotic therapy are negative for the presence of E. coli 0157:H7 organisms.~~

(B) Cases employed as daycare workers, health care workers, or similar positions shall be excluded from employment involving direct care of children or hospitalized or institutionalized patients until all of the following have occurred:

(i) The case is asymptomatic for at least twenty-four (24) hours.

(ii) The local health officer has determined the case is asymptomatic.

(iii) The case has been counseled about preventive measures, such as hand washing, that shall be followed to prevent transmission of disease.

(iv) The local health officer has discussed the following topics with the employer:

(AA) The employer's duty to comply with local and state rules pertaining to prevention of infectious diseases.

(BB) The availability of required proper hand washing facilities for employees.

(CC) The correction of any observed lapses in hygienic measures of employees.

(C) ~~Infected children~~ **Cases** shall be excluded from ~~any day care setting (including, but not limited to, babysitting groups and~~ **attending** preschools **and daycare facilities** until **all of the following have occurred:**

(i) The case is asymptomatic for at least twenty-four (24) hours.

(ii) Two (2) successive **negative** stool cultures **have been** taken no less than twenty-four (24) hours apart. **If the case was treated with antimicrobials prior to E. coli confirmation or diagnosis, stool specimens are to be collected** ~~and~~ no sooner than forty-eight (48) hours after the cessation of ~~antibiotic~~ **antimicrobial** therapy. ~~are negative for the presence of E. coli 0157:H7 organisms. It is imperative that parents of infected children understand the potential consequences of this disease, its modes of transmission, and the absolute necessity for strict attention to personal hygiene. It is imperative that excluded children not be transferred to another child care setting until such time as they are determined to be clear of organisms.~~

(iii) The local health officer has determined the case is asymptomatic.

(iv) The case or case's guardian has been counseled about preventive measures, such as hand washing, that shall be followed to prevent transmission of disease.

(v) The local health officer has discussed with the appropriate preschool or daycare facility staff the need:

(AA) for proper hand washing and other infection control practices; and

(BB) to comply with all local and state rules pertaining to prevention of infectious diseases.

(D) Cases shall be excluded from attending schools until all of the following have occurred:

(i) The case is asymptomatic for at least twenty-four (24) hours.

(ii) The local health officer has determined the case is asymptomatic.

(iii) The case or case's guardian has been counseled about preventive measures, such as hand washing, that shall be followed to prevent transmission of disease.

(iv) The local health officer has discussed with the appropriate school staff the need:

(AA) for proper hand washing and other infection control practices; and

(BB) to comply with all local and state rules pertaining to prevention of infectious diseases.

~~(D)~~ **(E)** If an outbreak **of the infection** occurs in a daycare ~~center~~ **facility** or preschool, all attendees and staff may be required to submit stool specimens for examination. ~~Rather than expulsion~~ **Instead of exclusion** until stool-negative, ~~the day care administrator may consider isolation of asymptomatic infected~~ attendees **and staff may be isolated** from other attendees **and staff in the same facility based on symptoms, laboratory testing, and treatment.** This alternative can only be considered if the physical

structure and staff organization of the ~~center~~ **facility** can accommodate isolation of various groups from one another. If this alternative is selected, increased emphasis on hand washing and environmental cleaning is necessary. Daycare ~~centers shall~~ **facilities and preschools may** be closed to new admissions until ~~such time as~~ **the** health officials determine ~~that~~ the outbreak is over.

~~(E) Symptomatic children shall be excluded from school until asymptomatic and the following activities have taken place prior to the student's return to school:~~

~~(i) The local health officer discusses with the asymptomatic student and parents his or her symptoms and determines that he or she is indeed asymptomatic, and that the student is further counseled about measures, such as hand washing, that shall be followed to prevent transmission of disease.~~

~~(ii) The local health officer contacts the local school administration to reemphasize the need to comply with local and state rules requiring proper hand washing facilities and the need to emphasize good hand washing practices of the students.~~

(3) Concurrent disinfection of feces and fecal soiled articles is required. Feces may be disposed of directly in a sanitary sewage system.

(4) Quarantine is not required.

(5) ~~Protection or immunization~~ **Protection/immunization** of contacts is not required.

(Indiana State Department of Health; 410 IAC 1-2.3-66; filed Sep 11, 2000, 1:36 p.m.: 24 IR 351; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 58. 410 IAC 1-2.3-66.5 IS ADDED TO READ AS FOLLOWS:

410 IAC 1-2.3-66.5 Giardiasis; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 66.5. The specific control measures for Giardiasis (infectious agent: Giardia species) are as follows:

(1) An investigation by the local health officer shall be performed within seventy-two (72) hours and shall include a seven (7) day food history and history of exposure to the following:

(A) Daycare or preschool children.

(B) Pets or domestic animals.

(C) Surface water.

(D) Recreational water setting.

The local health officer shall determine if the case is part of an outbreak and if the case is a food handler, daycare worker, health care worker, or daycare, school, or other institution attendee. If suspicion centers on a commercial food product, restaurant, or public water supply, active surveillance shall be instituted to identify additional cases.

(2) For hospitalized individuals, standard precautions shall be followed with the addition of contact precautions for diapered or incontinent children less than six (6) years of age for the duration of the illness. For others, the following instructions apply:

(A) Cases employed as food handlers, daycare workers, health care workers, or similar positions shall be excluded from employment involving food handling and direct care of children or hospitalized or institutionalized patients until all of the following have occurred:

(i) The case is asymptomatic for at least twenty-four (24) hours.

(ii) The local health officer has determined the case is asymptomatic.

(iii) The case has been counseled about preventive measures, such as hand washing, that shall be followed to prevent transmission of disease.

(iv) The local health officer has discussed the following topics with the employer:

(AA) The employer's duty to comply with local and state rules pertaining to prevention of infectious diseases.

(BB) The availability of required proper hand washing facilities for employees.

(CC) The correction of any observed lapses in hygienic measures of employees.

(B) Cases shall be excluded from attending schools, preschools, and daycare facilities until all of the following have occurred:

(i) The case is asymptomatic for at least twenty-four (24) hours.

(ii) The case has completed effective antiparasitic treatment.

(iii) The local health officer has determined the case is asymptomatic.

(iv) The case or case's guardian has been counseled about preventive measures, such as hand

washing, that shall be followed to prevent transmission of disease.
(v) The local health officer has discussed with the appropriate school, preschool, or daycare facility staff the need:
(AA) for proper hand washing and other infection control practices; and
(BB) to comply with all local and state rules pertaining to prevention of infectious diseases.
(C) If an outbreak of the infection occurs in a daycare facility or preschool, all attendees and staff may be required to submit stool specimens for examination. Instead of exclusion, attendees and staff may be isolated from other attendees and staff in the same facility based on symptoms, laboratory testing, and treatment. This alternative can only be considered if the physical structure and staff organization of the facility can accommodate isolation of various attendee and staff groups from one another. If this alternative is selected, increased emphasis on hand washing and environmental cleaning is necessary. Admission of all new attendees may be suspended while the outbreak continues.
(3) Concurrent disinfection of feces and feces soiled articles is required. Feces may be disposed of in a sanitary sewer system.
(4) Quarantine is not required.
(5) Immunization is not available.

(Indiana State Department of Health; 410 IAC 1-2.3-66.5)

SECTION 59. 410 IAC 1-2.3-67 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-67 Gonorrhea; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 67. The specific control measures for gonorrhea (infectious agent: Neisseria gonorrhoeae) are as follows:
(1) **An** investigation ~~shall be accomplished~~ by the local health officer **shall be:**
(A) performed within seventy-two (72) hours; and ~~shall be~~
(B) focused on identifying sexual partners who were at risk for transmitting to, or ~~contacting~~ **contracting** the infection from, the case.
Case and contacts shall be fully evaluated and treated as recommended in the ~~MMWR 1998 Guidelines for Treatment of~~ Sexually Transmitted Diseases ~~January 23, 1998, Volume 47/RR1.~~ **Treatment Guidelines, 2006, Morbidity and Mortality Weekly Report, August 4, 2006, Volume 55, No. RR-11.**
(2) Standard precautions shall be instituted for hospitalized individuals. Infected persons shall not engage in sexual activities involving the exchange of body fluids until:
(A) therapy is completed; and
(B) they no longer have symptoms.
Treated persons shall also refrain from sexual activities involving the exchange of body fluids with untreated previous sexual partners to avoid reinfection. Cases should be examined serologically for syphilis.
(3) Concurrent disinfection is required for articles contaminated with discharges.
(4) Quarantine is not required.
(5) Immunization is not available.

(Indiana State Department of Health; 410 IAC 1-2.3-67; filed Sep 11, 2000, 1:36 p.m.: 24 IR 352; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 60. 410 IAC 1-2.3-68 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-68 Granuloma inguinale; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 68. The specific control measures for Granuloma inguinale (infectious agent: Calymmatobacterium granulomatis) are as follows:
(1) An investigation ~~shall be accomplished~~ by the local health officer **shall be:**
(A) performed within seventy-two (72) hours; and ~~shall be~~

(B) focused on identifying sexual partners who were at risk for transmitting to, or ~~contacting~~ **contracting** the infection from, the case.

Case and contacts shall be fully evaluated and treated as recommended in the ~~MMWR 1998 Guidelines for Treatment of~~ Sexually Transmitted Diseases ~~January 23, 1998, Volume 47/RR1.~~ **Treatment Guidelines, 2006, Morbidity and Mortality Weekly Report, August 4, 2006, Volume 55, No. RR-11.**

(2) Standard precautions for hospitalized patients are required. Patients shall refrain from sexual activities:

(A) until treatment is complete and lesions are healed; ~~Patients shall refrain from sexual activities~~ **and**

(B) with untreated previous sexual partners.

(3) Concurrent disinfection is required for **the following:**

(A) Discharges from lesions. ~~and~~

(B) Articles soiled by those discharges.

(4) Quarantine is not required.

(5) ~~No~~ Immunization is **not** available. Prompt treatment of contacts upon recognition or suspicion of disease is required.

(Indiana State Department of Health; 410 IAC 1-2.3-68; filed Sep 11, 2000, 1:36 p.m.: 24 IR 352; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 61. 410 IAC 1-2.3-69 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-69 Haemophilus influenzae invasive disease; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 69. The specific control measures for Haemophilus influenzae type B **(Hib)** invasive disease (including bacteremia, meningitis, epiglottitis, septic arthritis, cellulitis, pericarditis, endocarditis, and osteomyelitis) (infectious agent: Haemophilus influenzae) are as follows:

(1) An investigation ~~and case management shall be performed immediately~~ by **a** department ~~trained immunization~~ field ~~representatives~~ **representative,** in cooperation with the local health officer, ~~The investigation~~ shall:

(A) be performed immediately; and

(B) include:

(i) case management;

(ii) an immunization history of the index case; and

(iii) identification of all contacts ~~under~~ **less than** four (4) years of age.

Contacts are defined as household, ~~child care,~~ **daycare,** and ~~nursery school~~ **preschool** contacts or individuals who spent four (4) or more hours with the index case for at least five (5) of the seven (7) days preceding the onset of the illness.

(2) Droplet precautions shall be followed for twenty-four (24) hours after the ~~start of chemotherapy.~~ **initiation of parenteral antibiotic therapy.**

(3) Concurrent disinfection is not required.

(4) Quarantine is not required.

(5) ~~With the exception of pregnant females, rifampin prophylaxis (orally once daily for four (4) days in twenty (20) mg/kg dose, maximal dose six hundred (600) mg/day)~~ **Chemoprophylaxis (except for pregnant females)** should be administered to the following:

(A) All members of a household where there is one (1) or more ~~children younger than twelve (12) months should receive prophylaxis.~~ **infants who have not received the primary Hib series.**

(B) All members of a household ~~where there are contacts under forty-eight (48) months of age with incomplete immunization status should receive prophylaxis.~~ **with at least one (1) contact less than four (4) years of age who is unimmunized or incompletely immunized.**

(C) All members of a household where a contact is an immunocompromised child, regardless of child's Hib immunization status.

~~(C) Attendees and supervisory personnel in a child care~~ **(D) All daycare** facility **or preschool contacts** where:

(i) unvaccinated or incompletely vaccinated children are in attendance; and ~~where~~

(ii) two (2) **or more** cases of invasive Haemophilus influenzae have occurred within sixty (60) days **of each other.**

~~(D)~~ **(E)** Prophylaxis of a single case in ~~child care~~ **daycare** facilities is controversial. Consult current recommendations.

~~(E) The index case should receive rifampin prior to discharge if he or she was not treated with cefotaxime or ceftriaxone.~~

~~(F) Parents and child care providers of contacts should be educated about signs and symptoms of Haemophilus influenzae disease.~~

(F) Hib vaccine should be provided to medically eligible contacts.

(6) Contacts less than six (6) years of age, especially infants, should be observed for signs of illness, such as fever. Parents and daycare or preschool providers of contacts should be educated about signs and symptoms of Haemophilus influenzae disease.

(7) The index case, if younger than two (2) years of age or a member of a household with a susceptible contact and treated with a regimen other than cefotaxime or ceftriaxone, should receive rifampin prior to discharge.

(Indiana State Department of Health; 410 IAC 1-2.3-69; filed Sep 11, 2000, 1:36 p.m.: 24 IR 352; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 62. 410 IAC 1-2.3-70 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-70 Hansen's disease; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2
Affected: IC 16-41-2; IC 16-41-9

Sec. 70. The specific control measures for Hansen's disease (infectious agent: Mycobacterium leprae) are as follows:

(1) **An investigation by** the local health officer shall:

(A) be performed within seventy-two (72) hours; and

(B) assure ~~that initial and periodic examination of~~ household contacts ~~occur at twelve (12) month intervals~~ **are examined initially and then annually** for ~~at least~~ five (5) years ~~after~~ **following** the last contact with **an** infectious patient.

(2) Standard precautions for hospitalized patients are ~~required.~~ **indicated. Hospitalization should be limited to the following:**

(A) Severe reactions.

(B) Cases of surgical correction.

(C) Treatment of ulcers.

(3) Concurrent disinfection:

(A) is required for:

(i) nasal ~~discharges~~ **secretions;** and

(ii) articles soiled with nasal discharges; ~~from patients~~ **and**

(B) should be considered infectious **until treatment is established.**

~~(4) Household contact of patients with borderline or lepromatous leprosy who are less than twenty-five (25) years of age should be treated prophylactically with dapsone for three (3) years at the same doses as for treatment.~~

(4) Quarantine is not applicable.

(5) Chemoprophylaxis is not recommended.

(6) Combined chemotherapy regimens are recommended for:

(A) twenty-four (24) months for adults with multibacillary leprosy; and

(B) twelve (12) months for adults with paucibacillary leprosy.

