TITLE 410 INDIANA STATE DEPARTMENT OF HEALTH

NOTE: Under IC 16-1-1-6, the name of the Indiana State Board of Health is changed to Indiana State Department of Health, effective January 1, 1992.

ARTICLE 1. COMMUNICABLE DISEASE CONTROL

Rule 1. Immunization of School Children

410 IAC 1-1-1 Immunization requirements

Authority: IC 16-19-3-5; IC 20-34-4-2
Affected: IC 20-34-4

Sec. 1. Every child less than nineteen (19) years of age residing in Indiana shall be immunized against the following:
(1) Diseases listed in IC 20-34-4.
(2) Meningitis.
(3) Varicella.
(4) Pertussis (whooping cough).
(5) Additional diseases for which immunizations are recommended by both the Indiana state department of health and the Centers for Disease Control and Prevention (CDC).

For those diseases listed in IC 20-34-4, and those diseases for which immunizations are recommended by the United States Public Health Service Advisory Committee on Immunization Practices (ACIP) and published by the CDC in the Morbidity and Mortality Weekly Report (MMWR), the adequately immunizing doses and the child's age and appropriate intervals for administering each vaccine shall be those currently recommended and published by the CDC in the MMWR. *(Indiana State Department of Health; Reg HCD 32, Sec 1; filed Aug 12, 1976, 10:09 a.m.: Rules and Regs. 1977, p. 217; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; filed Sep 29, 2009, 3:55 p.m.: 20091028-IR-410090040FRA; readopted filed Sep 30, 2015, 2:45 p.m.: 20151028-IR-410150169RFA)*

410 IAC 1-1-2 Immunization record

Authority: IC 16-19-3-5; IC 20-34-4-2
Affected: IC 16-38-5; IC 20-34-4

Sec. 2. When a child enrolls in a school corporation for the first time, and annually thereafter, if the child does not have a record of appropriate immunizations in the immunization data registry, as established by IC 16-38-5, the parent or legal guardian shall provide to the governing body of that corporation a record of the child's immunizations signed by a physician or health care provider or an official immunization registry record. *(Indiana State Department of Health; Reg HCD 32,Sec 2; filed Aug 12, 1976, 10:09 a.m.: Rules and Regs. 1977, p. 217; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; filed Sep 29, 2009, 3:55 p.m.: 20091028-IR-410090040FRA; readopted filed Sep 30, 2015, 2:45 p.m.: 20151028-IR-410150169RFA)*

410 IAC 1-1-3 Documentation of immunization history

Authority: IC 16-19-3-5; IC 20-34-4-2
Affected: IC 20-34-4

Sec. 3. Adequate documentation of an immunization history shall consist of an immunization record:
(1) signed by a physician or health care professional;
(2) from a state immunization registry; or
(3) from a school corporation.

(Indiana State Department of Health; Reg HCD 32,Sec 3; filed Aug 12, 1976, 10:09 a.m.: Rules and Regs. 1977, p. 218; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; filed Sep 29, 2009, 3:55 p.m.: 20091028-IR-410090040FRA; readopted filed Sep 30, 2015, 2:45 p.m.: 20151028-IR-410150169RFA)

410 IAC 1-1-4 School immunization reporting

Authority: IC 16-19-3-5; IC 20-34-4-6
Affected: IC 16-38-5; IC 20-34-4

Sec. 4. (a) This section concerns school immunization reporting requirements to the Indiana state department of health.

(b) Schools shall review and update all student immunization records annually.

(c) All schools are required to report immunization data to the department, in compliance with IC 20-34-4-6, electronically through the use of the immunization data registry, as established by IC 16-38-5, annually. *(Indiana State Department of Health; Reg HCD 32,Sec 4; filed Aug 12, 1976, 10:09 a.m.: Rules and Regs. 1977, p. 218; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; filed Sep 29, 2009, 3:55 p.m.: 20091028-IR-410090040FRA; readopted filed Sep 30, 2015, 2:45 p.m.: 20151028-IR-410150169RFA)*

Rule 2. Communicable Disease Reporting and Control (Repealed)

(Repealed by Indiana State Department of Health; filed Jul 27, 1988, 2:50 pm: 11 IR 4098)

Rule 2.1. Disease Reporting and Control (Repealed)

(Repealed by Indiana State Department of Health; filed Sep 11, 2000, 1:36 p.m.: 24 IR 369)

Rule 2.2. Notification of Person at Risk

410 IAC 1-2.2-1 "Carrier" defined

Authority: IC 16-41-7-4
Affected: IC 16-41-7

Sec. 1. As used in this rule, "carrier" means a person infected with human immunodeficiency virus (HIV) or acquired immune deficiency syndrome (AIDS) or tested positive for Hepatitis B surface antigen. *(Indiana State Department of Health; 410 IAC 1-2.2-1; filed Mar 21, 1994, 5:00 p.m.: 17 IR 1882; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-2.2-2 "Department" defined

Authority: IC 16-41-7-4
Affected: IC 16-41-7

Sec. 2. As used in this rule, "department" means the Indiana state department of health. *(Indiana State Department of Health; 410 IAC 1-2.2-2; filed Mar 21, 1994, 5:00 p.m.: 17 IR 1882; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-2.2-3 "High risk activity" defined

Authority: IC 16-41-7-4
Affected: IC 16-41-7

Sec. 3. As used in this rule, "high risk activity" means sexual or needle sharing contact that has been demonstrated epidemiologically to transmit a dangerous communicable disease, such as human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS), or Hepatitis B. *(Indiana State Department of Health; 410 IAC 1-2.2-3; filed Mar 21, 1994, 5:00 p.m.: 17 IR 1882; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-2.2-4 "Person at risk" defined

Authority: IC 16-41-7-4
Affected: IC 16-41-7

Sec. 4. As used in this rule, "person at risk" means an individual who, in the best judgment of a physician, has engaged in high risk activity or is in imminent danger of engaging in high risk activity. *(Indiana State Department of Health; 410 IAC 1-2.2-4; filed Mar 21, 1994, 5:00 p.m.: 17 IR 1882; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-2.2-5 Reports to local health officer

Authority: IC 16-41-7-4
Affected: IC 16-41-7

Sec. 5. (a) If a health officer is notified in writing by a physician of a patient for whom the physician has medical verification that the patient is a carrier, and who, in the best judgment of the physician, is a serious and present danger to the health of others, the health officer shall make an investigation of the carrier to determine whether the environmental conditions surrounding the carrier or the conduct of the carrier requires the intervention by the health officer or designated health official to prevent the spread of disease to others. This investigation shall include the following:

(1) A determination of the environmental conditions or specific conduct of the carrier that pose a risk of spreading the disease.

(2) A determination of the epidemiological significance of the risk of spreading disease caused by the environmental conditions or the conduct of the carrier.

(b) If it is determined, following the investigation, that the condition or conduct warrants further intervention, this action shall be handled by the local health officer or referred to the department for further action. *(Indiana State Department of Health; 410 IAC 1-2.2-5; filed Mar 21, 1994, 5:00 p.m.: 17 IR 1882; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-2.2-6 Contact by department

Authority: IC 16-41-7-4
Affected: IC 16-41-7-3

Sec. 6. (a) If the department is requested in writing by a physician who has complied with IC 16-41-7-3(b)(2) to notify a person at risk, the department shall contact the physician to determine that the physician:

(1) has medical verification that the patient is a carrier;

(2) knows the identity of the person at risk and has a reasonable belief of a significant risk of harm to the identified person at risk;

(3) has reason to believe the identified person at risk has not been informed and will not be informed of the risk by the patient or another person; and

(4) has made reasonable efforts to inform the carrier of the physician's intent to make or cause the department to make a disclosure to the person at risk.

(b) The department shall notify the person at risk unless, in the opinion of the department, the person at risk:

(1) has already been notified;

(2) will be notified; or

(3) will otherwise be made aware that they are a person at risk.

(Indiana State Department of Health; 410 IAC 1-2.2-6; filed Mar 21, 1994, 5:00 p.m.: 17 IR 1883; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)

410 IAC 1-2.2-7 Confidentiality of notice

Authority: IC 16-41-7-4
Affected: IC 16-41-7

Sec. 7. All notifications of persons at risk shall be conducted confidentially and in person by trained public health disease intervention specialists (DIS). All identified persons at risk shall receive information about counseling and be offered serologic testing. *(Indiana State Department of Health; 410 IAC 1-2.2-7; filed Mar 21, 1994, 5:00 p.m.: 17 IR 1883; errata filed Apr 14, 1994, 5:00 p.m.: 17 IR 2080; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-2.2-8 Registry

Authority: IC 16-41-7-4
Affected: IC 16-41-7

Sec. 8. The department shall establish a confidential registry of all persons submitting written requests pursuant to section 6 of this rule. The registry shall include the following information about the physician:

(1) Full name.
(2) Street address.
(3) City.
(4) Zip code.
(5) County.
(6) Telephone number.

(Indiana State Department of Health; 410 IAC 1-2.2-8; filed Mar 21, 1994, 5:00 p.m.: 17 IR 1883; errata filed Apr 14, 1994, 5:00 p.m.: 17 IR 2080; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)

Rule 2.3. Disease Reporting and Control (Repealed)

(Repealed by Indiana State Department of Health; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

Rule 2.4. Electronic Reporting of Emergency Department Visit Abstract Data by Hospitals

410 IAC 1-2.4-1 Applicability

Authority: IC 16-19-10-5; IC 16-19-10-8
Affected: IC 16-19-10

Sec. 1. The definitions in this rule apply throughout this rule. *(Indiana State Department of Health; 410 IAC 1-2.4-1; filed Oct 11, 2005, 12:00 p.m.: 29 IR 798; readopted filed Jul 14, 2011, 11:42 a.m.: 20110810-IR-410110253RFA)*

410 IAC 1-2.4-2 "Chief complaint" defined

Authority: IC 16-19-10-5; IC 16-19-10-8
Affected: IC 16-19-10

Sec. 2. "Chief complaint" means the patient's set of symptoms and illnesses when the patient first presents at the emergency department. *(Indiana State Department of Health; 410 IAC 1-2.4-2; filed Oct 11, 2005, 12:00 p.m.: 29 IR 798; readopted filed Jul 14, 2011, 11:42 a.m.: 20110810-IR-410110253RFA)*

410 IAC 1-2.4-3 "Department" defined

Authority: IC 16-19-10-5; IC 16-19-10-8
Affected: IC 16-19-10

Sec. 3. "Department" means the Indiana state department of health. *(Indiana State Department of Health; 410 IAC 1-2.4-3; filed Oct 11, 2005, 12:00 p.m.: 29 IR 798; readopted filed Jul 14, 2011, 11:42 a.m.: 20110810-IR-410110253RFA)*

410 IAC 1-2.4-4 "Electronic transfer" defined

Authority: IC 16-19-10-5; IC 16-19-10-8
Affected: IC 16-19-10

Sec. 4. "Electronic transfer" means the transmission of required data over the Internet using a secure transfer protocol. *(Indiana State Department of Health; 410 IAC 1-2.4-4; filed Oct 11, 2005, 12:00 p.m.: 29 IR 798; readopted filed Jul 14, 2011, 11:42 a.m.: 20110810-IR-410110253RFA)*

410 IAC 1-2.4-5 "Emergency department visit" defined

Authority: IC 16-19-10-5; IC 16-19-10-8
Affected: IC 16-19-10

Sec. 5. "Emergency department visit" means an encounter where a person is treated or evaluated, or both, in the emergency department of a hospital. *(Indiana State Department of Health; 410 IAC 1-2.4-5; filed Oct 11, 2005, 12:00 p.m.: 29 IR 798; readopted filed Jul 14, 2011, 11:42 a.m.: 20110810-IR-410110253RFA)*

410 IAC 1-2.4-6 "Health Level 7" or "HL7" defined

Authority: IC 16-19-10-5; IC 16-19-10-8
Affected: IC 16-19-10

Sec. 6. "Health Level 7" or "HL7" means a health care information messaging and data exchange protocol developed by the Health Level 7 organization and approved as an American National Standards Institute (ANSI) standard for health-related information exchange. In this rule, the reference to HL7 means versions 2.3, 2.4, and 2.5. *(Indiana State Department of Health; 410 IAC 1-2.4-6; filed Oct 11, 2005, 12:00 p.m.: 29 IR 798; readopted filed Jul 14, 2011, 11:42 a.m.: 20110810-IR-410110253RFA)*

410 IAC 1-2.4-7 "Hospital" defined

Authority: IC 16-19-10-5; IC 16-19-10-8
Affected: IC 16-19-10; IC 16-21-2

Sec. 7. "Hospital" means a hospital licensed under IC 16-21-2. *(Indiana State Department of Health; 410 IAC 1-2.4-7; filed Oct 11, 2005, 12:00 p.m.: 29 IR 798; readopted filed Jul 14, 2011, 11:42 a.m.: 20110810-IR-410110253RFA)*

410 IAC 1-2.4-8 Emergency department visit data reporting requirements

Authority: IC 16-19-10-5; IC 16-19-10-8
Affected: IC 16-19-10

Sec. 8. (a) This rule applies only to hospitals with emergency departments.

(b) Hospitals with emergency departments shall report all of the emergency department visits at that hospital to the department or the department's designated agent as follows:

(1) Through electronic transfer by HL7 messaging or file transfer protocol. Electronic transfer shall occur immediately at the time of the emergency department visit if feasible, but not later than twenty-four (24) hours from the time of the visit.

(2) Any hospitals unable to comply with the electronic transfer requirements of this section and section 10 of this rule shall become compliant on or before January 1, 2011.

(c) The information that shall be provided to the department or to the department's designated agent under subsection (b) includes the following:

(1) The name of the hospital or a unique identifier for the hospital approved by the department.
(2) The patient's name and medical record number.
(3) The patient's date of birth.
(4) The patient's sex.
(5) The street address of the patient's residence.
(6) The patient's city of residence.
(7) The patient's state of residence.
(8) The zip code of the patient's residence.
(9) The patient's county of residence.
(10) The date and time of the emergency department visit.
(11) The patient's chief complaint or complaints.

(d) The hospital shall make use of fully automated systems that require no manual intervention to conduct this electronic transfer where possible. *(Indiana State Department of Health; 410 IAC 1-2.4-8; filed Oct 11, 2005, 12:00 p.m.: 29 IR 798; readopted filed Jul 14, 2011, 11:42 a.m.: 20110810-IR-410110253RFA)*

410 IAC 1-2.4-9 Release of emergency department visit data to local health departments

Authority: IC 16-19-10-5; IC 16-19-10-8
Affected: IC 16-19-10

Sec. 9. Emergency department data submitted to the department may be used for epidemiological investigation or other disease intervention activities of the department or local health department. Investigation shall include obtaining laboratory and clinical data necessary for case ascertainment. Findings of the investigation shall be used to institute control measures to minimize or reduce the risk of disease spread or to reduce exposures in an emergency event. *(Indiana State Department of Health; 410 IAC 1-2.4-9; filed Oct 11, 2005, 12:00 p.m.: 29 IR 798; readopted filed Jul 14, 2011, 11:42 a.m.: 20110810-IR-410110253RFA)*

410 IAC 1-2.4-10 Confidentiality and security of emergency department visit data

Authority: IC 16-19-10-5; IC 16-19-10-8
Affected: IC 16-19-10

Sec. 10. (a) Reporting shall be by electronic transfer. The electronic transfer method shall ensure that the confidentiality and security of emergency department visit data is maintained throughout the data transfer process.

(b) The preferred transfer protocol will be the use of HL7 messages from the hospital to the department.

(c) If HL7 messaging is not possible, daily automated file transfers via secure file transfer protocol (FTP) are acceptable.

(d) Medical or epidemiological information, wherever maintained, concerning reported cases or emergency public health events, shall be made available to the commissioner or the commissioner's designee.

(e) Emergency department visit data reported to the department is confidential whether held by the department, the department's agents, or a local health department. *(Indiana State Department of Health; 410 IAC 1-2.4-10; filed Oct 11, 2005, 12:00 p.m.: 29 IR 799; readopted filed Jul 14, 2011, 11:42 a.m.: 20110810-IR-410110253RFA)*

410 IAC 1-2.4-11 Incorporation by reference

Authority: IC 16-19-10-5; IC 16-19-10-8
Affected: IC 16-19-10

Sec. 11. HL7 (versions 2.3, 2.4, and 2.5) are incorporated by reference in this rule. No later versions are included. Copies of this standard are available at:

(1) www.hl7.org/Library/standards.cfm; and
(2) the department;

for inspection. *(Indiana State Department of Health; 410 IAC 1-2.4-11; filed Oct 11, 2005, 12:00 p.m.: 29 IR 799; readopted filed Jul 14, 2011, 11:42 a.m.: 20110810-IR-410110253RFA)*

Rule 2.5. Disease Reporting and Control

410 IAC 1-2.5-1 Applicability
Authority: IC 16-41-2-1
Affected: IC 16-41-2

Sec. 1. The definitions in this rule apply throughout this rule. *(Indiana State Department of Health; 410 IAC 1-2.5-1; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-2 "Active surveillance" defined
Authority: IC 16-41-2-1
Affected: IC 16-41-2

Sec. 2. "Active surveillance" means taking any measures to identify all cases of a communicable disease by the local health officer or department, including, but not limited to, calling or otherwise contacting:
(1) physicians;
(2) hospitals;
(3) clinics;
(4) laboratories; and
(5) others who might be aware of cases of disease, such as school nurses and coroners.
(Indiana State Department of Health; 410 IAC 1-2.5-2; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-3 "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 safeguards intended to prevent transmission of airborne infectious agents. Requirements for airborne precautions are presented in Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007. *(Indiana State Department of Health; 410 IAC 1-2.5-3; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-4 "Approval" defined
Authority: IC 16-41-2-1
Affected: IC 16-41-2

Sec. 4. "Approval" means acceptable to the regulatory authority based on a determination of conformity with principles, practices, and generally recognized standards that protect public health. *(Indiana State Department of Health; 410 IAC 1-2.5-4; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-5 "Bloodborne pathogens" defined
Authority: IC 16-41-2-1
Affected: IC 16-41-2

Sec. 5. "Bloodborne pathogens" means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, the following:
(1) HIV.
(2) HBV.
(3) HCV.
(Indiana State Department of Health; 410 IAC 1-2.5-5; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-6 "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. 6. "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, or any facility where blood services are provided.
(Indiana State Department of Health; 410 IAC 1-2.5-6; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-7 "Carrier" defined

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

Sec. 7. "Carrier" means a person or animal, 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 1-2.5-7; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-8 "Case" defined

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

Sec. 8. "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 by the Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists. *(Indiana State Department of Health; 410 IAC 1-2.5-8; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-9 "Case ascertainment" defined

Authority: IC 16-41-2-1
Affected: IC 16-41-2

Sec. 9. "Case ascertainment" means collecting clinical, laboratory, and epidemiological information for the purpose of determining whether a reported case of disease met the standard clinical or laboratory case definition for the disease, or both. *(Indiana State Department of Health; 410 IAC 1-2.5-9; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-10 "Case management" defined

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

Sec. 10. "Case management" means systematic monitoring and quality assurance of diagnosis, treatment, control, and prevention strategies performed by public health employees and partners, including, but not limited to, local health officers. *(Indiana State Department of Health; 410 IAC 1-2.5-10; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-11 "Child" defined
Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2

Sec. 11. "Child" means a person less than eighteen (18) years of age. *(Indiana State Department of Health; 410 IAC 1-2.5-11; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-12 "Cleaning" defined
Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2

Sec. 12. "Cleaning" means the removal by scrubbing and washing, as with water and soap or suitable detergent, or by 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 1-2.5-12; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-13 "Commissioner" defined
Authority: IC 16-41-2-1
Affected: IC 16-41-2

Sec. 13. "Commissioner" means the state health commissioner or authorized officers, employees, or agents of the department. *(Indiana State Department of Health; 410 IAC 1-2.5-13; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-14 "Communicable disease" defined
Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41

Sec. 14. "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, vector, plant, or inanimate environment to a susceptible host, either directly or indirectly. *(Indiana State Department of Health; 410 IAC 1-2.5-14; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-15 "Concurrent disinfection" defined
Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 15. "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
(2) soiling of articles with the infectious discharges.
(Indiana State Department of Health; 410 IAC 1-2.5-15; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-16 "Confirmed foodborne disease outbreak" defined
Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 16. "Confirmed foodborne disease outbreak" means the occurrence of two (2) or more cases of a similar illness resulting from the ingestion of a common food in which laboratory analysis of appropriate specimens identifies a causative agent, and epidemiological analysis implicates the food as the source of the illness. *(Indiana State Department of Health; 410 IAC 1-2.5-16;*

filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-17 "Contact" defined

Authority: IC 16-41-2-1
Affected: IC 16-41-2

Sec. 17. "Contact" means a person or animal that has been in association with an infected person or animal, or a contaminated environment that is likely to provide an opportunity to acquire the infection. *(Indiana State Department of Health; 410 IAC 1-2.5-17; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-18 "Contact precautions" defined

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

Sec. 18. "Contact precautions" means safeguards intended to prevent transmission of infectious agents in health care facilities of diseases or conditions 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: Preventing Transmission of Infectious Agents in Healthcare Settings 2007. *(Indiana State Department of Health; 410 IAC 1-2.5-18; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-19 "Contamination" defined

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

Sec. 19. "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;
(6) in food or beverages;
(7) in water; or
(8) in or on other inanimate articles or substances.
(Indiana State Department of Health; 410 IAC 1-2.5-19; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-20 "Control measures" defined

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

Sec. 20. "Control measures" means safeguards implemented to reduce the threat of disease transmission from a person or animal 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/education.
(2) Immunization.
(3) Preventive therapy.
(4) Prophylaxis.
(5) Environmental sanitation.

(6) Closure of establishment.
(7) Exclusion from duty.
(8) Restriction of activities.
(9) Isolation.
(10) Quarantine.
(11) Infection prevention.
(12) Other accepted measures imposed on persons or property to:
(A) reduce illness; and
(B) prevent disease.

(Indiana State Department of Health; 410 IAC 1-2.5-20; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-21 "Counseling and testing site" defined

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

Sec. 21. "Counseling and testing site" means a place that has been designated and approved by the department to counsel and test individuals anonymously or confidentially for HIV. Site types include, but are not limited to, the following:
(1) Community based organization.
(2) Local health department.
(3) Community health center.

(Indiana State Department of Health; 410 IAC 1-2.5-21; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-22 "Daycare facility" defined

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

Sec. 22. "Daycare facility" means any licensed, registered, or unlicensed facility, institution, center, establishment, or home operated for the purpose of providing care, maintenance, or supervision to children or adults, or both, who are separated from their parent, guardian, or custodian for some portion of a twenty-four (24) hour day, 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) Daycare services provided in a private residence.
(5) An adult daycare.
(6) A babysitter.

(Indiana State Department of Health; 410 IAC 1-2.5-22; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-23 "Daycare worker" defined

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

Sec. 23. "Daycare worker" means any person, who as an employee or volunteer, provides care or supervision to children or adults, or both, or provides administrative, maintenance, or other services, at a daycare facility. *(Indiana State Department of Health; 410 IAC 1-2.5-23; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-24 "Department" defined

Authority: IC 16-41-2-1
Affected: IC 16-41-2

Sec. 24. "Department" means the Indiana state department of health. *(Indiana State Department of Health; 410 IAC 1-2.5-24; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-25 "Directly observed therapy" or "DOT" defined

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

Sec. 25. "Directly observed therapy" or "DOT" means an intervention by which medication administration is observed by a health care professional or trained third party (not a relative or friend) being administered directly to the patient and documents that the patient ingest each dose of medication. *(Indiana State Department of Health; 410 IAC 1-2.5-25; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-26 "Disease intervention specialist" or "DIS" defined

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

Sec. 26. "Disease intervention specialist" or "DIS" means an individual authorized by the department's division of HIV/STD, STD prevention program, trained by the Centers for Disease Control and Prevention to investigate cases of gonorrhea, chlamydia, syphilis, and HIV in an effort to intervene on disease transmission, elicit partners, and complete partner notifications. These individuals work under the authority of the department's division of HIV/STD, STD prevention program. Only state authorized DIS are permitted to investigate HIV and syphilis cases. This definition applies to all state authorized DIS regardless of funding source. *(Indiana State Department of Health; 410 IAC 1-2.5-26; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-27 "Disinfect" defined

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

Sec. 27. "Disinfect" means the use of directly applied chemical or physical means, or other appropriate processes to destroy or inactivate communicable disease causing agents on inanimate objects. *(Indiana State Department of Health; 410 IAC 1-2.5-27; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-28 "Droplet precautions" defined

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

Sec. 28. "Droplet precautions" means safeguards intended to 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
(2) is a carrier of the microorganism.

For a complete description, see Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007. *(Indiana State Department of Health; 410 IAC 1-2.5-28; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-29 "Expedited partner therapy" or "EPT" defined

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

Sec. 29. "Expedited partner therapy" or "EPT" means the practice of treating sexual partners of patients diagnosed with a sexually transmitted disease (specifically chlamydia or gonorrhea, or both) without an intervening medical evaluation. EPT is a treatment option to increase the likelihood that sex partners get needed medication thus reducing the risk of reinfection and potential further dissemination of these diseases within the community. *(Indiana State Department of Health; 410 IAC 1-2.5-29; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-30 "Food employee" defined

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

Sec. 30. "Food employee" means an individual who works with unpackaged food, food equipment or utensils, or food contact surfaces. *(Indiana State Department of Health; 410 IAC 1-2.5-30; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-31 "Food establishment" defined

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-18-2-137; IC 16-41-2

Sec. 31. "Food establishment" has the meaning set forth in IC 16-18-2-137. *(Indiana State Department of Health; 410 IAC 1-2.5-31; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-32 "Hand washing procedures" defined

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

Sec. 32. "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. Alcohol-based hand sanitizers may be used in accordance with manufacturer's guidelines when hands are not visibly soiled. For hand washing requirements for food employees, see 410 IAC 7-24. For all others, see Guideline for Hand Hygiene in Health-Care Settings, Morbidity and Mortality Weekly Report, October 25, 2002, Volume 51, No. RR-16 and World Health Organization (WHO) Guidelines on Hand Hygiene in Health Care, WHO Press: Geneva, Switzerland, 2009. *(Indiana State Department of Health; 410 IAC 1-2.5-32; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-33 "HAV" defined

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

Sec. 33. "HAV" means hepatitis A virus. *(Indiana State Department of Health; 410 IAC 1-2.5-33; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-34 "HBV" defined

Authority: IC 16-41-2-1
Affected: IC 16-41-2

Sec. 34. "HBV" means hepatitis B virus. *(Indiana State Department of Health; 410 IAC 1-2.5-34; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-35 "HCV" defined

Authority: IC 16-41-2-1
Affected: IC 16-41-2

Sec. 35. "HCV" means hepatitis C virus. *(Indiana State Department of Health; 410 IAC 1-2.5-35; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-36 "Health care facility" defined

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

Sec. 36. "Health care facility" includes the following:
(1) Hospitals licensed under IC 16-21-2.
(2) Private mental health institutions licensed under IC 12-25.
(3) Health facilities licensed under IC 16-28.
(4) Rehabilitation facilities.
(5) End stage renal/dialysis centers.
(6) Any institution, building, or agency or portion thereof, whether public or private where:
(A) nursing, rehabilitative, or preventive 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 1-2.5-36; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-37 "Health care worker" defined

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

Sec. 37. "Health care worker" means a person who provides care, services, treatment, or procedures, whether as:
(1) a staff member;
(2) a volunteer; or
(3) a student;
at a health care facility or as an employee of a health care facility. *(Indiana State Department of Health; 410 IAC 1-2.5-37; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-38 "Health practitioner" defined

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

Sec. 38. "Health practitioner" means a physician licensed to practice medicine, or if allowed by law, a nurse practitioner, physician assistant, or similar medical professional. *(Indiana State Department of Health; 410 IAC 1-2.5-38; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-39 "HEV" defined

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

Sec. 39. "HEV" means hepatitis E virus. *(Indiana State Department of Health; 410 IAC 1-2.5-39; filed Nov 25, 2015, 2:54*

p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-40 "Highly susceptible population" defined

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

Sec. 40. "Highly susceptible population" means persons who are more likely than other people in the general population to experience foodborne disease because they are as follows:

(1) Immunocompromised; preschool age children or older adults.

(2) Obtaining food at a facility that provides services such as custodial care, health care, or assisted living, such as a child or adult daycare center, kidney dialysis center, hospital or nursing home, or nutritional or socialization services such as a senior center.

(3) Children nine (9) years of age or younger in a school or custodial child care facility that are served juice.

(Indiana State Department of Health; 410 IAC 1-2.5-40; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-41 "HIV" defined

Authority: IC 16-41-2-1
Affected: IC 16-41-2

Sec. 41. "HIV" means human immunodeficiency virus. *(Indiana State Department of Health; 410 IAC 1-2.5-41; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-42 "HIV infection/disease" defined

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

Sec. 42. "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) Revised Definition for HIV Infection, as found in Morbidity and Mortality Weekly Report, Volume 63, Recommendations and Reports No. RR-03, April 11, 2014.

(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 CDC Morbidity and Mortality Weekly Report Volume 63, No. RR-03, April 11, 2014.

(5) Children less than thirteen (13) years of age who meet the CDC definition for HIV infection as found in the CDC Morbidity and Mortality Weekly Report Volume 63, Recommendations and Reports No. RR-03, April 11, 2014.

(Indiana State Department of Health; 410 IAC 1-2.5-42; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-43 "Infant" defined

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

Sec. 43. "Infant" means a child less than eighteen (18) months of age. *(Indiana State Department of Health; 410 IAC 1-2.5-43; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-44 "Influenza-associated death" defined

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

Sec. 44. "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).
(8) Listed anywhere on the death certificate as primary, secondary, or contributory cause of death.

(Indiana State Department of Health; 410 IAC 1-2.5-44; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-45 "Interferon gamma release assay" or "IGRA" defined

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

Sec. 45. "Interferon gamma release assay" or "IGRA" means a test that detects the presence of Mycobacterium tuberculosis infection by measuring the immune response to the tuberculosis organism in whole blood. *(Indiana State Department of Health; 410 IAC 1-2.5-45; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-46 "Invasive disease" defined

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

Sec. 46. "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) any other usually sterile site; or
(2) such as necrotizing fasciitis, in association with positive bacterial cultures from those sites.

