

In Indiana, communicable disease laws require individuals, schools, healthcare settings, etc. to comply with disease intervention activities, called control measures, to help stop the spread of disease. Pursuant to IC 16-41-2-1, the Indiana Department of Health is required to publish a list of reportable communicable diseases and their control measures on its website.

For COVID-19, the control measures to be followed by schools are posted on the state [Department of Health's website](#). These control measures include reporting cases, contact tracing, isolation of positive cases, and quarantining of close contacts as necessary. These activities are necessary to prevent the spread of COVID-19. Please review the posted control measures and the applicable laws and ensure appropriate protocols are in place.

Below are relevant statute and definitions:

## **IC 16-41-2-1 Rules; publication of list of diseases**

Sec. 1. (a) The state department may adopt rules under [IC 4-22-2](#), including emergency rules under [IC 4-22-2-37.1](#), that establish reporting, monitoring, and preventive procedures for communicable diseases.

(b) The state department shall publish a list of:

- (1) reportable communicable diseases;
- (2) other diseases or conditions that pose a serious health risk based upon the characteristics of the disease or condition; and

(3) the control measures for the diseases and conditions;

on the state department's Internet web site. The state department is not required to adopt rules under subsection (a) for the list described in this subsection.

(c) In updating the list described in subsection (b), the state department:

- (1) shall consider recommendations from:
  - (A) the United States Centers for Disease Control and Prevention; and
  - (B) the Council of State and Territorial Epidemiologists; and
- (2) may consult with local health departments.

[Pre-1993 Recodification Citation: 16-1-9.5-1.]

*As added by P.L.2-1993, SEC.24. Amended by P.L.8-2008, SEC.2; P.L.218-2019, SEC.7; P.L.112-2020, SEC.13.*

## **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 1-2.5-17 "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 1-2.5-60 "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 1-2.5-65 "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 1-2.5-77 - Disease intervention measures; responsibility to investigate and implement**

(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.

#### **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)*