(Indiana State Department of Health; 410 IAC 1-2.3-70; filed Sep 11, 2000, 1:36 p.m.: 24 IR 353; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 63. 410 IAC 1-2.3-71 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-71 Hantavirus; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2
Affected: IC 16-41-2; IC 16-41-9

Sec. 71. The specific control measures for hantavirus are as follows:

(1) An investigation **by the local health officer** shall:
(A) be **performed** immediately; ~~conducted by the local health officer for the purpose of~~
(B) include:
(i) case ascertainment; and
(ii) identification of the source of infection; ~~The investigation shall be to~~ **and**
(C) identify the source of exposure to rodent feces and urine.
Exterminate rodents at suspected site of infection and disinfect environmental surfaces.
(2) Standard precautions are required.
(3) Concurrent disinfection is not required.
(4) Quarantine is not required.
(5) Protection/immunization of contacts is not available.

(Indiana State Department of Health; 410 IAC 1-2.3-71; filed Sep 11, 2000, 1:36 p.m.: 24 IR 353; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 64. 410 IAC 1-2.3-72 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-72 Hepatitis, viral, type A; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 72. The specific control measures for hepatitis, viral, type A (infectious agent: hepatitis A virus) are as follows:
(1) An investigation ~~shall be performed~~ by the local health officer **shall be performed** immediately **and shall include a history of the following:**
(A) Food.
(B) Exposure to undercooked food items.
(C) Travel.
(D) Sexual exposure during the fifteen (15) to fifty (50) day period prior to **the onset of illness.**
The investigation shall determine ~~whether~~ **if the case is part of an outbreak and if** the case is a food handler, daycare ~~or~~ **worker,** health care worker, or daycare, **school, or other institution** attendee. ~~and worked or attended while having diarrhea.~~ In the event that a common source foodborne outbreak is suspected, the local health officer shall initiate active surveillance immediately to identify additional cases. The investigator shall prepare a list of all contacts. Contacts are defined as household members, daycare ~~center~~ **facility or preschool** attendees in **the** same room, sexual partners, and persons eating food ~~prepared~~ **handled** by the case during the infectious period. The infectious period is defined as from seven (7) days before to fourteen (14) days after **the** onset of symptoms if no jaundice occurred; otherwise, the infectious period is defined as from fourteen (14) days prior to seven (7) days after the onset of jaundice. ~~The investigation shall also include a food history, history of exposure to undercooked food items, and a history of sexual exposure during the fifteen (15) to fifty (50) day period prior to onset of illness. In the event that a common source foodborne outbreak is suspected, the local health officer must initiate active surveillance immediately to identify additional cases.~~
(2) Contact precautions ~~as follows (A)~~ for diapered or incontinent patients less than three (3) years of age, for the duration of the illness, ~~(B) In~~ children three (3) to fourteen (14) years of age, until two (2) weeks after the onset of the symptoms, ~~(C) In~~ **and** others, for two (2) weeks after the onset of the symptoms or one (1) week after the onset of jaundice. ~~Infected children~~ **The following guidelines apply:**
(A) Cases employed as food handlers, daycare workers, health care workers, or similar positions shall be excluded ~~from schools and day care centers, and adults~~ from employment involving food handling **and** direct care of children or hospitalized or institutionalized patients ~~during the infectious period.~~ **until all of the following have occurred:**
(i) The conclusion of the infectious period.
(ii) The local health officer has determined the employee is asymptomatic.
(iii) The case has been counseled about preventive measures, such as hand washing, that shall be followed to prevent transmission of disease.
(iv) The local health officer has discussed the following topics with the employer:
(AA) The employer's duty to comply with local and state rules pertaining to prevention of infectious diseases.
(BB) The availability of required proper hand washing facilities for employees.
(CC) The correction of any observed lapses in hygienic measures of employees.

(B) Cases shall be excluded from attending schools, preschools, and daycare facilities until all of the following have occurred:
(i) The conclusion of the infectious period.
(ii) The local health officer has determined the case is asymptomatic.
(iii) The case or case's guardian has been counseled about preventive measures, such as hand washing, that shall be followed to prevent transmission of disease.
(iv) The local health officer has discussed with the appropriate school, preschool, or daycare facility staff the need:
(AA) for proper hand washing and other infection control practices; and
(BB) to comply with all local and state rules pertaining to prevention of infectious diseases.

(3) Sanitary disposal of feces, vomitus, and blood is required. Disposal through the sanitary system is acceptable.
(4) Quarantine is not required.
(5) ~~Passive~~ **Age specific prophylaxis is available through** immunization with **single-antigen hepatitis A vaccine or** immune globulin (IG). **Prophylaxis should not routinely be given to contacts in the usual office, school, or factory situation. Prophylaxis** should be given as soon as possible after exposure but, **to be effective,** within two (2) weeks **of the last exposure** to **the following:**
(A) All household and sexual contacts.
(B) All classroom contacts in a daycare ~~center, IG should be given to all classroom contacts.~~ **facility or preschool.** If the daycare ~~center~~ **facility or preschool** admits children in diapers, ~~IG~~ **prophylaxis** should be given to all children and staff in the ~~center.~~ **facility.**
(C) Food handlers at the same location if a food handler is diagnosed with hepatitis A ~~IG should be administered to other food handlers~~ (unless the employee is immune due to vaccination or past infection). ~~at the same location.~~ Any susceptible food handler who refuses ~~IG~~ prophylaxis is to be restricted from working with:
(i) exposed food;
(ii) clean equipment, utensils, and linens; and
(iii) unwrapped single-service and single-use articles;
for fifty (50) days. ~~IG should not routinely be given to contacts in the usual office, school, or factory situation. When hepatitis A occurs in a food handler, IG shall be considered for~~
(D) Food establishment patrons **who ate** in the establishment **where hepatitis A occurred in a food handler, but** only if the following ~~three (3)~~ events occurred:
~~(A)~~ **(i)** The food handler worked while infectious and directly handled uncooked foods or foods after cooking.
~~(B)~~ **(ii)** Deficiencies in personal hygiene are noted, or the food handler worked while ill with diarrhea.
~~(C) IG may be given within two (2) weeks after the last exposure.~~

(Indiana State Department of Health; 410 IAC 1-2.3-72; filed Sep 11, 2000, 1:36 p.m.: 24 IR 353; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 65. 410 IAC 1-2.3-73 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-73 Hepatitis, viral, type B and type D; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-7; IC 16-41-9

Sec. 73. The specific control measures for hepatitis, viral, type B (infectious agent: hepatitis B virus) and type D (infectious agent: delta hepatitis, occurs only in individuals with acute or chronic hepatitis B virus infection) are as follows:
(1) An investigation and case management duties are assigned as follows:
(A) An investigation and case management of infants born to HBsAg (+) pregnant women shall:
(i) begin immediately (when infection is identified at or close to the time of birth); and ~~shall~~
(ii) be performed by ~~trained~~ **a** department immunization ~~representatives~~ **representative** in cooperation with the local health officer; ~~or trained local health department staff~~
for the purpose of assuring that infants receive the complete **hepatitis B IgM** (HBIG) and HBV vaccine series.
(B) The local health officer shall perform investigation and case management of all others **within seventy-two (72) hours,** including household and sexual contacts of HBsAg (+) pregnant women. Investigators shall identify a complete list of contacts. Contacts are defined as sexual partners, household

members, individuals with whom needles have been shared, and others who have been exposed to infectious body fluids. In addition, the investigation shall focus on **a** history of **the following:**

(i) Surgery.

(ii) Transfusion or other blood product exposures.

(iii) Hemodialysis.

(iv) Employment as a health care worker. ~~and~~

(v) Other contacts with blood or other potentially infectious materials during the incubation period.

When two (2) or more cases occur in association with some common exposure, a search for additional cases shall be conducted. If transfused blood or blood products is implicated in transmission, the lot shall be withdrawn from use and reasonable steps taken to ensure that no further donations from the infected donor are utilized.

(C) Hepatitis B immunization history shall be obtained on all cases of hepatitis B.

(2) Standard precautions for hospitalized patients and universal precautions for others where exposure to blood or other potentially infectious materials, or both, is a possibility. Infected persons shall not engage in sexual activities involving the exchange of body fluids without first informing their partner of their disease status. Restrictions on sexual activities shall be removed when the previously infected person is serologically confirmed to be noninfectious. The infected persons shall not:

(A) share needles or syringes with other persons without first notifying those persons of their disease status;

(B) donate blood, plasma, or organs for transplantation; or

(C) donate semen for artificial insemination.

(3) Equipment contaminated with blood or other potentially infectious body fluids, or both, shall be appropriately disinfected or, when required, sterilized prior to reuse.

(4) Quarantine is not required.

(5) Protection/immunization of contacts shall be accomplished as follows:

(A) Infants of HBsAg (+) pregnant women shall be given the appropriate ~~dosage~~ **intramuscular injection (IM)** of HBIG ~~IM~~ and of hepatitis B vaccine within twelve (12) hours of birth unless medically contraindicated. Additional doses of vaccine should be given at one (1) month and six (6) months of age. Infants should be tested for anti-HBs and HBsAg one (1) to three (3) months after completing the vaccine series.

(B) Potentially susceptible sexual partners should be tested for HBsAG, ~~HBsAB,~~ **anti-HBs,** and anti-HBc. If negative, they should be given the appropriate dosage of HBIG IM and the first dose of hepatitis B vaccine IM within fourteen (14) days of the last sexual contact. Sexual contacts should complete the hepatitis B immunization series.

(C) If the index case is the mother or primary care provider of a susceptible infant, ~~less than twelve (12) months of age,~~ the infant should receive the appropriate dosage of HBIG and hepatitis B vaccine according to vaccine manufacturer's directions.

(D) Other susceptible household contacts of the index case should:

(i) receive the appropriate dosage of HBIG IM; and

(ii) initiate and complete **the** hepatitis B vaccine;

if they have had identifiable blood exposures to the index case, such as sharing toothbrushes or razors.

(E) If the index case becomes a hepatitis B carrier, all household contacts should complete the hepatitis B vaccine series.

(Indiana State Department of Health; 410 IAC 1-2.3-73; filed Sep 11, 2000, 1:36 p.m.: 24 IR 354; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 66. 410 IAC 1-2.3-74 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-74 Hepatitis C infection; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 74. The specific control ~~measure~~ **measures** for hepatitis C (acute) are as follows:

(1) An investigation **by the local health officer** shall be performed within ~~seventy-two (72) hours by the local health officer~~ **five (5) business days** for the purpose of determining risk factors for infection **and obtaining contacts. Contacts are defined as sexual partners, household members, individuals with whom needles have been shared, and others who have been exposed to infectious body fluids. In addition, the investigation shall focus on a history of the following:**

(A) Surgery.

(B) Transfusion or other blood products exposures.

(C) Hemodialysis.
(D) Employment as a health care worker.
(E) Other contacts with blood or other potentially infectious materials during the incubation period.
When two (2) or more cases occur in association with some common exposure, a search for additional cases shall be conducted. If transfused blood or blood products is implicated in the transmission, the lot shall be withdrawn from use and reasonable steps taken to ensure that no further donations from the infected donor are utilized.
(2) Standard **precautions** for hospitalized patients and universal precautions for others where exposure to blood or other potentially infectious materials, or both, is a possibility. **Infected persons shall not engage in sexual activities involving the exchange of body fluids without first informing their partner of their disease status.** Infected persons shall not:
(A) share needles or syringes with other persons **without first notifying those persons of their disease status;**
(B) donate blood, plasma, or organs for transplantation; or
(C) donate semen for artificial insemination.
(3) Equipment contaminated with blood or other infectious body materials, or both, shall be appropriately disinfected or sterilized prior to reuse.
(4) Quarantine is not required.
(5) ~~HCV-positive individuals shall not share razors or toothbrushes with others. Infants~~
Protection/immunization with hepatitis A and B vaccine series when appropriate. Education shall be provided. Children twelve (12) months of age or older born to infected mothers should be screened for anti-HCV. Health care workers with percutaneous or permucosal exposure to HCV shall have baseline and six (6) month follow-up serologic testing for anti-HCV and alanine aminotransferase activity.

(Indiana State Department of Health; 410 IAC 1-2.3-74; filed Sep 11, 2000, 1:36 p.m.: 24 IR 355; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 67. 410 IAC 1-2.3-74.5 IS ADDED TO READ AS FOLLOWS:

410 IAC 1-2.3-74.5 Hepatitis E infection; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 74.5. The specific control measures for hepatitis, viral, type E (infectious agent: hepatitis E virus) are as follows:
(1) An investigation by the local health officer shall be performed immediately and shall include a history of the following:
(A) Food.
(B) Exposure to undercooked food items.
(C) Travel.
(D) Sexual exposure during the fifteen (15) to sixty-four (64) day period prior to onset of illness.
The local health officer shall determine if the case is part of an outbreak and if the case is a food handler, daycare worker, health care worker, or daycare, school, or other institution attendee. In the event that a common source foodborne outbreak is suspected, the local health officer shall initiate active surveillance immediately to identify additional cases. The local health officer shall prepare a list of all contacts. Contacts are defined as household members, daycare attendees in the same room, sexual partners, and persons eating food handled by the case during the infectious period. The infectious period is defined as from seven (7) days before to fourteen (14) days after the onset of jaundice or from the onset of symptoms if no jaundice occurred.
(2) Contact precautions for diapered or incontinent patients less than three (3) years of age for the duration of the illness, children three (3) to fourteen (14) years of age until two (2) weeks after the onset of the symptoms, and others for two (2) weeks after the onset of the symptoms or one (1) week after the onset of jaundice. The following guidelines apply:
(A) Cases employed as food handlers, daycare workers, health care workers, or similar positions shall be excluded from employment involving food handling and direct care of children or hospitalized or institutionalized patients until all of the following have occurred:
(i) The conclusion of the infectious period.
(ii) The local health officer has determined the employee is asymptomatic.
(iii) The case has been counseled about preventive measures, such as hand washing, that shall be

followed to prevent transmission of disease.
(iv) The local health officer has discussed the following topics with the employer:
(AA) The employer's duty to comply with local and state rules pertaining to prevention of infectious diseases.
(BB) The availability of required proper hand washing facilities for employees.
(CC) The correction of any observed lapses in hygienic measures of employees.
(B) Cases shall be excluded from attending schools, preschools, and daycare facilities until all of the following have occurred:
(i) The conclusion of the infectious period.
(ii) The local health officer has determined the case is asymptomatic.
(iii) The case or case's guardian has been counseled about preventive measures, such as hand washing, that shall be followed to prevent transmission of disease.
(iv) The local health officer has discussed with the appropriate school, preschool, or daycare facility staff the need:
(AA) for proper hand washing and other infection control practices; and
(BB) to comply with all local and state rules pertaining to prevention of infectious diseases.
(3) Sanitary disposal of feces, vomitus, and blood is required. Disposal through the sanitary system is acceptable.
(4) Quarantine is not required.
(5) Immunization is not available.

