Office of the Revisor of Statutes Administrative Rules



TITLE: Proposed Permanent Rules Relating to Communicable Diseases

AGENCY: Department of Health

REVISOR ID: R-4723

MINNESOTA RULES: Chapter 4605

The attached rules are approved for publication in the State Register

Sandy Glass-Sirany Senior Assistant Revisor

12/14/23	REVISOR	SGS/HL	RD4723	
Department of Health				
Proposed Permanent Rules Relating to Communicable Diseases				

4605.7000 DEFINITIONS. 1.3

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[For text of subparts 1 to 15, see Minnesota Rules]

Subp. 16. Working day. "Working day" means Monday through Friday, excluding any holiday as defined under Minnesota Statutes, section 645.44, subdivision 5.

4605.7030 PERSONS REQUIRED TO REPORT DISEASE.

[For text of subparts 1 and 2, see Minnesota Rules]

Subp. 3. Medical laboratories.

[For text of items A and B, see Minnesota Rules]

- C. All medical laboratories that perform genetic sequencing for any diseases in parts 4605.7040, 4605.7046, 4605.7050, 4605.7070, and 4605.7080 shall submit sequence data to the Minnesota Department of Health Public Health Laboratory upon request of the commissioner in an electronic format specified by the commissioner.
- C. D. All laboratories must report to the Minnesota Department of Health the results of all CD4+ lymphocyte counts and percents and the results of all HIV, hepatitis B, and hepatitis C viral detection laboratory tests.
- D. E. If a medical laboratory forwards clinical materials out of state for testing, the originating medical laboratory retains the duty to comply with this subpart, either by:
- (1) reporting the results and submitting the clinical materials to the 1.20 commissioner; or 1.21
- (2) ensuring that the results are reported and materials submitted to the 1.22 commissioner. 1.23

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[For text of subparts 4 to 7, see Minnesota R

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2.2	4605.7040	DISEASE AND REPORTS; CLINICAL MATERIALS SUBMISSIONS.
2.3	Person	s required to report under this chapter shall report to the commissioner cases,
2.4	suspected c	ases, carriers, and deaths due to the following diseases and infectious agents.
2.5	When subm	dission of clinical materials is required under this part, submissions shall be made
2.6	to the Minn	esota Department of Health, Public Health Laboratory.
2.7	A.	Diseases reportable immediately by telephone to the commissioner:
2.8		[For text of subitems (1) and (2), see Minnesota Rules]
2.9		(3) brucellosis (Brucella spp. Brucella abortus, Brucella canis, Brucella
2.10	melitensis,	Brucella suis). Submit clinical materials;
2.11		[For text of subitems (4) to (6), see Minnesota Rules]
2.12		(7) glanders (Burkholderia mallei). Submit clinical materials;
2.13		(7) (8) hemolytic uremic syndrome. Submit clinical materials;
2.14		(8) (9) measles (rubeola). Submit clinical materials;
2.15		(10) melioidosis (Burkholderia pseudomallei). Submit clinical materials;
2.16		(9) (11) meningococcal disease (Neisseria meningitidis) (all invasive disease).
2.17	Submit clin	ical materials;
2.18		(10) (12) Middle East Respiratory Syndrome (MERS). Submit clinical
2.19	materials;	
2.20		(11) (13) orthopox virus. Submit clinical materials;
2.21		(12) (14) plague (Yersinia pestis). Submit clinical materials;
2.22		(13) (15) poliomyelitis. Submit clinical materials;