(Indiana State Department of Health; 410 IAC 1-2.5-46; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-47 "Isolation" defined

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

Sec. 47. "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 1-2.5-47; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-48 "Latent tuberculosis infection" or "LTBI" defined

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

Sec. 48. "Latent tuberculosis infection" or "LTBI" means the following:

(1) No symptoms or physical findings suggestive of tuberculosis disease.
(2) Mantoux tuberculin skin test (TST) or interferon gamma release assay (IGRA) result usually positive.
(3) Chest radiograph typically normal.
(4) If done, respiratory specimens are smear and culture negative.
(5) Cannot spread tuberculosis bacteria to others.
(6) Should consider treatment for LTBI to prevent tuberculosis disease.
(Indiana State Department of Health; 410 IAC 1-2.5-48; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-49 "Local health officer" defined
Authority: IC 16-41-2-1
Affected: IC 16-41-2

Sec. 49. "Local health officer" means the county/city health officer or authorized officers, employees, or agents of the county/city health department. *(Indiana State Department of Health; 410 IAC 1-2.5-49; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-50 "Mantoux tuberculin skin test" or "TST" defined
Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2

Sec. 50. "Mantoux tuberculin skin test" or "TST" means a skin test used to detect tuberculosis infection that is performed by injecting purified protein derivative (PPD) intradermally and measuring the reaction (induration or the palpable hardened area) in forty-eight (48) to seventy-two (72) hours after the injection. It is classified as positive or negative depending on the size of the induration and the patient's risk factors for tuberculosis. *(Indiana State Department of Health; 410 IAC 1-2.5-50; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-51 "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. 51. "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 1-2.5-51; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-52 "Multiple drug-resistant tuberculosis" or "MDR tuberculosis" defined
Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 52. "Multiple drug-resistant tuberculosis" or "MDR tuberculosis" means any tuberculosis infection or disease caused by a strain of Mycobacterium tuberculosis that is resistant to at least isoniazid and rifampin, the two (2) first-line tuberculosis drugs with greatest efficacy. *(Indiana State Department of Health; 410 IAC 1-2.5-52; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-53 "Other potentially infectious materials" defined

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

Sec. 53. "Other potentially infectious materials" means the following:

(1) Human body fluids as follows:
- (A) Semen.
- (B) Vaginal secretions.
- (C) Cerebrospinal fluid.
- (D) Synovial fluid.
- (E) Pleural fluid.
- (F) Pericardial fluid.
- (G) Peritoneal fluid.
- (H) Amniotic fluid.
- (I) Saliva in dental procedures.
- (J) Any body fluid that is visibly contaminated with blood.
- (K) All body fluids where it is difficult or impossible to differentiate between body fluids.

(2) Any unfixed tissue or organ (other than intact skin) from a human, living or dead.

(3) Any:
- (A) cell or tissue cultures;
- (B) organ cultures;
- (C) culture medium; and
- (D) other solutions;

that contain HIV, HBV, or HCV.

(4) Blood, organs, or other tissues from experimental animals infected with HIV, HBV, or HCV.

(Indiana State Department of Health; 410 IAC 1-2.5-53; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-54 "Outbreak" defined

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

Sec. 54. "Outbreak" means cases of disease occurring in a defined community, region, or particular population at a rate in excess of that which is normally expected. *(Indiana State Department of Health; 410 IAC 1-2.5-54; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-55 "Partner services" defined

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

Sec. 55. "Partner services" means clinical and epidemiological activities to follow-up with partners who are at risk. Partner services are offered to individuals who are infected with HIV or other STDs, to their partners, and to other persons who are at increased risk for infection in an effort to prevent transmission of these diseases and to reduce suffering from their complications. Services include:

(1) identifying partners and obtaining partner locating information providing information regarding current infection or

infections, HIV, and other STDs;
(2) ensuring confidential notification, appropriate medical attention, and appropriate social referrals for partners and other high-risk individuals;
(3) using client-centered counseling to develop risk reduction plans to reduce the likelihood of acquiring future STDs (including HIV);
(4) providing needed referrals to additional medical or social services; and
(5) defining and better targeting the at-risk community while ensuring complete confidentiality for the patient.
(Indiana State Department of Health; 410 IAC 1-2.5-55; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-56 "Person in charge" defined
Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2

Sec. 56. "Person in charge" means the individual present in a food establishment who is responsible for the operation at the time of inspection. *(Indiana State Department of Health; 410 IAC 1-2.5-56; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-57 "Postsecondary facility" defined
Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2

Sec. 57. "Postsecondary facility" means a location (public or private) that provides education beyond the secondary (grade 12) level. This includes, but is not limited to:
(1) colleges;
(2) universities;
(3) vocational schools; or
(4) technical schools.
(Indiana State Department of Health; 410 IAC 1-2.5-57; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-58 "Preschool" defined
Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2

Sec. 58. "Preschool" means a school or other institution for children who are not eligible to enter kindergarten in a public, nonpublic, or charter school. *(Indiana State Department of Health; 410 IAC 1-2.5-58; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-59 "Prophylaxis" defined
Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2

Sec. 59. "Prophylaxis" means treatment or therapy intended to prevent infection of an individual who may have been or could be exposed to a communicable disease. *(Indiana State Department of Health; 410 IAC 1-2.5-59; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-60 "Quarantine" defined
Authority: IC 16-41-2-1
Affected: IC 16-41-2

Sec. 60. "Quarantine" means the restriction of activities or confinement of well persons or animals who have, or may have been exposed to a case of communicable disease during its period of communicability to prevent disease transmission during the incubation period, if infection should occur. *(Indiana State Department of Health; 410 IAC 1-2.5-60; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-61 "Ready-to-eat food" defined

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

Sec. 61. (a) "Ready-to-eat food" means food that:
(1) is in a form that is edible without additional preparation to achieve food safety;
(2) is a raw or partially cooked animal food and the consumer is advised;
(3) is prepared in accordance with a variance that is granted; or
(4) may receive additional preparation for palatability or aesthetic, epicurean, gastronomic, or culinary purposes.
(b) "Ready-to-eat food" includes the following:
(1) Raw animal food that is cooked or frozen.
(2) Raw fruits and vegetables that are washed.
(3) Fruits and vegetables that are cooked for hot holding.
(4) All time/temperature control for safety food that is cooked to the temperature and time required for the specific food and cooled.
(5) Plant food for which further washing, cooking, or other processing is not required for food safety, and from which rinds, peels, husks, or shells, if naturally present, are removed.
(6) Substances derived from plants, such as spices, seasonings, and sugar.
(7) A bakery item such as bread, cake, pie, filling, or icing for which further cooking is not required for food safety.
(8) The following products that are produced in accordance with the United States Department of Agriculture guidelines and that have received a lethality treatment for pathogens:
(A) Dry, fermented sausages, such as dry salami or pepperoni.
(B) Salt-cured meat and poultry products, such as prosciutto ham, country cured ham, and Parma ham.
(C) Dried meat and poultry products, such as jerky or beef sticks.
(9) Foods manufactured, thermally processed low-acid foods packaged in hermetically sealed containers.
(Indiana State Department of Health; 410 IAC 1-2.5-61; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-62 "Regulatory authority" defined

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

Sec. 62. "Regulatory authority" means the local, state, or federal enforcement body or authorized representative having jurisdiction over the food establishment. *(Indiana State Department of Health; 410 IAC 1-2.5-62; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-63 "Residential institution" defined

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

Sec. 63. "Residential institution" means any facility where residents live in group settings. This includes, but is not limited to:
(1) homeless shelters;
(2) group homes;
(3) residential K-12 schools; or

(4) dormitories, residence halls, or other campus housing.
(Indiana State Department of Health; 410 IAC 1-2.5-63; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-64 "Restrict" defined
Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 64. "Restrict" means to limit the activities of a food employee so that there is no risk of transmitting a disease that is transmissible through food and the food employee does not work with exposed food, clean equipment, utensils, linens, or unwrapped single-service or single-use articles. *(Indiana State Department of Health; 410 IAC 1-2.5-64; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-65 "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. 65. "Restriction of activities" means limitations placed on the activities of persons 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/appearance at any:
(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.
(5) Attendance/appearance at any community event.
(Indiana State Department of Health; 410 IAC 1-2.5-65; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-66 "Sexually transmitted disease" defined
Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2

Sec. 66. "Sexually transmitted disease" means local or systemic communicable diseases due to infectious agents, generally transmitted person-to-person by sexual intercourse 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 1-2.5-66; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-67 "Standard precautions" defined

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

Sec. 67. "Standard precautions" means safeguards used for all patients receiving care in health care facilities, regardless of diagnosis, or suspected or confirmed infection status, to prevent transmission of microorganisms from both recognized and unrecognized sources of infection. Requirements of standard precautions are presented in Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007. *(Indiana State Department of Health; 410 IAC 1-2.5-67; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-68 "State designated districts" defined

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

Sec. 68. "State designated districts" means those local health departments or clinics that have been designated as "authorized agents" by the department's division of HIV/STD. *(Indiana State Department of Health; 410 IAC 1-2.5-68; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-69 "Sterile site" defined

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

Sec. 69. "Sterile site" means the following:
(1) Blood.
(2) Cerebral spinal fluid (CSF).
(3) Pleural fluid (includes chest fluid, thoracentesis fluid).
(4) Peritoneal fluid (includes abdominal fluid, ascites).
(5) Pericardial fluid.
(6) Bone (includes bone marrow).
(7) Joint (includes synovial fluid; fluid, needle aspirate, or culture of any specific joint: knee, ankle, elbow, hip, wrist).
(8) Internal body sites (specimen obtained from surgery or aspirate from one (1) of the following: lymph node, brain, heart, liver, spleen, vitreous fluid, kidney, pancreas, or ovary).
(Indiana State Department of Health; 410 IAC 1-2.5-69; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-70 "Sterilize" defined

Authority: IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 70. "Sterilize" means the use of physical or chemical procedures, or other appropriate processes to destroy all microbial life, including highly resistant bacterial endospores. *(Indiana State Department of Health; 410 IAC 1-2.5-70; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-71 "Suspect case" defined

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

Sec. 71. "Suspect case" means a person, living or deceased, whose medical history, signs, symptoms, or laboratory evidence suggests that this person may be:
(1) incubating; or

(2) actively infected with;
a communicable disease. *(Indiana State Department of Health; 410 IAC 1-2.5-71; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-72 "Terminal cleaning" defined
Authority: IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 72. "Terminal cleaning" means standardized cleaning to remove dust, soil, and microbial contamination on inanimate surfaces and is done after a patient has been removed by death or transfer, or has ceased to be a source of infection, or after isolation or other practices/precautions have been discontinued. *(Indiana State Department of Health; 410 IAC 1-2.5-72; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-73 "Tuberculosis disease" defined
Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2

Sec. 73. "Tuberculosis disease" means disease in a person with tuberculosis infection in whom symptoms, signs, or radiographic manifestations caused by Mycobacterium tuberculosis are apparent. Disease may be pulmonary or extrapulmonary, or both. *(Indiana State Department of Health; 410 IAC 1-2.5-73; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-74 "Universal precautions" defined
Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 16-41-2; IC 16-41-9

Sec. 74. "Universal precautions" means an approach to infection control in which all human blood and 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 1-2.5-74; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-75 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. 75. (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 the case.

(b) Except for HIV infection/disease, 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. The report for HIV infection/disease shall be made directly to the department in accordance with IC 16-41-2-

3.

(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) 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;

(D) serology;

(E) Western blot;

(F) interferon gamma release assay;

(G) NAAT; or

(H) tuberculin skin test.

(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;

(B) state designated districts; or

(C) 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 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 twenty-four (24) hours, seventy-two (72) hours, or five (5) business days shall be reported within twenty-four (24) hours, seventy-two (72) hours, or five (5) business days 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 to the local health department should report diseases required to be immediately reported to the after-hours duty officer at the local health department. HIV infection/disease required to be reported to the department during evening, weekend, and holiday hours should be reported immediately to the after-hours duty officer at the department at (317) 233-1325. 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.

DANGEROUS COMMUNICABLE DISEASES AND CONDITIONS		
Disease	When to Report (from probable diagnosis)	Disease Intervention Methods (section of this rule)
Acquired immunodeficiency syndrome	See HIV Infection/Disease	Sec. 109
Anaplasmosis	Within 72 hours	Sec. 96
Animal bites	Within 24 hours	Sec. 80
Anthrax	Immediately	Sec. 81
Arboviral disease (non-neuroinvasive or neuroinvasive) (including, but not limited to, dengue, chikungunya, EEE, Japanese encephalitis, La Crosse/California serogroup viruses, Powassan, SLE, WEE, and West Nile virus)	Immediately	Sec. 82
Babesiosis	Within 72 hours	Sec. 83
Botulism	Immediately	Sec. 84
Brucellosis	Immediately	Sec. 85
Campylobacteriosis	Within 72 hours	Sec. 86
Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE)	Within 72 hours	Sec. 87
Chancroid	Within 72 hours	Sec. 88
Chikungunya virus	Immediately	Sec. 82
Chlamydia trachomatis, genital infection	Within 72 hours	Sec. 89
Cholera	Immediately	Sec. 90
Coccidioidomycosis	Within 72 hours	Sec. 91
Cryptosporidiosis	Within 72 hours	Sec. 92
Cyclosporiasis	Within 72 hours	Sec. 93
Cysticercosis (Neurocysticercosis)	Within 72 hours	Sec. 94
Diphtheria	Immediately	Sec. 95
Dengue	Immediately	Sec. 82
Eastern equine encephalitis (EEE)	Immediately	Sec. 82
Ehrlichiosis	Within 72 hours	Sec. 96
Escherichia coli (E. coli) infection (Shiga toxin-producing (STEC)), including, but not limited to, E. coli 0157, E. coli 0157:H7, non-0157 E. coli, and Shiga toxin detected	Immediately	Sec. 97
Giardiasis	Within 72 hours	Sec. 98
Gonorrhea	Within 72 hours	Sec. 99
Granuloma inguinale	Within 72 hours	Sec. 100
Haemophilus influenzae invasive disease, and antimicrobial susceptibility testing*	Within 24 hours	Sec. 101
Hansen's disease (leprosy)	Within 72 hours	Sec. 102
Hantavirus pulmonary syndrome	Immediately	Sec. 103

Hemolytic uremic syndrome, postdiarrheal	Immediately	Sec. 97
Hepatitis, viral, type A	Immediately	Sec. 104
Hepatitis, viral, type B	Within 72 hours	Sec. 105
Hepatitis, viral, type B, pregnant woman (acute and chronic), or perinatally exposed infant	Immediately (when discovered at or close to time of birth)	Sec. 105
Hepatitis, viral, type C (acute)	Within five (5) business days	Sec. 106
Hepatitis, viral, type delta	Within 72 hours	Sec. 105
Hepatitis, viral, type E	Immediately	Sec. 107
Hepatitis, viral, unspecified	Within 72 hours	
Histoplasma capsulatum	Within 72 hours	Sec. 108
HIV infection/disease	Within 72 hours after informing patient or if patient does not return for test results	Sec. 109
HIV infection/disease, pregnant woman, or perinatally exposed infant	Immediately (when discovered at or close to time of birth)	Sec. 109
Influenza-associated death	Within 72 hours	Sec. 110
Japanese encephalitis	Immediately	Sec. 82
La Crosse encephalitis (California serogroup viruses)	Immediately	Sec. 82
Latent tuberculosis infection	Within five (5) business days	Sec. 111
Legionellosis	Within 72 hours	Sec. 112
Leptospirosis	Within 72 hours	Sec. 113
Listeriosis	Within 72 hours	Sec. 114
Lyme disease	Within 72 hours	Sec. 115
Lymphogranuloma venereum	Within 72 hours	Sec. 116
Malaria	Within 72 hours	Sec. 117
Measles (rubeola)	Immediately	Sec. 118
Meningococcal, invasive disease	Immediately	Sec. 119
Mumps	Within 24 hours	Sec. 120
Novel influenza A	Within 24 hours	Sec. 121
Pertussis	Within 24 hours	Sec. 122
Plague	Immediately	Sec. 123
Poliomyelitis	Immediately	Sec. 124
Powassan	Immediately	Sec. 82
Psittacosis	Within 72 hours	Sec. 125
Q fever	Immediately	Sec. 126
Rabies in humans or animals (confirmed and suspect animal with human exposure)	Immediately	Sec. 127
Rabies, postexposure treatment	Within 72 hours	Secs. 127 and 80
Rocky Mountain spotted fever	Within 72 hours	Sec. 128
Rubella (German measles)	Immediately	Sec. 129
Rubella congenital syndrome	Immediately	Sec. 129
Salmonellosis, nontyphoidal	Within 72 hours	Sec. 130
Salmonellosis and antimicrobial susceptibility testing*	Within 72 hours	Sec. 130

Shigellosis and antimicrobial susceptibility testing*	Immediately	Sec. 131
Smallpox (variola infection)	Immediately	Sec. 132
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. 132
St. Louis encephalitis (SLE)	Immediately	Sec. 82
Staphylococcus aureus, vancomycin resistance level of MIC ≥ 8 μg/mL, or severe Staphylococcus aureus in a previously healthy person	Within 72 hours	Sec. 133
Streptococcus pneumoniae, invasive disease and antimicrobial susceptibility testing*	Within 72 hours	Sec. 134
Streptococcus, group A, invasive disease	Within 72 hours	Sec. 135
Syphilis	Within 72 hours	Sec. 136
Taenia solium infection	Within 72 hours	Sec. 137
Tetanus	Within 72 hours	Sec. 138
Toxic shock syndrome (streptococcal or staphylococcal)	Within 72 hours	Sec. 139
Trichinosis	Within 72 hours	Sec. 140
Tuberculosis disease, cases and suspects	Within 24 hours	Sec. 141
Tularemia	Immediately	Sec. 142
Typhoid and paratyphoid fever, cases and carriers, and antimicrobial susceptibility testing*	Immediately	Sec. 143
Typhus, endemic (fleaborne)	Within 72 hours	Sec. 144
Varicella (chickenpox)	Within 72 hours	Sec. 145
Vibriosis (non-cholera)	Within 72 hours	Sec. 146
West Nile virus (WNV)	Immediately	Sec. 82
Western equine encephalitis (WEE)	Immediately	Sec. 82
Yellow fever	Immediately	Sec. 147
Yersiniosis	Within 72 hours	Sec. 148
*Reporting of disease is required to follow the "When to Report (from probable diagnosis)" time frame, and the antimicrobial susceptibility testing results are to be reported as soon as they become available.		

(e) Reporting of HIV infection/disease shall include classification as defined in the CDC Morbidity and Mortality Weekly Report Volume 63, No. RR-03, April 11, 2014. 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) 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).

(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.
(10) Unusual occurrence of disease.
(11) Any disease, including, but not limited to:
(A) anthrax;
(B) plague;
(C) tularemia;
(D) Brucella species;
(E) smallpox;
(F) botulism; or
(G) multiple drug-resistant tuberculosis.
(12) Chemical illness that is considered:
(A) a bioterrorism threat;
(B) an importation; or
(C) a laboratory release.

(h) Failure to report constitutes a Class A infraction as specified by IC 16-41-2-8. *(Indiana State Department of Health; 410 IAC 1-2.5-75; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-76 Laboratories; reporting requirements

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

Sec. 76. (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 to 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 name, date, and results of the test 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, or both.
(5) The name, address, and date of birth or age if date of birth is not available of the person from whom the specimen was obtained.
(6) The anatomic source of the specimen.
(7) The name, address, and telephone number of the:
(A) attending physician;
(B) hospital;
(C) clinic; or
(D) other specimen submitter.
(8) The name, address, 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 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, or both.

(5) The numeric identifier code of the person from whom the specimen was obtained.

(6) The anatomic source of the specimen.

(7) The name and address of the:

(A) attending physician;

(B) hospital;

(C) clinic; or

(D) other specimen submitter.

(8) The:

(A) name;

(B) address;

(C) telephone number; and

(D) CLIA ID number;

of the laboratory performing the test.

(d) Laboratory findings that demonstrate diseases that are to be reported immediately shall be reported by telephone or other instantaneous means of communication on first knowledge or suspicion of the result. Laboratory findings that demonstrate diseases that are to be reported within twenty-four (24) hours shall be reported to the department within twenty-four (24) hours. Laboratory findings that demonstrate diseases that are to be reported within seventy-two (72) hours shall be reported to the department within seventy-two (72) hours. Laboratory findings that demonstrate diseases that are to be reported within five (5) business days shall be reported to the department within five (5) business days. Laboratory findings demonstrating evidence of the following infections, diseases, or conditions shall be reported to the department:

(1) Anaplasma species.

(2) 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 encephalitis.

(G) Yellow fever.

(H) Powassan.

(I) Dengue and dengue hemorrhagic fever.

(J) Chikungunya.

(3) Babesia species.

(4) Bacillus anthracis.

(5) Bordetella pertussis.

(6) Borrelia burgdorferi.

(7) Brucella species.

(8) Calymmatobacterium granulomatis.

(9) Campylobacter species.

(10) Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE).

(11) Chlamydia psittaci.

(12) Chlamydia trachomatis.

(13) Clostridium botulinum.
(14) Clostridium tetani.
(15) Coccidioidomycosis.
(16) Corynebacterium diphtheriae.
(17) Coxiella burnetii.
(18) Cryptococcus neoformans.
(19) Cryptosporidium species.
(20) Cyclospora cayetanensis.
(21) Dengue virus.
(22) Eastern equine encephalitis virus.
(23) Ehrlichia species.
(24) Escherichia coli (E. coli) infection (Shiga toxin-producing (STEC)), including, but not limited to, E. coli 0157, E. coli 0157:H7, non-0157 E. coli, and Shiga toxin detected.
(25) Francisella tularensis.
(26) Giardia species.
(27) Grimontia hollisae (Vibrio hollisae).
(28) Haemophilus ducreyi.
(29) Haemophilus influenzae, invasive disease, and antimicrobial susceptibility testing*.
(30) Hantavirus.
(31) The following hepatitis viruses:
    (A) Anti-HAV IgM.
    (B) HBsAg, HBeAg, or IgM anti-HBc.
    (C) Genotype, RNA (PCR, NAT), or anti-HCV (e.g., EIA or any combination).
    (D) Delta.
    (E) Anti-HEV IgM and IgG.
(32) Histoplasma capsulatum.
(33) HIV and related retroviruses.
(34) Influenza.
(35) Interferon gamma release assay (IGRA) for tuberculosis (positive results only).
(36) Japanese encephalitis virus.
(37) Kaposi's sarcoma (biopsies).
(38) La Crosse (California serogroup) virus.
(39) Legionella species.
(40) Leptospira species.
(41) Listeria monocytogenes, invasive disease.
(42) Measles virus.
(43) Mumps virus.
(44) Mycobacterium leprae.
(45) Mycobacterium tuberculosis.
(46) Neisseria gonorrhoeae.
(47) Neisseria meningitidis, invasive disease, and antimicrobial susceptibility testing*.
(48) Novel influenza A.
(49) Photobacterium damselae (Vibrio damsela).
(50) Plasmodium species.
(51) Powassan virus.
(52) Pneumocystis carinii.
(53) Poliomyelitis.
(54) Rabies virus (animal or human).
(55) Rickettsia (non-rickettsii species).

(56) Rickettsia rickettsii.
(57) Rubella virus.
(58) Salmonella species.
(59) Salmonella serotype Paratyphi and antimicrobial susceptibility testing*.
(60) Salmonella serotype Typhi (Typhoid fever) and antimicrobial susceptibility testing*.
(61) Shigella species and antimicrobial susceptibility testing*.
(62) Smallpox (variola) virus.
(63) St. Louis encephalitis virus.
(64) Staphylococcus aureus, vancomycin resistance equal to or greater than eight (8) µg/mL.
(65) Streptococcus pneumoniae, invasive disease, and antimicrobial susceptibility testing*.
(66) Streptococcus group A (Streptococcus pyogenes), invasive disease, and antimicrobial susceptibility testing*.
(67) Streptococcus group B, invasive disease, and antimicrobial susceptibility testing*.
(68) Taenia solium (and associated cysts).
(69) Treponema pallidum.
(70) Trichinella spiralis.
(71) Varicella-zoster virus.
(72) Vibrio species.
(73) West Nile virus.
(74) Western equine encephalitis virus.
(75) Yellow fever virus.
(76) Yersinia species, including the following:
(A) Pestis.
(B) Enterocolitica.
(C) Pseudotuberculosis.

*Reporting of disease is required to follow the "When to Report (from probable diagnosis)" time frame, and the antimicrobial susceptibility testing results are to be reported as soon as they become available.

(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, this does not preclude a laboratory from reporting requirements as specified in this section.

(f) Laboratories shall submit all isolates of the following organisms to the department's microbiology laboratory for further evaluation within three (3) business days of isolation:

(1) Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE). Isolates include organisms that are nonsusceptible to at least one (1) carbapenem antibiotic with MIC >=2 µg/ml or zone diameter <=22 mm (<=21 mm for ertapenem), and meet one (1) of the following criteria:
(A) Positive for carbapenemase production by a phenotypic test (e.g., Modified Hodge or Carba NP).
(B) Nonsusceptible to at least three (3) carbapenem antibiotics with MIC >=2 µg/ml or zone diameter <=22 mm (<=21 mm for ertapenem).
(C) Positive for a carbapenemase gene marker.

Only one (1) isolate that meets these criteria should be submitted if the same organism is repeatedly recovered from the same patient.

(2) Haemophilus influenzae, invasive disease.
(3) Neisseria meningitidis, invasive disease.
(4) Escherichia coli (E. coli) (Shiga toxin-producing (STEC)) isolates, if not available, submit a Shiga toxin detected

enrichment broth from a clinical specimen. If detection of STEC from a stool specimen using a nonculture based method (isolate or broth if not available), submit stool specimen in Cary-Blair media.

(5) Staphylococcus aureus, vancomycin resistance equal to or greater than eight (8) μg/mL.

(6) Mycobacterium tuberculosis.

(7) Streptococcus pneumoniae invasive disease isolates from persons less than five (5) years of age.

(8) Listeria monocytogenes isolates from a normally sterile site.

(9) Salmonella species isolates collected from a clinical specimen. If detection of Salmonella from a stool specimen using a nonculture based method, submit stool specimen in Cary-Blair medium.

(10) Shigella species isolates collected from a clinical specimen. If detection of Shigella from a stool specimen using a nonculture based method, submit stool specimen in Cary-Blair medium.

(11) Vibrio cholerae isolates collected from stool or vomitus. If detection of Vibrio cholerae from a stool specimen using a nonculture based method, submit stool specimen in Cary-Blair medium.

(12) Vibrio species (other than toxigenic Vibrio cholerae), Grimontia hollisae (Vibrio hollisae), and Photobacterium damselae (Vibrio damsela) isolates from a clinical specimen. If detection of Vibrio species, Grimontia hollisae (Vibrio hollisae), and Photobacterium damselae (Vibrio damsela) from a stool specimen using a nonculture based method, submit stool specimen in Cary-Blair medium.

(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.

(h) Reporting by a laboratory, as required by this section, shall not:

(1) constitute a diagnosis or a case report; 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 1-2.5-76; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-77 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. 77. (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 or state designated districts.

(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 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.

(3) Emerging infectious diseases.

(g) Pursuant to 45 CFR 164.512 (2013), local health departments and the Indiana state department of health are considered public health authorities as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Local health departments and the Indiana state department of health are 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 1-2.5-77; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-78 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. 78. (a) All information obtained under this rule, whether from patient records or other sources, is confidential as specified by IC 16-41-8-1.

(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;

(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) Multiple drug-resistant tuberculosis.

Information regarding all other diseases and conditions listed in section 75 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 1-2.5-78; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-79 General control measures

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

Sec. 79. 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 80 through 148 of this rule and are based on best practices outlined in the following references:

(A) Red Book: 2012 Report of the Committee on Infectious Diseases, 29th edition, a publication of the American Academy of Pediatrics.

(B) Epidemiology and Prevention of Vaccine-Preventable Diseases, 12th Edition, a publication of the Centers for Disease Control and Prevention.

(C) Manual for the Surveillance of Vaccine-Preventable Diseases, 5th Edition, a publication of the Centers for Disease Control and Prevention.

(D) Case Definitions for Infectious Conditions Under Public Health Surveillance. Morbidity and Mortality Weekly Report; May 2, 1997; Volume 46; No. RR-10.

(E) 2012 Nationally Notifiable Diseases and Conditions and Current Case Definitions, a publication of the Centers for Disease Control and Prevention.

(3) 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, 20th Edition, 2014, 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.

(4) 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.

(5) A local health officer, upon notification of the occurrence of a disease that is required by sections 75 and 76 of this rule to be reported immediately, shall in turn notify the department immediately by telephone or other instantaneous means of communication.

(6) A local health officer, in receipt of reports required by sections 75 and 76 of this rule to be reported in twenty-four (24) hours, seventy-two (72) hours, or five (5) business days, 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.

(7) 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 75 or 76 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.

(8) 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) Participating in a designated education, counseling, or treatment program.

(B) Undergoing confirmatory testing.

(C) Undergoing medically accepted tests or treatments that are consistent with standard medical practice as necessary to make the case or carrier noninfectious.

(D) Notifying or appearing before designated health officials for verification of disease status at periodic times.

(E) Ceasing and desisting conduct that constitutes a health threat to others.

(F) Being monitored by an electronic monitoring device to prevent activities that constitute a health threat to others.

(G) Living part time or full time in a supervised setting.

(H) Being confined to an appropriate:
(i) hospital;
(ii) home;
(iii) apartment; or
(iv) other institutional facility or residential setting.
(I) Complying with any combination of the remedies under this subdivision considered appropriate by the health officer.

(Indiana State Department of Health; 410 IAC 1-2.5-79; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-80 Animal bites; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1
Affected: IC 15-17-6-11; IC 16-41-2; IC 16-41-9

Sec. 80. (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 within twenty-four (24) hours to the local health officer having jurisdiction. If a physician is in attendance, the physician shall report the bite. 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. 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 to the biting animal 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 15-17-6-11 (not less than ten (10) days) or humanely killed at once (when necessary) for laboratory examination. 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 unhealthy or terminally injured 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 unhealthy or terminally injured 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 shall assume this responsibility.
(D) Any rabies vector species (including, but not limited to, bats, skunks, raccoons, foxes, and other wild carnivores) 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. Exceptions to this section may be made only at the discretion of the local health officer or the state veterinarian, or both. Animals

covered under this section include, but are not limited to, the following:

(i) Wild animal species kept as pets.