(Indiana State Department of Health; 410 IAC 1-2.3-74.5)

SECTION 68. 410 IAC 1-2.3-75 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-75 Histoplasmosis; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 75. The specific control ~~measure~~ **measures** for histoplasmosis (infectious agent: Histoplasma capsulatum) are as follows:
(1) ~~A~~ **An investigation by the** local health officer shall: ~~investigate cases of infection to~~
(A) be performed within seventy-two (72) hours;
(B) determine potential sources of exposure; ~~The investigation shall~~ **and**
(C) evaluate the potential for occupational exposure and, in the event of two (2) or more cases, for evidence of infection from a common environmental source.
(2) Standard precautions for hospitalized patients shall be instituted. ~~No~~ Isolation is **not** required for others.
(3) Concurrent disinfection is required for **the following:**
(A) Sputum. ~~and~~
(B) Equipment and articles soiled with sputum.
Terminal cleaning is also required.
(4) Quarantine is not required.
(5) Protection/immunization of contacts is not available.

(Indiana State Department of Health; 410 IAC 1-2.3-75; filed Sep 11, 2000, 1:36 p.m.: 24 IR 355; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 69. 410 IAC 1-2.3-76 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-76 Human immunodeficiency virus infection/disease; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41

Sec. 76. The specific control measures for HIV are as follows:
(1) An investigation ~~shall be performed~~ by ~~trained~~ **a** public health disease intervention ~~specialists who~~ **specialist** shall: ~~conduct any~~
(A) be performed within seventy-two (72) hours; and

(B) include contact tracing.

Persons who are tested anonymously at ~~a~~ counseling and testing sites cannot be reported using personal identifiers. Rather, they are to be reported using a numeric identifier code. Age, race, sex, risk factors, and county of residence shall also be reported. HIV infected persons are required to warn contacts of their disease status and the need to seek health care, such as counseling and testing. All identified contacts should receive counseling and be offered serologic testing. Until their status with regard to infection has been determined, contacts shall refrain from sexual activities involving the exchange of body fluids. All contacts shall not share needles and syringes with other persons without first notifying the other persons of their disease status.

(2) Standard precautions shall be used in hospitalized patients. Universal precautions shall be used for all other medical settings. Infected persons shall not:

(A) engage in sexual activities involving exchange of body fluids without first informing their partner of their disease status;

(B) share needles or syringes with other persons without first notifying the other persons of their disease status; or

(C) donate blood, plasma, organs for transplantation, or semen for artificial insemination.

(3) Concurrent disinfection is required for equipment and articles contaminated by blood or other potentially infectious material.

(4) Quarantine is not required.

(5) An investigation of:

(A) HIV positive women;

(B) perinatally exposed ~~infant~~ **infants;** and ~~pediatric~~

(C) child HIV cases;

will be performed by HIV surveillance and disease intervention specialist staff members, who will obtain information epidemiologically necessary to protect the life of named parties.

(Indiana State Department of Health; 410 IAC 1-2.3-76; filed Sep 11, 2000, 1:36 p.m.: 24 IR 355; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 70. 410 IAC 1-2.3-76.5 IS ADDED TO READ AS FOLLOWS:

410 IAC 1-2.3-76.5 Influenza-associated death; specific measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 76.5. (a) The specific measures for influenza-associated deaths are as follows:

(1) An investigation by the local health officer shall:

(A) be performed within seventy-two (72) hours; and

(B) include:

(i) influenza testing;

(ii) an influenza vaccination history; and

(iii) a history of disease and resultant complications.

(2) A report is not necessary if the diagnosis of influenza is not confirmed by laboratory testing as described in section 31.5 of this rule.

(b) During a declared influenza pandemic, influenza-associated deaths shall be reported if pandemic activity is occurring in the United States and the deceased has clinically compatible symptoms. Influenza pandemics may be declared by any of the following:

(1) The World Health Organization (WHO).

(2) The Centers for Disease Control and Prevention (CDC).

(3) The commissioner.

A laboratory test result is not necessary to report the death during an influenza pandemic.

(Indiana State Department of Health; 410 IAC 1-2.3-76.5)

SECTION 71. 410 IAC 1-2.3-77 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-77 Legionellosis; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 77. The specific control measures for legionellosis (infectious agent: Legionella species) are as follows:
(1) An investigation ~~shall be performed~~ by the local health officer **shall be performed within seventy-two (72) hours** in the event that:
(A) a single nosocomial case is identified; or ~~in the event that~~
(B) two (2) or more cases not associated with a health care facility are identified.
A definite ~~noscomial~~ **nosocomial** case is a laboratory confirmed case who has spent ten (10) days or more continuously in a health care facility. A possible ~~noscomial~~ **nosocomial** case is a laboratory case that occurs two (2) to nine (9) days after discharge from a health care facility. The investigation shall focus on environmental sources for the exposure in the health care facility for nosocomial cases or places of common exposure for those infections not associated with a health care facility. Active surveillance for additional cases shall be undertaken.
(2) Standard precautions for hospitalized patients is required.
(3) Equipment contaminated with blood or infectious body fluids, or both, shall be appropriately disinfected or sterilized prior to reuse.
(4) Quarantine is not required.
(5) Protection/immunization of contacts is not available.

(Indiana State Department of Health; 410 IAC 1-2.3-77; filed Sep 11, 2000, 1:36 p.m.: 24 IR 356; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 72. 410 IAC 1-2.3-78 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-78 Leptospirosis; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 78. The specific control ~~measure~~ **measures** for leptospirosis (infectious agent: Leptospira species) are as follows:
(1) An investigation by the local health officer shall be ~~conducted~~ **performed within seventy-two (72) hours:**
(A) for case ascertainment; and
(B) to identify potential sources of the infection, such as contaminated water **or** occupational exposure, including handling of infected animals.
(2) Standard precautions are required.
(3) Concurrent disinfection is required for articles soiled with urine.
~~(3)~~ **(4)** Quarantine is not required.
~~(4) Protection for~~ **(5) Protection/immunization of** contacts is not required.

(Indiana State Department of Health; 410 IAC 1-2.3-78; filed Sep 11, 2000, 1:36 p.m.: 24 IR 356; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 73. 410 IAC 1-2.3-79 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-79 Listeriosis; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 79. The specific control ~~measure~~ **measures** for listeriosis (infectious agent: Listeria monocytogenes) are as follows:
(1) An investigation by the local health officer shall:
(A) be performed within seventy-two (72) hours; and
(B) include:
(i) a twenty-one (21) day food history;
(ii) exposure to soil; and

(iii) exposure to farm animals.

The food history should include **a** history of consuming raw milk, soft cheese, raw vegetables, and ready-to-eat meats. Surveillance data should be analyzed for clusters and clusters for common source exposures.

(2) Standard precautions for hospitalized patients are required.

(3) Concurrent disinfection is not required.

(4) Quarantine is not required.

(5) Protection/immunization of contacts is not required.

(Indiana State Department of Health; 410 IAC 1-2.3-79; filed Sep 11, 2000, 1:36 p.m.: 24 IR 356; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 74. 410 IAC 1-2.3-80 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-80 Lyme disease; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 80. The specific control ~~methods~~ **measures** for Lyme disease (infectious agent: Borrelia burgdorferi) are as follows:

(1) **An investigation by** the local health officer shall ~~investigate~~ **be performed within seventy-two (72) hours** to:

(A) determine **the** location of exposure to ticks; and

(B) identify tick-infested areas.

(2) Standard precautions for hospitalized patients are required.

(3) Concurrent disinfection is ~~not~~ required. **All ticks shall be removed from the patient.**

(4) Quarantine is not required.

(5) Protection/immunization of contacts is not required.

(Indiana State Department of Health; 410 IAC 1-2.3-80; filed Sep 11, 2000, 1:36 p.m.: 24 IR 356; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 75. 410 IAC 1-2.3-81 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-81 Lymphogranuloma venereum; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 81. The specific control measures for lymphogranuloma venereum (infectious agent: Chlamydia trachomatis) are as follows:

(1) **An investigation by the local health officer shall be performed within seventy-two (72) hours.** Contact tracing shall be conducted by a ~~trained~~ public health disease control specialist.

(2) Standard precautions for hospitalized patients are required. **Cases shall** refrain from sexual contact until lesions are healed.

(3) Careful disposal of articles:

(A) contaminated with discharges from lesions; ~~and articles~~ **or**

(B) soiled by discharges;

is required.

(4) Quarantine is not required.

(5) Protection/immunization of contacts is not available. Sexual contacts of patients with C. trachomatis infections should be evaluated and treated for C. trachomatis if the last sexual contact was within:

(A) thirty (30) days of a symptomatic index patient's onset of symptoms; or ~~within~~

(B) sixty (60) days of an asymptomatic index patient's diagnosis.

Cases should also be examined serologically for syphilis initially.

(Indiana State Department of Health; 410 IAC 1-2.3-81; filed Sep 11, 2000, 1:36 p.m.: 24 IR 356; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 76. 410 IAC 1-2.3-82 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-82 Malaria; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 82. The specific control measures for malaria (infectious agents: Plasmodium vivax, P. malariae, P. falciparum, and P. ovale) are as follows:

(1) An investigation by the local health officer **shall be performed within seventy-two (72) hours** to determine **the** history of previous infection or possible exposure. **The** travel history shall be evaluated to determine if the case is from foreign travel or local exposure. Exposure may occur:

(A) from exposure to infected mosquitoes;

(B) from transfusions with infected blood; or

(C) through needle sharing.

(2) Standard precautions for hospitalized patients are required. Both hospitalized and nonhospitalized patients shall remain in mosquito-proof areas from dusk to dawn.

(3) Concurrent disinfection is not required.

(4) Quarantine is not required.

(5) Protection/immunization of contacts is not applicable.

(Indiana State Department of Health; 410 IAC 1-2.3-82; filed Sep 11, 2000, 1:36 p.m.: 24 IR 357; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 77. 410 IAC 1-2.3-83 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-83 Measles (rubeola); specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 83. The specific control measures for measles (rubeola) are as follows:

(1) An investigation ~~and case management shall be performed immediately~~ by **a** department ~~trained immunization~~ field ~~representatives~~ **representative,** in cooperation with the local health officer, ~~The investigation~~ shall **be performed immediately, include case management, and** consist of the following:

(A) Ascertainment of immunization history.

(B) Case ascertainment.

(C) Identification and listing of contacts. Contacts are defined as any individual who was in the same room while the case was present or for two (2) hours afterwards at any time during the infectious period. The infectious period is defined as four (4) days before rash onset until four (4) days after the appearance of the rash. All children and adults attending the same school, ~~child care,~~ **daycare,** or ~~babysitting groups~~ **preschool** as the case are defined as contacts.

(D) For outbreak control in public or private schools, on the same day that a report of a suspected case of measles is received, school personnel shall do the following:

(i) Conduct an inquiry into absenteeism to determine the existence of any other cases of the illness.

(ii) Immediately report the suspect case or cases to the local health department or the department.

(iii) Send a notice home with each student or attendee who has not presented proof of immunity explaining that the student shall be excluded from a given date, until acceptable proof of immunity is received by the school, or in the case of medical or religious exemptions, until fourteen (14) days after the onset of the last reported measles case. Previously unvaccinated children who are not vaccinated within seventy-two (72) hours of exposure shall also be excluded for fourteen (14) days after completing vaccination. Acceptable proof shall consist of **a:**

(AA) ~~a~~ written record from the student's physician, parent, or guardian ~~which~~ **that** indicates the dates of vaccination (on or after the first birthday) and the type of vaccine administered;

(BB) ~~a~~ statement from a physician indicating the date when a student had measles; or

(CC) ~~a~~ laboratory report showing a protective measles antibody titer.

(iv) Make available to officials of the local health department or the department, or both, involved in investigating and controlling the outbreak, immunization records of all students in the school or attendees

in ~~child care.~~ **daycare or preschool.**

(2) Airborne precautions shall be followed for hospitalized patients from **the** onset of the catarrhal stage of the prodromal period through the fourth day of the rash to reduce the exposure of other persons at high risk. Other infected persons shall be excluded from:

(A) school and daycare ~~centers, from~~ **facilities or preschools;**

(B) public gatherings; and ~~from~~

(C) contact with susceptible persons outside the household;

for at least four (4) days after appearance of the rash.

(3) Concurrent disinfection is not required.

(4) Quarantine is not required. Children in institutions, wards, or dormitories for ~~young~~ children may be quarantined. If measles occurs in an institution where infants reside, these infants shall be segregated from infected persons and susceptible contacts.

(5) Protection/immunization of contacts shall be as follows:

(A) Live measles vaccine given to inadequately vaccinated persons within seventy-two (72) hours of exposure may provide protection against disease.

(B) Immune globulin (IG) may be given within six (6) days to the susceptible household or other contacts, especially those for whom:

(i) risk of complications is very high, such as contacts ~~under one (1) year~~ **less than twelve (12) months** of age; or ~~for whom~~

(ii) the measles vaccine is contraindicated.

(C) Live measles vaccine should be given three (3) months later to IG recipients for whom vaccine is not contraindicated.

(Indiana State Department of Health; 410 IAC 1-2.3-83; filed Sep 11, 2000, 1:36 p.m.: 24 IR 357; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 78. 410 IAC 1-2.3-85 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-85 Meningococcal infections, invasive; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 85. The specific control measures for meningococcal disease, invasive (infectious agent: Neisseria meningitidis) are as follows:

(1) An investigation **by the local health officer** shall be performed immediately ~~by the local health officer~~ for the purpose of identifying all close contacts. Contacts are defined as:

(A) household contacts;

(B) daycare **or preschool** contacts; and

(C) anyone directly exposed to the patient's oral secretions.

Investigation shall also be performed to identify school attendance and work **a** history of the case, or history of habitual association with an agency, organization, or institution.

(2) Droplet precautions are required for hospitalized patients until twenty-four (24) hours of effective antimicrobial therapy has been completed.

(3) Concurrent disinfection ~~are~~ **is** required for **the following:**

(A) Discharges from **the** nose and throat. ~~and~~

(B) All articles soiled by them.

Terminal cleaning is required.

(4) Quarantine is not required.