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3.1	(14) (16) Q fever (<i>Coxiella burnetii</i>). Submit clinical materials;
3.2	(15) (17) rabies (animal and human cases and suspected cases);
3.3	(16) (18) rubella and congenital rubella syndrome. Submit clinical materials;
3.4	(17) (19) severe acute respiratory syndrome (SARS). Submit clinical materials;
3.5	(18) (20) smallpox (variola). Submit clinical materials;
3.6	(19) (21) tularemia (Francisella tularensis). Submit clinical materials; and
3.7	(20) (22) viral hemorrhagic fever (including but not limited to Ebola virus
3.8	disease and Lassa fever). Submit clinical materials.
3.9	B. Diseases reportable within one working day:
3.10	(1) amebiasis (Entamoeba histolytica/dispar);
3.11	(2) (1) anaplasmosis (Anaplasma phagocytophilum);
3.12	(3) (2) arboviral disease, including, but not limited to, La Crosse encephalitis,
3.13	Eastern equine encephalitis, Western equine encephalitis, St. Louis encephalitis, West Nile
3.14	virus disease, Powassan virus disease, and Jamestown Canyon virus disease;
3.15	(4) (3) babesiosis (Babesia spp.);
3.16	(5) (4) blastomycosis (Blastomyces dermatitidis or B. gilchristii);
3.17	(5) bluegreen algae (Cyanobacteria) and cyanotoxin poisoning;
3.18	(6) campylobacteriosis (Campylobacter spp.). Submit clinical materials;
3.19	(7) Candida auris (C. auris). Submit clinical materials;
3.20	(8) Capnocytophaga canimorsus;
3.21	(9) carbapenem-resistant Acinetobacter baumannii (CRAB). Submit clinical
3.22	materials;

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4.1	(7) (10) carbapenem-resistant Enterobacteriaceae Enterobacterales (CRE).
4.2	Submit clinical materials;
4.3	(11) carbapenemase-producing carbapenem-resistant Pseudomonas aeruginosa
4.4	(CP-CRPA). Submit clinical materials;
4.5	(8) (12) cat scratch disease (infection caused by <i>Bartonella</i> species);
4.6	(9) (13) chancroid (<i>Haemophilus ducreyi</i>);
4.7	(10) (14) chikungunya virus disease;
4.8	(11) (15) Chlamydia trachomatis infections; (including serotypes L1, L2,
4.9	and L3);
4.10	(12) (16) coccidioidomycosis;
4.11	(17) cytomegalovirus (congenital - positive laboratory results collected from
4.12	infants less than or equal to 90 days of age, or from amniotic fluid);
4.13	(13) (18) Cronobacter sakazakii in infants under one year of age. Submit
4.14	clinical materials;
4.15	(14) (19) cryptosporidiosis (Cryptosporidium spp.). Submit clinical materials;
4.16	(15) (20) cyclosporiasis (Cyclospora spp.). Submit clinical materials;
4.17	(16) (21) dengue virus infection;
4.18	(17) Diphyllobothrium latum infection;
4.19	(18) (22) ehrlichiosis (Ehrlichia spp.);
4.20	(19) (23) encephalitis (caused by viral agents);
4.21	(20) (24) enteric Escherichia coli infection (E. coli O157:H7, other Shiga
4.22	toxin-producing (enterohemorrhagic) E. coli, enteropathogenic E. coli, enteroinvasive E.

5.1	coli, enteroaggregative E. coli, enterotoxigenic E. coli, or other pathogenic E. coli). Submit
5.2	clinical materials;
5.3	(21) (25) giardiasis (Giardia intestinalis duodenalis);
5.4	(22) (26) gonorrhea (Neisseria gonorrhoeae infections). Submit clinical
5.5	materials isolated from a normally sterile site and upon request;
5.6	(23) (27) Haemophilus influenzae disease (all invasive disease). Submit
5.7	clinical materials;
5.8	(24) (28) hantavirus infection;
5.9	(29) hard tick relapsing fever (Borrelia miyamotoi);
5.10	(25) (30) hepatitis (all primary viral types including A, B, C, D, and E).
5.11	Submit clinical materials for hepatitis A upon request;
5.12	(26) (31) histoplasmosis (Histoplasma capsulatum);
5.13	(27) (32) human immunodeficiency virus (HIV) infection, including acquired
5.14	immunodeficiency syndrome (AIDS);
5.15	(28) (33) influenza (unusual case incidence, critical illness, or laboratory
5.16	confirmed cases). Submit clinical materials;
5.17	(29) (34) Kawasaki disease;
5.18	(30) (35) Kingella spp. (invasive only). Submit clinical materials;
5.19	(31) (36) legionellosis (Legionella spp.). Submit clinical materials;
5.20	(32) (37) leprosy (Hansen's disease) (Mycobacterium leprae);
5.21	(33) (38) leptospirosis (Leptospira interrogans);
5.22	(34) (39) listeriosis (Listeria monocytogenes). Submit clinical materials;