(ii) Wild animal species kept in captivity for any other purpose, including those permitted by the Indiana department of natural resources under 312 IAC 9-10-4, 312 IAC 9-10-9, 312 IAC 9-10-9.5, and 312 IAC 9-10-11.

(iii) Wild carnivores crossbred to domestic dogs and cats (hybrids) and their offspring.

(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

(ii) the results of a laboratory test are available.

(F) Any person bitten or scratched by a rabies vector species (raccoon, skunk, fox, 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 wild carnivores, including those animals kept in captivity or 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 if animal is unavailable for testing, 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 from squirrels, hamsters, guinea pigs, gerbils, chipmunks, rats, mice, other rodents, rabbits, and hares almost never require antirabies treatment. Bites from larger rodents (groundhogs, beavers, muskrats) may require antirabies treatment.

[1]If the animal is unhealthy or has a serious injury that would make quarantine inhumane, the stray animal may be euthanized immediately and the head 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 euthanized and tested as soon as possible. Holding for observation is not allowable as time lapse from virus secretion in saliva until clinical symptoms appear have not been determined for species other than a dog, cat, or 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 needed.

(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]), one dose should be given on days 0, 3, 7, and 14. Immunocompromised individuals may require a 5th vaccine dose to be given on day 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 to individuals who have been previously vaccinated.
	Vaccine	HDCV, PCEC, or RVA, 1.0 ml IM (deltoid[1]), one dose should be given 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. The vaccine should never be administered in the same location with the HRIG.		
[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.		

(d) Case definition is established by the department. *(Indiana State Department of Health; 410 IAC 1-2.5-80; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

410 IAC 1-2.5-81 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. 81. The specific control measures for anthrax (infectious agent: Bacillus anthracis) are as follows:

(1) An investigation by the local health officer shall be 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.

(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-81; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-82 Arboviral disease (non-neuroinvasive and neuroinvasive); 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 arboviral encephalitis (West Nile virus, La Crosse/California serogroup virus, eastern equine encephalitis, western equine encephalitis, Powassan encephalitis, St. Louis encephalitis, dengue, chikungunya virus, and Japanese encephalitis) are as follows:

(1) An investigation by the local health officer shall 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; and

(B) identify traveling companions who may have been exposed.

Active surveillance shall be instituted. The local health officer shall identify areas in the community where there is a need for vector control. Identification of cases in horses, birds, or humans 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) Immunization is not available. Protection of contacts is not applicable. Fogging or spraying insecticides:

(A) has been effectively used to abort urban epidemics; and

(B) may be recommended by the department.

(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-82; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-83 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. 83. The specific control measures for babesiosis (infectious agent: Babesia species) are as follows:

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

(A) be performed within seventy-two (72) hours; 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 required regarding blood and body fluids.

(3) Concurrent disinfection is not required.

(4) Quarantine is not required.

(5) Immunization is 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 immediately.

(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-83; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-84 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. 84. The specific control measures for botulism - foodborne, infant, wound, or other (infectious agent: Clostridium botulinum), are as follows:

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

(A) Be performed immediately (within three (3) hours after clinical suspicion).

(B) Include the following prior to symptom onset:

(i) Five (5) day food and drink history.

(ii) Fourteen (14) day wound history.

(C) Recover all suspected food for appropriate testing and disposal.

(D) 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. The purpose of the investigation shall be case ascertainment, assurance of availability of the appropriate antitoxin through the department, and identification of the infection source.

(2) Isolation is not required.

(3) Implicated food that is not collected for laboratory analysis shall be 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 be followed.

(4) Quarantine is not applicable.

(5) Prophylaxis with antitoxin is not recommended for asymptomatic people who have ingested a food known to contain botulinum toxin. Physicians treating a patient who has been exposed to toxin or is suspected of having any type of botulism should contact the department immediately. People exposed to toxin who are asymptomatic should have close medical observation in nonsolitary settings.

(6) The investigational botulinum toxoid pentavalent vaccine (types A, B, C, D, and E) has been discontinued for immunization among laboratory workers at high risk of exposure and is no longer available.

(7) Requests for botulinum antitoxin for treatment of suspected wound or foodborne botulism shall be made through the department. Botulism immune globulin for treatment of infants with botulism may be requested through the department. Antitoxin for noninfant forms of botulism: Antitoxin should be procured immediately through the department. If contact cannot be made with the department, the CDC Emergency Operations Center should be contacted for botulism case consultation and antitoxin. Equine-derived investigational heptavalent botulinum antitoxin (HBAT) is the only botulinum antitoxin available for treatment. Antitoxin for infant botulism: Botulism immune globulin (BabyBIG) caused by C. botulinum type A or type B is made and distributed by the California Department of Public Health. HBAT is available and is not recommended routinely for infant botulism, but has been used to treat patients with type F infant botulism on a case-by-case basis.

(8) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-84; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-85 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. 85. The specific control measures for brucellosis (infectious agent: Brucella species) are as follows:

(1) An investigation by the local health officer shall be performed immediately to trace infection to the common or individual source, usually:

(A) infected dogs, domestic goats, swine, or cattle;

(B) unpasteurized milk or dairy products (cheese) from cows and goats; or

(C) foreign travel.

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) Immunization is not available. Protection of contacts is not applicable.
(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-85; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-86 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. 86. The specific control measures for Campylobacter enteritis (infectious agent: Campylobacter species) are as follows:
(1) An investigation by the local health officer shall meet the following conditions:
(A) Be performed within seventy-two (72) hours.
(B) Include a five (5) day history of the following prior to symptom onset:
(i) Food and drink consumption.
(ii) Domestic and international travel.
(iii) Water exposures.
(iv) Animal exposures.
(C) Determine if the case is part of an outbreak.
(D) Determine if the case is a:
(i) food employee;
(ii) daycare worker;
(iii) health care worker; or
(iv) daycare attendee, a school attendee, or anyone who lives at a residential institution.
(E) Determine if meal companions are additional cases.
(2) In addition to standard precautions, contact precautions shall be followed for diapered or incontinent individuals or children less than six (6) years of age. For others, the following guidelines apply:
(A) Cases employed as food employees, daycare workers, health care workers, or in 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 local health officer has determined the case has been asymptomatic for at least twenty-four (24) hours.
(ii) The case has been counseled about preventive measures, such as hand washing procedures, that must be followed to prevent transmission of disease.
(iii) 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 by employees.
(B) Cases shall be excluded from attending schools, preschools, and daycare facilities until all of the following have occurred:
(i) The local health officer has determined the case has been asymptomatic for at least twenty-four (24) hours.
(ii) The case or case's guardian has been counseled about preventive measures, such as hand washing procedures, that must be followed to prevent transmission of disease.
(iii) The local health officer has discussed with the appropriate school, preschool, or daycare facility staff the need:
(AA) for proper hand washing procedures 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, the following shall occur:

(i) All attendees and staff may be required to submit stool specimens for examination.

(ii) 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 shall 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 procedures and environmental cleaning is required.

(iii) 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 discarded in a sanitary sewer without prior disinfection.

(4) Quarantine is not required.

(5) Immunization is not available. Protection of contacts is not applicable.

(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-86; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-87 Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE); 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. (a) The specific control measures for carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE) (infectious agent: organisms that are nonsusceptible to at least one (1) carbapenem antibiotic with MIC >=2 µg/ml or zone diameter <=22 mm (<=21 mm for ertapenem), and meet one (1) of the following criteria:

(1) Positive for carbapenemase production by a phenotypic test (e.g., Modified Hodge or Carba NP).

(2) Nonsusceptible to at least three (3) carbapenem antibiotics with MIC >=2 µg/ml or zone diameter <=22 mm (<=21 mm for ertapenem).

(3) Positive for a carbapenemase gene marker.)

are listed in subsection (b).

(b) The specific control measures for carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE) are as follows:

(1) An investigation shall be performed by the local health officer within seventy-two (72) hours and include individuals who have shared a residence with the patient in an acute care or long term care facility.

(2) The facility shall initiate contact precautions for CP-CRE; additional precautions should be added if any other transmissible condition is present.

(3) Supplemental measures for a health care facility with CP-CRE transmission include the following:

(A) Refer to the most recent CRE Toolkit from the Centers for Disease Control and Prevention for patient and environmental management of CRE patients.

(B) Consider screening of patients to determine if epidemiologically linked.

(C) Consider chlorhexidine gluconate bathing.

(4) Case definition is established by the department.

(Indiana State Department of Health; 410 IAC 1-2.5-87; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-88 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. 88. The specific control measures for chancroid (infectious agent: Haemophilus ducreyi) are as follows:

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

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

(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 Sexually Transmitted Diseases Treatment Guidelines, 2010, Morbidity and Mortality Weekly Report, December 17, 2010, Volume 59, No. RR-12.

(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) Immunization is not available. Sexual contacts shall receive prophylactic treatment.

(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-88; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-89 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. 89. 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 by the local health officer shall be:

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

(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 Sexually Transmitted Diseases Treatment Guidelines, 2010, Morbidity and Mortality Weekly Report, December 17, 2010, Volume 59, No. RR-12. Expedited partner therapy is allowed for the treatment of sex partners for chlamydia (http://www.in.gov/isdh/files/EPT_Guidance_Document.pdf).

(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.

(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-89; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-90 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. 90. The specific control measures for cholera (infectious agent: Vibrio cholerae 01 or 0139) are as follows:

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

(A) Be performed immediately.

(B) Include a five (5) day history of the following prior to symptom onset:

(i) Food and drink consumption.

(ii) Water exposure.

(iii) Domestic and international travel.

(C) Determine if the case is part of an outbreak.

(D) Determine if the case is a:

(i) food employee;
(ii) daycare worker;
(iii) health care worker; or
(iv) daycare attendee, a school attendee, or anyone who lives at a residential institution.

(E) 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) In addition to standard precautions, contact precautions shall be followed for diapered or incontinent people for the duration of illness. For others, the following guidelines apply:

(A) Cases employed as food employees shall be excluded from employment involving food handling until all of the following have occurred:

(i) The local health officer has determined the case has been asymptomatic for at least twenty-four (24) hours.
(ii) One (1) negative stool culture has been confirmed.
(iii) The case has been counseled about preventive measures, such as hand washing procedures, that must 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 by employees.

(B) Cases employed as daycare workers, health care workers, or in 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 local health officer has determined the case has been asymptomatic for at least twenty-four (24) hours.
(ii) The case has been counseled about preventive measures, such as hand washing procedures, that must be followed to prevent transmission of disease.
(iii) 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 by employees.

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

(i) The local health officer has determined the case has been asymptomatic for at least twenty-four (24) hours.
(ii) The case or case's guardian has been counseled about preventive measures, such as hand washing procedures, that must be followed to prevent transmission of disease.
(iii) The local health officer has discussed with the appropriate school, preschool, or daycare facility staff the need:

(AA) for proper hand washing procedures 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 the following may occur:

(i) All attendees and staff may be required to submit stool specimens for examination.
(ii) 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 shall 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 procedures and environmental cleaning is necessary.
(iii) 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

may be discarded in a sanitary sewer without prior disinfection.
(4) Quarantine is not required.
(5) No cholera vaccines are available in the United States. Cholera immunization is not required for travelers entering the United States from cholera-affected areas, and it is not recommended for travel to or from areas with cholera infection. Observe individuals who consume food and drink from the same sources as the patient for five (5) days from the last exposure. The administration of doxycycline, tetracycline, ciprofloxacin, ofloxacin, or trimethoprim-sulfamethoxazole within twenty-four (24) hours of identification of the index case may prevent coprimary cases of cholera among household contacts. However, because secondary transmission of cholera is rare, prophylaxis of contacts is not recommended, except in special circumstances in which the probability of fecal exposure is high and medication can be delivered rapidly.
(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-90; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-91 Coccidioidomycosis; 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 coccidioidomycosis (infectious agent: Coccidioides immitus and posadasi or Coccidioides species) are as follows:
(1) An investigation by the local health officer shall be performed within seventy-two (72) hours.
(2) Standard precautions are required for hospitalized patients.
(3) Concurrent disinfection is required.
(4) Quarantine is not required.
(5) Immunization is not available. Protection of contacts is not applicable.
(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-91; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-92 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. 92. The specific control measures for cryptosporidiosis (infectious agent: Cryptosporidium species) are as follows:
(1) An investigation by the local health officer shall meet the following conditions:
(A) Be performed within seventy-two (72) hours.
(B) Include a seven (7) day food and exposure history of the following prior to symptom onset:
(i) Food and drink consumption.
(ii) Daycare or preschool children.
(iii) Animal exposures.
(iv) Surface water.
(C) Determine if the case is part of an outbreak.
(D) Determine if the case is a:
(i) food employee;
(ii) daycare worker;
(iii) health care worker; or
(iv) daycare attendee, a school attendee, or anyone who lives at a residential institution.
(E) 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) In addition to standard precautions, contact precautions shall be followed for diapered or incontinent people for the

duration of illness or to control institutional outbreaks. For others, the following instructions apply:

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

(i) The local health officer has determined the case has been asymptomatic for at least twenty-four (24) hours.

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

(iii) 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 by employees.

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

(i) The local health officer has determined the case has been asymptomatic for at least twenty-four (24) hours.

(ii) The case has completed effective treatment, if indicated.

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

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

(AA) for proper hand washing procedures 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 the following may occur:

(i) All attendees and staff may be required to submit stool specimens for examination.

(ii) 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 shall 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 procedures and environmental cleaning is necessary.

(iii) 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 discarded in a sanitary sewer system.

(4) Quarantine is not required.

(5) Immunization is not available. Protection of contacts is not applicable.

(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-92; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-93 Cyclosporiasis; specific control measures

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

Sec. 93. The specific control measures for cyclosporiasis (infectious agent: Cyclospora cayetanensis) are as follows:

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

(A) Be performed within seventy-two (72) hours.

(B) Include a seven (7) day history of the following prior to symptom onset:

(i) Food and drink consumption.

(ii) Domestic and international travel.

(iii) Water exposures.

(C) Determine if the case is part of an outbreak.

(D) Determine if the case is a:

(i) food employee;
(ii) daycare worker;
(iii) health care worker; or
(iv) daycare attendee, a school attendee, or anyone who lives at a residential institution.

(E) If a commercial food source is suspected, active surveillance shall be undertaken. Direct person-to-person transmission is unlikely, so focus should be on a water or food source.

(2) In addition to standard precautions, contact precautions shall be followed for diapered or incontinent people for the duration of illness. For others, the following instructions apply:

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

(i) The local health officer has determined the case has been asymptomatic for at least twenty-four (24) hours.
(ii) The case has been counseled about preventive measures, such as hand washing procedures, that must be followed to prevent transmission of disease.
(iii) 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 by employees.

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

(i) The local health officer has determined the case has been asymptomatic for at least twenty-four (24) hours.
(ii) The case has completed effective treatment, if indicated.
(iii) The case or case's guardian has been counseled about preventive measures, such as hand washing procedures, that must 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, the following may occur:

(i) All attendees and staff may be required to submit stool specimens for examination.
(ii) 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 shall 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 procedures and environmental cleaning is necessary.
(iii) 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 discarded in a sanitary sewer.
(4) Quarantine is not required.
(5) Immunization is not applicable. Protection of contacts is not applicable.
(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-93; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-94 Cysticercosis; 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 cysticercosis (infectious agent: Taenia solium) are as follows:

(1) An investigation by the local health officer shall:
(A) be performed within seventy-two (72) hours; and
(B) focus on source of exposure to:
(i) travel history (lifetime); and
(ii) identify and interview family members and household contacts to identify additional cases of cysticercosis or taeniasis (infection with Taenia solium).
(2) Standard precautions are required.
(3) Concurrent disinfection is not required.
(4) Quarantine is not required.
(5) Immunization is not available. Protection of contacts is not applicable.
(6) Case definition is established by the department.
(Indiana State Department of Health; 410 IAC 1-2.5-94; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-95 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. 95. The specific control measures for diphtheria (infectious agent: Corynebacterium diphtheriae) are as follows:
(1) An investigation by a department field representative, in cooperation with the local health officer, shall:
(A) be performed immediately; and
(B) include case management of diphtheria.
The investigation 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.
(B) All articles soiled by the patient's discharges.
Terminal cleaning is required.
(4) Contacts who are:
(A) food employees;
(B) employees of schools, preschools, or daycare facilities; or
(C) health care workers;
shall be excluded from work until bacteriologic examination proves them not to be carriers.
(5) All contacts, regardless of immunization status, shall be:
(A) kept under surveillance for seven (7) days for signs and symptoms of disease;
(B) cultured for C. diphtheriae; and
(C) treated prophylactically with:
(i) a single intramuscular (IM) dose of benzathine penicillin G (six hundred thousand (600,000) units (U) for those children weighing less than thirty (30) kg and one million two hundred thousand (1,200,000) U for those children weighing thirty (30) kg or more and adults); or
(ii) a ten (10) day course of oral erythromycin (forty (40) milligrams per kilogram per day (mg/kg/day maximum of two (2) grams per day).
For individuals who are culture positive, repeat cultures after completion of therapy.
Previously immunized 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. One (1) of the following antimicrobial therapies should be given:

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

(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 (one hundred twenty-five (125) to two hundred fifty (250) mg four (4) times daily) may be substituted for a recommended total treatment period of fourteen (14) days.

(7) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-95; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-96 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. 96. The specific control measures for ehrlichiosis (infectious agent: Ehrlichiaor Anaplasma 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 required. All ticks shall be removed from the patient.

(4) Quarantine is not required.

(5) Immunization is not available. Protection of contacts is not applicable.

(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-96; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-97 Escherichia coli infection (Shiga toxin-producing): E. coli 0157, E. coli 0157:H7, non-0157 E. coli, and Shiga toxin detected and hemolytic uremic syndrome (HUS), postdiarrheal; 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 Escherichia coli (E. coli) infection (Shiga toxin-producing (STEC)), including, but not limited to, E. coli 0157, E. coli 0157:H7, non-0157 E. coli, and Shiga toxin detected and hemolytic uremic syndrome (HUS) are as follows:

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

(A) Be performed immediately.

(B) Include a seven (7) day history of the following prior to symptom onset:

(i) Food and drink consumption.

(ii) Water exposures.

(iii) Animal exposures.

(C) Determine if the case is part of an outbreak.

(D) Determine if the case is a:

(i) food employee;

(ii) daycare worker;

(iii) health care worker; or

(iv) daycare attendee, a school attendee, or anyone who lives at a residential institution.

(E) Determine if the case is a contact of a food employee serving a highly susceptible population.

(F) Determine if meal companions are additional cases.

(G) 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 employees, daycare workers, health care workers, or other situations where outbreaks may occur.

(2) In addition to standard precautions, contact precautions shall be followed for patients with all types of E. coli diarrhea for the duration of illness. Patients with HUS, postdiarrheal should be presumed to have STEC infection. For others, the following guidelines apply:

(A) Cases who are food employees shall abide by the following:

(i) If the case works in a food establishment serving a highly susceptible population, exclude from employment involving food handling until asymptomatic and all of the following have occurred:

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

(BB) 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 by employees.

(CC) The person in charge obtains approval from the regulatory authority.

(DD) One (1) of the following has been met:

(aa) The local health officer has determined the case has been asymptomatic for at least twenty-four (24) hours, and the food employee is free of an infection from STEC based on test results that show two (2) consecutive negative stool cultures for STEC and nonculture assay for Shiga toxin tested simultaneously have been collected:

(1) at least twenty-four (24) hours apart; and

(2) if the case was treated with antimicrobials prior to E. coli confirmation or diagnosis, at least forty-eight (48) hours after the cessation of antimicrobial therapy.

(bb) The local health officer has determined that the symptoms of vomiting and diarrhea have resolved and more than seven (7) calendar days have passed since the food employee became asymptomatic.

(cc) The local health officer has determined the case did not develop symptoms, and more than seven (7) days have passed since the food employee was diagnosed.

(ii) If the case works in a food establishment not serving a highly susceptible population, exclude from employment involving food handling until asymptomatic from vomiting and diarrhea for at least twenty-four (24) hours, then restrict until all of the following have occurred:

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

(BB) 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 by employees.

(CC) The person in charge obtains approval from the regulatory authority.

(DD) One (1) of the following has been met:

(aa) The local health officer has determined the case has been asymptomatic for at least twenty-four (24) hours, and the food employee is free of an infection from STEC based on test results that show two (2) consecutive negative stool cultures for STEC and nonculture assay for Shiga toxin tested simultaneously have been collected:

(1) at least twenty-four (24) hours apart; and

(2) if the case was treated with antimicrobials prior to E. coli confirmation or diagnosis, at least forty-eight (48) hours after the cessation of antimicrobial therapy.

(bb) The local health officer has determined that the symptoms of vomiting and diarrhea have resolved, and more than seven (7) calendar days have passed since the food employee became asymptomatic.

(cc) The local health officer has determined the case did not develop symptoms, and more than seven (7) days have passed since the food employee was diagnosed.

(B) Cases employed as daycare workers, health care workers, or in 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 local health officer has determined the case has been asymptomatic for at least twenty-four (24) hours.

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

(iii) 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 by employees.

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

(i) The local health officer has determined the case has been asymptomatic for at least twenty-four (24) hours.

(ii) Two (2) successive negative stool cultures for STEC and nonculture assay for Shiga toxin tested simultaneously have been collected:

(AA) at least twenty-four (24) hours apart; and

(BB) if the case was treated with antimicrobials prior to E. coli confirmation or diagnosis, at least forty-eight (48) hours after the cessation of antimicrobial therapy.

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

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

(AA) for proper hand washing procedures 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 local health officer has determined the case has been asymptomatic for at least twenty-four (24) hours.

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

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

(AA) for proper hand washing procedures 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 occurs in a daycare facility or preschool, the following shall occur:

(i) All attendees and staff may be required to submit stool specimens for examination.

(ii) 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 shall only be considered if the physical structure and staff organization of the facility can accommodate isolation of various

groups from one another. If this alternative is selected, increased emphasis on hand washing procedures and environmental cleaning is necessary.

(iii) Admission of all new attendees may be suspended while the outbreak continues.

(F) A case contact who is a food employee in a food establishment serving a highly susceptible population must abide by the following criteria:

(i) Restrict the contact if the contact meets one (1) of the following criteria:

(AA) Attended or worked in a setting of a confirmed disease outbreak of STEC within the past three (3) days of last exposure.

(BB) Lives in the same household as, and has knowledge about, an individual who works in or attends a setting where there is a confirmed disease outbreak of STEC within the past three (3) days of last exposure.

(CC) Lives in the same household as, and has knowledge about, an individual diagnosed with an illness caused by STEC within the past three (3) days of last exposure.

(DD) Consumed food prepared by a person infected with STEC within the past three (3) days of last exposure.

(EE) Consumed or prepared food implicated in a confirmed disease outbreak of STEC within the past three (3) days of last exposure.

(ii) Reinstate the food employee who was restricted when one (1) of the following has occurred:

(AA) More than three (3) calendar days have passed since the last day the food employee was potentially exposed.

(BB) More than three (3) calendar days have passed since the food employee's household contact became asymptomatic.

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

(4) Quarantine is not required.

(5) HUS is a serious sequel of STEC enteric infection. E. coli 0157:H7 is the STEC serotype most commonly associated with HUS, defined by the triad of microangiopathic hemolytic anemia, thrombocytopenia, and acute renal dysfunction. The illness is serious and typically develops seven (7) days (up to three (3) weeks) after onset of diarrhea. STEC should be sought in stool specimens from all patients diagnosed with HUS, postdiarrheal. However, the absence of STEC does not preclude the diagnosis of probable STEC-associated HUS, because HUS typically is diagnosed a week or more after onset of diarrhea, when the organism may not be detectable by conventional methods. Negative stool specimens from HUS, postdiarrheal cases may be sent to the department for analysis.

(6) Orally administered electrolyte-containing solutions usually are adequate to prevent or treat dehydration and electrolyte abnormalities. Antimotility agents should not be administered to children with inflammatory or bloody diarrhea. Careful monitoring of patients with hemorrhagic colitis (including complete blood cell count with smear, blood urea nitrogen, and creatinine concentrations) is recommended to detect changes suggestive of HUS.

(7) Immunization is not available. Protection of contacts is not applicable.

(8) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-97; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-98 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. 98. The specific control measures for giardiasis (infectious agent: Giardia species) are as follows:

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

(A) Be performed within seventy-two (72) hours.

(B) Include a seven (7) day history of the following prior to symptom onset:

(i) Food and drink consumption.
(ii) Contact with daycare or preschool children.
(iii) Animal exposures.
(iv) Surface water.
(v) Recreational water setting.

(C) Determine if the case is part of an outbreak.

(D) Determine if the case is a:
(i) food employee;
(ii) daycare worker;
(iii) health care worker; or
(iv) daycare attendee, a school attendee, or anyone who lives at a residential institution.

(E) If suspicion centers on a commercial food product, restaurant, or public water supply, active surveillance shall be instituted to identify additional cases.

(2) In addition to standard precautions, contact precautions shall be followed for diapered or incontinent people for the duration of illness. For others, the following instructions apply:

(A) Cases employed as food employees, daycare workers, health care workers, or in 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 local health officer has determined the case has been asymptomatic for at least twenty-four (24) hours.
(ii) The case has been counseled about preventive measures, such as hand washing procedures, that must be followed to prevent transmission of disease.
(iii) 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 by employees.

(B) Cases shall be excluded from attending schools, preschools, and daycare facilities until all of the following have occurred:
(i) The local health officer has determined the case has been asymptomatic for at least twenty-four (24) hours.
(ii) The case has completed effective treatment, if indicated.
(iii) The case or case's guardian has been counseled about preventive measures, such as hand washing procedures, that must 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 procedures 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, the following shall occur:
(i) All attendees and staff may be required to submit stool specimens for examination.
(ii) 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 shall 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 procedures and environmental cleaning is necessary.
(iii) Admission of all new attendees may be suspended while the outbreak continues.
(iv) Identify and treat, if indicated, all symptomatic children, daycare workers, and household contacts. People with diarrhea shall be excluded from the daycare facility until they become asymptomatic for at least twenty-four (24) hours. Treatment or exclusion of asymptomatic carriers is not effective for outbreak control and is not recommended.

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

(4) Quarantine is not required.
(5) Immunization is not available. Protection of contacts is not applicable.
(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-98; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-99 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. 99. The specific control measures for gonorrhea (infectious agent: Neisseria gonorrhoeae) are as follows:
(1) An investigation by the local health officer shall be:
(A) performed within seventy-two (72) hours; and
(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 Update to CDC's Sexually Transmitted Diseases Treatment Guidelines, 2010: Oral Cephalosporins No Longer a Recommended Treatment for Gonococcal Infections, 2012, Morbidity and Mortality Weekly Report; August 10, 2012; Vol. 61; No. 31. Expedited partner therapy is allowed for the treatment of sex partners for gonorrhea (http://www.in.gov/isdh/files/EPT_Guidance_Document.pdf).
(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.
(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-99; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-100 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. 100. The specific control measures for granuloma inguinale (infectious agent: Calymmatobacterium granulomatis) are as follows:
(1) An investigation by the local health officer shall be:
(A) performed within seventy-two (72) hours; and
(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 Sexually Transmitted Diseases Treatment Guidelines, 2010, Morbidity and Mortality Weekly Report, December 17, 2010, Volume 59, No. RR-12.
(2) Standard precautions for hospitalized patients are required. Patients shall refrain from sexual activities:
(A) until treatment is complete and lesions are healed; and
(B) with untreated previous sexual partners.
(3) Concurrent disinfection is required for the following:
(A) Discharges from lesions.

(B) Articles soiled by those discharges.

(4) Quarantine is not required.

(5) Immunization is not available. Prompt treatment of contacts upon recognition or suspicion of disease is required.

(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-100; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-101 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. 101. The specific control measures for Haemophilus influenzae type B (Hib) invasive disease (infectious agent: Haemophilus influenzae) are as follows:

(1) An investigation by a department field representative, in cooperation with the local health officer, shall:

(A) be performed within twenty-four (24) hours; and

(B) include:

(i) case management;

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

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

Contacts are defined as household 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 day of hospital admission of the case.

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

(3) Concurrent disinfection is not required.

(4) Quarantine is not required.

(5) Prophylaxis for contacts of a case or cases of Hib disease (except for pregnant females) should be administered to the following:

(A) All members of a household where there is one (1) or more infants who have not received the primary Hib series.

(B) All members of a household 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.

(D) All daycare facility or preschool contacts where:

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

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

(6) Prophylaxis is not recommended for the following:

(A) All members of a household where there are no children younger than four (4) years of age other than the index patient.

(B) All members of a household with a child or children less than four (4) years of age that have completed their Hib immunization series.

(C) Nursery school and child care contacts of one (1) index case, especially people older than two (2) years of age.

(D) Pregnant women.

(7) Prophylaxis is not recommended for contacts of people with nontype B Haemophilus influenzae.

(8) The case, if younger than two (2) years of age, should receive rifampin prophylaxis prior to discharge if treated with a different antibiotic for the invasive infection.

(9) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-101; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-102 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. 102. The specific control measures for Hansen's disease (infectious agent: Mycobacterium leprae) are as follows:

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

(A) Be performed within seventy-two (72) hours.

(B) Ensure household contacts who have resided with the patient up to three (3) years prior to lesion onset are examined initially, and provide education on the necessity of obtaining physical exams annually for the next five (5) years following the last contact with an infectious patient.

(C) Routine prophylaxis of contacts is not recommended.

(D) Direct observation therapy of multidrug therapy shall be used to ensure compliance with the medical regime for active cases.

(2) Standard precautions for hospitalized patients are 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 secretions; and

(ii) articles soiled with nasal discharges; and

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

(4) Quarantine is not applicable.

(5) Immunization is not available. Protection of contacts is not applicable.

(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-102; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-103 Hantavirus; specific control measures

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

Sec. 103. The specific control measures for hantavirus (infectious agent: hantavirus including Sin Nombre virus) are as follows:

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

(A) be performed immediately;

(B) include:

(i) case ascertainment; and

(ii) identification of the source of infection; 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) Immunization is not available. Protection of contacts is not applicable.

(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-103; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-104 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. 104. The specific control measures for hepatitis, viral, type A (infectious agent: hepatitis A virus) are as follows:

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

(A) Be performed immediately.