(5) Protection/immunization of contacts should be treated as follows:

Rifampin	
Children ≤ **<** 1 month of age	5 mg/kg orally every 12 hours for 2 days
Children ~~>~~ **≥** 1 month of age and adults	10 mg/kg (maximum 600 mg) orally every 12 hours for 2 days ~~or 20 mg/kg (maximum 600 mg) orally every 24 hours for 4 days~~
Ceftriaxone	
~~≤ 12~~ **<15** years of age	125 mg intramuscular (IM) single dose
~~> 12~~ **≥15** years of age	250 mg intramuscular (IM) single dose
Ciprofloxacin	
≥ 18 years of age	500 mg orally single dose

(Indiana State Department of Health; 410 IAC 1-2.3-85; filed Sep 11, 2000, 1:36 p.m.: 24 IR 358; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 79. 410 IAC 1-2.3-86 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-86 Mumps; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 86. The specific control measures for mumps are as follows:
(1) An investigation ~~shall be conducted~~ by ~~trained~~ **a** department ~~immunization~~ field ~~representatives~~ **representative** in cooperation with the local health officer ~~The investigation~~ shall:
(A) be performed within seventy-two (72) hours; and
(B) include:
(i) obtaining ~~serology for mumps IgM~~ **clinical specimens** in suspect cases; and
(ii) identifying susceptible contacts who should be immunized.
(2) For hospitalized patients, droplet precautions are indicated for nine (9) days from the onset of swelling.
(3) Concurrent disinfection shall be followed to disinfect articles contaminated with nose and throat secretions.
(4) Infected persons shall be excluded from: ~~school and~~
(A) schools, preschools, daycare ~~centers,~~ **facilities;**
(B) public gatherings; and
(C) contact with susceptible persons outside the household;
for nine (9) days after the onset of swelling. Exclude exposed ~~susceptibles~~ **susceptible persons** from school or the workplace from the twelfth **day** to the twenty-fifth ~~days~~ **day** after exposure to prevent spread to other ~~susceptibles.~~ **susceptible persons.**
(5) Vaccination of ~~susceptibles~~ **susceptible persons** after exposure to mumps may not prevent disease; however, vaccination may be given to protect against subsequent exposures.

(Indiana State Department of Health; 410 IAC 1-2.3-86; filed Sep 11, 2000, 1:36 p.m.: 24 IR 358; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 80. 410 IAC 1-2.3-87.5 IS ADDED TO READ AS FOLLOWS:

410 IAC 1-2.3-87.5 Neonatal herpes; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 87.5. The specific control measures for neonatal herpes (infectious agent: HSV-1 and HSV-2) are as follows:
(1) An investigation by the local health officer shall be:
(A) performed within seventy-two (72) hours; and
(B) focused on the appropriate evaluation and treatment for infected neonates.
Neonates are infants less than four (4) weeks old. All infants who have evidence of neonatal herpes shall be promptly evaluated and given appropriate treatment per the guidance provided in Sexually Transmitted Diseases Treatment Guidelines 2002, Morbidity and Mortality Weekly Report, May 10, 2002, Volume 51, No. RR-6.
(2) Contact isolation for neonates shall be followed.
(3) Concurrent disinfection is required for articles contaminated with discharges.
(4) Quarantine is not applicable.
(5) Immunization is not applicable.

(Indiana State Department of Health; 410 IAC 1-2.3-87.5)

SECTION 81. 410 IAC 1-2.3-88 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-88 Pertussis; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 88. The specific control measures for pertussis (infectious agent: Bordetella pertussis) are as follows:
(1) ~~Immediate~~ **An** investigation ~~shall be performed~~ by ~~trained~~ **a** department ~~immunization~~ field ~~representatives~~ **representative,** in cooperation with the local health officer, ~~An investigation~~ shall be performed **immediately** for the purpose of case ascertainment and identification of close contacts. Close contacts are defined as household and daycare **or preschool** contacts and persons who have had direct contact with respiratory secretions of the case, including, but not limited to, the following:
(A) Explosive cough or sneeze in the face.
(B) Sharing food or utensils.
(C) Kissing.
(D) Mouth to mouth resuscitation.
(E) Performing a full medical exam, including examination of the nose and throat.
A search for unrecognized or unreported, early, and atypical cases is indicated where a nonimmune infant or ~~young~~ child is, or might be, at risk.
(2) Droplet precautions shall be utilized for hospitalized patients for five (5) days after the start of effective ~~therapy.~~ **treatment (see Table 1 of this section).** For others, inadequately immunized household contacts less than seven (7) years of age shall be excluded from schools, **preschools,** daycare ~~centers,~~ **facilities,** and public gatherings for fourteen (14) days after the last exposure or until they have received five (5) days of ~~a minimum fourteen (14) day course of erythromycin or trimethoprim-sulfamethoxazole.~~ **effective postexposure prophylaxis.**

Table 1				
	Agents for Treatment and Postexposure Prophylaxis of Pertussis			**Alternate agent***
Age group	**Azithromycin**	**Erythromycin**	**Clarithromycin**	**TMP-SMZ**
<1 month	**10 mg/kg per day as a single dose for 5 days[1]**	**40-50 mg/kg per day in 4 divided doses for 14 days**	**Not recommended**	**Contraindicated at <2 months**
1-5 months	**See above**	**See above**	**15 mg/kg per day in 2 divided doses for 7 days**	**≥2 months of age: TMP, 8 mg/kg per day; SMX, 40 mg/kg per day in 2 doses for 14 days**
≥6 months and children	**10 mg/kg as a single dose on day 1 (maximum 500 mg), then 5 mg/kg per day as a single dose on days 2-5 (maximum 250 mg)**	**See above (maximum 2 g/day)**	**See above (maximum 1 g/day)**	**See above**
Adolescents and Adults	**500 mg in a single dose on day 1, then 250 as a single dose on days 2-5**	**2 g per day in 4 divided doses for 14 days**	**1 g per day in 2 divided doses for 7 days**	**TMP, 300 mg per day; SMX, 1,600 mg/day in 2 divided doses for 14 days**
***TMP indicates trimethoprim; SMX, sulfamethoxazole. This drug can be an alternate in patients ≥2 months who are allergic to macrolides, who cannot tolerate macrolides, or who are infected with a rare macrolide resistant strain to Bordetella pertussis.**				
[1]Preferred macrolide for this age because of risk of idiopathic hypertrophic pyloric stenosis associated with erythromycin.				

Infected persons shall be excluded from:
(A) schools, **preschools,** and daycare ~~centers;~~ **facilities;**
(B) public gatherings; and
(C) contact with susceptible persons outside the household;
until they have received at least five (5) days of ~~a minimum fourteen (14) day course of erythromycin or trimethoprim-sulfamethoxazole.~~ **effective treatment (see Table 1 of this section).** Infected persons shall not have contact with unimmunized infants. Infected persons not receiving the prophylaxis as established in this subdivision shall be excluded from schools, **preschools,** daycare ~~centers;~~ **facilities,** and public gatherings for twenty-one (21) days.

(3) Concurrent disinfection is required for **the following:**
(A) Nose and throat discharges. ~~and~~
(B) Any articles soiled by nose and ~~throut~~ **throat** discharges.
(4) For quarantine, see subdivision ~~(1)~~ **(2)** for inadequately immunized contacts.
(5) Close contacts less than seven (7) years of age who have not received:
(A) four (4) diphtheria, tetanus, or pertussis (DTP or DTaP) doses; or ~~have not received~~
(B) a DTP dose within three (3) years;
should be given a DTaP dose as soon after exposure as possible. ~~A fourteen (14) day course of erythromycin (forty (40) to fifty (50) milligram per kilogram per day (mg/kg/day), orally in four (4) divided doses, maximum two (2) grams per day (gm/day))~~ **Chemoprophylaxis (see Table 1 of this section)** for all household and other close contacts regardless of age and vaccination status should be given. ~~While efficacies have not been established, clarithromycin, other macrolides, or trimethoprim-sulfamethoxazole are alternatives for those who cannot tolerate erythromycin.~~ Those with symptoms should be cultured before antibiotic therapy **is initiated.** Immunization after discovery of a case or an outbreak does not provide protection to newly immunized persons during that outbreak. Therefore, contacts must be protected immediately by other measures.

(Indiana State Department of Health; 410 IAC 1-2.3-88; filed Sep 11, 2000, 1:36 p.m.: 24 IR 359; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 82. 410 IAC 1-2.3-89 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-89 Plague; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 89. The specific control measures for plague (infectious agent: Yersinia pestis) are as follows:
(1) **An investigation by** the local health officer shall ~~perform an immediate investigation~~ **be performed immediately** to identify all contacts. Contacts are defined as those individuals who have been in household or face-to-face contact with patients with pneumonic plague. Establish if the case had traveled to endemic areas in the past seven (7) days. Determine if patients:
(A) were exposed to rodents, ~~or~~ cats, or dogs; or
(B) visited areas of rodent habitat during travel.
(2) Standard precautions are required for hospitalized patients with bubonic plague. Droplet precautions for hospitalized patients with pneumonic plague are required until seventy-two (72) hours after the start of effective therapy.
(3) Concurrent disinfection is required for **the following:**
(A) Sputum and purulent discharges. ~~and~~
(B) Articles soiled with them.
(4) Those who have had face-to-face contact or are in a household with patients shall be:
(A) placed on chemoprophylaxis; and
(B) observed for seven (7) days.
Those who refuse chemoprophylaxis must be isolated for seven (7) days.
(5) Close contacts (including medical personnel) shall be evaluated for chemoprophylaxis. Contacts of pneumonic plague shall be provided chemoprophylaxis. Children less than eight (8) years of age should be given trimethoprim-sulfamethoxazole. For children older than eight (8) years of age and adults, doxycycline or tetracycline is recommended.
(6) Streptomycin and gentamycin are drugs of choice in most cases. Tetracyclines and chloramphenicol are alternatives.

(Indiana State Department of Health; 410 IAC 1-2.3-89; filed Sep 11, 2000, 1:36 p.m.: 24 IR 359; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 83. 410 IAC 1-2.3-90 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-90 Poliomyelitis; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 90. The specific control measures for poliomyelitis are as follows:
(1) ~~Immediate~~ **An** investigation ~~shall be performed~~ by a ~~trained~~ department ~~immunization~~ field representative, in cooperation with the local health officer, ~~The investigation~~ shall **be performed immediately and** include the following:
(A) Laboratory confirmation.
(B) **The** immunization status of the case.
(C) **The** time since the last vaccination.
(D) **The** type of vaccine given.
(E) **A** history of underlying immunosuppressive condition.
(F) **A** history of contact with high risk individuals, such as **the following:**
(i) Persons who object to vaccination.
(ii) Recent immigrants.
(iii) Travelers. ~~and~~
(iv) Persons who are a probable or confirmed case of polio.
A travel history of the case shall be determined. If wild poliovirus is implicated, ~~and at least two (2) cases are associated by time and place,~~ an immunization program designed to contain the spread shall be initiated using trivalent ~~oral~~ polio vaccine. A thorough search shall be conducted for sick persons, especially children, to assure early detection, facilitate control, and permit appropriate treatment of unrecognized and unreported cases.
(2) For hospitalized patients, **both contact and** standard precautions are required. Other infected persons shall be excluded from:
(A) schools; ~~and~~
(B) preschools;
(C) daycare ~~centers,~~ **facilities;**
(D) public gatherings; and
(E) contact with susceptible persons outside the home;
for a period of not less than fourteen (14) days after the onset of illness.
(3) Concurrent disinfection shall be followed for **the following:**
(A) Throat discharges.
(B) Feces. ~~and~~
(C) Articles soiled by ~~throuat~~ **throat** discharges or feces. ~~or both.~~
Feces may be disposed of directly into sanitary sewage system. Terminal cleaning shall also be followed.
(4) Quarantine is not indicated.
~~(4)~~ **(5)** Familial and other close contacts may be vaccinated, but this measure, when implemented after recognition of the case, is of unknown value.

(Indiana State Department of Health; 410 IAC 1-2.3-90; filed Sep 11, 2000, 1:36 p.m.: 24 IR 360; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 84. 410 IAC 1-2.3-91 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-91 Psittacosis; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 91. The specific control measures for psittacosis (infectious agent: Chlamydia psittaci) are as follows:
(1) An investigation by the local health officer shall:
(A) be ~~instituted to identify~~ **performed within seventy-two (72) hours;**
(B) include:
(i) identifying the source of infection; and
(ii) implementation of control measures; ~~The investigation shall~~ **and**
(C) identify exposure to:
~~(A)~~ **(i)** psittacine birds (owned by individuals or pet shops);
~~(B)~~ **(ii)** occupational exposure to poultry flocks; or
~~(C)~~ **(iii)** processing plants;
for the previous four (4) weeks.
Identified locations for potential exposure shall be forwarded to the Indiana state board of animal health for

investigation.
(2) Standard precautions are required. Coughing patients shall cough into tissue to prevent aerosolization of infectious agent.
(3) Concurrent disinfection is required for all discharges.
(4) Quarantine is not required.
(5) Protection/immunization of contacts is not required.

(Indiana State Department of Health; 410 IAC 1-2.3-91; filed Sep 11, 2000, 1:36 p.m.: 24 IR 360; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 85. 410 IAC 1-2.3-92 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-92 Q fever; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2-1

Sec. 92. The specific control measure for Q fever (infectious agent: Coxiella burnetii) are as follows:
(1) An investigation **by the local health officer** shall be ~~conducted by the local health officer~~ **performed immediately** for case ascertainment and identification of an infection source. **Investigation of the infection source shall be directed at:**
(A) exposure to sheep, cattle, and goats;
(B) consumption of unpasteurized milk; and
(C) laboratories that handle the disease agents.
(2) Standard precautions for hospitalized patients shall be taken.
(3) Concurrent disinfection is required for sputum and blood and articles freshly soiled by these substances, using five-hundredths percent (0.05%) hypochlorite, five percent (5%) peroxide, or a 1:100 solution of triphenyl-based disinfectant. Use precautions at postmortem examination of suspected cases in humans and animals.
~~(3)~~ **(4)** Quarantine is not required.
~~(4) Investigation for the infection source shall be directed at exposure to sheep, cattle, goats, laboratories that handle the agents, and consumption of unpasteurized milk.~~
(5) Protection/immunization of contacts is not required.

(Indiana State Department of Health; 410 IAC 1-2.3-92; filed Sep 11, 2000, 1:36 p.m.: 24 IR 360; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 86. 410 IAC 1-2.3-93 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-93 Rabies, human and animal; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 15-2.1-6-11; IC 16-41-2; IC 16-41-9

Sec. 93. The specific control measures for rabies (see **also** animal bites ~~also)~~ **in section 52 of this rule)** are as follows:
(1) An investigation ~~shall be accomplished~~ by the department veterinary epidemiologist in collaboration with the local health officer ~~The investigation~~ shall:
(A) be performed immediately; and
(B) identify:
(i) the route of **the** exposure;
(ii) the animal responsible for **the** exposure; and
(iii) other individuals who may have been exposed to:
(AA) that animal; or ~~to~~
(BB) the salivary secretions of the patient.
Individuals who have been exposed to salivary secretions of the patient shall be evaluated for postexposure prophylaxis. Postexposure prophylaxis guidance is provided in section 52 of this rule.
(2) Standard precautions shall be followed for hospitalized patients. Health care workers shall prevent mucous membrane and open wound contact with patient's saliva.

(3) Concurrent disinfection is required. Saliva and articles contaminated with saliva shall be disinfected.
(4) Quarantine for animals may be required depending on circumstances (see section 52 of this rule).
~~(4)~~ **(5)** Contacts who have experienced saliva exposure to:
(A) open wounds; or
(B) mucous membranes;
should receive postexposure prophylaxis.

