



**Indiana**  
**Department**  
**of**  
**Health**

# CONTROL MEASURES UPDATE

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OUR MISSION:

To promote, protect, and improve the health and safety of all Hoosiers.

OUR VISION:

Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.



# Objectives

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- Understand the basics of infectious disease control measures
- Discuss current standing of Indiana control measures
- Discuss upcoming changes related to Indiana control measures

# What is an Infectious Disease Control Measure?

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Control measures are 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

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- Counseling/education
- Immunization
- Preventive therapy
- Prophylaxis
- Environmental sanitation
- Closure of establishment
- Exclusion from duty (i.e., work)
- Restriction of activities
- Isolation
- Quarantine
- Infection prevention
- Other accepted measures to reduce illness and prevent disease

# Responsibility of the Health Department

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## According to 410 IAC 1-2.5-77:

- The local health department, where the patient lives, should perform epi investigations and implement appropriate control measures.
- Local health officers, defined in 410 IAC as also including employees or agents of the county health department, must investigate communicable disease reports within a reasonable time frame.
- Control measures should be implemented based on investigation findings to minimize the spread of disease.
- More information might be requested for outbreaks, diseases caused by drug-resistant organisms, and emerging infectious diseases.

# Current Indiana Control Measures



# Communicable Disease Rule

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Indiana Administrative Code (IAC) 410 contains the Communicable Disease (CD) Rule:

- Definitions
- Reporting Requirements for Physicians and Hospital Administrators
- Laboratories Reporting Requirements
- Disease Intervention Measures
- Control Measures

# Disease Intervention Methods 1-2.5-77

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## Few key excerpts:

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;

(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.

Additional sections include timeframes and guidance for conducting the investigations mentioned above.

# General Control Measures 1-2.5-79

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## 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.

(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.

# General Control Measures 1-2.5-79

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(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.

# General Control Measures 1-2.5-79

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(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

# Disease Specific Control Measures

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- Disease specific control measures are currently listed alphabetically by disease name in sections 1-2.5-80 to 1-2.5-148 of the CDR
- These have not been updated since the last revision of the CDR text in 2015
- Current issues:
  - Newly reportable conditions do not have a disease-specific control measures within the CDR
  - Guidance and references included in control measures is outdated for several measures
  - Measures are written in the style needed for administrative code and may not be user-friendly for LHD action

# Upcoming Changes to Indiana Control Measures



# Indiana Communicable Disease Rule Changes

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- Changes were first implemented **April 1, 2023**
  - Streamlined timeframes for reporting
  - Updated lists of reportable communicable diseases & pathogens
  - Annual cadence of updating lists
- Annual changes include
  - Review of reportable communicable diseases & pathogens
  - Review of one-page reporting guidance documents
  - Update of summary of changes document and IDEPD website

# Indiana Control Measure Changes

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- The current text of the CDR, including the “Disease Intervention” and “General Control Measures” sections will be updated to align with updated reporting timeframes, standards, and practices.
- Other than alignment to new reporting timeframes and references to reportable lists, these changes are anticipated to be minor.

# Indiana Control Measure Changes, Cont.

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- All disease-specific control measures will be moved from within the IAC CDR into a separate document to be housed on IDOH's website.
- Indiana Communicable Disease Control Measures document will include the same details as currently provided in the IAC, but with:
  - Updated guidance and references
  - Links to external documents/references
  - More user-friendly language and formatting
  - Planned annual reviews and updates

# When Will These Changes Take Effect?

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- We are currently working on finalizing the document and incorporating newly added conditions from 2026
- We hope to have pilot LHDs review and provide feedback on the document before finalizing
  - **If you are interested in this project, please email [KeWhite@health.in.gov](mailto:KeWhite@health.in.gov)**
- We are working with our legal team to update the IAC text
- Hopeful document will be published Q3 2026
  - **We will provide additional webinars/trainings on the document once released!**