(B) Include a history of the following prior to symptom onset:

(i) Food and drink consumption.

(ii) Exposure to undercooked food items.

(iii) Domestic and international travel.

(iv) Sexual exposure during the fifteen (15) to fifty (50) day period prior to the onset of illness.

(C) Determine if the case is part of an outbreak.

(D) Determine if the case is a:

(i) food employee;

(ii) daycare worker;

(iii) health care worker; or

(iv) daycare attendee, a school attendee, or anyone who lives at a residential institution.

(E) Determine if the case is a contact of a food employee serving a highly susceptible population.

(F) If a commercial food product or restaurant is suspected, the local health officer shall initiate active surveillance immediately to identify additional cases.

(G) Determine the infectious period, which 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.

(H) Prepare a list of all contacts during the infectious period and work schedules or school attendance records, or both, during the infectious period.

(2) In general, hospitalization is not required for patients with uncomplicated acute hepatitis A. When hospitalization is necessary, contact precautions are recommended in addition to standard precautions for diapered and incontinent patients for at least one (1) week after onset of symptoms. For others, the following guidelines apply:

(A) Cases who are food employees shall abide by the following criteria:

(i) Exclude from employment involving food handling if the case meets at least one (1) of the following criteria:

(AA) Is jaundiced and the onset of jaundice occurred within the last seven (7) calendar days, unless the food employee provides to the person in charge written medical documentation from a health practitioner specifying that the jaundice is not caused by hepatitis A virus or other fecal-orally transmitted infection.

(BB) Diagnosed with an infection from hepatitis A virus within fourteen (14) calendar days from the onset of any illness symptoms, or within seven (7) calendar days of the onset of jaundice.

(CC) Diagnosed with an infection from hepatitis A virus without developing symptoms.

(ii) Retain the exclusion until all of the following criteria are met:

(AA) The conclusion of the infectious period determined by the local health officer.

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

(CC) 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 by employees.

(DD) The local health officer has determined at least one (1) of the following occurs:

(aa) The employee has been asymptomatic for at least twenty-four (24) hours.

(bb) The food employee has been jaundiced for more than seven (7) calendar days.

(cc) The anicteric food employee has been symptomatic with symptoms other than jaundice for more than fourteen (14) calendar days.

(dd) The food employee provides to the person in charge written medical documentation from a health practitioner stating that the food employee is free of hepatitis A virus infection.

(B) Cases employed as daycare workers, health care workers, or in 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 determined by the local health officer.

(ii) The local health officer has determined the employee has been asymptomatic for at least twenty-four (24) hours.

(iii) The case has been counseled about preventive measures, such as hand washing procedures, that must 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 by employees.

(C) 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 determined by the local health officer.

(ii) The local health officer has determined the case has been asymptomatic for at least twenty-four (24) hours.

(iii) The case or case's guardian has been counseled about preventive measures, such as hand washing procedures, that must 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 procedures and other infection control practices; and

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

(D) A case contact who is a food employee in a food establishment serving a highly susceptible population must abide by the following criteria:

(i) Restrict the contact if the contact meets one (1) of the following criteria:

(AA) Attended or worked in a setting of a confirmed disease outbreak of hepatitis A virus within the past thirty (30) days of last exposure.

(BB) Lives in the same household as, and has knowledge about, an individual who works in or attends a setting where there is a confirmed disease outbreak of hepatitis A virus within the past thirty (30) days of last exposure.

(CC) Lives in the same household as, and has knowledge about, an individual diagnosed with an illness caused by hepatitis A virus within the past thirty (30) days of last exposure.

(DD) Consumed food prepared by a person infected with hepatitis A virus within the past thirty (30) days of last exposure.

(EE) Consumed or prepared food implicated in a confirmed disease outbreak of hepatitis A virus within the past thirty (30) days of last exposure.

(ii) Reinstate the food employee who was restricted as specified in item (i) when all of the following have occurred:

(AA) The food employee receives additional training about the following:

(aa) Hepatitis A symptoms and preventing the transmission of infection.

(bb) Proper hand washing procedures.

(cc) Protecting ready-to-eat food from contamination introduced by bare hand contact.

(BB) At least one (1) of the following has occurred:

(aa) The food employee is immune to hepatitis A virus infection because of a prior illness from

hepatitis A.
(bb) The food employee is immune to hepatitis A virus infection because of vaccination against hepatitis A.
(cc) The food employee is immune to hepatitis A virus infection because of immune globulin (IG) administration.
(dd) More than thirty (30) calendar days have passed since the last day the food employee was potentially exposed.
(ee) More than thirty (30) calendar days have passed since the food employee's household contact became jaundiced.
(ff) The food employee does not use an alternative procedure that allows bare hand contact with ready-to-eat food until at least thirty (30) days after the potential exposure.

(3) Sanitary disposal of feces, vomitus, and blood is required. Disposal through the sanitary system is acceptable.
(4) Quarantine is not required.
(5) People who have been exposed to HAV and previously have not received HAV vaccine should receive a single dose of single-antigen HAV vaccine or IG as soon as possible, but, to be effective, within two (2) weeks after the last exposure. Previously unvaccinated individuals who should receive postexposure prophylaxis include the following:
(A) Individuals with close personal contacts, such as household and sexual contacts (serologic testing of contacts is not recommended).
(B) Newborn infants of HAV-infected mothers if the mother's symptoms began between two (2) weeks before and one (1) week after delivery.
(C) Daycare or preschool workers, daycare or preschool attendees, and their household contacts or any sexual contacts.
(D) Schoolroom exposure generally does not pose an appreciable risk of infection, and postexposure prophylaxis is not indicated when a single case occurs; however, postexposure prophylaxis for unimmunized people who have close contact with the index patient if transmission within the school setting is documented.
(E) Health care-associated HAV in an identified outbreak for people in close contact with infected patients.
(F) If a food employee is diagnosed with hepatitis A, HAV vaccine or IG should be provided to other food employees at the same establishment unless the food employee is immune due to vaccination or past infection. Any susceptible food employee who refuses 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.
(G) Food establishment patrons who ate in the establishment where hepatitis A occurred in a food employee within two (2) weeks of exposure, but only if the following events occurred:
(i) The food employee directly handled ready-to-eat food products during the time when infectious.
(ii) Poor hygiene practices were demonstrated or worked while ill with diarrhea.
(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-104; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-105 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. 105. 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

(ii) be performed by a department representative in cooperation with the local health officer;

for the purpose of ensuring that infants receive hepatitis B immune globulin and the complete 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.

(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 intramuscular injection (IM) of HBIG 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, 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, 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.

(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition for hepatitis B. The case definition for hepatitis D is established by the department.

(Indiana State Department of Health; 410 IAC 1-2.5-105; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-106 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. 106. The specific control measures for hepatitis C (acute) (infectious agent: hepatitis C virus) are as follows:

(1) An investigation by the local health officer shall be performed within 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) Protection/immunization with hepatitis A and B vaccine series when appropriate. Education shall be provided. Children eighteen (18) 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.

(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-106; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-107 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. 107. 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 meet the following conditions:

(A) Be performed immediately.
(B) Include a history of the following fifteen (15) to sixty-four (64) days prior to symptom onset:
(i) Food and drink consumption.
(ii) Exposure to undercooked food items.
(iii) Domestic and international travel.
(iv) Surface water.
(v) Animal exposures.
(vi) Sexual exposure.
(C) Determine if the case is part of an outbreak.

(D) Determine if the case is a:

(i) food employee;

(ii) daycare worker;

(iii) health care worker; or

(iv) daycare attendee, a school attendee, or anyone who lives at a residential institution.

(E) If a commercial food product or restaurant is suspected, conduct active surveillance immediately to identify additional cases.

(F) Determine the infectious period, which 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.

(G) Prepare a list of contacts and work schedules or school attendance records, or both, during the infectious period.

(2) In addition to standard precautions, contact precautions are recommended for diapered and incontinent patients for the duration of illness. For others, the following guidelines apply:

(A) Cases employed as food employees, daycare workers, health care workers, or in 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 determined by the local health officer.

(ii) The local health officer has determined the employee has been asymptomatic for at least twenty-four (24) hours.

(iii) The case has been counseled about preventive measures, such as hand washing procedures, that must 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 by 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 determined by the local health officer.

(ii) The local health officer has determined the case has been asymptomatic for at least twenty-four (24) hours.

(iii) The case or case's guardian has been counseled about preventive measures, such as hand washing procedures, that must 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 procedures 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. Protection of contacts is not applicable.

(6) Case definition is established by the department.

(Indiana State Department of Health; 410 IAC 1-2.5-107; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-108 Histoplasma capsulatum; 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 Histoplasma capsulatum (infectious agent: Histoplasma capsulatum) are as follows:

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

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

(B) determine potential sources of exposure; 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. Isolation is not required for others.

(3) Concurrent disinfection is required for the following:

(A) Sputum.

(B) Equipment and articles soiled with sputum.

Terminal cleaning is also required.

(4) Quarantine is not required.

(5) Immunization is not available. Protection of contacts is not applicable.

(6) Case definition is established by the department.

(Indiana State Department of Health; 410 IAC 1-2.5-108; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-109 Human immunodeficiency virus infection/disease; specific control measures

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

Affected: IC 16-41

Sec. 109. The specific control measures for HIV are as follows:

(1) An investigation by a disease intervention specialist shall:

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

(B) include partner services.

Persons who are tested anonymously at 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) newly diagnosed cases;

(B) HIV positive women; and

(C) perinatally exposed infants;

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.

(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-109; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-110 Influenza-associated death; 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 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;

(iii) a history of disease and resultant complications; and

(iv) an epidemiologic investigation.

(2) A report is not necessary if the diagnosis of influenza is not confirmed by laboratory testing or if it is not listed on the death certificate as primary, secondary, or contributory cause of death on the death certificate as described in section 44 of this rule.

(3) 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:

(A) The World Health Organization (WHO).

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

(C) The commissioner.

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

(4) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition for influenza-associated pediatric deaths. The case definition for nonpediatric influenza-associated deaths is established by the department.

(Indiana State Department of Health; 410 IAC 1-2.5-110; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-111 Latent tuberculosis 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. 111. The specific control measures for latent tuberculosis infection (LTBI) (infectious agent: Mycobacterium tuberculosis) are as follows:

(1) All newly diagnosed cases of LTBI shall be reported to the local health officer or the department within five (5) business days.

(2) The clinician providing medical oversight to diagnosed cases of LTBI with a multiple drug-resistant source case are required to consult with the local health officer or the department for treatment options and length of treatment.

(3) The local health officer shall perform an investigation on all newly diagnosed cases of LTBI requesting the following:

(A) Tuberculosis screening test results of either a tuberculosis skin test (TST) using a purified protein derivate (PPD) or an interferon gamma release assay (IGRA) of blood.

(B) Radiological studies.

(C) Other studies or laboratory tests needed to ascertain the absence of tuberculosis disease.

(D) Risk factors for progression to active tuberculosis disease.

(E) HIV status.

(F) Country of birth.

(G) Treatment regimen.

(H) Start of treatment date.

This information shall be reported to the department by the health officer in a timely manner.

(4) When using the twelve (12) week isoniazid-rifapentine regimen, the clinicians shall comply with the Centers for Disease

Control and Prevention guidelines, Recommendations for Use of an Isoniazid-Rifapentine Regimen with Direct Observation to Treat Latent Mycobacterium tuberculosis Infection. Morbidity and Mortality Weekly Review 2011; Volume 60, Pages 1650-1653.

(5) Upon disposition of the LTBI case, the clinicians shall report to the local health officer or department in a timely manner the following:

(A) The date treatment stopped.

(B) Reason treatment stopped or never started.

(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-111; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-112 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. 112. The specific control measures for legionellosis (infectious agent: Legionella species) are as follows:

(1) An investigation 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

(B) two (2) or more cases that are not nosocomial cases are identified.

A definite nosocomial case is a laboratory confirmed case who has spent ten (10) days or more continuously and admitted to a health care facility. A possible 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. Environmental laboratory results shall be provided to the health department immediately once a single nosocomial case or two (2) or more non-nosocomial cases are detected. 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) Immunization is not available. Protection of contacts is not applicable.

(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-112; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-113 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. 113. The specific control measures for leptospirosis (infectious agent: Leptospira species) are as follows:

(1) An investigation by the local health officer shall be 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.

(4) Quarantine is not required.

(5) Immunization is not available. Protection of contacts is not applicable.

(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-113; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-114 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. 114. The specific control measures for listeriosis (infectious agent: Listeria monocytogenes) are as follows:

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

(A) Be performed within seventy-two (72) hours.

(B) Include a twenty-one (21) day history of the following prior to onset:

(i) Food and drink consumption.

(ii) Exposure to soil.

(iii) Animal exposures.

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 recommended.

(3) Concurrent disinfection is not required.

(4) Quarantine is not required.

(5) Immunization is not available. Protection of contacts is not applicable.

(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-114; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-115 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. 115. The specific control measures for Lyme disease (infectious agent: Borrelia burgdorferi) are as follows:

(1) An investigation by the local health officer shall 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 required. All ticks shall be removed from the patient.

(4) Quarantine is not required.

(5) Immunization is not available. Protection of contacts is not applicable.

(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-115; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-116 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. 116. 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. Partner services shall be provided by a disease intervention 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; or
(B) soiled by discharges;
is required.
(4) Quarantine is not required.
(5) Immunization 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
(B) sixty (60) days of an asymptomatic index patient's diagnosis.
Cases should also be examined serologically for syphilis initially.
(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.
(Indiana State Department of Health; 410 IAC 1-2.5-116; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-117 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. 117. The specific control measures for malaria (infectious agents: Plasmodium species) 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) Immunization is not available. Protection of contacts is not applicable.
(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.
(Indiana State Department of Health; 410 IAC 1-2.5-117; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-118 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. 118. The specific control measures for measles (rubeola) (infectious agent: measles virus) are as follows:
(1) An investigation by a department field representative, in cooperation with the local health officer, 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 (including staff members) attending the same school, daycare, or preschool as the case are defined as contacts.
(D) For outbreak control in public or private schools, daycare facilities, preschools, or postsecondary facilities, 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, attendee, or employee born in or after 1957 who has not presented proof of immunity explaining that the student, attendee, or employee shall be excluded from the date of the letter, until acceptable proof of immunity is received by the school, daycare facility, preschool, or postsecondary facility, or in the case of medical or religious exemptions, until twenty-one (21) days after the onset of the last reported measles case. Persons receiving second doses of measles-containing vaccine, as well as previously unvaccinated persons receiving their first dose as part of the outbreak control program, may be immediately readmitted to school provided all persons without documentation of immunity have been excluded and that vaccination occurred within seventy-two (72) hours of exposure. Acceptable proof of immunity shall consist of a:
(AA) written record from the student's or employee's physician, parent, or guardian that indicates the dates of vaccination (on or after the first birthday) and the type of vaccine administered;
(BB) laboratory report showing confirmation of previous measles infection; or
(CC) 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 and employees born in or after 1957 in the school or attendees, students, and employees born in or after 1957 in the daycare or preschool.
(E) For outbreak control in health care facilities, all health care workers and employees, regardless of age, without evidence of immunity who have been exposed to measles should be excluded from the facility from the fifth day to the twenty-first day after exposure, even if postexposure vaccination or immune globulin (IG) was administered.
(2) In addition to standard precautions, airborne precautions shall be followed for hospitalized patients 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 facilities or preschools;
(B) public gatherings; and
(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 may be required. Children in institutions, wards, or dormitories for children may be quarantined. If measles occurs in an institution where infants reside, these infants shall be segregated from infected persons and susceptible contacts. Susceptible individuals exposed to measles should avoid contact with other susceptible persons outside the household.
(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) 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 less than twelve (12) months of age; or
(ii) the measles vaccine is contraindicated.
(C) Live measles vaccine should be given five (5) months later to IG recipients for whom vaccine is not contraindicated.
(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.
(Indiana State Department of Health; 410 IAC 1-2.5-118; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-119 Meningococcal 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. 119. The specific control measures for meningococcal invasive disease (infectious agent: Neisseria meningitidis) are as follows:

(1) An investigation shall be performed immediately upon suspicion of a case by the local health officer or designee for the purpose of identifying and treating close contacts as follows:

(A) Close contacts are defined as the following:

(i) Daycare or preschool contact at any time during seven (7) days before onset of symptoms.

(ii) Individuals who have shared residence with the patient.

(iii) Direct exposure to patient's saliva during seven (7) days prior to onset of symptoms.

(iv) Passengers seated directly next to the patient during airline flights lasting more than eight (8) hours.

(B) Treatment of close contacts should be as follows:

Medication	Dosage
Rifampin	
Less than 1 month of age	5 mg/kg every 12 hours for 2 days
1 month of age and over	10 mg/kg (maximum 600 mg) every 12 hours for 2 days
Ceftriaxone	
Less than 15 years of age	125 mg IM single dose
15 years of age and over	250 mg IM single dose
Ciprofloxacin	
18 years of age and over	500 mg oral single dose

Prophylaxis ideally should be initiated within twenty-four (24) hours after the index patient is identified; prophylaxis given more than two (2) weeks after exposure has little value. For individuals who cannot safely receive any of the medications listed above, a single dose of azithromycin, 10 mg/kg up to 500 mg may be given to prevent disease. Rifampin and ciprofloxacin should not be administered during pregnancy.

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

(3) Concurrent disinfection is required for the following:

(A) Discharges from the nose and throat.

(B) All articles soiled by discharges from the nose and throat.

Terminal cleaning is required.

(4) Quarantine is not required.

(5) Outbreak control measures are as follows:

(A) An outbreak of meningococcal disease is defined as the occurrence of three (3) or more cases of meningococcal disease with the same serogroup in less than three (3) months among persons with a common affiliation or residing in the same area but do not have close contact with each other, resulting in attack rate of greater than ten (10) cases/one hundred thousand (100,000) population. In certain populations, the attack rate threshold may be reached with as few as two (2) cases. Mass vaccination should be considered when the attack threshold is reached, particularly in populations at high risk for disease.

(B) Mass prophylaxis or closure of public and private facilities is not recommended.

(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-119; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-120 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. 120. The specific control measures for mumps (infectious agent: mumps virus) are as follows:

(1) An investigation by a department field representative in cooperation with the local health officer shall meet the following conditions:

(A) Be performed within twenty-four (24) hours.

(B) Include:

(i) obtaining clinical specimens in suspect cases; and

(ii) identifying susceptible contacts who should be immunized. Contacts are defined as any individual who had unprotected face-to-face (less than three (3) feet) contact with the suspect case for at least five (5) minutes during the infectious period. The infectious period is defined as two (2) days before swelling onset until five (5) days after swelling onset.

(C) Acceptable proof of immunity shall consist of a:

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

(ii) laboratory report showing confirmation of previous mumps infection; or

(iii) laboratory report showing a protective mumps antibody titer.

(D) For outbreak control, exclude exposed contacts born in or after 1957 without proof of immunity from school or the workplace from the ninth day to the twenty-fifth day after exposure. Excluded workers and students can immediately return to work or school after they are vaccinated.

(E) For outbreak control in health care facilities, all health care workers and employees, regardless of age, without evidence of immunity who have been exposed to mumps should be excluded from the facility from the ninth day to the twenty-fifth day after exposure, even if postexposure vaccination was administered.

(2) For hospitalized patients, droplet precautions are indicated for five (5) 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:

(A) schools, preschools, daycare facilities, and postsecondary facilities;

(B) public gatherings; and

(C) contact with susceptible persons outside the household;

for five (5) days after the onset of swelling.

(5) Vaccination of susceptible persons after exposure to mumps may not prevent disease; however, vaccination may be given to protect against subsequent exposures.

(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-120; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-121 Novel influenza 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. 121. The specific control measures for novel influenza A (infectious agent: novel influenza A virus) are as follows:

(1) An investigation by the local health officer shall be performed within twenty-four (24) hours.

(2) Standard precautions are required for hospitalized patients. Respiratory protection that is at least as protective as a fit-tested N95 respirator for health care personnel who are in close contact with patients with suspect or confirmed novel influenza A is recommended. This recommendation may change after there has been adequate time to assess the recommendation, and the Centers for Disease Control and Prevention will continue to revisit its guidance as new information and sufficient supplies become available.

(3) Concurrent disinfection is required.

(4) Quarantine is not required.

(5) Immunization is not available. Protection of contacts is not applicable.

(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-121; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-122 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. 122. The specific control measures for pertussis (infectious agent: Bordetella pertussis) are as follows:

(1) An investigation by a department field representative, in cooperation with the local health officer, shall be performed within twenty-four (24) hours 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 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 treatment (see Table 1 of this section).

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 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, 320 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, daycare facilities, and postsecondary facilities;
(B) public gatherings; and
(C) contact with susceptible persons outside the household;

until they have received at least five (5) days of 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 facilities, postsecondary facilities, and public gatherings for twenty-one (21) days.

(3) Concurrent disinfection is not required.

(4) Quarantine is not applicable.
(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
(B) a DTaP dose within three (3) years;
should be given a DTaP dose as soon after exposure as possible. Prophylaxis (see Table 1 of this section) for all household and other close contacts regardless of age and vaccination status should be given. 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.
(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.
(Indiana State Department of Health; 410 IAC 1-2.5-122; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-123 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. 123. The specific control measures for plague (infectious agent: Yersinia pestis) are as follows:
(1) An investigation by the local health officer shall 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, 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.
(B) Articles soiled with sputum and purulent discharges.
(4) Those who have had face-to-face contact or are in a household with patients shall be:
(A) placed on prophylaxis; and
(B) observed for seven (7) days.
Those who refuse prophylaxis must be isolated for seven (7) days.
(5) Immunization is not available. Close contacts (including medical personnel) shall be evaluated for prophylaxis. Contacts of pneumonic plague shall be provided prophylaxis as recommended by the Centers for Disease Control and Prevention.
(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.
(Indiana State Department of Health; 410 IAC 1-2.5-123; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-124 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. 124. The specific control measures for poliomyelitis (infectious agent: poliovirus) are as follows:
(1) An investigation by a department field representative, in cooperation with the local health officer, 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.
(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, an immunization program designed to contain the spread shall be initiated using trivalent polio vaccine. A thorough search shall be conducted for sick persons, especially children, to ensure 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;
(B) preschools;
(C) daycare facilities;
(D) public gatherings; and
(E) contact with susceptible persons outside the home;

for a period of not less than twenty-one (21) days after the onset of illness.

(3) Concurrent disinfection shall be followed for the following:
(A) Throat discharges.
(B) Feces.
(C) Articles soiled by throat discharges or feces.

Feces may be disposed of directly into sanitary sewage system. Terminal cleaning shall also be followed.

(4) Quarantine is not indicated.

(5) Familial and other close contacts may be vaccinated, but this measure, when implemented after recognition of the case, is of unknown value.

(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-124; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-125 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. 125. The specific control measures for psittacosis (infectious agent: Chlamydophila psittaci) are as follows:

(1) An investigation by the local health officer shall meet the following conditions:
(A) Be performed within seventy-two (72) hours.
(B) Include:
(i) identifying the source of infection; and
(ii) implementation of control measures.
(C) Identify exposure to:
(i) psittacine birds (owned by individuals or pet shops);
(ii) occupational exposure to poultry flocks; or
(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) Immunization is not available. Protection of contacts is not applicable.

(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-125; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-126 Q fever; specific control measures

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

Sec. 126. The specific control measures for Q fever (infectious agent: Coxiella burnetii) are as follows:

(1) An investigation by the local health officer shall be 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.

(4) Quarantine is not required.

(5) Immunization is not available. Protection of contacts is not applicable.

(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-126; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-127 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. 127. The specific control measures for rabies (see also animal bites in section 80 of this rule) are as follows:

(1) An investigation by the local health officer in collaboration with the state public health veterinarian 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
(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 80 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 80 of this rule).

(5) Contacts who have experienced saliva exposure to:

(A) open wounds; or
(B) mucous membranes;

should receive postexposure prophylaxis.

(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-127; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-128 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. 128. 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 be performed within seventy-two (72) hours to determine the location of exposure to infected ticks. Recent travel and exposure to tick-infested areas shall be identified.
(2) Standard precautions are required for hospitalized patients.
(3) Concurrent disinfection is required. All ticks shall be removed from the patient.
(4) Quarantine is not required.
(5) Immunization is not available. Protection of contacts is not applicable.
(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-128; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-129 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. 129. The specific control measures for rubella (German measles) (infectious agent: rubella virus) are as follows:

(1) An investigation by a department field representative in cooperation with the local health officer 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, daycare facilities, preschools, or postsecondary facilities, 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, attendee, or employee born in or after 1957 who has not presented proof of immunity, explaining that the student or employee 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 one (1) or more of the following:
        (i) A written record from the student's physician or parent or guardian that indicates the:
            (AA) date of vaccination (on or after the first birthday); and
            (BB) type of vaccine administered.
        (ii) A laboratory report showing a protective rubella antibody titer.
        (iii) A laboratory report showing confirmation of previous rubella infection.
    (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 and employees born in or after 1957 in the school or postsecondary facility or attendees and employees born in or after 1957 in 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, daycare facilities, preschools, and postsecondary facilities;
    (B) places of work;
    (C) public gatherings; and

(D) contact with 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.

(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

(B) thorough medical consultation.

(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-129; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-130 Salmonellosis, nontyphoidal; specific control measures

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

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

Sec. 130. The specific control measures for salmonellosis, nontyphoidal (infectious agent: Salmonella species) are as follows:

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

(A) Be performed within seventy-two (72) hours.

(B) Include a three (3) day food and drink consumption history prior to symptom onset with emphasis on exposure to inadequately cooked poultry and poultry products, uncooked or lightly cooked eggs or egg products, and unpasteurized milk products.

(C) Determine if meal companions are additional cases.

(D) If a commercial food product or restaurant is suspected, active surveillance shall be conducted to identify additional cases.

(E) Determine if the case is part of an outbreak.

(F) Determine if the case is a:

(i) food employee;

(ii) daycare worker;

(iii) health care worker; or

(iv) daycare attendee, a school attendee, or anyone who lives at a residential institution.

Medical evaluation, including adequate laboratory examination of feces of contacts, should be limited to food employees, daycare workers, health care workers, or other situations where outbreaks may occur.

(2) In addition to standard precautions, contact precautions should be used for diapered and incontinent children for the duration of illness. For others, the following guidelines apply:

(A) Cases who are food employees shall be excluded from employment involving food handling until asymptomatic from vomiting and diarrhea for at least twenty-four (24) hours, then restrict until all of the following have occurred:

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

(ii) 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 proper hand washing facilities for all employees.

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

(iii) The person in charge obtains approval from the regulatory authority.

(iv) One (1) of the following has been met:

(AA) The local health officer has determined the case has been asymptomatic for at least twenty-four (24) hours and the food employee is free of a nontyphoidal Salmonella infection based on test results that show two (2) consecutive negative stool cultures have been collected:

(aa) at least twenty-four (24) hours apart; and

(bb) at least forty-eight (48) hours after cessation of antimicrobial treatment.

(BB) The local health officer has determined more than thirty (30) days have passed since the food employee became asymptomatic.

(CC) The local health officer has determined the case did not develop symptoms, and more than thirty (30) days have passed since the food employee was diagnosed.

(B) Cases employed as daycare workers, health care workers, or in 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 local health officer has determined the case has been asymptomatic for at least twenty-four (24) hours.

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

(iii) 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 by employees.

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

(i) The local health officer has determined the case has been asymptomatic for at least twenty-four (24) hours.

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

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

(AA) for proper hand washing procedures 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, the following shall occur:

(i) All attendees and staff may be required to submit stool specimens for examination.

(ii) 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 shall 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 procedures and environmental cleaning is necessary.

(iii) 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 discarded in a sanitary sewer without prior disinfection. Terminal cleaning is required.

(4) Reporting of disease is required to follow the "When to Report (from probable diagnosis)" time frame and salmonellosis antimicrobial susceptibility testing results are to be reported as soon as they become available.

(5) Quarantine is not required.

(6) Immunization is not available. Protection of contacts is not applicable.

(7) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-130; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-131 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. 131. The specific control measures for shigellosis (infectious agent: Shigella species) are as follows:

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

(A) Be performed immediately.

(B) Include a five (5) day food and drink consumption history.

(C) Determine if the case is part of an outbreak.

(D) Determine if the case is a:

(i) food employee;

(ii) daycare worker;

(iii) health care worker; or

(iv) daycare attendee, a school attendee, or anyone who lives at a residential institution.

(E) Determine if the case is a contact of a food employee serving a highly susceptible population.

(F) Identify household members and close contacts who are food employees, health care workers, or daycare workers. Any such identified contact shall have one (1) stool culture, whether asymptomatic or not, to identify other infected individuals.

(2) In addition to standard precautions, contact precautions are indicated for the duration of illness. For others, the following guidelines apply:

(A) Cases who are food employees shall abide by the following:

(i) If the case works in a food establishment serving a highly susceptible population, exclude from employment involving food handling until asymptomatic and all of the following have occurred:

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

(BB) 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 by employees.

(CC) The person in charge obtains approval from the regulatory authority.

(DD) One (1) of the following has been met:

(aa) The local health officer has determined the case has been asymptomatic for at least twenty-four (24) hours, and the food employee is free of a Shigella species infection based on test results that show two (2) consecutive negative stool cultures have been collected at least forty-eight (48) hours after cessation of antimicrobial treatment.

(bb) The local health officer has determined that the symptoms of vomiting and diarrhea have resolved and more than seven (7) calendar days have passed since the food employee became asymptomatic.

(cc) The local health officer has determined the case did not develop symptoms and more than seven (7) days have passed since the food employee was diagnosed.

(ii) If the case works in a food establishment not serving a highly susceptible population, exclude from employment involving food handling until asymptomatic from vomiting and diarrhea for at least twenty-four (24) hours, then restrict until all of the following have occurred:

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

(BB) 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 by employees.

(CC) The person in charge obtains approval from the regulatory authority.

(DD) One (1) of the following has been met:

(aa) The local health officer has determined the case has been asymptomatic for at least twenty-four (24) hours and the food employee is free of a Shigella species infection based on test results that show two (2) consecutive negative stool cultures have been collected at least forty-eight (48) hours after cessation of antimicrobial treatment.

(bb) The local health officer has determined that the symptoms of vomiting and diarrhea have resolved and more than seven (7) days have passed since the food employee became asymptomatic.