(Indiana State Department of Health; 410 IAC 1-2.3-93; filed Sep 11, 2000, 1:36 p.m.: 24 IR 360; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 87. 410 IAC 1-2.3-94 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-94 Rocky Mountain spotted fever; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 94. The specific control measures for Rocky Mountain spotted fever (infectious agent: Rickettsia rickettsii) are as follows:
(1) **An investigation by** the local health officer shall ~~investigate~~ **be performed within seventy-two (72) hours** to determine **the** location of exposure to infected ticks. Recent travel ~~as well as~~ **and** exposure to tick infected areas shall be identified.
(2) Standard precautions are required for hospitalized patients.
(3) ~~Carefully remove~~ **Concurrent disinfection is required.** All ticks **shall be removed** from the patient to avoid contact with infectious agent.
(4) Quarantine **is** not ~~necessary.~~ **required.**
(5) ~~Immunizations~~ **Protection/immunization** for contacts ~~are~~ **is** not ~~available.~~ **indicated.**

(Indiana State Department of Health; 410 IAC 1-2.3-94; filed Sep 11, 2000, 1:36 p.m.: 24 IR 361; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 88. 410 IAC 1-2.3-95 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-95 Rubella (German measles); specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 95. The specific control measures for rubella (German measles) are as follows:
(1) An investigation ~~and case management shall be performed immediately~~ by a ~~trained~~ department ~~immunization~~ field representative ~~with the,~~ **in** cooperation ~~of~~ **with** the local health officer ~~The investigation~~ shall **be performed immediately and** include **case management,** case ascertainment, previous immunization history, and identification of exposed pregnant female and other susceptible contacts. For outbreak control in public or private schools or ~~child care~~ **daycare** facilities **or preschools,** on the same day that a report of a suspected case of rubella is received, school personnel shall do the following:
(A) Conduct an inquiry into absenteeism to determine the existence of any other cases of the illness.
(B) Immediately report the suspect case or cases to the local health department or the department.
(C) Send a notice home with each student or attendee who has not presented proof of immunity, explaining that the student shall be excluded from a given day until acceptable proof of immunity is received by the school or, in the case of medical or religious exemptions, until twenty-three (23) days after the onset of the last reported rubella case. Acceptable proof shall consist of the following:
(i) A written record from the student's physician or parent or guardian that indicates the:
(AA) dates of vaccination (on or after the first birthday; and ~~the~~
(BB) type of vaccine administered.
(ii) A laboratory report showing a protective rubella antibody titer.
(D) Make available to officials of the local health department or the department, or both, involved in investigating and controlling the outbreak, immunization records of all students in the school or attendees in ~~child care.~~ **daycare or preschool.**
(2) Droplet precautions shall be followed for seven (7) days after **the** onset of a rash. Contact precautions shall

be followed for suspected or known congenital rubella until one (1) year of age unless urine and nasopharyngeal cultures are negative for the virus after three (3) months. In hospitals and institutions, patients suspected of having rubella shall be managed in a private room. Infected persons shall be excluded from:

(A) schools, ~~and~~ daycare ~~centers,~~ **facilities, and preschools;**

(B) places of work;

(C) public gatherings; and

(D) contact with ~~susceptibles~~ **susceptible persons** outside the household;

for seven (7) days after **the** onset of a rash.

(3) Concurrent disinfection is not applicable.

(4) Quarantine is not applicable.

~~(3)~~ **(5)** Immunization, while not contraindicated (except during pregnancy), will not necessarily prevent infection or illness. Passive immunization with immune globulin may be given to a susceptible pregnant woman exposed to the disease but should only be administered after thorough consultation with her attending physician, and any such measure should be provided by her attending physician. Pregnant female contacts, especially those in the first trimester, should be referred immediately to their attending physician for:

(A) serological testing to determine susceptibility or early infection (IgM) antibody; and ~~for~~

(B) thorough medical consultation.

(Indiana State Department of Health; 410 IAC 1-2.3-95; filed Sep 11, 2000, 1:36 p.m.: 24 IR 361; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 89. 410 IAC 1-2.3-96 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-96 Salmonellosis, non-typhoidal; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 96. The specific control measures for salmonellosis ~~other than typhoid fever,~~ **non-typhoidal,** (infectious agent: Salmonella species) are as follows:

(1) An investigation by the local health officer shall be ~~accomplished immediately to determine if the affected individual is a food handler, day care attendant or attendee, or health care worker. Further investigation~~ **performed within seventy-two (72) hours and** shall ~~be performed to determine~~ **include** a three (3) day food consumption history with emphasis on exposure to inadequately cooked poultry and poultry products, uncooked or lightly cooked eggs or egg products, ~~raw milk,~~ and ~~dairy~~ **unpasteurized milk** products. ~~Interview~~ Meal companions **shall be interviewed** to identify additional cases. ~~and~~ If a commercial food product or restaurant is suspected, ~~conduct~~ active surveillance ~~for~~ **shall be conducted to identify** additional cases. **The investigation shall determine if the case is part of an outbreak and if the case is a:**

(A) food handler;

(B) daycare worker;

(C) health care worker; or

(D) daycare, school, or other institution attendee.

Medical evaluation, including adequate laboratory examination of feces of contacts, should be limited to food handlers, ~~child care attendants,~~ **daycare workers,** health care workers, or other situations where outbreaks may occur.

(2) Contact precautions shall be followed for diapered or incontinent patients less than six (6) years of age for the duration of the illness, and standard precautions shall be followed for other hospitalized patients. For other individuals, the following guidelines shall be followed:

(A) ~~Symptomatic persons~~ **Cases** shall be excluded from employment ~~involving food handling, direct care of children, or hospitalized or institutionalized patients.~~

~~(B) Asymptomatic day care workers and health care workers may return to work, providing they have met the requirement of clauses (C) and (D) prior to that person's return to work. Once clauses (C) and (D) are met, asymptomatic~~ **as** food handlers ~~may return to work, but will be restricted from working with:~~

~~(i) exposed food;~~

~~(ii) clean equipment, utensils, and linens; and~~

~~(iii) unwrapped single-service and single-use articles;~~

until ~~they are determined to be free of salmonella as described in clause (E).~~ **all of the following have occurred:**

(i) The case is asymptomatic for at least twenty-four (24) hours.

(ii) Two (2) successive negative stool cultures have been collected not less than twenty-four (24)

hours apart and not sooner than forty-eight (48) hours after cessation of any antimicrobial treatment.

~~(C)~~ **(iii)** The local health officer ~~discusses with~~ **has determined** the ~~asymptomatic worker his or her symptoms and determines that he or she~~ **employee** is ~~indeed~~ asymptomatic. ~~and that~~

(iv) The ~~worker is further~~ **case has been** counseled about **preventive** measures, such as hand washing, that shall be followed to prevent transmission of disease.

~~(D)~~ **(v)** The local health officer ~~contacts~~ **has discussed the following topics with** the employer: ~~to reemphasize~~

(AA) The ~~need~~ **employer's duty** to ~~(i)~~ comply with local and state rules ~~requiring~~ **pertaining to prevention of infectious diseases.**

(BB) The availability of proper hand washing facilities for all employees. ~~and~~

~~(ii) correct~~ **(CC) The correction of** any observed lapses in ~~hygiene~~ **hygienic** measures of ~~any~~ employees.

~~(E) The worker has had two (2) successive negative fecal samples or rectal swabs (collected greater than twenty-four (24) hours apart) and no sooner than forty-eight (48) hours after cessation of any antibiotic therapy.~~

(B) Cases employed as daycare workers, health care workers, or similar positions shall be excluded from employment involving direct care of children or hospitalized or institutionalized patients until all of the following have occurred:

(i) The case is asymptomatic for at least twenty-four (24) hours.

(ii) The local health officer has determined the case is asymptomatic.

(iii) The case has been counseled about preventive measures, such as hand washing, that shall be followed to prevent transmission of disease.

(iv) The local health officer has discussed the following topics with the employer:

(AA) The employer's duty to comply with local and state rules pertaining to prevention of infectious diseases.

(BB) The availability of required proper hand washing facilities for employees.

(CC) The correction of any observed lapses in hygienic measures of employees.

~~(F) Symptomatic individuals~~ **(C) Cases** shall be excluded from **attending** schools, **preschools,** and daycare ~~centers. Once determined to be asymptomatic, excluded individuals may be readmitted to schools and day care centers.~~ **facilities until all of the following have occurred:**

(i) The case is asymptomatic for at least twenty-four (24) hours.

(ii) The local health officer has determined the case is asymptomatic.

(iii) The case or case's guardian has been counseled about preventive measures, such as hand washing, that shall be followed to prevent transmission of disease.

(iv) The local health officer has discussed with the appropriate school, preschool, or daycare facility staff the need:

(AA) for proper hand washing and other infection control practices; and

(BB) to comply with all local and state rules pertaining to prevention of infectious diseases.

~~(G)~~ **(D)** If an outbreak of the infection occurs in a daycare ~~center,~~ **facility or preschool,** all attendees **and staff** may be required to submit stool specimens for examination. ~~In addtion, the local health officer may order asymptomatic~~ **Instead of exclusion,** attendees and staff ~~who are infected with Salmonella organisms to~~ **may** be isolated from other attendees and staff in the same ~~center,~~ **facility based on symptoms, laboratory testing,** and **treatment. This alternative can only be considered if the physical structure and staff organization of the facility can accommodate isolation of various attendee groups from one another. If this alternative is selected, increased emphasis on hand washing and environmental cleaning is necessary.** Admission of all new attendees **may be** suspended while the outbreak continues.

(3) Concurrent disinfection is required for feces and fecal contaminated articles. Feces may be disposed directly into a sanitary sewage system. Terminal cleaning is required.

(4) Quarantine is not required.

(5) Immunization is not available.

(Indiana State Department of Health; 410 IAC 1-2.3-96; filed Sep 11, 2000, 1:36 p.m.: 24 IR 361; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 90. 410 IAC 1-2.3-97 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-97 Shigellosis; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 97. The specific control measures for shigellosis (infectious agent: Shigella species) are as follows:
(1) An investigation **by the local health officer** shall be performed immediately, ~~by the local health officer to~~ **include a seven (7) day food consumption and water source history, and** determine ~~whether~~ **if the case is part of an outbreak and if** the case is a:
(A) food handler;
(B) daycare worker;
(C) health care worker; **or**
(D) daycare, **school, or other institution** attendee.
~~or attendee at other institutions. Further investigation shall be performed to determine a seven (7) day food consumption and water source history.~~ The investigation shall identify household members and contacts who are food handlers, health care **workers,** or daycare workers. ~~or those who care for elderly people in institutional settings.~~ Any such contacts shall have stools cultured, whether asymptomatic or not, to identify other infected individuals.
(2) Contact precautions are required for diapered or incontinent patients less than six (6) years of age for the duration of the illness and standard precautions for other hospitalized patients. For others, the following steps shall be taken:
(A) ~~Patients with known Shigella infections~~ **Cases employed as food handlers, daycare workers, health care workers, or similar positions** shall be excluded from employment involving food handling **and** direct care of children or hospitalized or institutionalized patients until **all of the following have occurred:**
(i) The case is asymptomatic for at least twenty-four (24) hours.
(ii) Two (2) successive ~~fecal~~ **negative stool** specimens **have been** collected ~~more~~ **not less** than twenty-four (24) hours apart and not ~~less that~~ **sooner than** forty-eight (48) hours after completion of antimicrobial therapy. ~~have been~~
(iii) The local health officer has determined ~~to be culture negative for Shigella organisms. Infected children shall be excluded from day care centers until~~ **the case is** asymptomatic. ~~and have completed five (5) days of specific antimicrobial therapy or if antibiotics are not administered until two (2) successive fecal specimens collected not less than twenty-four (24) hours apart have been determined to be negative for Shigella organisms.~~
(iv) The case has been counseled about preventive measures, such as hand washing, that shall be followed to prevent transmission of disease.
(v) The local health officer has discussed the following topics with the employer:
(AA) The employer's duty to comply with local and state rules pertaining to prevention of infectious diseases.
(BB) The availability of required proper hand washing facilities for employees.
(CC) The correction of any observed lapses in hygienic measures of employees.
(B) ~~Symptomatic school children~~ **Cases** shall be excluded from ~~schools, but may be allowed to return after~~ **attending preschools and daycare facilities until all of the following have occurred:**
~~(i) symptoms cease;~~
(i) The case is asymptomatic for at least twenty-four (24) hours.
(ii) ~~appropriate~~ **Completion of effective** antimicrobial therapy ~~has been initiated for at least~~ **supported by antimicrobial susceptibility testing or two (2) successive negative stool specimens collected not less than twenty-four (24) hours apart and not sooner than** forty-eight (48) hours ~~and~~ **after cessation of antimicrobial therapy.**
(iii) ~~education regarding good hygiene~~ **The local health officer** has ~~been provided to~~ **determined** the case **is asymptomatic.**
(iv) The case or case's guardian has been counseled about preventive measures, such as hand washing, that shall be followed to prevent transmission of disease.
(v) The local health officer has discussed with the appropriate preschool or daycare facility staff the need:
(AA) for proper hand washing and other infection control practices; and
(BB) to comply with all local and state rules pertaining to prevention of infectious diseases.
(C) Cases shall be excluded from attending school until all of the following have occurred:
(i) The case is asymptomatic for at least twenty-four (24) hours.
(ii) The initiation of effective antimicrobial therapy for at least forty-eight (48) hours supported by antimicrobial susceptibility testing or two (2) successive negative stool specimens collected not less than twenty-four (24) hours apart and not sooner than forty-eight (48) hours after cessation of antimicrobial therapy.
(iii) The local health officer has determined the case is asymptomatic.
(iv) The case or case's guardian has been counseled about preventive measures, such as hand

washing, that shall be followed to prevent transmission of disease.
(v) The local health officer has discussed with the appropriate school staff the need:
(AA) for proper hand washing and other infection control practices; and
(BB) to comply with all local and state rules pertaining to prevention of infectious diseases.
(D) If an outbreak occurs in a school, ~~the administrator~~ **cases** may ~~exclude symptomatic students and staff~~ **be excluded** until **asymptomatic for at least twenty-four (24) hours and** two (2) successive ~~fecal~~ **negative stool** specimens **have been** collected not less than twenty-four (24) hours apart and ~~at least~~ **not sooner than** forty-eight (48) hours after cessation of ~~specific~~ **antimicrobial** therapy. ~~have been determined to be negative for Shigella organisms.~~
(E) If an outbreak occurs in a daycare ~~center,~~ **facility or preschool,** all attendees and staff may be required to submit stool specimens for examination. ~~Symptomatic children shall be excluded until asymptomatic, and completion of five (5) days of specific antimicrobial therapy. The day care administrator may consider isolation of infected but asymptomatic attendees from other attendees~~ Instead of exclusion until stool negative, ~~or five (5) days of specific antimicrobial therapy.~~ **attendees and staff may be isolated from other attendees and staff in the same facility based on symptoms, laboratory testing, and treatment.** This alternative can only be considered if the physical structure and staff organization of the ~~center~~ **facility** can accommodate isolation of various attendee groups from one another. **If this alternative is selected, increased emphasis on hand washing and environmental cleaning is necessary. Admission of all new attendees may be suspended while the outbreak continues.**
(3) Concurrent disinfection is required for feces and fecal contaminated articles. Feces may be disposed of directly in sanitary sewage system.
(4) Quarantine is not required.
~~(4) There is no~~ **(5)** Immunization **is not** available.