(cc) The local health officer has determined the case did not develop symptoms and more than seven (7) days have passed since the food employee was diagnosed.

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

(i) The local health officer has determined the case has been asymptomatic for at least twenty-four (24) hours, or one (1) negative stool specimen has been collected at least forty-eight (48) hours after completion of any antimicrobial therapy.

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

(iii) 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 by employees.

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

(i) The local health officer has determined the case has been asymptomatic for at least forty-eight (48) hours or treatment or testing has determined the case to be no longer infectious by either:

(AA) completion of effective antimicrobial therapy supported by antimicrobial susceptibility testing; or

(BB) one (1) negative stool culture has been collected at least forty-eight (48) hours after cessation of antimicrobial therapy, if case was treated with antimicrobials.

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

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

(AA) for proper hand washing procedures 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 school until all of the following have occurred:

(i) The local health officer has determined the case has been asymptomatic for at least twenty-four (24) hours or treatment or testing has determined the case to be no longer infectious by either:

(AA) initiation of effective antimicrobial therapy for at least forty-eight (48) hours supported by antimicrobial susceptibility testing; or

(BB) one (1) negative stool culture has been collected at least forty-eight (48) hours after cessation of antimicrobial therapy, if case was treated with antimicrobials.

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

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

(AA) for proper hand washing procedures 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 occurs in a school, cases may be excluded until the following has occurred:

(i) The local health officer has determined the case has been asymptomatic for at least twenty-four (24) hours.
(ii) Treatment or testing has determined the case to be no longer infectious by either:
(AA) initiation of effective antimicrobial therapy for at least forty-eight (48) hours supported by antimicrobial susceptibility testing; or
(BB) one (1) negative stool culture has been collected:
(aa) at least twenty-four (24) hours apart; and
(bb) at least forty-eight (48) hours after cessation of antimicrobial therapy, if case was treated with antimicrobials.

(F) If an outbreak occurs in a daycare facility or preschool, the following shall occur:
(i) All attendees and staff may be required to submit stool specimens for examination.
(ii) 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 shall 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 procedures and environmental cleaning is necessary.
(iii) Admission of all new attendees may be suspended while the outbreak continues.

(G) A case contact who is a food employee in a food establishment serving a highly susceptible population must abide by the following criteria:
(i) Restrict the contact if the contact meets one (1) of the following criteria:
(AA) Attended or worked in a setting of a confirmed disease outbreak of shigellosis within the past three (3) days of last exposure.
(BB) Lives in the same household as, and has knowledge about, an individual who works in or attends a setting where there is a confirmed disease outbreak of shigellosis within the past three (3) days of last exposure.
(CC) Lives in the same household as, and has knowledge about, an individual diagnosed with an illness caused by shigellosis within the past three (3) days of last exposure.
(DD) Consumed food prepared by a person infected with shigellosis within the past three (3) days of last exposure.
(EE) Consumed or prepared food implicated in a confirmed disease outbreak of shigellosis within the past three (3) days of last exposure.
(ii) Reinstate the food employee who was restricted when one (1) of the following has occurred:
(AA) More than three (3) calendar days have passed since the last day the food employee was potentially exposed.
(BB) More than three (3) calendar days have passed since the food employee's household contact became asymptomatic.

(3) Concurrent disinfection of feces and soiled articles is required. Feces may be discarded in a sanitary sewer without prior disinfection.
(4) Reporting of disease is required to follow the "When to Report (from probable diagnosis)" time frame and Shigella species antimicrobial susceptibility testing results are to be reported as soon as they become available.
(5) Quarantine is not required.
(6) Immunization is not available. Protection of contacts is not applicable.
(7) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-131; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-132 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. 132. The control measures for smallpox (infectious agent: Variola virus) are as follows:

(1) An investigation 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) For hospitalized patients, the following precautions are required:

(A) Standard.

(B) Airborne.

(C) 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 (from onset of symptoms (fever, head and body aches) until scabs have fallen off) requires immunization as soon after exposure as possible but within four (4) days of first exposure.

(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-132; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-133 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. 133. 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 performed within seventy-two (72) hours 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. Protection of contacts is not applicable.
(6) Case definition is established by the department.
(Indiana State Department of Health; 410 IAC 1-2.5-133; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-134 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. 134. The specific control measures for Streptococcus pneumoniae, invasive disease, are as follows:
(1) An investigation of cases and the source of infection shall be as follows:
(A) An investigation by a department field representative, in collaboration with the local health officer, shall:
(i) be performed within seventy-two (72) hours for cases less than five (5) years of age; and
(ii) include:
(AA) a complete pneumococcal vaccine immunization history;
(BB) drug resistance pattern of isolate; and
(CC) a history of chronic underlying medical conditions, asplenia, or immunosuppression.
(B) An investigation by a local health officer shall:
(i) be performed within seventy-two (72) hours for all other cases; and
(ii) include:
(AA) a complete pneumococcal vaccine immunization history;
(BB) drug resistance pattern of isolate; and
(CC) a history of chronic underlying medical conditions, asplenia, or immunosuppression.
(2) For hospitalized patients, standard precautions are required.
(3) Disinfect:
(A) purulent discharges; and
(B) articles soiled by purulent discharges.
(4) Quarantine is not applicable.
(5) Immunization of contacts is not required. Protection of contacts is not applicable.
(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.
(Indiana State Department of Health; 410 IAC 1-2.5-134; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-135 Streptococcal invasive disease, 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. 135. The specific control measures for streptococcal invasive disease (see section 46 of this rule for definition of invasive disease) and toxic shock syndrome (infectious agent: Streptococcus pyogenes) are as follows:
(1) An investigation by the local health officer shall be performed within seventy-two (72) hours to ascertain that the case meets the case definition for group A streptococcal invasive disease or streptococcal toxic shock syndrome as follows:
(A) The Centers for Disease Control and Prevention (CDC) case definition for an invasive group A streptococcal (GAS) states that the GAS must be isolated from a normally sterile site, such as blood, cerebrospinal fluid (CSF), pleural fluid, peritoneal fluid, surgical aspirate, bone, joint fluid, or internal body site (e.g., lymph node, brain, muscle, if surgically removed). An exception to the sterile site case definition would be a GAS isolated from a wound culture and accompanied by necrotizing fasciitis or streptococcal toxic shock syndrome (STSS).
(B) The CDC case definition for STSS is the isolation of GAS along with the following clinical manifestations:
(i) Hypotension defined by a systolic blood pressure less than or equal to ninety (90) mm Hg for adults or less than the fifth percentile by age for children less than sixteen (16) years of age.
(ii) Multi-organ involvement characterized by two (2) or more of the following:

(AA) Renal impairment.
(BB) Coagulopathy.
(CC) Liver involvement.
(DD) Acute respiratory distress.
(EE) Rash.
(FF) Soft-tissue necrosis.

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 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) Quarantine is not applicable.

(5) Immunization is not available. 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.

(6) Case definition is established by the department.

(Indiana State Department of Health; 410 IAC 1-2.5-135; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-136 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. 136. The specific control measures for syphilis (infectious agent: Treponema pallidum) are as follows:

(1) An investigation by a disease intervention 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 contracting the infection from, the case. Cases and contacts shall be fully evaluated (including pregnancy status of females) and treated as recommended in the Sexually Transmitted Diseases Treatment Guidelines, 2010, Morbidity and Mortality Weekly Report, December 17, 2010, Volume 59, No. RR-12.

(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.

(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-136; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-137 Taeniasis; specific control measures

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

Sec. 137. The specific control measures for taeniasis (infectious agent: Taenia solium) are as follows:

(1) An investigation by the local health officer shall be performed within seventy-two (72) hours. Collect food consumption history, concentrating on meats, specifically undercooked pork, 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 of taeniasis and possibly cysticercosis.

(2) Standard precautions are required.

(3) Concurrent disinfection is not required.

(4) Quarantine is not required.

(5) Immunization is not available. Protection of contacts is not applicable.

(6) Case definition is established by the department.

(Indiana State Department of Health; 410 IAC 1-2.5-137; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-138 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. 138. The specific control measures for tetanus (infectious agent: Clostridium tetani) are as follows:

(1) An investigation by a department field representative, in cooperation with the local health officer, shall:

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

(B) include:

(i) a complete tetanus toxoid immunization history;

(ii) the wound location and circumstance of injury or possible source of infection;

(iii) treatment information; and

(iv) the outcome of the case.

(2) For hospitalized patients, standard precautions are required.

(3) Concurrent disinfection is not applicable.

(4) Quarantine is not required.

(5) Immunization of contacts is not required. Protection of contacts is not applicable. Persons recovering from tetanus should begin or complete immunization with tetanus toxoid (Td) during convalescence.

(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-138; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-139 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. 139. The specific control measures for toxic shock syndrome (staphylococcal) are as follows:

(1) An investigation by the local health officer shall be performed within seventy-two (72) hours for the following:

(A) Case ascertainment.

(B) Clinical findings.

(C) Culture results.

(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. Protection of contacts is not applicable.
(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-139; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-140 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. 140. The specific control measures for trichinosis (infectious agent: Trichinella spiralis) are as follows:
(1) An investigation by the local health officer shall be 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) Immunization is not available. Protection of contacts is not applicable.
(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-140; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-141 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. 141. The specific control measures for tuberculosis disease (called tuberculosis or TB) (infectious agent: Mycobacterium tuberculosis) are as follows:
(1) All suspect and confirmed cases of pulmonary, extrapulmonary, and miliary tuberculosis must be reported to the local health officer or the department. All suspect and confirmed cases of multiple drug-resistant tuberculosis require consultation with the department for appropriate and adequate treatment.
(2) An investigation by the local health officer shall be performed immediately and shall include case management. 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 (3). For confirmed and suspected cases of pulmonary, laryngeal, or pleural tuberculosis, a contact investigation shall be performed, identifying both high and medium priority contacts. Prioritization of contacts is 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 as follows:
(A) Prioritization of contacts exposed to persons with acid-fast bacilli (AFB) sputum positive or cavitary tuberculosis 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.

(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.

(B) Prioritization of contacts exposed to persons with AFB sputum negative pulmonary, pleural, or laryngeal tuberculosis cases with abnormal chest radiographs and cultures positive for Mycobacterium tuberculosis 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.

(3) Pulmonary, laryngeal, and pleural tuberculosis cases and suspect cases who:

(A) have three (3) consecutive AFB smear negative sputa obtained at least eight (8) hours apart with one (1) being an early morning specimen or two (2) consecutive final negative sputa culture for Mycobacterium tuberculosis;

(B) are clinically improving;

(C) are known to be medically evaluated;

(D) have completed two (2) weeks of an adequate antituberculosis therapy per Centers for Disease Control and Prevention guidelines; and

(E) are known to be adherent to their ongoing antituberculosis treatment regimen;

are defined as noninfectious for public health measures. All other pulmonary, laryngeal, and pleural tuberculosis cases and suspect cases must be isolated until they meet the criteria to be noninfectious. All confirmed cases of multiple drug-resistant tuberculosis (resistant to isoniazid and rifampin) must be isolated until two (2) final negative sputa cultures for Mycobacterium tuberculosis are obtained. In health care facilities, tuberculosis cases and 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, December 30, 2005, Volume 54, No. RR-17. Prior to discharge of any case or suspect case of tuberculosis, the health care facility shall notify the local health department in the jurisdiction where the tuberculosis suspect or case resides. Prior to discharge of a tuberculosis case or suspect case, the local health department shall make plans, in writing, for continuation of medical follow-up, ensuring adherence to therapy and isolation unless the case or suspect case meets the criteria in this subdivision and is deemed to be noninfectious. 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 infectious person wears a surgical mask, properly tied. Children less than four (4) years of age and immunocompromised persons shall not be in the home while the case is considered infectious.

(4) Concurrent disinfection is required and shall include hand washing and good housekeeping practices combined with dilution of particles in the air by ventilation.

(5) Because of the potential for unrecognized exposure and known exposure of medical personnel to tuberculosis, health care facilities and laboratories shall develop and follow tuberculosis prevention and control programs for their facilities. At a minimum, facilities programs shall include an annual tuberculosis risk assessment, with risks identified as low, medium, or potential ongoing transmission, based on the criteria 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, December 30, 2005, Volume 54, No. RR-17.

(6) For every case of pulmonary, laryngeal, or pleural tuberculosis, the local health officer must initiate a contact

investigation within one (1) business day of reporting for infectious cases (smear positive) and within three (3) business days of a smear negative Mycobacterium tuberculosis culture positive report. 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, AFB seen in a smear of concentrated sputum, and protracted cough. Under most circumstances, tuberculosis without a pulmonary, laryngeal, or pleural site is not infectious. The infectious period is defined as the period three (3) months prior to the start of medication, symptom onset (especially cough), or first positive finding consistent with tuberculosis (i.e., abnormal chest x-ray, positive AFB smear), whichever occurred first 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 the criteria in subdivision (3).

The case shall be interviewed in detail to identify all contacts who shared air space during the infectious period. 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 children less than five (5) years of age and any exposed persons who have medical conditions, for example, HIV infection, TNF therapy, cancer treatment, and organ transplants, etc. making them vulnerable to tuberculosis.

(7) All high-priority and medium-priority contacts not known to have a previously positive Mantoux tuberculin skin test (TST), positive interferon gamma release assay (IGRA), or active tuberculosis disease shall be tested with the IGRA or by five (5) tuberculin units (TU) purified protein derivative (PPD) intradermally by the Mantoux method. The PPD shall be administered and read by an individual trained with a department approved curriculum in the administration and reading of tuberculin skin tests. The skin test should be read forty-eight (48) to seventy-two (72) hours later. Date and time given, location of placement of test, date and time read, 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 TST (induration $\geq$ 5 mm) or positive IGRA is higher in contacts tested than the prevalence in similar populations residing in the jurisdiction.

(B) A new positive TST or positive IGRA is found in a 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 disease is found among contacts.

When none of the criteria in this subdivision are met, further expansion of the contact investigation is not necessary.

(8) Contacts with positive TST or positive IGRA results, those with symptoms, those with immunosuppressive conditions, or children younger than five (5) years of age should have a chest x-ray and medical evaluation performed to determine if they have tuberculosis disease. Those with tuberculosis disease symptoms or abnormal chest x-rays consistent with active tuberculosis disease should submit sputa for AFB smear, culture, and sensitivity.

(9) Contacts with suspected or confirmed active tuberculosis disease shall be evaluated and managed according to this section.

(10) All contacts identified through contact investigation who have a positive TST (induration $\geq$ 5 mm) or a positive IGRA, a normal chest x-ray, and no symptoms of tuberculosis disease should be reported to the local health department and offered latent tuberculosis infection treatment, 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 immunosuppressed person.

(11) Infants who are exposed to a person with infectious active tuberculosis disease should be evaluated with a 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 (window prophylaxis) even if the TST is negative, unless medically contraindicated. Preventive therapy (window prophylaxis) 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.

(12) The local health officer shall ensure that:

(A) high and medium risk contacts are appropriately evaluated for tuberculosis infection;

(B) infants and children less than five (5) years of age are started in preventive therapy (window prophylaxis); and

(C) a complete course of 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 the results of the contact investigation per department guidelines.

(13) The local health department of the jurisdiction shall actively case manage 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 published by the 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 disease or infection. 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.

(ii) Determining whether isolation is necessary.

(iii) Genotyping of organisms.

(B) Requesting drug susceptibility testing of all initial Mycobacterium tuberculosis isolates.

(C) Ensuring appropriate antituberculosis medications are initiated at the appropriate dose in accordance with this subsection.

(D) Ensuring that the pulmonary tuberculosis patient is isolated until confirmed to be noninfectious according to the criteria in subdivision (3).

(E) Assessing that medication is taken as prescribed using directly observed therapy (DOT) or a department approved alternative such as video DOT, for all doses except occasional dosages which may be self administered due to inclement weather, holidays, etc., unless a waiver is obtained from the department.

(F) Documenting and reporting conversion of sputa from AFB smear positive to negative and tuberculosis culture identification from Mycobacterium tuberculosis isolated to not isolated.

(G) Contact investigation.

(H) Completion and submission of the contact investigation report for Mycobacterium tuberculosis culture positive cases to the department.

(14) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-141; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-142 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. 142. The specific control measures for tularemia (infectious agent: Francisella tularensis) are as follows:

(1) An investigation by the local health officer shall be performed immediately for the following:

(A) Case ascertainment.

(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.

(4) Quarantine is not required.

(5) Immunization is not available. Protection of contacts is not applicable.

(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard

clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-142; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-143 Typhoid and paratyphoid 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. 143. The specific control measures for typhoid and paratyphoid fever (infectious agents: Salmonella serotype Typhi, Paratyphi A, Paratyphi B (tartrate negative), or Paratyphi C) are as follows:

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

(A) Be performed immediately.

(B) Include a three (3) week history of the following prior to symptom onset:

(i) Food and drink consumption.

(ii) Domestic and international travel.

(C) Identify unreported cases or carriers.

(D) Identify any potentially contaminated:

(i) food;

(ii) water;

(iii) milk; and

(iv) shellfish.

(E) If the case traveled three (3) weeks prior to onset, all members of travel groups in which a case has occurred shall be interviewed for probable source of infection and additional cases.

(F) Determine if the case is part of an outbreak.

(G) Determine if the case is a:

(i) food employee;

(ii) daycare worker;

(iii) health care worker; or

(iv) daycare attendee, a school attendee, or anyone who lives at a residential institution.

(H) Determine if the case is a contact of a food employee serving a highly susceptible population.

(2) In addition to standard precautions, contact precautions should be used for diapered and incontinent children for the duration of illness until consecutive stool cultures are negative. For others, the following guidelines shall apply:

(A) Cases who are food employees shall be excluded from employment involving food handling if the case is diagnosed with an infection from Salmonella Typhi or Paratyphi A, B (tartrate negative), or C, or reports a previous infection with Salmonella Typhi or Paratyphi A, B (tartrate negative), or C, diagnosed by a health practitioner within the past three (3) months without having received antibiotic therapy, as determined by a health practitioner, exclude until all of the following have occurred:

(i) Three (3) consecutive negative stool and urine cultures have been collected:

(AA) at least twenty-four (24) hours apart;

(BB) at least forty-eight (48) hours after cessation of any antimicrobial treatment; and

(CC) at least one (1) month after onset.

(ii) The local health officer has determined the employee has been asymptomatic for at least twenty-four (24) hours.

(iii) The case has been counseled about preventive measures, such as hand washing procedures, that must 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 by employees.

(B) Cases employed as daycare workers, health care workers, or in 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) Three (3) consecutive negative stool cultures have been collected:

(AA) at least twenty-four (24) hours apart;

(BB) at least forty-eight (48) hours after cessation of any antimicrobial treatment; and

(CC) at least one (1) month after onset.

(ii) The local health officer has determined the worker has been asymptomatic for at least twenty-four (24) hours.

(iii) The case has been counseled about preventive measures, such as hand washing procedures, that must 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 by employees.

(v) If the case is still infected after the initial three (3) stool cultures, the case may return to work provided that the case has been fully compliant with all instructions and screening requirements under this section.

(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 the following have been met:

(i) Two (2) consecutive negative stool cultures have been collected:

(AA) at least twenty-four (24) hours apart; and

(BB) at least forty-eight (48) hours after cessation of any antimicrobial treatment.

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

(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 cultures have been collected:

(AA) at least twenty-four (24) hours apart;

(BB) at least forty-eight (48) hours after cessation of any antimicrobial treatment; and

(CC) at least one (1) month after onset.

(ii) The local health officer has determined the case has been asymptomatic for at least twenty-four (24) hours.

(iii) The case or case's guardian has been counseled about preventive measures, such as hand washing procedures, that must 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 procedures 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, the following shall occur:

(i) All food employees shall be screened for infection.

(ii) Household members and close contacts of the case shall be excluded from employment involving food handling and direct care of children or hospitalized or institutional patients until the following have been met:

(AA) Two (2) consecutive negative stool cultures have been collected:

(aa) at least twenty-four (24) hours apart; and

(bb) at least forty-eight (48) hours after cessation of any antimicrobial treatment.

(BB) The local health officer has determined the contact is asymptomatic.

(F) If an outbreak occurs in a daycare facility or preschool, the following shall occur:

(i) All attendees and staff may be required to submit stool specimens for examination.

(ii) 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 shall 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 procedures and environmental cleaning is necessary.

(iii) Admission of all new attendees may be suspended while the outbreak continues.

(G) A case contact who is a food employee in a food establishment serving a highly susceptible population must abide by the following criteria:

(i) Restrict the contact if the contact meets one (1) of the following criteria:

(AA) Attended or worked in a setting of a confirmed disease outbreak of Salmonella Typhi or Paratyphi A, B (tartrate negative), or C within the past fourteen (14) days of last exposure.

(BB) Lives in the same household as, and has knowledge about, an individual who works in or attends a setting where there is a confirmed disease outbreak of Salmonella Typhi or Paratyphi A, B (tartrate negative), or C within the past fourteen (14) days of last exposure.

(CC) Lives in the same household as, and has knowledge about, an individual diagnosed with an illness caused by Salmonella Typhi or Paratyphi A, B (tartrate negative), or C within the past fourteen (14) days of last exposure.

(DD) Consumed food prepared by a person infected with Salmonella Typhi or Paratyphi A, B (tartrate negative), or C within the past fourteen (14) days of last exposure.

(EE) Consumed or prepared food implicated in a confirmed disease outbreak of Salmonella Typhi or Paratyphi A, B (tartrate negative), or C within the past fourteen (14) days of last exposure.

(ii) Reinstate the food employee who was restricted when one (1) of the following has occurred:

(AA) More than fourteen (14) calendar days have passed since the last day the food employee was potentially exposed.

(BB) More than fourteen (14) calendar days have passed since the food employee's household contact became asymptomatic.

(3) Feces, urine, and articles soiled by feces or urine, or both, shall receive concurrent disinfection. Feces and urine may be discarded in a sanitary sewer without prior disinfection. Terminal cleaning is required.

(4) Reporting of disease is required to follow the "When to Report (from probable diagnosis)" time frame and Salmonella serotype Typhi or Paratyphi A, B (tartrate negative), or C antimicrobial susceptibility testing results are to be reported as soon as they become available.

(5) Quarantine is not applicable.

(6) Immunization is recommended only for the following people:

(A) Travelers to areas where risk of exposure to Salmonella serotype Typhi or Paratyphi A, B (tartrate negative), or C is recognized.

(B) People with close contact to a documented typhoid or paratyphoid fever carrier.

(C) Laboratory workers with frequent contact with Salmonella serotype Typhi or Paratyphi A, B (tartrate negative), or C.

(D) People living outside the United States in areas with endemic typhoid infection.

Protection of contacts is not applicable.

(7) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-143; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-144 Typhus, endemic (fleaborne); specific control measures

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

Sec. 144. The specific control measures for endemic typhus (infectious agent: Rickettsia species) are as follows:

(1) An environmental investigation for the presence of rodents or squirrels, or both, around the premises 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; 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) Immunization is not available. Protection of contacts is not applicable.
(6) Case definition is established by the department.

(Indiana State Department of Health; 410 IAC 1-2.5-144; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-145 Varicella (chickenpox); specific control measures

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

Sec. 145. The specific control measures for varicella (chickenpox) (infectious agent: Varicella-zoster virus) are as follows:
(1) Every case of primary varicella disease shall be reported to the local health officer within seventy-two (72) hours. For all cases of primary varicella disease, an investigation shall be performed to ascertain the following:
(A) An immunization history.
(B) Primary varicella disease history.
(C) A history of underlying chronic or immunosuppressive disease.
(D) Disease severity and hospitalization.
(E) Characteristics of the rash, reported as the following:
(i) Crusts.
(ii) Macules (flat spots).
(iii) Papules (solid bumps).
(iv) Vesicles (fluid-filled blisters).
(F) Location of the rash, reported as the following:
(i) Generalized.
(ii) Focal.
(iii) Unknown.
(G) Name and contact information for employer or school/daycare attended.
(H) Identification of any known case of varicella with an epidemiologic link.
(2) For hospitalized patients, institute airborne and contact precautions.
(3) Concurrent disinfection of articles soiled by nose or throat discharges.
(4) Infected persons shall avoid contact with susceptible individuals outside of the household and shall be excluded from:
(A) schools;
(B) preschools;
(C) daycare facilities; and
(D) public gatherings;
until lesions have crusted over (severe cases) or disappeared (mild or atypical cases). Individuals with shingles (herpes zoster) do not need to remain excluded as long as the rash is covered with a clean, dry bandage.
(5) Individuals with known recent exposure to a single case of chickenpox:
(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) Individuals who must remain in a hospital setting for medical reasons shall be quarantined from the eighth day to the twenty-first day following exposure. Individuals who receive varicella-zoster immune globulin shall be quarantined for a period of up to twenty-eight (28) days.
(C) 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. Other susceptible high-risk individuals who should be considered for varicella-zoster

immune globulin include the following:

(i) Newborns of mothers who develop chickenpox within five (5) days before or forty-eight (48) hours after delivery.

(ii) Immunocompromised susceptible children and adults.

(iii) Preterm infants born at twenty-eight (28) weeks gestation or later who are exposed during the neonatal period and whose mothers do not have evidence of immunity.

(iv) 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).

(v) Susceptible pregnant women.

(D) Exposed health care workers must provide evidence of immunity (chickenpox or shingles). Evidence of immunity in health care workers includes documentation of two (2) doses of varicella vaccine given at least twenty-eight (28) days apart (after the first birthday), history of varicella or herpes zoster based on physician diagnosis, laboratory evidence of immunity, or laboratory confirmation of disease. Health care workers who cannot provide evidence of immunity should be furloughed from the eighth day to the twenty-first day following exposure.

(6) Individuals with suspected "break-through" disease, or those developing varicella within seven (7) to forty-two (42) days postvaccination should undergo appropriate laboratory testing that includes viral culture and polymerase chain reaction for viral strain typing.

(7) Individuals who are hospitalized due to the infection should have appropriate laboratory evidence to support diagnosis including viral culture or polymerase chain reaction. Serologic testing should be undertaken in cases of suspected death due to primary varicella.

(8) Outbreak control measures. An outbreak of chickenpox is defined as five (5) or more cases in persons less than thirteen (13) years of age that are related in place and epidemiologically linked. For individuals thirteen (13) years of age and older, a total of three (3) cases related in place and epidemiologically linked meets the outbreak definition. The cases may be linked by affiliation or attendance at the same school or facility. In order to reach the outbreak threshold, the cases must reside in at least two (2) different households.

(A) Varicella vaccine should be offered to all healthy, susceptible individuals within five (5) days of exposure to provide additional protection against disease. Individuals who remain susceptible shall be quarantined for twenty-one (21) days following last known exposure. This includes exclusion from school attendance, daycare settings, and employment.

(B) Vaccination or disease history, or both, for varicella shall be obtained in schools and daycare settings for each exposed individual.

(9) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-145; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-146 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. 146. The specific control measures for vibriosis (non-cholera) (infectious agent: Vibrio species other than toxigenic Vibrio cholerae 01 or 0139, Grimontia hollisae (Vibrio hollisae), Photobacterium damselae (Vibrio damsela)) are as follows:

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

(A) Be performed within seventy-two (72) hours.

(B) Include a three (3) week history of the following prior to symptom onset:

(i) Food and drink consumption.

(ii) Wounds.

(iii) Domestic and international travel.

(C) Every case should be investigated for an actual or probable source. The investigation shall focus on identifying the following:

(i) Unreported cases.
(ii) Carriers.
(iii) Contaminated:
(AA) food;
(BB) water;
(CC) milk; and
(DD) shellfish.

(D) If the case traveled three (3) weeks prior to onset, all members of travel groups in which a case has occurred shall be interviewed for probable source of infection and additional cases.
(E) Determine if the case is part of an outbreak.
(F) Determine if the case is a:
(i) food employee;
(ii) daycare worker;
(iii) health care worker; or
(iv) daycare attendee, a school attendee, or anyone who lives at a residential institution.

(2) In addition to standard precautions, contact precautions are recommended for diapered or incontinent children. For all others, the following apply:
(A) Cases employed as food employees, daycare workers, health care workers, or in 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 local health officer has determined the case has been asymptomatic for at least twenty-four (24) hours.
(ii) The case has been counseled about preventive measures, such as hand washing procedures, that must be followed to prevent transmission of disease.
(iii) 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 by employees.
(B) Cases shall be excluded from attending schools, preschools, and daycare facilities until all of the following have occurred:
(i) The local health officer has determined the case has been asymptomatic for at least twenty-four (24) hours.
(ii) The case or case's guardian has been counseled about preventive measures, such as hand washing procedures, that must be followed to prevent transmission of disease.
(iii) The local health officer has discussed with the appropriate school, preschool, or daycare facility staff the need:
(AA) for proper hand washing procedures 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, the following may occur:
(i) All attendees and staff may be required to submit stool specimens for examination.
(ii) 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 shall 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 procedures and environmental cleaning is necessary.
(iii) 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. Protection of contacts is not applicable.

(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-146; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-147 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. 147. The specific control measures for yellow fever (infectious agent: yellow fever virus) are as follows:

(1) An investigation by a department field representative, in cooperation with the local health officer, shall:

(A) be performed immediately; 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) Immunization is available. Protection of contacts is not applicable.

(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-147; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-148 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. 148. The specific control measures for yersiniosis (infectious agents: Yersinia enterocolitica or Yersinia pseudotuberculosis) are as follows:

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

(A) Be performed within seventy-two (72) hours.

(B) Include a seven (7) day history of the following prior to symptom onset:

(i) Food and drink consumption.

(ii) Water exposure.

(iii) Animal exposure.

(C) Determine if the affected individual is a:

(i) food employee;

(ii) daycare worker;

(iii) health care worker; or

(iv) daycare attendee, a school attendee, or anyone who lives at a residential institution.

(D) Determine if meal companions are additional cases.

(E) If a commercial food product or restaurant is suspected, conduct active surveillance for additional cases.

(2) In addition to standard precautions, contact precautions are recommended for diapered or incontinent children. For all others, the following apply:

(A) Cases employed as food employees, daycare workers, health care workers, or in similar positions and cases who attend daycare, attend school, or anyone who is living in a residential institution 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 local health officer has determined the case has been asymptomatic for at least twenty-four (24) hours.
(ii) The case has been counseled about preventive measures, such as hand washing procedures, that must be followed to prevent transmission of disease.
(iii) 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 by employees.

(3) Concurrent disinfection is required for feces and fecal contaminated articles. Feces may be discarded in a sanitary sewage system without prior disinfection.
(4) Quarantine is not required.
(5) Immunization is not applicable. Protection of contacts is not applicable.
(6) Case definition is established by the department.

(Indiana State Department of Health; 410 IAC 1-2.5-148; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)

410 IAC 1-2.5-149 Incorporation by reference

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

Sec. 149. (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/hicpac/pdf/isolation/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. 2012 Nationally Notifiable Diseases and Conditions and Current Case Definitions. Publication available from the CDC Office of Surveillance, Epidemiology and Laboratory Services, Division of Notifiable Diseases and Healthcare Information, 1600 Clifton Road, Atlanta, Georgia 30333. Electronic copies of this publication are available at http://stacks.cdc.gov/view/cdc/12088/.
(4) 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.
(5) 45 CFR 164.512 (2013).
(6) American Public Health Association (APHA). Control of Communicable Diseases Manual, 20th Edition. Heymann, DL, ed.; 2014. Publication available from the APHA, Publication Sales, P.O. Box 933019, Atlanta, Georgia, 31193-3019. Electronic copies of this publication are available at https://www.apha.org.
(7) CDC. Sexually Transmitted Diseases Treatment Guidelines, 2010. MMWR; December 17, 2010; Vol. 59; No. RR-12.
(8) CDC. Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005. MMWR; December 30, 2005; Vol. 54; No. RR-17.
(9) CDC. Treatment of Tuberculosis. American Thoracic Society, CDC, and Infectious Diseases Society of America. MMWR; June 20, 2003; Vol. 52; No. RR-11.
(10) 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.
(11) Centers for Disease Control and Prevention guidelines, Recommendations for Use of an Isoniazid-Rifapentine Regimen with Direct Observation to Treat Latent Mycobacterium tuberculosis Infection. MMWR 2011; Volume 60, Pages 1650-1653.
(12) American Academy of Pediatrics (AAP). Red Book: 2012 Report of the Committee on Infectious Diseases, 29th edition. Pickering LK, Baker CJ, Kimberlin DW, Long SS, eds.; 2012. Publication available from the AAP, 141 Northwest Point Boulevard, Elk Grove Village, Illinois, 60007-1098.
(13) CDC. Epidemiology and Prevention of Vaccine-Preventable Diseases. 12th Edition. Atkinson,W, Wolfe S, Hamborsky

J, eds. Publication available from The Public Health Foundation, Publication Sales, P.O. Box 753, Waldorf, Maryland, 20604-0753.

(14) CDC. Manual for the Surveillance of Vaccine-Preventable Diseases. 5th Edition. Roush SW, McIntyre L, Baldy LM, eds.; 2012. Electronic copies of this publication are available at http://www.cdc.gov/vaccines/pubs/surv-manual/index.html.

(15) CDC. Update to CDC's Sexually Transmitted Diseases Treatment Guidelines, 2010: Oral Cephalosporins No Longer a Recommended Treatment for Gonococcal Infections, 2012, MMWR; August 10, 2012; Vol. 61; No. 31; 590-594.

(16) World Health Organization (WHO). WHO Guidelines on Hand Hygiene in Health Care. WHO Press: Geneva, Switzerland, 2009.

(17) CDC. Revised definition for HIV Infection, as found in MMWR, Volume 63, Recommendations and Reports No. RR-03, April 11, 2014.

(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 Office of Surveillance, Epidemiology, and Laboratory Services, 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 1-2.5-149; filed Nov 25, 2015, 2:54 p.m.: 20151223-IR-410150039FRA)*

Rule 3. Infectious Waste

410 IAC 1-3-1 "Bedding" defined

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

Sec. 1. "Bedding" means bedding that has been used for laboratory animals. *(Indiana State Department of Health; 410 IAC 1-3-1; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1382; filed Sep 18, 1998, 11:38 a.m.: 22 IR 436; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-3-2 "Carcasses, body parts, blood and body fluids, and bedding of laboratory animals" defined

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

Sec. 2. "Carcasses, body parts, blood and body fluids, and bedding of laboratory animals" means carcasses, body parts, blood and body fluids in liquid or semiliquid form, and bedding of animals that have been intentionally or are suspected of having been exposed to pathogens in:

(1) research;
(2) production of biologicals;
(3) the in vivo testing of pharmaceuticals; or
(4) other procedures.

(Indiana State Department of Health; 410 IAC 1-3-2; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1382; filed Sep 18, 1998, 11:38 a.m.: 22 IR 436; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)

410 IAC 1-3-3 "Container" defined

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

Sec. 3. "Container" means any portable device or material in which infectious waste is:
(1) stored;
(2) transported;
(3) treated;
(4) disposed of; or
(5) otherwise handled.
(Indiana State Department of Health; 410 IAC 1-3-3; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1382; filed Sep 18, 1998, 11:38 a.m.: 22 IR 436; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)

410 IAC 1-3-4 "Contaminated sharp" defined
Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16

Sec. 4. "Contaminated sharp" means an object that is capable of cutting or penetrating the skin and has been in contact with blood or body fluids. The term includes any of the following:
(1) Hypodermic or suture needle.
(2) Syringe.
(3) Scalpel blade.
(4) Pipette.
(5) Lancet.
(6) Broken glass.
(Indiana State Department of Health; 410 IAC 1-3-4; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1382; filed Sep 18, 1998, 11:38 a.m.: 22 IR 437; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)

410 IAC 1-3-5 "Communicable disease" defined
Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-2-1

Sec. 5. "Communicable disease" means a communicable disease as defined by rule under IC 16-41-2-1. *(Indiana State Department of Health; 410 IAC 1-3-5; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1382; filed Sep 18, 1998, 11:38 a.m.: 22 IR 437; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-3-5.5 "Department" defined
Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16

Sec. 5.5. "Department" means the Indiana state department of health. *(Indiana State Department of Health; 410 IAC 1-3-5.5; filed Sep 18, 1998, 11:38 a.m.: 22 IR 437; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-3-6 "Emergency medical services provider" defined
Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-31-3

Sec. 6. "Emergency medical services provider" means a person certified under IC 16-31-3. *(Indiana State Department of Health; 410 IAC 1-3-6; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1382; filed Sep 18, 1998, 11:38 a.m.: 22 IR 437; readopted filed Jul*

11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)

410 IAC 1-3-7 "Facility" defined

Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-21-2; IC 16-28-1; IC 16-41-12; IC 16-41-16

Sec. 7. "Facility" means any of the following places where infectious waste activity occurs:
(1) Hospital.
(2) Ambulatory surgical center as defined in IC 16-21-2.
(3) Medical/diagnostic laboratory.
(4) Blood center as defined in IC 16-41-12.
(5) Pharmaceutical company.
(6) Academic research laboratory company.
(7) Industrial research laboratory.
(8) Health facility as defined in IC 16-28-1.
(9) Office and mobile units of a health care provider.
(10) Diet or health care clinic.
(11) Office of a veterinarian.
(12) Veterinary hospital.
(13) Emergency medical services provider.
(14) Mortuary.
(Indiana State Department of Health; 410 IAC 1-3-7; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1383; filed Sep 18, 1998, 11:38 a.m.: 22 IR 437; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)

410 IAC 1-3-8 "Health care provider" defined

Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-18-2-163; IC 16-41-16

Sec. 8. "Health care provider" means a person employed as, or by, or receiving training from, a provider as defined in IC 16-18-2-163, or by a laboratory, blood center, state institution, or any other facility where the person is likely to have direct contact with blood or body fluids. *(Indiana State Department of Health; 410 IAC 1-3-8; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1383; filed Sep 18, 1998, 11:38 a.m.: 22 IR 437; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-3-9 "Infectious waste activity" defined

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

Sec. 9. "Infectious waste activity" means the:
(1) generation;
(2) collection;
(3) storage;
(4) transportation;
(5) treatment; or
(6) disposal of infectious waste;
as defined in this rule. *(Indiana State Department of Health; 410 IAC 1-3-9; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1383; filed Sep 18, 1998, 11:38 a.m.: 22 IR 438; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.:*

20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)

410 IAC 1-3-10 "Infectious waste" defined

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

Sec. 10. (a) "Infectious waste", except as provided in subsection (b), means waste that epidemiologic evidence indicates is capable of transmitting a dangerous communicable disease. The term includes, but is not limited to, the following:

(1) Contaminated sharps or contaminated objects that could potentially become contaminated sharps.
(2) Infectious biological cultures, infectious associated biologicals, and infectious agent stock.
(3) Pathological waste.
(4) Blood and blood products in liquid and semiliquid form.
(5) Carcasses, body parts, blood and body fluids in liquid and semiliquid form, and bedding of laboratory animals.
(6) Other waste that has been intermingled with infectious waste.

(b) The term, as it applies to a home health agency or to services delivered in the home of a hospice patient, includes only contaminated sharps. *(Indiana State Department of Health; 410 IAC 1-3-10; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1383; filed Sep 18, 1998, 11:38 a.m.: 22 IR 438; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-3-11 "Mortuary" defined

Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16; IC 25-15-2-15

Sec. 11. "Mortuary" means a funeral home as defined in IC 25-15-2-15. *(Indiana State Department of Health; 410 IAC 1-3-11; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1383; filed Sep 18, 1998, 11:38 a.m.: 22 IR 438; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-3-12 "Pathological waste" defined

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

Sec. 12. "Pathological waste" means:

(1) tissues;
(2) organs;
(3) body parts; and
(4) blood or body fluids in liquid or semiliquid form of humans;

that are removed during surgery, biopsy, or autopsy. *(Indiana State Department of Health; 410 IAC 1-3-12; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1383; filed Sep 18, 1998, 11:38 a.m.: 22 IR 438; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-3-13 "Person" defined

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

Sec. 13. "Person" means any:

(1) individual;
(2) facility;

(3) partnership;
(4) copartnership;
(5) firm;
(6) company;
(7) association;
(8) joint-stock company;
(9) corporation;
(10) governmental entity; or
(11) agent.

(Indiana State Department of Health; 410 IAC 1-3-13; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1383; filed Sep 18, 1998, 11:38 a.m.: 22 IR 438; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)

410 IAC 1-3-14 "Secured area" defined

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

Sec. 14. "Secured area" means an area that is designed and maintained to prevent the entry of unauthorized persons. *(Indiana State Department of Health; 410 IAC 1-3-14; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1383; filed Sep 18, 1998, 11:38 a.m.: 22 IR 438; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-3-15 "Semiliquid blood and blood products" defined

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

Sec. 15. "Semiliquid blood and blood products" means blood and blood products that have intermediate fluid properties and are capable of flowing in a manner similar to a liquid. *(Indiana State Department of Health; 410 IAC 1-3-15; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1384; filed Sep 18, 1998, 11:38 a.m.: 22 IR 438; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-3-16 "State board" defined (Repealed)

Sec. 16. *(Repealed by Indiana State Department of Health; filed Sep 18, 1998, 11:38 a.m.: 22 IR 440)*

410 IAC 1-3-17 "Storage" defined

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

Sec. 17. "Storage" means the containment of infectious waste in such a manner as not to constitute:
(1) collection;
(2) treatment;
(3) transport; or
(4) disposal.

(Indiana State Department of Health; 410 IAC 1-3-17; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1384; filed Sep 18, 1998, 11:38 a.m.: 22 IR 439; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)

410 IAC 1-3-18 "Veterinarian" defined

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

Sec. 18. "Veterinarian" means a person authorized to practice veterinary medicine under IC 15-5-1.1 *[IC 15-5 was repealed by P.L.2-2008, SECTION 83, effective July 1, 2008.]*. *(Indiana State Department of Health; 410 IAC 1-3-18; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1384; filed Sep 18, 1998, 11:38 a.m.: 22 IR 439; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-3-19 "Waste" defined

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

Sec. 19. "Waste" means any solid, liquid, or semiliquid material that:

(1) is discarded or being accumulated prior to being discarded; or

(2) has served its natural, biological, medical, or intended purpose and is generally discarded and not reused.

(Indiana State Department of Health; 410 IAC 1-3-19; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1384; filed Sep 18, 1998, 11:38 a.m.: 22 IR 439; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)

410 IAC 1-3-20 "Waste handlers" defined

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

Sec. 20. "Waste handlers" means any person who handles infectious waste. *(Indiana State Department of Health; 410 IAC 1-3-20; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1384; filed Sep 18, 1998, 11:38 a.m.: 22 IR 439; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-3-21 Applicability of standards

Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-11

Sec. 21. (a) This rule applies, without regard to quantity, to defined facilities and persons involved in infectious waste activity.

(b) This rule represents minimum standards, and persons may utilize more stringent standards.

(c) All written policies required under this rule shall, at a minimum, comply with the requirements of IC 16-41-11. *(Indiana State Department of Health; 410 IAC 1-3-21; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1384; filed Sep 18, 1998, 11:38 a.m.: 22 IR 439; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-3-22 Appropriate containment and labeling; effective treatment, transport, or disposal

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

Sec. 22. For purposes of IC 16-41-16 and this rule, the generator of infectious waste is responsible for the appropriate containment, appropriate labeling, effective treatment, transport, and disposal of infectious waste as required by this rule. A person may provide services to the generator of infectious waste, including the appropriate containment, appropriate labeling, effective

treatment, transport, or disposal of infectious waste. Both the generator of infectious waste and the person providing services to the generator of infectious waste are responsible for complying with the requirements set forth in this rule. *(Indiana State Department of Health; 410 IAC 1-3-22; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1384; filed Sep 18, 1998, 11:38 a.m.: 22 IR 439; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-3-23 Written policies, procedures

Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16-9

Sec. 23. All persons and facilities subject to this rule shall:

(1) have a written policy and procedures that, at a minimum, contain:

(A) the requirements contained in this rule; and

(B) the sanctions, including discipline and dismissal of persons, if warranted, for failure to follow the requirements set forth in this rule;

(2) provide necessary instruction and materials, including protective garments, to implement this rule prior to giving a person an assignment where contact with infectious waste is likely;

(3) maintain a record of such instruction, including an attendance record of a person's participation in the instruction; and

(4) make all records available to the department for inspection under IC 16-41-16-9.

(Indiana State Department of Health; 410 IAC 1-3-23; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1384; filed Sep 18, 1998, 11:38 a.m.: 22 IR 439; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)

410 IAC 1-3-24 Containment

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

Sec. 24. (a) All persons and facilities subject to this rule shall ensure that infectious waste is at all times contained in a manner that will reasonably protect waste handlers and the public from contracting dangerous communicable disease that may result from exposure to the infectious waste.

(b) All persons and facilities subject to this rule shall place contaminated sharps or contaminated objects that could potentially become contaminated sharps, infectious biological cultures, infectious associated biologicals, and infectious agent stock in containers that are:

(1) leak proof, rigid, puncture-resistant;

(2) tightly sealed to prevent expulsion;

(3) labeled with the biohazard symbol; and

(4) effectively treated in accordance with this rule prior to being stored in an unsecured area and sent for final disposal.

(c) All persons and facilities subject to this rule shall place pathological waste; laboratory animal carcasses, laboratory animal body parts, laboratory animal blood and body fluids, and laboratory animal bedding; human blood; human blood products in liquid or semiliquid form; and human body fluids that are visibly contaminated with blood in containers that are:

(1) impervious to moisture;

(2) sufficient strength and thickness to prevent expulsion;

(3) secured to prevent leakage or expulsion;

(4) labeled with the biohazard symbol; and

(5) effectively treated in accordance with this rule prior to being placed in an unsecured area and sent for final disposal.

(Indiana State Department of Health; 410 IAC 1-3-24; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1385; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)

410 IAC 1-3-25 Storage

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

Sec. 25. If infectious waste is stored prior to final disposal, all persons subject to this rule shall:

(1) store infectious waste in a secure area that:

(A) is locked or otherwise secured to eliminate access by or exposure to the general public;

(B) affords protection from adverse environmental conditions and vermin; and

(C) has a prominently displayed biohazard symbol;

(2) store infectious waste in a manner that preserves the integrity of the container, and is not conducive to rapid microbial growth and putrefaction; and

(3) disinfect reusable containers for infectious waste each time that they are emptied, unless the surfaces of the reusable containers have been protected from contamination by disposable liners, bags, or other devices that are removed with the infectious waste.

(Indiana State Department of Health; 410 IAC 1-3-25; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1385; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)

410 IAC 1-3-26 Treatment

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

Sec. 26. (a) All persons and facilities subject to this rule shall either effectively treat infectious waste in accordance with this rule or transport infectious waste off-site for effective treatment in accordance with this rule.

(b) A treatment is effective if it reduces the pathogenic qualities of infectious waste for safe handling, is designed for the specific infectious waste involved, and is carried out in a manner consistent with this rule. Effective treatment may include:

(1) incineration;

(2) steam sterilization;

(3) chemical disinfection;

(4) thermal inactivation;

(5) irradiation; or

(6) discharge in a sanitary sewer or septic system that is properly installed and operating in accordance with state and local laws.

(c) Except as provided in section 28 of this rule, all persons and facilities subject to this rule may store, transport, and dispose of infectious waste that has been effectively treated in accordance with this rule in the usual manner for waste that is noninfectious.

(Indiana State Department of Health; 410 IAC 1-3-26; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1385; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)

410 IAC 1-3-27 Protection in transport

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

Sec. 27. All persons and facilities subject to this rule shall:

(1) transport infectious waste in a manner that reasonably protects waste handlers and the public from contracting dangerous communicable disease; and

(2) effectively treat infectious waste in accordance with this rule before it is compacted.

(Indiana State Department of Health; 410 IAC 1-3-27; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1385; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19

p.m.: 20131009-IR-410130346RFA)

410 IAC 1-3-28 Transporting off-site

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

Sec. 28. (a) All persons and facilities subject to this rule who are transporting infectious waste off-site, whether effectively treated or not, shall:

(1) mark containers of infectious waste with a label that states the name, address, and telephone number of the generating facility and treatment facility, if applicable; and

(2) provide a form that contains:

(A) the name, address, and telephone number of the generating facility and treatment facility, if applicable;

(B) a brief description of the waste and the method of effective treatment; and

(C) the signature of a responsible person.

(b) The information required in subsection (a) may be enclosed between the secondary packaging and the outer packaging, when such packaging is used. The outer packaging must contain a biohazard symbol. *(Indiana State Department of Health; 410 IAC 1-3-28; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1386; filed Sep 18, 1998, 11:38 a.m.: 22 IR 440; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-3-29 Penalties for violation

Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16-10

Sec. 29. Penalties for violation of this rule are set forth in IC 16-41-16-10. *(Indiana State Department of Health; 410 IAC 1-3-29; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1386; filed Sep 18, 1998, 11:38 a.m.: 22 IR 440; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

Rule 4. Universal Precautions

410 IAC 1-4-0.5 Applicability of definitions

Authority: IC 16-41-11-9
Affected: IC 16-41-11

Sec. 0.5. The definitions in this rule apply throughout this rule. Additionally, the definitions of any other terms contained in the Indiana occupational safety and health administration's bloodborne pathogens standards (as found in 29 CFR 1910.1030) are incorporated by reference. *(Indiana State Department of Health; 410 IAC 1-4-0.5; filed Nov 22, 1993, 5:00 p.m.: 17 IR 753; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-4-1 "Blood" defined

Authority: IC 16-41-11-9
Affected: IC 16-41-11

Sec. 1. "Blood" means human blood, human blood components, and products made from human blood. *(Indiana State Department of Health; 410 IAC 1-4-1; filed Oct 6, 1989, 4:20 p.m.: 13 IR 280; filed Nov 22, 1993, 5:00 p.m.: 17 IR 753; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-4-1.1 "Bloodborne pathogens" defined

Authority: IC 16-41-11-9
Affected: IC 16-41-11

Sec. 1.1. "Bloodborne pathogens" means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, HBV, HCV, and HIV. *(Indiana State Department of Health; 410 IAC 1-4-1.1; filed Nov 22, 1993, 5:00 p.m.: 17 IR 753; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; filed Mar 28, 2006, 12:45 p.m.: 29 IR 2536; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-4-1.2 "Contaminated" defined

Authority: IC 16-41-11-9
Affected: IC 16-41-11

Sec. 1.2. "Contaminated" means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface. *(Indiana State Department of Health; 410 IAC 1-4-1.2; filed Nov 22, 1993, 5:00 p.m.: 17 IR 754; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-4-1.3 "Contaminated laundry" defined

Authority: IC 16-41-11-9
Affected: IC 16-41-11

Sec. 1.3. "Contaminated laundry" means laundry which has been soiled with blood or other potentially infectious materials or laundry which may contain sharps. *(Indiana State Department of Health; 410 IAC 1-4-1.3; filed Nov 22, 1993, 5:00 p.m.: 17 IR 754; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-4-1.4 "Covered individual" defined

Authority: IC 16-41-11-9
Affected: IC 16-41-11-4

Sec. 1.4. "Covered individual" means any individual covered by IC 16-41-11-4 whose professional, employment, training, or volunteer activities or duties include any reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials. *(Indiana State Department of Health; 410 IAC 1-4-1.4; filed Nov 22, 1993, 5:00 p.m.: 17 IR 754; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-4-1.5 "Decontamination" defined

Authority: IC 16-41-11-9
Affected: IC 16-41-11

Sec. 1.5. "Decontamination" means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item which does not require sterilization to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal. *(Indiana State Department of Health; 410 IAC 1-4-1.5; filed Nov 22, 1993, 5:00 p.m.: 17 IR 754; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-4-2 "Department" defined
Authority: IC 16-41-11-9
Affected: IC 16-41-11

Sec. 2. "Department" means the Indiana state department of health. *(Indiana State Department of Health; 410 IAC 1-4-2; filed Oct 6, 1989, 4:20 p.m.: 13 IR 280; filed Nov 22, 1993, 5:00 p.m.: 17 IR 754; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-4-2.1 "Employee" defined
Authority: IC 16-41-11-9
Affected: IC 16-41-11; IC 22-8-1.1-1

Sec. 2.1. "Employee" has the meaning set forth in IC 22-8-1.1-1. *(Indiana State Department of Health; 410 IAC 1-4-2.1; filed Nov 22, 1993, 5:00 p.m.: 17 IR 754; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-4-3 "Employer" defined
Authority: IC 16-41-11-9
Affected: IC 16-41-11; IC 22-8-1.1-1

Sec. 3. "Employer" has the meaning set forth in IC 22-8-1.1-1. *(Indiana State Department of Health; 410 IAC 1-4-3; filed Oct 6, 1989, 4:20 p.m.: 13 IR 280; filed Nov 22, 1993, 5:00 p.m.: 17 IR 754; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-4-3.1 "ERP" defined
Authority: IC 16-41-11-9
Affected: IC 16-41-11

Sec. 3.1. "ERP" means expert review panel, as defined in section 8.1 of this rule. *(Indiana State Department of Health; 410 IAC 1-4-3.1; filed Nov 22, 1993, 5:00 p.m.: 17 IR 754; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-4-4 "Facility" defined
Authority: IC 16-41-11-9
Affected: IC 16-41-11

Sec. 4. "Facility" means a building or location where an individual can be reasonably anticipated in the course of performing his or her professional, employment, training, or volunteer activities or duties to have skin, eye, mucous membrane, or parenteral contact with potentially infectious materials. *(Indiana State Department of Health; 410 IAC 1-4-4; filed Oct 6, 1989, 4:20 p.m.: 13 IR 280; filed Nov 22, 1993, 5:00 p.m.: 17 IR 754; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-4-4.1 "HBeAg" defined
Authority: IC 16-41-11-9
Affected: IC 16-41-11

Sec. 4.1. "HBeAg" means the presence of hepatitis B e antigen in human blood as an indicator of high infectivity for hepatitis

B virus. *(Indiana State Department of Health; 410 IAC 1-4-4.1; filed Nov 22, 1993, 5:00 p.m.: 17 IR 755; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-4-4.2 "HBsAg" defined

Authority: IC 16-41-11-9
Affected: IC 16-41-11

Sec. 4.2. "HBsAg" means the presence of hepatitis B surface antigens in human blood as an indicator of infectivity for hepatitis B virus. *(Indiana State Department of Health; 410 IAC 1-4-4.2; filed Nov 22, 1993, 5:00 p.m.: 17 IR 755; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-4-4.3 "HBV" and "HCV" defined

Authority: IC 16-41-11-9
Affected: IC 16-41-11

Sec. 4.3. (a) "HBV" means hepatitis B virus.

(b) "HCV" means hepatitis C virus. *(Indiana State Department of Health; 410 IAC 1-4-4.3; filed Nov 22, 1993, 5:00 p.m.: 17 IR 755; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; filed Mar 28, 2006, 12:45 p.m.: 29 IR 2536; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-4-4.4 "Health care worker" defined

Authority: IC 16-41-11-9
Affected: IC 16-41-11

Sec. 4.4. "Health care worker" means any covered individual providing health care for or to a patient during the patient's care or treatment and whose professional, employment, volunteer, or student training duties or activities can be reasonably anticipated to result in skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials. *(Indiana State Department of Health; 410 IAC 1-4-4.4; filed Nov 22, 1993, 5:00 p.m.: 17 IR 755; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-4-4.5 "HIV" defined

Authority: IC 16-41-11-9
Affected: IC 16-41-11

Sec. 4.5. "HIV" means human immunodeficiency virus. *(Indiana State Department of Health; 410 IAC 1-4-4.5; filed Nov 22, 1993, 5:00 p.m.: 17 IR 755; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-4-4.6 "Other potentially infectious materials" defined

Authority: IC 16-41-11-9
Affected: IC 16-41-11

Sec. 4.6. "Other potentially infectious materials" means the following:

(1) Human body fluids as follows:

(A) Semen.

(B) Vaginal secretions.

(C) Cerebrospinal fluid.
(D) Synovial fluid.
(E) Pleural fluid.
(F) Pericardial fluid.
(G) Peritoneal fluid.
(H) Amniotic fluid.
(I) Saliva in dental procedures.
(J) Any body fluid that is visibly contaminated with blood.
(K) All body fluids where it is difficult or impossible to differentiate between body fluids.

(2) Any unfixed tissue or organ, other than intact skin, from a human, living or dead.

(3) HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

(Indiana State Department of Health; 410 IAC 1-4-4.6; filed Nov 22, 1993, 5:00 p.m.: 17 IR 755; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)

410 IAC 1-4-4.7 "Parenteral" defined

Authority: IC 16-41-11-9
Affected: IC 16-41-11

Sec. 4.7. "Parenteral" means piercing the mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, or abrasions. *(Indiana State Department of Health; 410 IAC 1-4-4.7; filed Nov 22, 1993, 5:00 p.m.: 17 IR 755; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-4-4.8 "Sterilize" defined

Authority: IC 16-41-11-9
Affected: IC 16-41-11

Sec. 4.8. "Sterilize" means the use of a physical or chemical procedure to destroy all microbial life, including highly resistant bacterial endospores. *(Indiana State Department of Health; 410 IAC 1-4-4.8; filed Nov 22, 1993, 5:00 p.m.: 17 IR 756; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-4-5 "Universal precautions" defined

Authority: IC 16-41-11-9
Affected: IC 16-41-11

Sec. 5. "Universal precautions" means an approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens. *(Indiana State Department of Health; 410 IAC 1-4-5; filed Oct 6, 1989, 4:20 p.m.: 13 IR 280; filed Nov 22, 1993, 5:00 p.m.: 17 IR 756; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-4-6 Facility operator responsibilities

Authority: IC 16-41-11-9
Affected: IC 16-41-11

Sec. 6. (a) An individual or entity that is a facility operator shall comply with the following:

(1) Inform all health care workers and covered individuals whose professional, employment, training, or volunteer activities or duties are performed at or on behalf of the facility, that it is strongly recommended by the department that all persons who have reason to believe they are at risk of HIV infection should know their HIV status.

(2) Inform all health care workers that it is strongly recommended by the department that all those:

(A) who perform procedures during which there is a recognized risk of percutaneous injury to the health care worker, and, if such injury occurs, the health care worker's blood may contact the patient's body cavity, subcutaneous tissue, or mucous membranes; and

(B) who do not have serologic evidence of immunity to HBV from vaccination or from previous infection should know their HBsAg status and, if that is positive, should also know their HBeAg status.

(3) Ensure that the training described in the Indiana occupational safety and health administration's bloodborne pathogens standards (as found in 29 CFR 1910.1030) is provided to all covered individuals whose professional, employment, training, or volunteer activities or duties are performed at or on behalf of the facility.

(4) Ensure that a record is maintained, as required under the Indiana occupational safety and health administration's bloodborne pathogens standards (as found in 29 CFR 1910.1030) of an individual's participation in the training that is provided. The record shall be made available to the department for inspection upon request.

(5) Ensure that each covered individual whose professional, employment, training, or volunteer activities or duties are performed at or on behalf of the facility, is provided appropriate equipment and expendables needed to implement the precautions required under section 8 of this rule and under the Indiana occupational safety and health administration's bloodborne pathogens standards (as found in 29 CFR 1910.1030).

(6) Require all health care workers whose professional, employment, training, or volunteer activities or duties are performed at or on behalf of the facility to provide evidence of compliance with the continuing universal precautions education requirements contained in section 7.1 of this rule.

(b) The operator of a facility, if providing services to patients or the public in which there is a risk of skin, eye, mucous membrane, or parenteral contact to human blood or other potentially infectious materials, shall display, or make available to the public, a description of compliance with the requirements contained in subsection (a)(6).

(c) The operator of a facility, if providing services to patients or the public in which there is a risk of skin, eye, mucous membrane, or parenteral contact to human blood or other potentially infectious materials, shall display, or make available to the public, written materials prepared or approved by the department explaining universal precautions and patients' rights under this rule. These materials shall include information on how to report violations of universal precautions and shall include information regarding the department's duties to investigate. *(Indiana State Department of Health; 410 IAC 1-4-6; filed Oct 6, 1989, 4:20 p.m.: 13 IR 280; filed Nov 22, 1993, 5:00 p.m.: 17 IR 756; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-4-7 Facility operator policies

Authority: IC 16-41-11-9
Affected: IC 16-41-11

Sec. 7. A facility operator shall develop a written policy in compliance with this rule and the requirements of the Indiana occupational safety and health administration's bloodborne pathogens standards (as found in 29 CFR 1910.1030), that:

(1) requires the use of universal precautions by a covered individual when performing those professional, employment, training, or volunteer activities or duties that include any reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials;

(2) provides sanctions, including discipline and dismissal, if warranted, for failure to use universal precautions; and

(3) proscribes the facility operator, or any covered individual acting at or on behalf of the facility, from retaliating against any person, including any professional, employee, trainee, volunteer, or patient, for filing a complaint with the department in good faith under this rule.