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SECTION 91. 410 IAC 1-2.3-97.5 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-97.5 Smallpox; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 97.5. The control measures for smallpox **(infectious agent: Variola virus)** are ~~to:~~ **as follows:**
(1) ~~begin~~ An investigation ~~immediately~~ by the department in conjunction with the local health officer **shall be performed immediately** to determine the possible sources of infection **and the extent of the outbreak and include the following:**
(A) A history of past and recent smallpox vaccinations.
(B) A history of varicella and shingles vaccinations.
(C) A history of varicella or herpes zoster.
(D) A medical history.
(E) A collection of appropriate laboratory specimens.
(F) A recent travel history.
A complete list of contacts shall be generated and traced. Contacts are defined as all individuals in the household, all individuals with a history of habitual close contact, and all individuals directly exposed to the patient.
~~(2) trace contacts of the known case; and~~
~~(3) determine the extent of the outbreak.~~
(2) For hospitalized patients, the following precautions are required:
(A) Standard.
(B) Airborne.
(C) Droplet.
(D) Contact.
The patient shall be placed in a private, negative airflow room for airborne infection isolation.
(3) Concurrent disinfection is required. Laundry and waste shall be discarded into biohazard bags and sterilized, and bedding and clothing shall be incinerated or laundered in hot water with laundry detergent followed by hot air drying.
(4) Quarantine is required.
(5) Postexposure immunization provides some protection against disease and significant protection

against fatal outcome. Any person with a significant exposure to a patient with proven smallpox during the infectious stage of illness requires immunization as soon after exposure as possible but within four (4) days of first exposure.

(Indiana State Department of Health; 410 IAC 1-2.3-97.5; filed Oct 23, 2003, 4:10 p.m.: 27 IR 870; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 92. 410 IAC 1-2.3-98 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-98 Staphylococcus aureus, vancomycin resistant level ≥ 8 µg/mL, or severe Staphylococcus aureus in a previously healthy person; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 98. The specific control measures for Staphylococcus aureus, vancomycin resistant level ≥ 8 µg/mL, **or severe Staphylococcus aureus in a previously healthy person** are as follows:

(1) An investigation by the department in collaboration with the local health officer shall be ~~accomplished within seventy-two (72) hours~~ **performed immediately** to:

(A) verify resistant or intermediate resistant culture isolate to vancomycin; **and**

(B) provide antibiotic susceptibility results for severe Staphylococcus aureus infection in a previously healthy person that results in death or admission to an intensive care unit.

For purposes of this section, "previously healthy person" means a person who has not been hospitalized or had surgery, dialysis, or residency in a long-term care facility in the past year and did not have an indwelling catheter or percutaneous medical device at the time of culture. The investigation includes laboratory verification of resistance. Abrupt increases in the prevalence of the disease in the community shall be investigated for a common source.

(2) For hospitalized patients, contact precautions are required.

(3) Concurrent disinfection is required for all:

(A) discharges from the skin, wound, or burn; and

(B) articles contaminated with discharges.

Fecal material may be disposed of in a sanitary sewer.

(4) Quarantine is not applicable.

(5) Immunization is not available.

(Indiana State Department of Health; 410 IAC 1-2.3-98; filed Sep 11, 2000, 1:36 p.m.: 24 IR 363; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 93. 410 IAC 1-2.3-99 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-99 Streptococcus pneumoniae, invasive disease; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 99. The specific control measures for ~~invasive~~ Streptococcus pneumoniae, **invasive disease,** are as follows:

(1) An investigation of ~~contacts~~ **cases** and the source of infection shall be as follows:

(A) An investigation by a department ~~trained immunization~~ field representative, in collaboration with the local health officer, **shall:**

(i) be performed within seventy-two (72) hours for cases less than or equal to five (5) years of age; ~~within seventy-two (72) hours. The investigation shall~~ **and**

(ii) include:

(AA) a complete pneumococcal vaccine immunization history;

(BB) a history of antibiotic use;

(CC) a history of chronic underlying ~~disease,~~ **medical conditions,** asplenia or immunosuppression, and drug resistance pattern of isolate.

(B) An investigation by a local health officer ~~for all other cases~~ shall:

(i) be performed within seventy-two (72) hours ~~The investigation shall~~ **for all other cases; and**

(ii) include:
(AA) a complete pneumococcal vaccine immunization history; **and**
(BB) a history of chronic underlying ~~disease,~~ **medical conditions,** asplenia or immunosupresssion, and drug resistance pattern of isolate.
(2) For hospitalized patients, standard precautions are required.
(3) Disinfect:
(A) purulent discharges; and
(B) articles soiled by them.
(4) Quarantine is not applicable.
~~(4)~~ **(5)** Protection/immunization of contacts is not required.

(Indiana State Department of Health; 410 IAC 1-2.3-99; filed Sep 11, 2000, 1:36 p.m.: 24 IR 363; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 94. 410 IAC 1-2.3-100 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-100 Streptococcal disease, invasive, group A and streptococcal toxic shock syndrome; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 100. The specific control measures for invasive streptococcal infections and toxic shock syndrome (infectious agent: Streptococcus pyogenes) are as follows:
(1) An investigation ~~within seventy-two (72) hours~~ by the local health officer **shall be performed within seventy-two (72) hours** to ascertain that the case meets the case definition for invasive group A streptococcal or streptococcal toxic shock syndrome. Identify if the case had a recent case of varicella or underlying chronic disease. Be alert for outbreaks defined as two (2) or more cases occurring close together in place and time.
(2) For hospitalized ~~young~~ children with pharyngitis, pneumonia, or scarlet fever, droplet precautions shall be followed until at least twenty-four (24) hours of antimicrobial therapy have been administered. For patients with skin, wound, or burn infections, contact precautions shall be followed for at least twenty-four (24) hours after antimicrobial therapy has been administered.
(3) Discharges and articles soiled with discharges shall be disinfected.
(4) ~~Immunization~~ **Quarantine** is not ~~available.~~ **applicable.**
(5) Protection of contacts is not applicable, except in an outbreak setting. During an outbreak, special close contact groups, for example:
(A) the military;
(B) daycare facilities;
(C) schools; and
(D) nursing homes;
may need antibiotic therapy to prevent further spread of disease.

(Indiana State Department of Health; 410 IAC 1-2.3-100; filed Sep 11, 2000, 1:36 p.m.: 24 IR 363; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 95. 410 IAC 1-2.3-101 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-101 Streptococcal infections, invasive, group B (infectious agent: Streptococcus agalactiae); specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 101. The specific control measures for invasive group B streptococcus **(infectious agent: Streptococcus agalactiae)** are as follows:
(1) An investigation ~~within seventy-two (72) hours~~ by the local health officer **shall be performed within seventy-two (72) hours** to:
(A) ascertain that the case meets the case definition; ~~(infection of a normal sterile site, that is, blood or CSF)~~

and ~~to~~
(B) identify outbreaks, defined as two (2) or more cases occurring close together in place and time.
(2) For hospitalized patients, standard precautions are required.
(3) Disinfection of discharges and articles contaminated by discharges ~~shall be done~~ **is required.**
(4) Quarantine is not applicable.
(5) Immunization is not applicable.

(Indiana State Department of Health; 410 IAC 1-2.3-101; filed Sep 11, 2000, 1:36 p.m.: 24 IR 364; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 96. 410 IAC 1-2.3-102 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-102 Syphilis; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 102. The specific control measures for syphilis (infectious agent: Treponema pallidum) are as follows:
(1) An investigation ~~shall by accomplished~~ by ~~trained~~ **a** public health disease control ~~specialists~~ **specialist,** in cooperation with the local health officer, **shall be performed within seventy-two (72) hours.** The investigation shall be focused on identifying sexual partners who were at risk for transmitting to, or ~~contacting~~ **contracting** the infection from, the case. Cases and contacts shall be fully evaluated (including pregnancy status of females) and treated as recommended in the ~~MMWR 1998 Guidelines for Treatment of~~ Sexually Transmitted Diseases ~~January 23, 1998, Volume 47/RR1.~~ **Treatment Guidelines, 2006, Morbidity and Mortality Weekly Report, August 4, 2006, Volume 55, No. RR-11.**
(2) For hospitalized patients, standard precautions are required. For others, the infected persons shall refrain from sexual activities involving exchange of body fluids until:
(A) their lesions clear; and
(B) they have been on appropriate antibiotic therapy for at least twenty-four (24) hours.
Treated persons shall also avoid sexual activities involving exchange of body fluids with untreated partners to avoid reinfection.
(3) Disinfection is not required in adequately treated cases, but care shall be taken to avoid contact with:
(A) discharges from open lesions; and
(B) articles soiled by discharges.
(4) Quarantine is not required.
(5) Immunization is not available.

(Indiana State Department of Health; 410 IAC 1-2.3-102; filed Sep 11, 2000, 1:36 p.m.: 24 IR 364; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 97. 410 IAC 1-2.3-103 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-103 Tetanus; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 103. The specific control measures for tetanus (infectious agent: Clostridium tetani) are as follows:
(1) An investigation ~~shall be accomplished within seventy-two (72) hours~~ by a department ~~trained immunization~~ field representative, **in cooperation** with ~~the cooperation of~~ the local health officer, **shall:**
(A) be performed within seventy-two (72) hours; and
~~(2) The investigation shall~~ **(B)** include:
~~(A)~~ **(i)** a complete tetanus toxoid immunization history;
~~(B)~~ **(ii) the wound location and** circumstance of injury or ~~(C)~~ possible source of infection;
(iii) treatment information; and
(iv) the outcome of the case.
(2) Concurrent disinfection is not applicable.
(3) Quarantine is not required.
(4) Immunization is not applicable.

(Indiana State Department of Health; 410 IAC 1-2.3-103; filed Sep 11, 2000, 1:36 p.m.: 24 IR 364; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 98. 410 IAC 1-2.3-104 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-104 Toxic shock syndrome; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 104. The specific control measures for toxic shock syndrome (Staphylococcal) are as follows:
(1) An investigation by the local health officer shall be ~~accomplished~~ **performed** within seventy-two (72) hours for **the following:**
(A) Case ascertainment.
(B) Clinical findings.
(C) Culture results. ~~and~~
(D) Suspected source of infection.
(2) Standard precautions shall be followed.
(3) Sanitary disposal of blood and articles soiled with body discharges.
(4) Quarantine is not required.
(5) Immunization is not available.

(Indiana State Department of Health; 410 IAC 1-2.3-104; filed Sep 11, 2000, 1:36 p.m.: 24 IR 364; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 99. 410 IAC 1-2.3-105 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-105 Trichinosis; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 105. The specific control measures for trichinosis (infectious agent: Trichinella spiralis) are as follows:
(1) An investigation by the local health officer shall be ~~accomplished~~ **performed** within seventy-two (72) hours. Collect food consumption history, concentrating on meats, for eight (8) to forty-five (45) days prior to the onset of symptoms. **A** travel history may provide leads to unusual foods or source of foods with increased risk. Identify and interview family members and others that the case normally shares meals with to identify additional cases.
(2) Standard precautions are required.
(3) Concurrent disinfection is not required.
(4) Quarantine is not required.
(5) Immunizations for contacts are not available.

(Indiana State Department of Health; 410 IAC 1-2.3-105; filed Sep 11, 2000, 1:36 p.m.: 24 IR 364; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 100. 410 IAC 1-2.3-106 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-106 Tuberculosis; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 106. The specific control measures for tuberculosis (infectious agent: Mycobacterium tuberculosis) are as follows:
(1) An investigation **by the local health officer shall be performed immediately** and **shall include** case management. ~~are the responsibility of the local health officer and shall begin immediately.~~ The local health

officer shall request laboratory, radiological, and other studies as required for case ascertainment and to determine if the suspect case should be isolated as described in subdivision ~~(5)(B).~~ **(2).** For confirmed and suspected cases of **pulmonary, laryngeal, or pleural** tuberculosis, a contact investigation shall be performed, identifying both ~~household and close~~ **high and medium priority** contacts. ~~As used in this subdivision, "close contact" means an individual who has shared breathing air space with a tuberculosis case for prolonged periods of time in circumstance or frequency that would allow airborne transmission. Examples of close contacts are household members, co-workers, and friends. If several of the close contacts are PPD positive, then contact investigation shall be expanded to include persons who have been progressively in less contact with source or suspect.~~ **Prioritization of contacts are to be assigned in accordance with Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis. Recommendations from the National Tuberculosis Controllers Association and CDC. MMWR; December 16, 2005; Vol. 54; No. RR-15. Priority is based on the likelihood of infection and the potential hazards to the individual contact infected.**

(A) Prioritization of contacts exposed to persons with acid-fast bacilli (AFB) sputum positive or cavitary tuberculosis (TB) cases is as follows:

(i) High-priority contacts include the following:

(AA) Household contacts.

(BB) Children less than five (5) years of age.

(CC) Persons with medical risk factors, including HIV.

(DD) Persons exposed during medical procedures.

(EE) Persons exposed in a congregate setting.

(FF) Persons that exceed duration of environment limits as determined on a case-by-case basis by the department TB control program.

(ii) Medium-priority contacts include the following:

(AA) Children five (5) to fifteen (15) years of age.

(BB) Persons that exceed duration of environment limits as determined on a case-by-case basis by the department TB control program.

(B) Prioritization of contacts exposed to persons with AFB sputum negative TB cases with abnormal chest radiographs is as follows:

(i) High-priority contacts include the following:

(AA) Children less than five (5) years of age.

(BB) Persons with medical risk factors, including HIV.

(CC) Persons exposed during medical procedures.

(ii) Medium-priority contacts include the following:

(AA) Household contacts.

(BB) Persons exposed in a congregate setting.

(CC) Persons that exceed duration of environment limits as determined on a case-by-case basis by the department TB control program.

(2) Pulmonary tuberculosis cases and ~~suspects~~ **suspect cases** who: ~~are sputum-smear~~

(A) have three (3) consecutive smear negative **sputums;**

(B) are clinically improving; and

(C) are known to be on adequate tuberculosis chemotherapy;

are defined as noninfectious. All other pulmonary tuberculosis cases and ~~suspects~~ **suspect cases** must be isolated until no longer infectious. In ~~the hospital,~~ **health care facilities,** tuberculosis cases and ~~suspects~~ **suspect cases** must be isolated in accordance with the Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, **2005,** as published by Centers for Disease Control and Prevention in Morbidity and Mortality Weekly Report, ~~October 28, 1994,~~ **December 30, 2005,** Volume ~~43,~~ **54,** No. ~~RR-13.~~ **RR-17.** Prior to discharge of cases or ~~suspects,~~ **suspect cases,** the ~~hospital~~ **health care facility** shall notify the local health department in the jurisdiction where the tuberculosis suspect or case resides. Prior to discharge of the **infectious** tuberculosis case or suspect **case,** the local health department shall make plans, in writing, for continuation of medical follow-up, assuring adherence to therapy and isolation. Plans shall be developed in cooperation with the treating physician and the patient and must be in accordance with this rule. For patients with confirmed or suspected **infectious** pulmonary tuberculosis who do not need to be hospitalized, in-home isolation is an acceptable alternative. Contact with persons outside the home shall be prohibited unless the ~~infected~~ **infectious** person wears a surgical mask, properly tied. Children ~~should~~ **less than four (4) years of age and immunocompromised persons shall** not be in the home while the case is considered infectious.

(3) Concurrent disinfection is required and shall include hand washing and good housekeeping practices combined with dilution of particles in the air by ventilation.

(4) Because **of** the potential for unrecognized exposure ~~as well as~~ **and** known exposure of medical personnel to tuberculosis, ~~hospital~~ **health care facilities** and laboratories shall develop and follow tuberculosis

prevention and control programs for their facilities as described in the Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, **2005,** as published by Centers for Disease Control and Prevention in Morbidity and Mortality Weekly Report, ~~October 28, 1994,~~ **December 30, 2005,** Volume ~~43,~~ **54,** No. ~~RR-13.~~ **RR-17.**

(5) For every case of **infectious** pulmonary tuberculosis, the local health officer must initiate a ~~complete~~ contact investigation within **one (1) business day of reporting and within** three (3) ~~working~~ **business** days ~~of the report of the case.~~ **for noninfectious cases.** The first step in performing the contact investigation for pulmonary cases is to estimate the degree of infectiousness and determine the infectious period. Infectiousness is generally predicted by disease in a pulmonary or respiratory **site,** for example, endobronchial or laryngeal site, a lung cavity seen on a chest X-ray, ~~acid fast bacilli~~ AFB seen in a smear of concentrated sputum, and protracted cough. Under most circumstances, tuberculosis without a pulmonary, **laryngeal,** or ~~respiratory~~ **pleural** site is not infectious. The infectious period is defined as the period ~~beginning with~~ **three (3) months prior to the start of medication or to symptom** onset ~~of symptoms~~ (especially cough, **whichever is longer)** until any of the following endpoints is attained:

(A) Contact is broken with the infectious case.

(B) Effective isolation measures are instituted for that case.

(C) The case is determined to be noninfectious by all of the following criteria:

(i) The index tuberculosis patient has three (3) **consecutive** negative smears for AFB ~~taken~~ **collected at eight (8) to** twenty-four (24) ~~hours apart.~~ **hour intervals and at least one (1) specimen is an early morning specimen.**

(ii) Is known to be taking effective antituberculosis chemotherapy.

(iii) Is clinically improving.

The case shall be interviewed in detail to identify all contacts who shared air space during the infectious period. ~~The list of contacts shall then be prioritized according to length and duration of contact with the case, with household contacts, and other close social or workplace contacts given highest priority.~~ **Priorities for contact investigation are determined on the basis of the characteristics of the index patient, susceptibility and vulnerability of contacts, and circumstances of the exposures.** High priority shall also be assigned to exposed ~~infants~~ **children less than five (5) years of age** and any exposed persons who have medical conditions, for example, HIV infection, making them vulnerable to tuberculosis.

(6) All ~~household and close~~ **high-priority and medium-priority** contacts not known to have a previously positive tuberculin skin test **(TST), positive interferon-gamma release assay (IGRA),** or active tuberculosis shall be tested with **the IGRA or by** five (5) **tuberculin units** (TU) purified protein derivative (PPD) intradermally by the Mantoux method administered by an individual trained in the administration and reading of tuberculin skin tests. The skin test should be read **forty-eight (48) to** seventy-two (72) hours later by a trained individual, and the amount of induration in millimeters shall be recorded. If any of the following conditions are met, then the contact investigation shall be progressively expanded to include contacts with lesser degrees of exposure:

(A) The prevalence of positive ~~tuberculin skin tests~~ **TST** (induration ≥ 5 mm) **or positive IGRA** is higher in contacts tested than the prevalence in similar populations residing in the jurisdiction.

(B) A new positive ~~tuberculin skin test~~ **TST or positive IGRA** is found in a ~~young~~ child **less than five (5) years of age.**

(C) A documented skin test conversion is found among contacts.

(D) A secondary case of active tuberculosis is found among contacts.

When none of the criteria in this subdivision are met, further expansion of the contact investigation is not necessary.

(7) Contacts with positive ~~tuberculin skin test~~ **TST or positive IGRA** results, those with symptoms, those with immunosuppressive conditions, or ~~those~~ **children** younger than ~~six (6) months~~ **five (5) years** of age should have a chest X-ray **and medical evaluation** performed to determine if they have tuberculosis disease. Those with symptoms or with an infiltrate on chest X-ray should submit a sputum sample for AFB smear, culture, and sensitivity.

(8) Contacts with suspected or confirmed active tuberculosis shall be evaluated and managed according to this section.

(9) **All** contacts identified through contact investigation who have a positive ~~PPD~~ **TST** (induration ≥ 5 mm) **or a positive IGRA** and a normal chest X-ray should be offered ~~preventive therapy,~~ **latent tuberculosis infection treatment,** usually with isoniazid, regardless of age **or risk,** unless otherwise medically contraindicated. Contacts should also be considered for treatment of latent infection with tuberculosis in any of the following situations:

(A) Evaluation of other contacts with a similar degree of exposure demonstrates a high prevalence of infection.

(B) The contact is a child ~~or an adolescent,~~ or ~~the contact is~~ immunosuppressed.

(10) Infants who are exposed to a person with infectious active tuberculosis should be evaluated with a

~~tuberculin skin test~~ **TST** and a chest radiograph. If the skin test result is negative and the chest radiograph is normal, the infant should be skin tested again at three (3) to four (4) months of age and at six (6) months of age. The infant should receive preventive therapy even if skin test negative. Preventive therapy may be discontinued if the infant is skin test negative at six (6) months of age, provided at least ten (10) weeks have passed since the infant was last exposed to infectious tuberculosis.

(11) The local health officer shall assure that:

(A) contacts are appropriately evaluated for tuberculosis infection; and ~~that~~

(B) a complete course of ~~preventive therapy~~ **treatment for latent tuberculosis infection** is recommended for contacts with evidence of tuberculosis infection, regardless of age, unless medically contraindicated.

The local health officer is responsible for recording **and reporting to the department TB control program** the results of **the initial** contact investigation **within thirty (30) days and postexposure TST within three (3) months** and ~~follow-up according to this rule and reporting the results to the department.~~ **at the completion of treatment.**

(12) The local health department of the jurisdiction shall actively follow every tuberculosis case and suspect where the case or suspect resides until they have completed an adequate course of tuberculosis chemotherapy as described in Treatment of Tuberculosis ~~and Tuberculosis In Adults and Children,~~ published ~~in~~ **by** the ~~American Journal of Respiratory and Critical Care Medicine, Volume 149, pages 1359 through 1374, 1994,~~ **Centers for Disease Control and Prevention (CDC) in Morbidity and Mortality Weekly Report, June 20, 2003, Volume 52, No. RR-11** or until the patient is determined not to have tuberculosis. The duties of the local health department shall include the following:

(A) Requesting laboratory studies, such as AFB smear and cultures as needed for **the following:**

(i) Case ascertainment. ~~and for~~

(ii) Determining whether isolation is necessary.

(B) Requesting drug susceptibility testing of all initial tuberculosis isolates as needed.

(C) Assuring appropriate anti-tuberculosis medications are initiated at the appropriate dose in accordance with this subsection.

(D) Assuring that the pulmonary tuberculosis patient is isolated until confirmed to be noninfectious according to the following criteria:

(i) Three (3) consecutive ~~sputum~~ smears are negative for AFB taken at ~~a minimum~~ **eight (8) to** twenty-four (24) ~~hours apart.~~ **hour intervals, and at least one (1) specimen is an early morning specimen.**

(ii) Clinical improvement is documented.

(iii) The patient is known to be on adequate anti-tuberculosis medication.

(E) Assessing that medication is taken as prescribed. Directly observed therapy is the standard of care for achieving adherence.

(F) Documenting conversion of sputum and culture to negative for AFB.

(G) Contact investigation.

(Indiana State Department of Health; 410 IAC 1-2.3-106; filed Sep 11, 2000, 1:36 p.m.: 24 IR 364; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 101. 410 IAC 1-2.3-107 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-107 Tularemia; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 107. The specific control measures for tularemia (infectious agent: Francisella tularensis) are as follows:

(1) An investigation ~~shall be conducted~~ by the local health officer **shall be performed immediately** for **the following:**

(A) Case ascertainment. ~~and~~

(B) Identification of infection source.

(2) Standard precautions for hospitalized patients are required, **including drainage and secretion precautions for open lesions.**

(3) Concurrent disinfection is required for all discharges from the following:

(A) Ulcers.

(B) Lymph nodes.

(C) Conjunctival sacs.

~~(3)~~ **(4)** Quarantine is not required.

~~(4)~~ **(5)** Protection of contacts is not required.

(Indiana State Department of Health; 410 IAC 1-2.3-107; filed Sep 11, 2000, 1:36 p.m.: 24 IR 366; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 102. 410 IAC 1-2.3-108 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-108 Typhoid fever; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 108. The specific control measures for typhoid fever (infectious agent: Salmonella typhi) are as follows:
(1) An investigation by the local health officer shall be ~~conducted~~ **performed** immediately **and shall include a food consumption history for three (3) weeks prior** to **the onset of symptoms. The investigation shall** determine if the affected individual **is part of an outbreak and** is a:
(A) food handler;
(B) daycare **or preschool** worker; ~~or~~
(C) health care worker; **or**
(D) daycare, school, or other institution attendee.
~~Further investigation shall be performed to determine food consumption history for three (3) weeks prior to the onset of symptoms.~~ Every case should be investigated for an actual or probable source. The investigation shall focus on identifying ~~(A)~~ unreported cases or carriers, ~~(B)~~ contaminated food, water, milk, shellfish, or other food sources, and ~~(C)~~ recent travel history. All members of travel groups in which a case has occurred shall be interviewed for probable source of infection and additional cases. ~~When outbreaks are associated with restaurants or other food service operations, all food handlers shall be screened for Salmonella typhi. Household members and close contacts of the case shall be excluded from food handling, child care, and health care employment until they have two (2) negative stool and urine cultures taken twenty-four (24) hours apart.~~
(2) Contact precautions for diapered or incontinent patients less than six (6) years of age for the duration of the illness and standard precautions for other hospitalized patients. For others, the following guidelines shall apply:
(A) ~~Infected persons, whether clinically ill or not,~~ **Cases** shall be excluded from employment ~~involving food handling, or direct care of children or hospitalized or institutionalized patients. Infected children shall be excluded from day care centers and schools~~ **as food handlers** until **all of the following have occurred:**
(i) Three (3) consecutive ~~fecal~~ **negative stool** and urine ~~specimens taken at intervals of not less than twenty-four (24) hours, and not earlier than one (1) month after onset, and not earlier than forty-eight (48) hours after the last administration of antibiotics are negative for Salmonella typhi. If any one (1) of this series is positive, an infected person whose employment involves food handling shall continue to be excluded until three (3) consecutive fecal and urine specimens are negative for Salmonella typhi taken at intervals of~~ **cultures have been collected:**
(AA) not less than twenty-four (24) hours ~~and~~ **apart;**
(BB) not ~~earlier~~ **sooner** than forty-eight (48) hours after ~~last administration of antibiotics.~~ **cessation of antimicrobial treatment; and**
(CC) not sooner than one (1) month after onset.
~~(B) Persons whose employment does not involve food handling, but whose employment required their exclusion from work under this section, and who are still infected after the initial follow-up testing, may be returned to work provided that all of the following have been met:~~
~~(i) They have been fully compliant with all instructions and screening requirements under this section.~~
(ii) The local health officer ~~or his or her designee discusses with~~ **has determined** the ~~asymptomatic worker his or her symptoms and determines that he or she~~ **employee** is ~~indeed~~ asymptomatic. ~~and that~~
(iii) The ~~worker is further~~ **case has been** counseled about **preventive** measures, such as hand washing, that shall be followed to prevent transmission of disease.
~~(iii)~~ **(iv)** The local health officer ~~or his or her designee contacts~~ **has discussed the following topics with** the employer: ~~to reemphasize~~
(AA) The ~~need~~ **employer's duty** to comply with local and state rules ~~requiring~~ **pertaining to prevention of infectious diseases.**
(BB) The availability of required proper hand washing facilities for all employees. ~~and to correct~~
(CC) The correction of any observed lapses in hygienic measures of ~~any~~ employees.
~~(iv) Household and other intimate contacts of the patient~~ **(B) Cases employed as daycare workers, health care workers, or similar positions** shall be excluded from employment involving ~~food handling, or~~ direct

care of children or hospitalized or institutionalized patients until ~~two (2) fecal~~ **three (3) consecutive negative stool** and urine cultures ~~taken at least~~ **have been collected not less than** twenty-four (24) hours apart, ~~are determined to be negative for Salmonella typhi.~~ **and not sooner than forty-eight (48) hours after cessation of antimicrobial treatment, and not sooner than one (1) month after onset. If the case is still infected after the initial three (3) stool and urine cultures, the case may return to work provided that all of the following have been met:**

(i) The case has been fully compliant with all instructions and screening requirements under this section.

(ii) The local health officer has determined the worker is asymptomatic.

(iii) The case has been counseled about preventive measures, such as hand washing, that shall be followed to prevent transmission of disease.

(iv) The local health officer has discussed the following topics with the employer:

(AA) The employer's duty to comply with local and state rules pertaining to prevention of infectious diseases.

(BB) The availability of required proper hand washing facilities for all employees.

(CC) The correction of any observed lapses in hygienic measures of employees.

(C) Household and other close contacts of the case shall be excluded from employment involving food handling and direct care of children or hospitalized or institutionalized patients until two (2) negative stool and urine cultures have been taken not less than twenty-four (24) hours apart.

(D) Cases shall be excluded from attending schools, preschools, and daycare facilities until all of the following have occurred:

(i) Three (3) consecutive negative stool and urine cultures have been collected:

(AA) not less than twenty-four (24) hours;

(BB) not sooner than forty-eight (48) hours after cessation of antimicrobial treatment; and

(CC) not sooner than one (1) month after onset.

(ii) The local health officer has determined the case is asymptomatic.

(iii) The case or case's guardian has been counseled about preventive measures, such as hand washing, that shall be followed to prevent transmission of disease.

(iv) The local health officer has discussed with the appropriate school, preschool, or daycare facility staff the need:

(AA) for proper hand washing and other infection control practices; and

(BB) to comply with all local and state rules pertaining to prevention of infectious diseases.