(Indiana State Department of Health; 410 IAC 1-4-7; filed Oct 6, 1989, 4:20 p.m.: 13 IR 280; filed Nov 22, 1993, 5:00 p.m.: 17 IR 757; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)

410 IAC 1-4-7.1 Covered individuals' minimum training and certification requirements

Authority: IC 16-41-11-9
Affected: IC 16-41-11

Sec. 7.1. All covered individuals shall comply with the following:

(1) Covered individuals, including health care workers, whose professional, employment, training, or volunteer activities or duties are performed at or on behalf of a facility, must complete the training programs which the facility is required to have employees attend under the Indiana occupational safety and health administration's bloodborne pathogens standards (as found in 29 CFR 1910.1030). Approved programs under this rule shall be as follows:

(A) A bloodborne pathogen training session provided by a facility or employer under the Indiana occupational safety and health administration's bloodborne pathogens standards (as found in 29 CFR 1910.1030).

(B) Unless the department makes a specific determination to the contrary, any continuing professional education program on current universal precautions techniques that has been accepted or accredited by the applicable professional credentialing or health licensing entity.

(2) Covered individuals who are health care workers shall, either individually or through their employer, upon receipt of a written request by the department, employer, or a patient to whom direct services have been provided, provide evidence of compliance with the requirements of this section.

(Indiana State Department of Health; 410 IAC 1-4-7.1; filed Nov 22, 1993, 5:00 p.m.: 17 IR 757; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)

410 IAC 1-4-8 Precautions generally

Authority: IC 16-41-11-9
Affected: IC 16-19; IC 16-41-11

Sec. 8. (a) All covered individuals and health care workers under this rule shall comply with the requirements imposed under the Indiana occupational safety and health administration's bloodborne pathogens standards (as found in 29 CFR 1910.1030).

(b) The following documents shall be incorporated by reference as guidelines for covered individuals and health care workers under this rule:

(1) Centers for Disease Control and Prevention, Guideline for Hand Hygiene in Health-Care Settings: Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. MMWR 2002;51(No. RR-16).

(2) World Health Organization. WHO Guidelines on Hand Hygiene in Health Care. WHO Press: Geneva, Switzerland, 2009.

(c) All incorporated material is available for public review at the department.

(d) The operator and all covered individuals whose professional, employment, training, or volunteer activities or duties are performed at or on behalf of a facility providing services to patients or other members of the public in which there is a reasonably anticipated risk of skin, eye, mucous membrane, or parenteral contact with human blood or other potentially infectious materials shall also comply with the following requirements:

(1) All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

(2) Heating procedures capable of sterilization must be used when heat stable, nondisposable equipment is sterilized. Monitoring of heat sterilization procedures shall include documentation of the following:

(A) Each sterilization cycle.

(B) Use of chemical indicators when sterilizing packaged nondisposable equipment.

(C) That biological indicators were used within seven (7) days prior to the current sterilization procedure.

(D) Routine equipment maintenance according to manufacturer recommendations.

Documents required under this subdivision must be made available to the department upon request.

(3) Reusable equipment requiring sterilization that is destroyed or altered by heat must be sterilized by chemical means.

(4) Environmental surfaces and equipment not requiring sterilization that have been contaminated by blood or other

potentially infectious materials shall be cleaned with an absorbent material prior to disinfection. Disinfectant solutions shall be a:

(A) germicide registered with the Environmental Protection Agency (EPA) for use as a hospital disinfectant and labeled tuberculocidal or registered germicide with specific inactivation claims against HIV and HBV; or

(B) sodium hypochlorite solution dated and not used after twenty-four (24) hours old as follows:

(i) A minimum of 1:100 dilution (one-quarter (1/4) cup of five and twenty-five hundredths percent (5.25%) common household bleach in one (1) gallon of water).

(ii) A 1:10 dilution (one (1) part five and twenty-five hundredths percent (5.25%) common household bleach in nine (9) parts water) shall be used when a blood, culture, or OPIM spill occurs in the laboratory setting.

(5) Hand hygiene shall be performed when there is a risk of skin, eye, mucous membrane, or parenteral contact with human blood or OPIM.

(6) Hands shall be washed with soap and water when visibly dirty or soiled with blood or OPIM and after using the toilet.

(7) Hand hygiene shall be performed before and after touching a potential source, before a clean or aseptic procedure, after a risk of body fluid exposure, after contact with inanimate surfaces and objects in the immediate vicinity of a potential source, and after removing gloves.

(8) The use of gloves shall not replace the need for hand hygiene.

(9) Gloves shall be worn when contact with blood or OPIM, mucous membranes, or nonintact skin is anticipated.

(10) Gloves shall be changed or removed during care if moving from a contaminated body site to another body site (including nonintact skin, mucous membrane, or medical device) within the same source or the environment.

(11) Gloves shall be changed between contact with other individuals.

(12) If a patient's diagnosis, laboratory analysis, or medical condition requires additional infection control measures or isolation, those specific measures apply in addition to the requirements of this rule and other requirements found at IC 16-19.

(Indiana State Department of Health; 410 IAC 1-4-8; filed Oct 6, 1989, 4:20 p.m.: 13 IR 280; filed Nov 22, 1993, 5:00 p.m.: 17 IR 757; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; filed Mar 28, 2006, 12:45 p.m.: 29 IR 2537; errata filed Aug 16, 2006,2:30 p.m.: 20060830-IR-410050259ACA; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; filed Nov 30,2007, 1:00 p.m.: 20071226-IR-410060426FRA; filed Dec 10, 2010, 10:29 a.m.: 20110105-IR-410090810FRA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)

410 IAC 1-4-8.1 Expert review panel

Authority: IC 16-41-11-9
Affected: IC 16-41-11

Sec. 8.1. (a) An HIV infected or HBV infected (and HBeAg positive) health care worker whose practices include digital palpation of a needle tip in a body cavity or the simultaneous presence of the health care worker's finger and needle or other sharp instrument in a poorly visualized or highly confined human anatomic site should either seek the advice of an ERP approved by the department or voluntarily cease these practices.

(b) As used in this rule, "expert review panel" means a group of experts authorized under this rule to provide confidential consultation and advice to HIV and HBV (and HBeAg) infected health care workers as indicated to promote the highest achievable level of safe, professional care. To be deemed authorized, an ERP must be sponsored by an organization which has been approved by the department under subsection (c).

(c) Before any public or private medical, surgical, dental, nursing, or other health care organization may sponsor an authorized ERP under this section, the potential sponsor must be approved by the department as having provided credible assurances that:

(1) the sponsor is capable of establishing specific ERP protocols and procedures that will accomplish the purposes of an ERP under this section; and

(2) it will comply with general protocols to be established and disseminated on request by the department.

(d) The ERP will consist of:

(1) an expert review entity consisting of:

(A) the HIV or HBV infected health care worker's treating physician, either directly or through medical and historical

treatment records;

(B) an infectious disease specialist knowledgeable in the epidemiology of HIV and HBV infection;

(C) a health care provider of the same profession as the infected health care provider with expertise in the procedures practiced; and

(D) an infection control expert or epidemiologist; or

(2) any other expert review entity expressly authorized by the department.

(e) An ERP sponsored by an organization approved by the department under subsection (c) will be deemed an authorized ERP.

(f) An ERP shall advise the health care worker whether and how to modify techniques or to cease performing certain procedures. In rendering this advice, the ERP shall consider the past history of the health care worker's technique, and the extent to which, in the context of other indicated procedures with a measurable and unavoidable significant risk to patients, an indicated invasive procedure in the hands of that health care worker does or does not expose patients to the significant risk of HIV or HBV transmission from the health care worker.

(g) The role of the ERP is strictly confidential and advisory to the health care worker.

(h) All proceedings and communications of the ERP shall be confidential. All communications to an ERP shall be privileged communications. Neither the personnel nor any participant in a panel proceeding shall reveal the identity of any health care worker consulting such panel nor any content of communication to the records of or the outcomes of an ERP outside the panel to any person or other entity, other than the health care worker consulting such panel.

(i) No person who participates in an ERP proceeding shall be permitted or required to disclose any information acquired in connection with, or in the course of, the proceeding, any opinion, recommendation, or evaluation of the panel or of any panel member.

(j) The only duty of an ERP is to provide good faith consultation and advice to the HIV or HBV infected health care worker seeking such advice. A health care worker is not, by this rule, relieved of any responsibility, either to himself or herself or to others, for all actions taken or not taken in his or her professional capacity after consulting with an ERP. Neither an ERP nor any member of an ERP is approved by this rule to substitute or assume responsibility for the subsequent actions of the health care worker. No civil or other legal action of any nature shall arise against any member or personnel of an ERP for any good faith act or statement made in the confines of the panel or proceeding thereof.

(k) Neither an ERP nor any member of an ERP shall, by virtue of their consultation and advice, assume any liability of any kind to the health care worker, his or her patients, or any other person. The personnel and members of an ERP shall be immune from any civil action arising from any determination or recommendation made in good faith in the scope of their duties. *(Indiana State Department of Health; 410 IAC 1-4-8.1; filed Nov 22, 1993, 5:00 p.m.: 17 IR 759; errata, 17 IR 1009; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)*

410 IAC 1-4-9 Complaints

Authority: IC 16-41-11-9
Affected: IC 16-41-11; IC 25

Sec. 9. A person who believes that this rule has been violated may file a complaint with the department. A complaint must be in writing unless, in the opinion of the department, the violation complained of constitutes an emergency. The department shall reduce an emergency oral complaint to writing. The department shall maintain the confidentiality of the person who files the complaint. The department shall also comply with the following:

(1) The department shall promptly investigate, or cause to be investigated with available resources, all complaints received alleging violations of this rule.

(2) The department shall not disclose the name or identifying characteristics of the person who files a complaint under this rule:

(A) unless the person consents in writing to the disclosure; or

(B) the investigation results in an administrative or judicial proceeding and disclosure is ordered by the administrative law judge or the court.

Confidential communication of the complaint information to the Indiana department of labor for compliance purposes shall not constitute disclosure for the purposes of this rule.

(3) The department shall give a person who files a complaint under this section the opportunity to withdraw the complaint at any time prior to the issuance of an order under subdivision (2)(B).

(4) A person filing a complaint must make a reasonable attempt to ascertain the correctness of any information to be furnished. Failure to make a reasonable attempt may subject that person to other sanctions available at law.

(5) A determination of a substantiated and unresolved violation of this rule by a health care provider licensed under IC 25 shall be referred by the department to the appropriate licensing board through notification of the attorney general's consumer protection division.

(6) In the investigation of a complaint regarding a violation of this rule, the department shall coordinate the investigation, as appropriate, with the state or federal enforcement agency having jurisdiction over the industry or occupation. All complaints alleging violations of the Indiana occupational safety and health administration's bloodborne pathogens standards (as found in 29 CFR 1910.1030) shall be forwarded to the Indiana department of labor.

(Indiana State Department of Health; 410 IAC 1-4-9; filed Oct 6, 1989, 4:20 p.m.: 13 IR 282; filed Nov 22, 1993, 5:00 p.m.: 17 IR 760; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; readopted filed Sep 11, 2013, 3:19 p.m.: 20131009-IR-410130346RFA)

Rule 5. Sanitary Operation of Tattoo Parlors

410 IAC 1-5-1 Applicability

Authority: IC 16-19-3-4.1
Affected: IC 16-19-3-4.1

Sec. 1. The definitions in this rule apply throughout this rule. *(Indiana State Department of Health; 410 IAC 1-5-1; filed May 12, 1998, 10:00 a.m.: 21 IR 3815; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)*

410 IAC 1-5-2 "Blood" defined

Authority: IC 16-19-3-4.1
Affected: IC 16-19-3-4.1

Sec. 2. "Blood" means human blood. *(Indiana State Department of Health; 410 IAC 1-5-2; filed May 12, 1998, 10:00 a.m.: 21 IR 3815; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)*

410 IAC 1-5-3 "Bloodborne pathogens" defined

Authority: IC 16-19-3-4.1
Affected: IC 16-19-3-4.1

Sec. 3. "Bloodborne pathogens" means pathogenic micro-organisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, the following:

(1) HBV.

(2) HCV.

(3) HIV.

(Indiana State Department of Health; 410 IAC 1-5-3; filed May 12, 1998, 10:00 a.m.: 21 IR 3815; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)

410 IAC 1-5-3.5 "Body piercer" defined
Authority: IC 16-19-3-4.1; IC 16-19-3-4.2
Affected: IC 16-19-3

Sec. 3.5. "Body piercer" means any person who performs body piercing on an individual. *(Indiana State Department of Health; 410 IAC 1-5-3.5; filed Jun 30, 2000, 4:10 p.m.: 23 IR 2710; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)*

410 IAC 1-5-3.6 "Body piercing" defined
Authority: IC 16-19-3-4.1; IC 16-19-3-4.2
Affected: IC 16-19-3

Sec. 3.6. "Body piercing" means the perforation of any human body part other than ear lobe for the purpose of inserting jewelry or other decoration or for some other nonmedical purpose. *(Indiana State Department of Health; 410 IAC 1-5-3.6; filed Jun 30, 2000, 4:10 p.m.: 23 IR 2710; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)*

410 IAC 1-5-4 "Cleaned" defined
Authority: IC 16-19-3-4.1
Affected: IC 16-19-3-4.1

Sec. 4. "Cleaned" means removal of all visible dust, soil, or any other foreign material. *(Indiana State Department of Health: 410 IAC 1-5-4; filed May 12, 1998, 10:00 a.m.: 21 IR 3815; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)*

410 IAC 1-5-5 "Contaminated" defined
Authority: IC 16-19-3-4.1
Affected: IC 16-19-3-4.1

Sec. 5. "Contaminated" means the presence or reasonably anticipated presence of blood or OPIM on an item or surface. *(Indiana State Department of Health; 410 IAC 1-5-5; filed May 12, 1998, 10:00 a.m.: 21 IR 3815; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)*

410 IAC 1-5-6 "Decontaminated" defined
Authority: IC 16-19-3-4.1
Affected: IC 16-19-3-4.1

Sec. 6. "Decontaminated" means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item which does not require sterilization to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal. *(Indiana State Department of Health; 410 IAC 1-5-6; filed May 12, 1998, 10:00 a.m.: 21 IR 3815; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)*

410 IAC 1-5-7 "Department" defined
Authority: IC 16-19-3-4.1
Affected: IC 16-19-3-4.1

Sec. 7. "Department" means the Indiana state department of health. *(Indiana State Department of Health; 410 IAC 1-5-7; filed May 12, 1998, 10:00 a.m.: 21 IR 3815; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140; readopted filed Jul 15, 2010,*

12:12 p.m.: 20100728-IR-410100261RFA)

410 IAC 1-5-7.5 "Facility" defined
Authority: IC 16-19-3-4.1; IC 16-19-3-4.2
Affected: IC 16-19-3

Sec. 7.5. "Facility" means a tattoo parlor or a body piercing facility, or both, which is any room or space where tattooing or body piercing, or both, is provided or where the business of tattooing or body piercing, or both, is conducted. *(Indiana State Department of Health; 410 IAC 1-5-7.5; filed Jun 30, 2000, 4:10 p.m.: 23 IR 2710; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)*

410 IAC 1-5-8 "HBV" defined
Authority: IC 16-19-3-4.1
Affected: IC 16-19-3-4.1

Sec. 8. "HBV" means the hepatitis B virus. *(Indiana State Department of Health; 410 IAC 1-5-8; filed May 12, 1998, 10:00 a.m.: 21 IR 3816; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)*

410 IAC 1-5-9 "HCV" defined
Authority: IC 16-19-3-4.1
Affected: IC 16-19-3-4.1

Sec. 9. "HCV" means the hepatitis C virus. *(Indiana State Department of Health; 410 IAC 1-5-9; filed May 12, 1998, 10:00 a.m.: 21 IR 3816; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)*

410 IAC 1-5-9.5 "High level disinfection" defined
Authority: IC 16-19-3-4.1; IC 16-19-3-4.2
Affected: IC 16-19-3

Sec. 9.5. "High level disinfection" means a process that destroys all micro-organisms, with the exception of high numbers of bacterial spores. *(Indiana State Department of Health; 410 IAC 1-5-9.5; filed Jun 30, 2000, 4:10 p.m.: 23 IR 2710; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)*

410 IAC 1-5-10 "HIV" defined
Authority: IC 16-19-3-4.1
Affected: IC 16-19-3-4.1

Sec. 10. "HIV" means the human immunodeficiency virus. *(Indiana State Department of Health; 410 IAC 1-5-10; filed May 12, 1998, 10:00 a.m.: 21 IR 3816; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)*

410 IAC 1-5-11 "Infectious waste" defined
Authority: IC 16-19-3-4.1
Affected: IC 16-19-3-4.1

Sec. 11. "Infectious waste" means waste that epidemiologic evidence indicates is capable of transmitting a dangerous communicable disease. Infectious waste includes, but is not limited to, the following:

(1) Contaminated sharps or contaminated objects that could potentially become contaminated sharps.
(2) Infectious biological cultures, infectious associated biologicals, and infectious agent stock.
(3) Pathological waste.
(4) Blood and blood products in liquid and semiliquid form.
(5) Carcasses, body parts, blood and body fluids in liquid and semiliquid form, and bedding of laboratory animals.
(6) Other waste that has been intermingled with infectious waste.
(Indiana State Department of Health; 410 IAC 1-5-11; filed May 12, 1998, 10:00 a.m.: 21 IR 3816; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)

410 IAC 1-5-11.2 "Intermediate level disinfection" defined
Authority: IC 16-19-3-4.1; IC 16-19-3-4.2
Affected: IC 16-19-3

Sec. 11.2. "Intermediate level disinfection" means a process that inactivates:
(1) Mycobacterium tuberculosis;
(2) vegetative bacteria;
(3) most viruses; and
(4) most fungi;
but does not necessarily kill bacterial spores. *(Indiana State Department of Health; 410 IAC 1-5-11.2; filed Jun 30, 2000, 4:10 p.m.: 23 IR 2710; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)*

410 IAC 1-5-11.5 "Operator" defined
Authority: IC 16-19-3-4.1; IC 16-19-3-4.2
Affected: IC 16-19-3

Sec. 11.5. "Operator" means any person who controls, operates, manages, or owns any facility. *(Indiana State Department of Health; 410 IAC 1-5-11.5; filed Jun 30, 2000, 4:10 p.m.: 23 IR 2711; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)*

410 IAC 1-5-12 "Other potentially infectious materials" or "OPIM" defined
Authority: IC 16-19-3-4.1
Affected: IC 16-19-3-4.1

Sec. 12. "Other potentially infectious materials" or "OPIM" means the following:
(1) Human body fluids as follows:
(A) Semen.
(B) Vaginal secretions.
(C) Cerebrospinal fluid.
(D) Synovial fluid.
(E) Pleural fluid.
(F) Pericardial fluid.
(G) Peritoneal fluid.
(H) Amniotic fluid.
(I) Saliva in dental procedures.
(J) Any body fluid that is visibly contaminated with blood.
(K) All body fluids where it is difficult or impossible to differentiate between body fluids.
(2) Any unfixed tissue or organ, other than intact skin, from a human, living or dead.
(3) HIV-containing cell or tissue cultures, and HIV or HBV-containing culture medium or other solutions, and blood, organs,

or other tissues from experimental animals infected with HIV or HBV.
(Indiana State Department of Health; 410 IAC 1-5-12; filed May 12, 1998, 10:00 a.m.: 21 IR 3816; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)

410 IAC 1-5-13 "Parenteral" defined
Authority: IC 16-19-3-4.1
Affected: IC 16-19-3-4.1

Sec. 13. "Parenteral" means piercing the mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, or abrasions. *(Indiana State Department of Health; 410 IAC 1-5-13; filed May 12, 1998, 10:00 a.m.: 21 IR 3816; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)*

410 IAC 1-5-14 "Personal protective equipment" defined
Authority: IC 16-19-3-4.1
Affected: IC 16-19-3-4.1

Sec. 14. "Personal protective equipment" means specialized clothing or equipment worn for protection against contact with blood or OPIM. *(Indiana State Department of Health; 410 IAC 1-5-14; filed May 12, 1998, 10:00 a.m.: 21 IR 3816; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)*

410 IAC 1-5-15 "Secure area" defined
Authority: IC 16-19-3-4.1
Affected: IC 16-19-3-4.1

Sec. 15. "Secure area" means an area that is designated and maintained to prevent the entry of unauthorized persons. *(Indiana State Department of Health; 410 IAC 1-5-15; filed May 12, 1998, 10:00 a.m.: 21 IR 3816; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)*

410 IAC 1-5-16 "Semiliquid blood, blood products" defined
Authority: IC 16-19-3-4.1
Affected: IC 16-19-3-4.1

Sec. 16. "Semiliquid blood, blood products" means blood, blood products that have intermediate fluid properties and are capable of flowing in a manner similar to liquid. *(Indiana State Department of Health; 410 IAC 1-5-16; filed May 12, 1998, 10:00 a.m.: 21 IR 3816; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)*

410 IAC 1-5-17 "Sterilize" defined
Authority: IC 16-19-3-4.1
Affected: IC 16-19-3-4.1

Sec. 17. "Sterilize" means the use of a physical or chemical procedure to destroy all microbial life, including highly resistant bacterial endospores. *(Indiana State Department of Health; 410 IAC 1-5-17; filed May 12, 1998, 10:00 a.m.: 21 IR 3817; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)*

410 IAC 1-5-18 "Store" defined
Authority: IC 16-19-3-4.1
Affected: IC 16-19-3-4.1

Sec. 18. "Store" means the containment of infectious waste in such a manner as not to constitute collection, treatment, transport, or disposal. *(Indiana State Department of Health; 410 IAC 1-5-18; filed May 12, 1998, 10:00 a.m.: 21 IR 3817; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)*

410 IAC 1-5-19 "Tattoo" defined

Authority: IC 16-19-3-4.1
Affected: IC 16-19-3-4.1

Sec. 19. "Tattoo" means:

(1) any indelible design, letter, scroll, figure, symbol, or other mark placed with the aid of needles or other instruments; or

(2) any design, letter, scroll, figure, or symbol done by scarring;

upon or under the skin. *(Indiana State Department of Health; 410 IAC 1-5-19; filed May 12, 1998, 10:00 a.m.: 21 IR 3817; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)*

410 IAC 1-5-20 "Tattoo artist" defined

Authority: IC 16-19-3-4.1
Affected: IC 16-19-3-4.1

Sec. 20. "Tattoo artist" means any person who provides a tattoo to an individual. *(Indiana State Department of Health; 410 IAC 1-5-20; filed May 12, 1998, 10:00 a.m.: 21 IR 3817; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)*

410 IAC 1-5-21 "Tattoo operator" defined (Repealed)

Sec. 21. *(Repealed by Indiana State Department of Health; filed Jun 30, 2000, 4:10 p.m.: 23 IR 2714)*

410 IAC 1-5-22 "Tattoo parlor" defined (Repealed)

Sec. 22. *(Repealed by Indiana State Department of Health; filed Jun 30, 2000, 4:10 p.m.: 23 IR 2714)*

410 IAC 1-5-23 "Universal precautions" defined

Authority: IC 16-19-3-4.1
Affected: IC 16-19-3-4.1

Sec. 23. "Universal precautions" means an approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens. *(Indiana State Department of Health; 410 IAC 1-5-23; filed May 12, 1998, 10:00 a.m.: 21 IR 3817; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)*

410 IAC 1-5-24 Operator training responsibilities

Authority: IC 16-19-3-4.1; IC 16-19-3-4.2
Affected: IC 16-19-3

Sec. 24. An individual or entity that is an operator shall comply with the following training responsibilities:

(1) Ensure that the training described in the Indiana occupational safety and health administration's bloodborne pathogens standard (as found in 29 CFR 1910.1030) is provided to all tattoo artists and body piercers, anyone employed by the facility or anyone acting on behalf of the facility, who has a reasonably anticipated risk for skin, eye, mucous membrane, or parenteral contact with blood or OPIM.

(2) Ensure that training on the handling of infectious waste is provided to all tattoo artists and body piercers, or anyone

employed by the facility or anyone acting on behalf of the facility who has a reasonably anticipated risk for skin, eye, mucous membrane, or parenteral contact with blood or OPIM.

(3) Ensure that a record of training described in subdivision (1) is maintained, as required under the Indiana occupational safety and health administration's bloodborne pathogens standard (as found in 29 CFR 1910.1030) of an individual's participation in the training that is provided. The record shall be made available to the department for inspection upon request.

(4) Ensure that a record of training described in subdivision (2) is maintained.

(Indiana State Department of Health; 410 IAC 1-5-24; filed May 12, 1998, 10:00 a.m.: 21 IR 3817; filed Jun 30, 2000, 4:10 p.m.: 23 IR 2711; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)

410 IAC 1-5-25 Operator responsibilities

Authority: IC 16-19-3-4.1; IC 16-19-3-4.2
Affected: IC 16-19-3

Sec. 25. (a) The operator shall ensure that tattoo artists, body piercers, or anyone employed by the facility or anyone acting on behalf of the facility who has a reasonably anticipated risk for skin, eye, mucous membrane, or parenteral contact with blood have and use personal protective equipment and expendables needed to implement the precautions required by this rule and the Indiana occupational safety and health administration's bloodborne pathogens standard (as found in 29 CFR 1910.1030).

(b) The operator shall require tattoo artists and body piercers, anyone employed by the facility, or anyone acting on behalf of the facility who has a reasonably anticipated risk for skin, eye, mucous membrane, or parenteral contact with blood to provide evidence of compliance with the universal precautions education requirements contained in section 27 of this rule.

(c) The operator shall display a description of compliance with the requirements contained in subsection (d).

(d) The operator shall display written materials prepared or approved by the department explaining universal precautions and patrons' rights under this rule. These materials shall include information on how to report violations of universal precautions and shall include information regarding the department's duties to investigate. *(Indiana State Department of Health; 410 IAC 1-5-25; filed May 12, 1998, 10:00 a.m.: 21 IR 3817; errata filed Aug 31, 1998, 1:08 p.m.: 22 IR 127; filed Jun 30, 2000, 4:10 p.m.: 23 IR 2711; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)*

410 IAC 1-5-26 Operator policies

Authority: IC 16-19-3-4.1; IC 16-19-3-4.2
Affected: IC 16-19-3

Sec. 26. The operator shall develop a written policy in compliance with this rule and the requirements of the Indiana occupational safety and health administration's bloodborne pathogen standard (as found in 29 CFR 1910.1030) that:

(1) requires the use of universal precautions when performing tattooing or body piercing and any activity or duty that includes any reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM;

(2) requires disinfection or sterilization of contaminated reusable items;

(3) includes the safe handling of infectious waste; and

(4) provides sanctions, including discipline and dismissal, if warranted, for failure to use universal precautions or handle infectious waste safely, or both.

(Indiana State Department of Health; 410 IAC 1-5-26; filed May 12, 1998, 10:00 a.m.: 21 IR 3818; filed Jun 30, 2000, 4:10 p.m.: 23 IR 2711; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)

410 IAC 1-5-27 Tattoo artist and body piercer minimum training and certification requirements

Authority: IC 16-19-3-4.1; IC 16-19-3-4.2
Affected: IC 16-19-3

Sec. 27. (a) All tattoo artists, body piercers, anyone employed by the facility, and anyone acting on behalf of the facility, who has a reasonably anticipated risk for skin, eye, mucous membrane, or parenteral contact with blood or OPIM shall complete the training program that is required under the requirements of the Indiana occupational safety and health administration's bloodborne pathogen standard (as found in 29 CFR 1910.1030). The programs under this section shall be as follows:

(1) A bloodborne pathogen training session provided by the operator meeting the requirements under the Indiana occupational safety and health administration's bloodborne pathogens standard (as found in 29 CFR 1910.1030).

(2) Any bloodborne pathogen continuing education program provided by a health care agency.

(b) All tattoo artists, body piercers, anyone employed by the facility, and anyone acting on behalf of the facility, who has a reasonably anticipated risk for skin, eye, mucous membrane, or parenteral contact with blood or OPIM must be trained in the facility's policies on the handling of infectious waste. *(Indiana State Department of Health; 410 IAC 1-5-27; filed May 12, 1998, 10:00 a.m.: 21 IR 3818; filed Jun 30, 2000, 4:10 p.m.: 23 IR 2712; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)*

410 IAC 1-5-28 Patron records

Authority: IC 16-19-3-4.1; IC 16-19-3-4.2
Affected: IC 16-19-3

Sec. 28. Records of each patron shall be maintained by the operator for two (2) years. The record shall include the following, but not be limited to:

(1) Patron's name.
(2) Address.
(3) Age.
(4) Date tattooed or body pierced.
(5) Design of the tattoo.
(6) Location of the tattoo or body piercing on the patron's body.
(7) The name of the tattoo artist or body piercer who performed the work.
(8) Jewelry or other decoration used.

(Indiana State Department of Health; 410 IAC 1-5-28; filed May 12, 1998, 10:00 a.m.: 21 IR 3818; filed Jun 30, 2000, 4:10 p.m.: 23 IR 2712; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)

410 IAC 1-5-29 Illness

Authority: IC 16-19-3-4.1; IC 16-19-3-4.2
Affected: IC 16-19-3

Sec. 29. Tattoo artists or body piercers who are experiencing symptoms of acute disease that include, but are not limited to:

(1) diarrhea;
(2) vomiting;
(3) fever;
(4) rash;
(5) productive cough;
(6) jaundice; or
(7) draining (or open) skin infections, boils, impetigo, or scabies;

shall refrain from providing tattoos or body piercing. *(Indiana State Department of Health; 410 IAC 1-5-29; filed May 12, 1998, 10:00 a.m.: 21 IR 3818; filed Jun 30, 2000, 4:10 p.m.: 23 IR 2712; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)*

410 IAC 1-5-30 Handwashing

Authority: IC 16-19-3-4.1; IC 16-19-3-4.2
Affected: IC 16-19-3

Sec. 30. (a) Handwashing facilities shall be readily accessible where tattooing or body piercing, or both, is provided.

(b) Hands shall be washed with soap and running water immediately before putting on gloves and after removal of gloves or other personal protective equipment.

(c) Only single-use towels shall be used. *(Indiana State Department of Health; 410 IAC 1-5-30; filed May 12, 1998, 10:00 a.m.: 21 IR 3818; filed Jun 30, 2000, 4:10 p.m.: 23 IR 2712; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)*

410 IAC 1-5-31 Personal protective equipment

Authority: IC 16-19-3-4.1; IC 16-19-3-4.2
Affected: IC 16-19-3

Sec. 31. Appropriate personal protective equipment shall be worn as follows:

(1) A clean protective clothing layer shall be worn whenever there is a reasonably anticipated risk of contamination of clothing by blood or OPIM.

(2) Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shield, shall be worn whenever splashes, spray, splatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

(3) Disposable gloves, such as surgical or examination type, shall be worn during the tattooing or body piercing process. Gloves shall be changed and properly disposed of each time there is an interruption in the application of the tattoo or body piercing, when the gloves become torn or punctured, or whenever the ability to function as a barrier is compromised. Disposable gloves shall not be reused.

(4) Gloves shall be worn when decontaminating environmental surfaces and equipment.

(Indiana State Department of Health; 410 IAC 1-5-31; filed May 12, 1998, 10:00 a.m.: 21 IR 3818; filed Jun 30, 2000, 4:10 p.m.: 23 IR 2712; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)

410 IAC 1-5-32 Tattooing equipment

Authority: IC 16-19-3-4.1
Affected: IC 16-19-3-4.1

Sec. 32. (a) Only single-use razors shall be used to shave the area to be tattooed.

(b) All stencils shall be properly disposed of after a single use.

(c) If the design is drawn directly onto the skin, it shall be applied with a single-use article only. *(Indiana State Department of Health; 410 IAC 1-5-32; filed May 12, 1998, 10:00 a.m.: 21 IR 3819; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)*

410 IAC 1-5-33 Needles

Authority: IC 16-19-3-4.1
Affected: IC 16-19-3-4.1

Sec. 33. (a) Needles shall be individually packaged and sterilized prior to use.

(b) Needles shall be single-use only.

(c) Needles shall be discarded in sharps containers immediately after use.

(d) Contaminated needles shall not be bent or broken or otherwise manipulated by hand. *(Indiana State Department of Health; 410 IAC 1-5-33; filed May 12, 1998, 10:00 a.m.: 21 IR 3819; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140;*

readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)

410 IAC 1-5-34 Reusable equipment

Authority: IC 16-19-3-4.1; IC 16-19-3-4.2
Affected: IC 16-19-3

Sec. 34. (a) Heating procedures capable of sterilization must be used when heat stable, nondisposable equipment is sterilized.

(b) Equipment that is to be sterilized shall be put in single-use packaging.

(c) Records must be maintained to document the following:

(1) Duration of sterilization technique.

(2) Determination of effective sterility, such as use of a biological indicator, is performed monthly.

(3) Equipment is maintained as recommended by the owner's manual, and proof is available that the owner's manual recommendations are reviewed monthly.

(d) Reusable contaminated equipment shall not be stored or processed in a manner that requires any person to reach by hand into the containers where these sharp items have been placed.

(e) Reusable contaminated equipment shall be:

(1) placed in puncture-resistant containers;

(2) labeled with the biohazard symbol;

(3) leakproof on both sides and bottom; and

(4) stored in a manner that does not require reaching by hand into the container where the equipment is stored until cleaning prior to sterilization.

(f) Reusable contaminated equipment shall be effectively cleaned prior to sterilization or disinfection.

(g) Any reusable contaminated equipment that comes into direct contact, or is likely to come into direct contact, with an instrument that penetrates the skin other than a piercing gun shall be effectively cleaned and sterilized prior to use.

(h) All sterilized equipment shall not be removed from wrappers or sterilizer packaging until immediately prior to use.

(i) Any reusable equipment that comes into contact with mucus *[sic., mucous]* membranes shall be effectively cleaned and sterilized prior to use.

(j) Piercing guns shall be cleaned and undergo, at a minimum, high level disinfection after each use and whenever visibly contaminated.

(k) All reusable equipment that has contact with intact skin shall undergo, at a minimum, intermediate level disinfection.

(l) All other equipment used during the tattooing or body piercing procedure shall be single use, including corks.

(m) All body piercers and tattoo artists shall comply with all other equipment manufacturer's recommendations. *(Indiana State Department of Health; 410 IAC 1-5-34; filed May 12, 1998, 10:00 a.m.: 21 IR 3819; filed Jun 30, 2000, 4:10 p.m.: 23 IR 2713; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)*

410 IAC 1-5-35 Dyes or pigments or other objects placed under the skin

Authority: IC 16-19-3-4.1; IC 16-19-3-4.2
Affected: IC 16-19-3

Sec. 35. (a) All dyes or pigments used in tattooing shall be from professional suppliers specifically providing dyes or pigments for the tattooing of human skin.

(b) In preparing dyes or pigments to be used by tattoo artists, only nontoxic, sterile materials shall be used. Single-use or individual portions of dyes or pigments in clean, single-use containers shall be used for each patron.

(c) After tattooing, the remaining unused dye or pigment in single-use or individual containers shall be discarded along with the container.

(d) Any object placed under the skin shall be sterile. *(Indiana State Department of Health; 410 IAC 1-5-35; filed May 12, 1998, 10:00 a.m.: 21 IR 3819; filed Jun 30, 2000, 4:10 p.m.: 23 IR 2713; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)*

410 IAC 1-5-36 Work environment

Authority: IC 16-19-3-4.1; IC 16-19-3-4.2
Affected: IC 16-19-3

Sec. 36. (a) No tattooing or body piercing shall be conducted in any room used as living quarters or in any room that opens directly into living or sleeping quarters.

(b) Live animals shall be excluded from areas where tattooing or body piercing is being conducted. This exclusion does not apply to the following:

(1) Patrol dogs accompanying security or police officers.

(2) Guide dogs accompanying the following:

(A) Blind persons.

(B) Partially blind persons.

(C) Physically disabled persons.

(D) Guide dog trainers.

(E) Persons with impaired hearing.

(c) Eating, drinking, smoking, applying cosmetics, or handling contact lenses shall not be allowed in work areas where there is a likelihood of exposure to blood or OPIM.

(d) Food and drink shall not be kept in areas where there is a reasonably anticipated risk of exposure to blood or OPIM.

(e) All equipment and environmental surfaces shall be cleaned and disinfected after contact with blood or OPIM.

(f) Environmental surfaces and equipment not requiring sterilization that have been contaminated by blood shall be cleaned and disinfected.

(g) All work surfaces shall be:

(1) nonabsorbent;

(2) easily cleanable;

(3) smooth; and

(4) free of:

(A) breaks;

(B) open seams;

(C) cracks;

(D) chips;

(E) pits; and

(F) similar imperfections.

(h) Disinfectant solutions shall be:

(1) a hospital grade, tuberculocidal Environmental Protection Agency (EPA) registered disinfectant; or

(2) sodium hypochlorite, five-tenths percent (0.5%) concentration, by volume (common household bleach in ten percent (10%) concentration in water); the solution shall be dated and shall not be used if it is more than twenty-four (24) hours old.

(Indiana State Department of Health; 410 IAC 1-5-36; filed May 12, 1998, 10:00 a.m.: 21 IR 3821; errata filed Aug 31, 1998, 1:08 p.m.: 22 IR 127; filed Jun 30, 2000, 4:10 p.m.: 23 IR 2713; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)

410 IAC 1-5-37 Infectious waste containment

Authority: IC 16-19-3-4.1
Affected: IC 16-19-3-4.1

Sec. 37. (a) Contaminated disposable needles or instruments shall be:

(1) stored in:

(A) leak-resistant; and

(B) puncture-resistant;

containers;

(2) tightly sealed to prevent expulsion;
(3) labeled with the biohazard symbol; and
(4) effectively treated in accordance with this rule prior to being stored in an unsecured area and sent for final disposal.
(b) Infectious wastes that are not contaminated sharps or objects that could potentially become contaminated sharps shall be placed in containers that meet the following requirements:
(1) Impervious to moisture.
(2) Sufficient strength and thickness to prevent expulsion.
(3) Secured to prevent leakage expulsion.
(4) Labeled with the biohazard symbol.
(5) Effectively treated in accordance with this rule prior to being placed in an unsecured area and sent for final disposal.
(c) If infectious waste is stored prior to final disposal, all persons subject to this rule shall store infectious waste in a secure area that:
(1) is locked or otherwise secured to eliminate access by or exposure to the general public;
(2) affords protection from adverse environmental conditions and vermin; and
(3) has a prominently displayed biohazard symbol.
(d) Infectious waste shall be stored in a manner that preserves the integrity of the container and is not conducive to rapid microbial growth and putrefaction.
(e) Disinfect reusable containers for infectious waste each time that they are emptied unless the surfaces of the reusable containers have been protected from contamination by disposable liners, bags, or other devices that are removed with the infectious waste. *(Indiana State Department of Health; 410 IAC 1-5-37; filed May 12, 1998, 10:00 a.m.: 21 IR 3820; errata filed Aug 31, 1998, 1:08 p.m.: 22 IR 127; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)*

410 IAC 1-5-38 Treatment and transport of infectious waste

Authority: IC 16-19-3-4.1; IC 16-19-3-4.2
Affected: IC 16-19-3

Sec. 38. (a) All operators shall ensure that infectious waste is either treated on-site in accordance with this rule or transported off-site for treatment in accordance with this rule.
(b) A treatment is effective if it reduces the pathogenic qualities of infectious waste for safe handling, is designed for the specific waste involved, and is carried out in a manner consistent with this rule. Effective treatment may include:
(1) incineration in an incinerator designed to accommodate infectious waste;
(2) steam sterilization;
(3) chemical disinfection under circumstances where safe handling of the waste is assured;
(4) thermal inactivation;
(5) irradiation; or
(6) discharge in a sanitary sewer or septic system that is properly installed and operating in accordance with state and local laws.
(c) All persons subject to this rule shall:
(1) transport infectious waste in a manner that reasonably protects waste haulers and the public from contracting a dangerous communicable disease; and
(2) effectively treat infectious waste in accordance with this rule before it is compacted.
(d) The operator shall ensure that infectious waste, effectively treated or not is transported off-site in compliance with 410 IAC 1-3. *(Indiana State Department of Health; 410 IAC 1-5-38; filed May 12, 1998, 10:00 a.m.: 21 IR 3821; errata filed Aug 31, 1998, 1:08 p.m.: 22 IR 127; filed Jun 30, 2000, 4:10 p.m.: 23 IR 2714; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)*

Rule 6. Offering of Human Immunodeficiency Virus Information and Counseling and Human Immunodeficiency Virus Testing

410 IAC 1-6-1 Applicability

Authority: IC 16-19-3-5
Affected: IC 16-41-6

Sec. 1. The definitions in this rule apply throughout this rule. *(Indiana State Department of Health; 410 IAC 1-6-1; filed Feb 9, 1999, 5:13 p.m.: 22 IR 1970; readopted filed Jul 15, 2005, 8:00 a.m.: 28 IR 3661; readopted filed Jul 14, 2011, 11:42 a.m.: 20110810-IR-410110253RFA)*

410 IAC 1-6-2 "Department" defined

Authority: IC 16-19-3-5
Affected: IC 16-41-6

Sec. 2. "Department" means the Indiana state department of health. *(Indiana State Department of Health; 410 IAC 1-6-2; filed Feb 9, 1999, 5:13 p.m.: 22 IR 1970; readopted filed Jul 15, 2005, 8:00 a.m.: 28 IR 3661; readopted filed Jul 14, 2011, 11:42 a.m.: 20110810-IR-410110253RFA)*

410 IAC 1-6-3 "Prenatal care provider" defined

Authority: IC 16-19-3-5
Affected: IC 25-22.5; IC 25-23; IC 25-27.5

Sec. 3. "Prenatal care provider" means:
(1) a physician licensed under IC 25-22.5;
(2) a registered nurse licensed under IC 25-23;
(3) a licensed practical nurse licensed under IC 25-23;
(4) an advanced practice nurse licensed under IC 25-23;
(5) a midwife licensed under IC 25-23; or
(6) a physician assistant licensed under IC 25-27.5;
who provides prenatal care within the scope of the provider's license. *(Indiana State Department of Health; 410 IAC 1-6-3; filed Feb 9, 1999, 5:13 p.m.: 22 IR 1971; readopted filed Jul 15, 2005, 8:00 a.m.: 28 IR 3661; readopted filed Jul 14, 2011, 11:42 a.m.: 20110810-IR-410110253RFA; filed May 4, 2012, 10:17 a.m.: 20120530-IR-410110458FRA)*

410 IAC 1-6-4 Human immunodeficiency virus information and counseling to a pregnant patient

Authority: IC 16-19-3-5
Affected: IC 16-41-6

Sec. 4. (a) The prenatal care provider primarily responsible for providing prenatal care to a pregnant patient shall provide human immunodeficiency virus (HIV) information and counseling to the pregnant patient. The information and counseling must include the following:
(1) A description of the methods of HIV transmission, including breastfeeding.
(2) A discussion of risk reduction behavior modifications, including interventions to reduce the risk of perinatal transmission.
(3) Referral information to other HIV prevention testing and psychosocial services.
(b) A group practice, clinic, or hospital shall designate, in writing, a health care professional to implement this rule. *(Indiana State Department of Health; 410 IAC 1-6-4; filed Feb 9, 1999, 5:13 p.m.: 22 IR 1971; readopted filed Jul 15, 2005, 8:00 a.m.: 28 IR 3661; readopted filed Jul 14, 2011, 11:42 a.m.: 20110810-IR-410110253RFA; filed May 4, 2012, 10:17 a.m.: 20120530-IR-410110458FRA)*

410 IAC 1-6-5 Reasons for not obtaining a human immunodeficiency virus test

Authority: IC 16-19-3-5
Affected: IC 16-41-6

Sec. 5. The prenatal care provider primarily responsible for providing prenatal care to a pregnant patient shall obtain a human immunodeficiency virus (HIV) test from the pregnant patient unless:

(1) a positive HIV test result is already documented in the pregnant patient's medical record; or

(2) the pregnant patient:

(A) has acquired immune deficiency syndrome (AIDS) as diagnosed by a physician; or

(B) refuses in writing an HIV test.

(Indiana State Department of Health; 410 IAC 1-6-5; filed Feb 9, 1999, 5:13 p.m.: 22 IR 1971; readopted filed Jul 15, 2005, 8:00 a.m.: 28 IR 3661; readopted filed Jul 14, 2011, 11:42 a.m.: 20110810-IR-410110253RFA; filed May 4, 2012, 10:17 a.m.: 20120530-IR-410110458FRA)

410 IAC 1-6-6 Human immunodeficiency virus test

Authority: IC 16-19-3-5
Affected: IC 16-41-6

Sec. 6. (a) In providing a human immunodeficiency virus (HIV) test under section 5 of this rule, the prenatal care provider shall discuss the following with the pregnant patient:

(1) The purpose of the HIV test.

(2) The risk and benefits of the HIV test.

(3) The test will be performed routinely, unless it is refused in writing.

(b) If the pregnant patient presents in labor with no documented HIV test on record, then a rapid test must be administered.

(Indiana State Department of Health; 410 IAC 1-6-6; filed Feb 9, 1999, 5:13 p.m.: 22 IR 1971; readopted filed Jul 15, 2005, 8:00 a.m.: 28 IR 3661; readopted filed Jul 14, 2011, 11:42 a.m.: 20110810-IR-410110253RFA; filed May 4, 2012, 10:17 a.m.: 20120530-IR-410110458FRA)

410 IAC 1-6-7 Documentation

Authority: IC 16-19-3-5; IC 16-41-6-11
Affected: IC 16-41-6

Sec. 7. (a) The prenatal care provider primarily responsible for providing prenatal care to a pregnant patient shall document in the pregnant patient's medical record that the prenatal care provider provided the following to the pregnant patient:

(1) Information and counseling regarding human immunodeficiency virus (HIV) and the standard licensed diagnostic test for HIV.

(2) An HIV test.

(b) Signature by the patient acknowledging that she has been provided with the items described in subsection (a) is not necessary.

(c) The person who completes a certificate of live birth must document the following on the confidential part of each birth certificate:

(1) Whether a standard licensed diagnostic test for HIV was performed on the woman who bore the child.

(2) If a standard licensed diagnostic test for HIV was performed:

(A) the date the blood specimen was taken; and

(B) whether the test was performed during pregnancy or at the time of delivery.

(3) If a standard licensed diagnostic test for HIV was not performed, the reason the test was not performed.

(Indiana State Department of Health; 410 IAC 1-6-7; filed Feb 9, 1999, 5:13 p.m.: 22 IR 1971; readopted filed Jul 15, 2005, 8:00 a.m.: 28 IR 3661; readopted filed Jul 14, 2011, 11:42 a.m.: 20110810-IR-410110253RFA; filed May 4, 2012, 10:17 a.m.: 20120530-IR-410110458FRA)

410 IAC 1-6-7.1 Newborn testing in the event of maternal refusal

Authority: IC 16-41-6-11
Affected: IC 16-41-6-4

Sec. 7.1. If the woman who bore the child has not had a test performed for human immunodeficiency virus (HIV) or if the mother has refused a test for the newborn infant to detect HIV or the antibody or antigen to HIV and a physician believes that testing the newborn infant is medically necessary, the physician overseeing the care of the newborn infant may order a confidential test for the newborn infant in order to detect HIV under IC 16-41-6-4. The test must be ordered at the earliest feasible time not exceeding forty-eight (48) hours after the birth of the infant. The mother shall be notified of the test and the result of the test. *(Indiana State Department of Health; 410 IAC 1-6-7.1; filed May 4, 2012, 10:17 a.m.: 20120530-IR-410110458FRA)*

410 IAC 1-6-8 Compliance

Authority: IC 16-19-3-5
Affected: IC 16-41-9-12

Sec. 8. Compliance with this rule may be enforced under IC 16-41-9-12. *(Indiana State Department of Health; 410 IAC 1-6-8; filed Feb 9, 1999, 5:13 p.m.: 22 IR 1972; readopted filed Jul 15, 2005, 8:00 a.m.: 28 IR 3661; readopted filed Jul 14, 2011, 11:42 a.m.: 20110810-IR-410110253RFA)*

Rule 7. HIV Counseling and Testing of Pregnant Patients

410 IAC 1-7-1 Applicability

Authority: IC 16-41-6-11
Affected: IC 16-41-6

Sec. 1. The definitions in this rule apply throughout this rule. *(Indiana State Department of Health; 410 IAC 1-7-1; filed Jun 25, 2004, 11:05 a.m.: 27 IR 3496; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)*

410 IAC 1-7-2 "AIDS" defined

Authority: IC 16-41-6-11
Affected: IC 16-41-6

Sec. 2. "AIDS" means acquired immune deficiency syndrome. *(Indiana State Department of Health; 410 IAC 1-7-2; filed Jun 25, 2004, 11:05 a.m.: 27 IR 3496; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)*

410 IAC 1-7-3 "Department" defined

Authority: IC 16-41-6-11
Affected: IC 16-41-6

Sec. 3. "Department" means the Indiana state department of health. *(Indiana State Department of Health; 410 IAC 1-7-3; filed Jun 25, 2004, 11:05 a.m.: 27 IR 3496; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)*

410 IAC 1-7-4 "HIV" defined

Authority: IC 16-41-6-11
Affected: IC 16-41-6

Sec. 4. "HIV" means human immunodeficiency virus. *(Indiana State Department of Health; 410 IAC 1-7-4; filed Jun 25, 2004, 11:05 a.m.: 27 IR 3496; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)*

410 IAC 1-7-5 "HIV medical services program" defined

Authority: IC 16-41-6-11
Affected: IC 16-41-6

Sec. 5. "HIV medical services program" means those medical and pharmaceutical services available to eligible HIV positive persons provided by the department through the support of state and federal funding. *(Indiana State Department of Health; 410 IAC 1-7-5; filed Jun 25, 2004, 11:05 a.m.: 27 IR 3496; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)*

410 IAC 1-7-6 "Provider" defined

Authority: IC 16-41-6-11
Affected: IC 16-18-2-295; IC 16-41-6

Sec. 6. "Provider" has the meaning indicated in IC 16-18-2-295. *(Indiana State Department of Health; 410 IAC 1-7-6; filed Jun 25, 2004, 11:05 a.m.: 27 IR 3496; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)*

410 IAC 1-7-7 Provider's responsibilities to pregnant patient who has been tested for HIV

Authority: IC 16-41-6-11
Affected: IC 16-41-6

Sec. 7. (a) A provider, or provider's designee, must deliver the test results for HIV infected and HIV uninfected pregnant patients as follows:

(1) In a direct, straightforward, and confidential manner.
(2) At the earliest possible encounter after testing.
(3) Face-to-face for HIV infected pregnant patients.

(b) If the test results positive, the treating provider, or provider's designee, must do the following:

(1) Explain the side effects of any treatment for HIV in a direct, straightforward, confidential manner.
(2) Discuss pros and cons of initiation of drug therapy, including reducing the risk of perinatal transmission significantly.
(3) Discuss treatment recommendations based on the U.S. Public Health Service Task Force recommendation for use of antiretroviral drugs in pregnant HIV-1-infected women for maternal health and interventions to reduce perinatal HIV-1 transmission in the United States in MMWR 51, RR-18.
(4) Comply with reporting requirements to the local health officer under 410 IAC 1-2.3-47 regarding an HIV-infected pregnant woman or perinatally exposed infant.

(Indiana State Department of Health; 410 IAC 1-7-7; filed Jun 25, 2004, 11:05 a.m.: 27 IR 3496; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA; filed May 4, 2012, 10:17 a.m.: 20120530-IR-410110458FRA)

410 IAC 1-7-8 Pregnant patient on a waiting list for HIV medical services

Authority: IC 16-41-6-11
Affected: IC 16-41-6-5; IC 16-41-6-6

Sec. 8. (a) A pregnant patient must have a complete application for the HIV medical services program on file with the department.

(b) A pregnant patient who meets all the qualifications to participate in the HIV medical services program and tests positive under IC 16-41-6-5 or IC 16-41-6-6 shall be given first priority on a waiting list for the program if a waiting list exists for the HIV medical services program.

(c) A pregnant patient who tests positive under IC 16-41-6-5 or IC 16-41-6-6 may appeal her placement on a waiting list for HIV medical services by filing a written appeal with the department.

(d) The appeal shall be filed within fifteen (15) days of receipt of the notification of placement on a waiting list.

(e) The appeal will be reviewed by the state health commissioner, or the commissioner's designee, who will also make the determination in the case within seventy-two (72) hours of receipt of all requested medical information and other pertinent documentation, as detailed by section 9 of this rule, necessary to determine the applicant's eligibility for services.

(f) The appeal must include name, date of birth, and mailing address of the pregnant patient. *(Indiana State Department of Health; 410 IAC 1-7-8; filed Jun 25, 2004, 11:05 a.m.: 27 IR 3496; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA; filed May 4, 2012, 10:17 a.m.: 20120530-IR-410110458FRA)*

410 IAC 1-7-9 Appeal of placement on a waiting list

Authority: IC 16-41-6-11
Affected: IC 16-41-6

Sec. 9. Applicants that appeal their placement on a waiting list for the HIV medical services program shall provide the following:

(1) A signed physician's statement confirming the pregnancy.

(2) A signed physician's statement confirming a HIV treatment regimen.

(Indiana State Department of Health; 410 IAC 1-7-9; filed Jun 25, 2004, 11:05 a.m.: 27 IR 3497; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)

410 IAC 1-7-10 Information to the HIV-positive pregnant patient

Authority: IC 16-41-6-11
Affected: IC 16-41-6

Sec. 10. (a) A provider, or provider's designee, shall provide the following to a pregnant patient at the appropriate times, which could include before delivery, at delivery, and after delivery:

(1) An explanation of the nature of AIDS and HIV, which is consistent with MMWR 41, RR-17, and MMWR 43, RR12.

(2) Information that it is unlawful to discriminate against persons living with HIV in areas of employment, housing, and provision of health care services. If the patients believe that they have been discriminated against, they may contact the Indiana civil rights commission.

(3) Information that patients who have tested positive for HIV or who have been diagnosed with AIDS are not to engage in high-risk activity (including sexual or needle-sharing contact, which has been demonstrated to transmit a dangerous communicable disease) without warning past, present, or future sexual or needle-sharing partners before engaging in that high-risk activity. Carriers who know of their status as a carrier of HIV or AIDS have a duty to warn or cause to be warned by a third party a person at risk, including a spouse of the last ten (10) years, of the following:

(A) The carrier's disease status.

(B) The need to seek health care, such as counseling and testing.

(4) Information about risk behaviors for HIV transmission that is consistent with MMWR 50, RR19. It must include the following:

(A) High-risk activities refer to sexual or needle-sharing contact, which has been demonstrated to transmit HIV.

(B) HIV is known to be transmitted through the following:

(i) Blood.

(ii) Semen.

(iii) Vaginal secretions.

(iv) Breast milk.

(5) Information about the risk of transmission through breastfeeding that is consistent with MMWR 50, RR19, including that breastfeeding by an HIV positive patient carries a risk for transmission of the virus from mother to infant.

(6) Referral information to other HIV prevention testing and psychosocial services, if appropriate.

(b) The department will continue to be a resource for educational information and referral sources. *(Indiana State Department of Health; 410 IAC 1-7-10; filed Jun 25, 2004, 11:05 a.m.: 27 IR 3497; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA; filed May 4, 2012, 10:17 a.m.: 20120530-IR-410110458FRA)*

410 IAC 1-7-11 Notification to the pregnant woman (Repealed)

Sec. 11. *(Repealed by Indiana State Department of Health; filed May 4, 2012, 10:17 a.m.: 20120530-IR-410110458FRA)*

410 IAC 1-7-12 Obtaining consent

Authority: IC 16-41-6-11
Affected: IC 16-41-6-7; IC 16-41-6-8

Sec. 12. The provider shall do the following:

(1) Follow the procedures for obtaining consent of the pregnant patient as detailed in IC 16-41-6-8.

(2) Inform the pregnant patient of her options under IC 16-41-6-7.

(Indiana State Department of Health; 410 IAC 1-7-12; filed Jun 25, 2004, 11:05 a.m.: 27 IR 3497; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA; filed May 4, 2012, 10:17 a.m.: 20120530-IR-410110458FRA)

410 IAC 1-7-13 Post-test counseling procedures

Authority: IC 16-41-6-11
Affected: IC 16-41-6

Sec. 13. Post-test counseling will be conducted in a direct, straightforward, confidential manner by the provider or the provider's designee. *(Indiana State Department of Health; 410 IAC 1-7-13; filed Jun 25, 2004, 11:05 a.m.: 27 IR 3498; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA; filed May 4, 2012, 10:17 a.m.: 20120530-IR-410110458FRA)*

410 IAC 1-7-14 Referral procedures

Authority: IC 16-41-6-11
Affected: IC 16-41-6

Sec. 14. The provider shall assess the pregnant patient's level of need and provide referrals to the appropriate services, which may include HIV-specific case management services. *(Indiana State Department of Health; 410 IAC 1-7-14; filed Jun 25, 2004, 11:05 a.m.: 27 IR 3498; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA; filed May 4, 2012, 10:17 a.m.: 20120530-IR-410110458FRA)*

410 IAC 1-7-15 Importance of immediate HIV medical care

Authority: IC 16-41-6-11
Affected: IC 16-41-6

Sec. 15. Providers, or their designees, shall counsel the pregnant patient regarding the importance of immediate entry into medical care for the duration of the pregnancy. *(Indiana State Department of Health; 410 IAC 1-7-15; filed Jun 25, 2004, 11:05 a.m.: 27 IR 3498; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA; filed May 4, 2012, 10:17 a.m.: 20120530-IR-410110458FRA)*

410 IAC 1-7-16 Explanation of decreasing transmission of HIV during pregnancy

Authority: IC 16-41-6-11
Affected: IC 16-41-6

Sec. 16. (a) Providers shall counsel that HIV can be transmitted to the fetus during pregnancy and treatment can significantly decrease that transmission.

(b) Providers shall counsel, prior to delivery, that giving birth by cesarean section may decrease transmission of HIV to the child, especially when done in combination with medications, if the HIV test results are positive.

(c) Counseling on this matter shall be conducted in a direct, straightforward, confidential manner by the provider or the provider's designee. *(Indiana State Department of Health; 410 IAC 1-7-16; filed Jun 25, 2004, 11:05 a.m.: 27 IR 3498; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA; filed May 4, 2012, 10:17 a.m.: 20120530-IR-410110458FRA)*

410 IAC 1-7-17 Incorporation by reference

Authority: IC 16-41-6-11
Affected: IC 16-41-6

Sec. 17. (a) The following documents are hereby incorporated by reference:

(1) Centers for Disease Control and Prevention publication: MMWR 2001 Revised Guidelines for HIV Counseling, Testing, and Referral and Revised Recommendations for HIV Screening of Pregnant Women – United States, 2001, November 9, 2001, Volume 50, No. RR 19.

(2) Centers for Disease Control and Prevention publication: 1994 Revised Classification System for Human Immunodeficiency Virus Infection in Children Less Than 13 Years of Age, September 30, 1994, Volume 43(RR-12).

(3) Centers for Disease Control and Prevention publication: MMWR 2002 U.S. Public Health Service Task Force Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV-1 Transmission in the United States, November 22, 2002, Volume 51/RR18.

(4) Centers for Disease Control and Prevention publication: 1993 Revised Classification System for HIV Infection and Expanded Surveillance Case Definition for AIDS Among Adolescents and Adults, December 18, 1992, Volume 41(RR-17).

(b) All incorporated material is available for public review at the department.

(c) Copies of MMWR publications may be obtained from Centers for Disease Control and Prevention, MMWR Series, Mail Stop C-08, 1600 Clifton Road, N.E., Atlanta, Georgia 30333. *(Indiana State Department of Health; 410 IAC 1-7-17; filed Jun 25, 2004, 11:05 a.m.: 27 IR 3498; readopted filed Jul 15, 2010, 12:12 p.m.: 20100728-IR-410100261RFA)*

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