(E) If an outbreak of infection is associated with a restaurant or other food service operation, all food handlers shall be screened for infection. Household members and close contacts of the case shall be excluded from food handling, daycare, and health care employment until they have two (2) negative stool and urine cultures taken not less than twenty-four (24) hours apart.

(F) If an outbreak occurs in a daycare facility or preschool, all attendees and staff may be required to submit stool specimens for examination. Instead of exclusion until stool negative, attendees and staff may be isolated from other attendees and staff in the same facility based on symptoms, laboratory testing, and treatment. This alternative can only be considered if the physical structure and staff organization of the facility can accommodate isolation of various attendee groups from one another. If this alternative is selected, increased emphasis on hand washing and environmental cleaning is necessary. Admission of all new attendees may be suspended while the outbreak continues.

(3) Concurrent disinfection is required. Fecal material, urine, and articles soiled with either require disinfection. Fecal matter and urine may be disposed of directly in a sanitary sewer system. Terminal cleaning is required.

(4) Quarantine is not applicable.

~~(4)~~ **(5)** Immunization is available for those who may be exposed to carriers. Immunization is of little value to family, household, or other contacts exposed to active cases.

(Indiana State Department of Health; 410 IAC 1-2.3-108; filed Sep 11, 2000, 1:36 p.m.: 24 IR 366; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 103. 410 IAC 1-2.3-109 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-109 Typhus, endemic (fleaborne)

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 109. The specific control measures for endemic typhus are as follows:
(1) An environmental investigation for the presence of rodents or squirrels, or both, around the premises ~~or~~ **of** the home of the patient shall be done **within seventy-two (72) hours.** Provide guidance on:
(A) the use of insecticides to kill rodent fleas; ~~as well as~~ **and**
(B) rodent exclusion from the premises or home.
(2) Standard precautions are required for hospitalized individuals.
(3) Concurrent disinfection is not required.
(4) Quarantine is not required.
(5) Protection of contacts is not required.

(Indiana State Department of Health; 410 IAC 1-2.3-109; filed Sep 11, 2000, 1:36 p.m.: 24 IR 367; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 104. 410 IAC 1-2.3-110 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-110 Varicella (chicken pox); specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 110. The specific control measures for **varicella** (chicken pox) are as follows:
(1) **Every case of primary varicella disease shall be reported to the local health officer within seventy-two (72) hours. The investigation shall include an immunization history and severity of illness. For primary varicella disease resulting in hospitalization or death,** an investigation ~~of primary varicella disease resulting in hospitalization or death~~ shall be performed by a department ~~trained immunization~~ field representative to ascertain **the following:**
(A) An immunization history.
(B) A history of underlying chronic or ~~immunosupressive~~ **immunosuppressive** disease. ~~and~~
(C) Resultant complications.
(2) For hospitalized patients, institute airborne and contact precautions.
(3) Concurrent disinfection of articles soiled by nose or throat discharges.
(4) Susceptible children with known recent exposure to chicken pox who must remain in a hospital setting for medical reasons may be quarantined for a period from ten (10) to twenty-one (21) days after exposure (up to twenty-eight (28) days if varicella-zoster immune globulin ~~(VZIG) had~~ **has** been given). Infected persons shall be excluded from:
(A) schools; ~~and~~
(B) preschools;
(C) daycare ~~centers,~~ **facilities;**
(D) public gatherings; and
(E) contact with susceptible persons outside the household;
until vesicles become dry.
(5) ~~VSIG~~ **Protection of contacts is as follows:**
(A) Varicella vaccine given to healthy inadequately vaccinated persons within five (5) days (one hundred twenty (120) hours) of exposure may provide protection against disease.
(B) Persons without evidence of immunity who have contraindications for vaccination and who are at risk for severe disease and complications may be given **varicella-zoster immune globulin** within ninety-six (96) hours of exposure to prevent or modify disease. ~~in certain close contacts of cases. VZIG is available from regional offices of the American Red Cross, or through a central ordering number (800) 272-7972 for certain high-risk individuals significantly exposed to chicken pox. VZIG~~ **Varicella-zoster immune globulin** should be utilized in newborns of mothers who develop chicken pox within five (5) days before or within forty-eight (48) hours after delivery. Other susceptible high-risk individuals who should be considered for ~~VZIG~~ **varicella-zoster immune globulin** include the following:
~~(A)~~ **(i)** Immunocompromised susceptible children and adults.
~~(B)~~ **(ii)** Hospitalized premature infants (twenty-eight (28) weeks gestation or more) whose mothers lack a prior history of chicken pox.
~~(C)~~ **(iii)** Premature infants of less than twenty-eight (28) weeks gestation, or weighing one thousand (1,000) grams or less (regardless of maternal history **of disease or vaccination).**
~~(D)~~ **(iv)** Susceptible pregnant women.

(Indiana State Department of Health; 410 IAC 1-2.3-110; filed Sep 11, 2000, 1:36 p.m.: 24 IR 367; readopted filed

SECTION 105. 410 IAC 1-2.3-110.5 IS ADDED TO READ AS FOLLOWS:

410 IAC 1-2.3-110.5 Vibriosis; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 110.5. The specific control measures for vibriosis (non-cholera) (infectious agent: Vibrio species) are as follows:

(1) An investigation by the local health officer shall be performed within seventy-two (72) hours and shall include a food consumption and wound history for three (3) weeks prior to the onset of symptoms. Every case should be investigated for an actual or probable source. The investigation shall focus on identifying the following:

(A) Unreported cases.
(B) Carriers.
(C) Contaminated:
(i) food;
(ii) water;
(iii) milk; and
(iv) shellfish.
(D) Recent travel history.

All members of travel groups in which a case has occurred shall be interviewed for probable source of infection and additional cases. The local health officer shall determine if the case is part of an outbreak and if the case is a food handler, daycare worker, health care worker, or daycare, school, or other institution attendee.

(2) Contact precautions shall be followed for diapered or incontinent patients less than six (6) years of age for the duration of the illness, and standard precautions shall be followed for other hospitalized patients. For all others, the following apply:

(A) Cases employed as food handlers, daycare workers, health care workers, or similar positions shall be excluded from employment involving food handling and direct care of children or hospitalized or institutionalized patients until all of the following have occurred:
(i) The case is asymptomatic for at least twenty-four (24) hours.
(ii) The local health officer has determined the case is asymptomatic.
(iii) The case has been counseled about preventive measures, such as hand washing, that shall be followed to prevent transmission of disease.
(iv) The local health officer has discussed the following topics with the employer:
(AA) The employer's duty to comply with local and state rules pertaining to prevention of infectious diseases.
(BB) The availability of required proper hand washing facilities for employees.
(CC) The correction of any observed lapses in hygienic measures of employees.

(B) Cases shall be excluded from attending schools, preschools, and daycare facilities until all of the following have occurred:
(i) The case is asymptomatic for at least twenty-four (24) hours.
(ii) The local health officer has determined the case is asymptomatic.
(iii) The case or case's guardian has been counseled about preventive measures, such as hand washing, that shall be followed to prevent transmission of disease.
(iv) The local health officer has discussed with the appropriate school, preschool, or daycare facility staff the need:
(AA) for proper hand washing and other infection control practices; and
(BB) to comply with all local and state rules pertaining to prevention of infectious diseases.

(C) If an outbreak of the infection occurs in a daycare facility or preschool, all attendees and staff may be required to submit stool specimens for examination. Instead of exclusion, attendees and staff may be isolated from other attendees and staff in the same facility based on symptoms, laboratory testing, and treatment. This alternative can only be considered if the physical structure and staff organization of the facility can accommodate isolation of various attendee groups from one another. If this alternative is selected, increased emphasis on hand washing and environmental cleaning is necessary. Admission of all new attendees may be suspended while the outbreak

continues.
(3) Concurrent disinfection is required for feces and fecal contaminated articles. Feces may be disposed directly into a sanitary sewage system. Terminal cleaning is required.
(4) Quarantine is not required.
(5) Immunization is not available.

(Indiana State Department of Health; 410 IAC 1-2.3-110.5)

SECTION 106. 410 IAC 1-2.3-111 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-111 Yellow fever; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 111. The specific control measures for yellow fever are as follows:
(1) An investigation ~~shall be performed~~ by a department ~~trained immunization~~ field representative, in cooperation with the local health officer, ~~The investigation~~ shall:
(A) be performed within seventy-two (72) hours; and
(B) include:
(i) laboratory confirmation;
(ii) immunization status; and
(iii) a history of foreign travel in three (3) to six (6) days prior to **the** onset.
Identify traveling companions who may also have been exposed.
(2) Standard precautions are required for hospitalized individuals.
(3) Concurrent disinfection is not applicable.
(4) Quarantine is not required.
(5) Protection/immunization of contacts is not required.

(Indiana State Department of Health; 410 IAC 1-2.3-111; filed Sep 11, 2000, 1:36 p.m.: 24 IR 368; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 107. 410 IAC 1-2.3-112 IS AMENDED TO READ AS FOLLOWS:

410 IAC 1-2.3-112 Yersiniosis; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 112. The specific control ~~measure~~ **measures** for yersiniosis (infectious agents: Yersinia enterocolitica or Yersiniosis pseudotuberculosis) are as follows:
(1) An investigation by the local health officer shall:
(A) be ~~conducted~~ **performed** within seventy-two (72) hours; ~~to determine if the affected individual is a food handler, day care attendant, or health care worker. The investigation shall~~
(B) include:
(i) food consumption history;
(ii) exposure to contaminated water; and
(iii) exposure to animals three (3) to seven (7) days prior to **the** onset; **and**
(C) determine if the affected individual is a:
(i) food handler;
(ii) daycare worker;
(iii) health care worker; or
(iv) daycare, school, or other institution attendee.
The local health officer shall interview meal companions for additional cases and, if a commercial food product or restaurant is suspected, conduct active surveillance for additional cases.
(2) Contact precautions are required for diapered or incontinent children less than six (6) years of age. Standard precautions are required for other hospitalized patients. ~~(3) Symptomatic persons~~ **Cases employed as food handlers, daycare workers, health care workers, or similar positions** shall be excluded from ~~the following: (A)~~ employment involving food handling ~~(B)~~ **and** direct care of children ~~(C)~~ **or** hospitalized or

institutionalized patients **until all of the following have occurred:**
~~(4) Asymptomatic excluded workers may return to work provided there is no indication of poor personal hygiene and the worker understands the importance of good hand washing procedures.~~
(A) The case is asymptomatic for at least twenty-four (24) hours.
(B) The local health officer has determined the employee is asymptomatic.
(C) The case has been counseled about preventive measures, such as hand washing, that shall be followed to prevent transmission of disease.
(D) The local health officer has discussed the following topics with the employer:
(i) The employer's duty to comply with local and state rules pertaining to prevention of infectious diseases.
(ii) The availability of required proper hand washing facilities for all employees.
(iii) The correction of any observed lapses in hygienic measures of employees.
Concurrent disinfection is required for feces and fecal contaminated articles. Feces may be disposed directly into a sanitary sewage system.
(3) Quarantine is not required.
(4) Immunization is not applicable.

(Indiana State Department of Health; 410 IAC 1-2.3-112; filed Sep 11, 2000, 1:36 p.m.: 24 IR 368; readopted filed Nov 8, 2006, 1:53 p.m.: 20061122-IR-410060424RFA)

SECTION 108. 410 IAC 1-2.3-114 IS ADDED TO READ AS FOLLOWS:

410 IAC 1-2.3-114 Incorporation by reference

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 114. (a) The following documents are hereby incorporated by reference into this rule:
(1) Centers for Disease Control and Prevention (CDC). Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007. Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee (HICPAC); June 2007. Electronic copies of this publication are available at http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/isolation2007.pdf.
(2) CDC. Case Definitions for Infectious Conditions Under Public Health Surveillance. Morbidity and Mortality Weekly Report (MMWR); May 2, 1997; Vol. 46; No. RR-10.
(3) CDC. Guideline for Hand Hygiene in Health-Care Settings. Recommendations of the HICPAC and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. MMWR; October 25, 2002; Vol. 51; No. RR-16.
(4) CDC. 1993 Revised Classification System for HIV Infection and Expanded Surveillance Case Definition for AIDS Among Adolescents and Adults. MMWR; December 18, 1992; Vol. 41; No. RR-17.
(5) CDC. 1994 Revised Classification System for Human Immunodeficiency Virus Infection in Children Less Than 13 Years of Age. MMWR; September 30, 1994; Vol. 43; No. RR-12.
(6) CDC. CDC Guidelines for National Human Immunodeficiency Virus Case Surveillance, Including Monitoring for Human Immunodeficiency Virus Infection and Acquired Immunodeficiency Syndrome. MMWR; December 10, 1999; Vol. 48; No. RR-13.
(7) 45 CFR 164.512 (2002).
(8) American Public Health Association (APHA). Control of Communicable Diseases Manual, 18th Edition. Heymann, DL, ed.; 2004. Publication available from the APHA, Publication Sales, P.O. Box 933019, Atlanta, Georgia, 31193-3019.
(9) CDC. Sexually Transmitted Diseases Treatment Guidelines, 2006. MMWR; August 4, 2006; Vol. 55; No. RR-11.
(10) CDC. Sexually Transmitted Diseases Treatment Guidelines 2002. MMWR; May 10, 2002; Vol. 51; No. RR-6.
(11) CDC. Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005. MMWR; December 30, 2005; Vol. 54; No. RR-17.
(12) CDC. Treatment of Tuberculosis. American Thoracic Society, CDC, and Infectious Diseases Society of America. MMWR; June 20, 2003; Vol. 52; No. RR-11.
(13) CDC. Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis. Recommendations from the National Tuberculosis Controllers Association and CDC. MMWR; December 16, 2005; Vol. 54; No. RR-15.
(14) American Academy of Pediatrics (AAP). Red Book: 2006 Report of the Committee on Infectious

Diseases, 27th edition. Pickering LK, Baker CJ, Long SS, McMillan JA, eds.; 2006. Publication available from the AAP, 141 Northwest Point Boulevard, Elk Grove Village, Illinois, 60007-1098.

(b) Where the provisions of this rule or the laws of Indiana conflict with matters incorporated by reference, this rule and the laws of Indiana shall control.

(c) All incorporated material is available for public review at the department.

(d) The MMWR series of publications is published by the Coordinating Center for Health Information and Service, CDC, U.S. Department of Health and Human Services, 1600 Clifton Road, Atlanta, Georgia 30333. Electronic copies of most MMWR publications are available at http://www.cdc.gov/MMWR.

(Indiana State Department of Health; 410 IAC 1-2.3-114)

SECTION 109. THE FOLLOWING ARE REPEALED: 410 IAC 1-2.3-16; 410 IAC 1-2.3-21; 410 IAC 1-2.3-40; 410 IAC 1-2.3-84; 410 IAC 1-2.3-113.

Notice of Public Hearing

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