5.1	(35) (40) Lyme disease (Borrelia burgdorferi and other Borrelia spp.);
5.2	(36) (41) malaria (<i>Plasmodium</i> spp.);
5.3	(37) (42) meningitis (caused by viral agents);
5.4	(43) multisystem inflammatory syndrome associated with SARS-CoV-2
5.5	infection, including in children (MIS-C) and adults (MIS-A);
5.6	(38) (44) mumps. Submit clinical materials;
5.7	(39) (45) neonatal sepsis (bacteria isolated from a sterile site, excluding
6.8	coagulase-negative Staphylococcus) less than seven days after birth. Submit clinical materials;
5.9	(40) (46) pertussis (Bordetella pertussis). Submit clinical materials;
5.10	(41) (47) psittacosis (Chlamydophila psittaci);
5.11	(48) rat-bite fever (Streptobacillus moniliformis);
6.12	(42) retrovirus infections;
6.13	(43) (49) salmonellosis, including typhoid (Salmonella spp.). Submit clinical
6.14	materials;
6.15	(50) SARS-CoV-2 infection (COVID-19) (unusual case incidence, critical
6.16	illness, or laboratory confirmed cases). Submit clinical materials;
6.17	(44) (51) shigellosis (Shigella spp.). Submit clinical materials;
6.18	(45) (52) Spotted fever rickettsiosis (Rickettsia spp. infections, including
6.19	Rocky Mountain spotted fever);
6.20	(46) (53) Staphylococcus aureus (only vancomycin-intermediate
6.21	Staphylococcus aureus (VISA), vancomycin-resistant Staphylococcus aureus (VRSA), and
6.22	death or critical illness due to community-associated Staphylococcus aureus in a previously
6.23	healthy individual). Submit clinical materials;

7.1	(47) (54) streptococcal disease (all invasive disease caused by Groups A and
7.2	B streptococci and S. pneumoniae [including urine antigen laboratory-confirmed
7.3	pneumonia]). Except for urine, submit clinical materials;
7.4	(48) (55) syphilis (Treponema pallidum);
7.5	(49) (56) tetanus (Clostridium tetani);
7.6	(50) (57) toxic shock syndrome. Submit clinical materials;
7.7	(51) (58) toxoplasmosis (Toxoplasma gondii);
7.8	(52) (59) transmissible spongiform encephalopathy;
7.9	(53) (60) trichinosis (Trichinella spiralis);
7.10	(54) (61) tuberculosis (Mycobacterium tuberculosis complex) (pulmonary
7.11	or extrapulmonary sites of disease, including clinically diagnosed disease). Latent tuberculosis
7.12	infection is not reportable. Submit clinical materials;
7.13	(55) (62) typhus (Rickettsia spp.);
7.14	(56) (63) varicella (chickenpox). Submit clinical materials;
7.15	(57) (64) Vibrio spp. Submit clinical materials;
7.16	(58) (65) yellow fever;
7.17	(59) (66) yersiniosis, enteric (Yersinia spp.). Submit clinical materials;
7.18	(60) (67) zika virus disease; and
7.19	(61) (68) zoster (shingles) (all cases <18 years old; other unusual case
7.20	incidence or complications regardless of age). Submit clinical materials.

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4605.7044	CHRONIC INFECTIO	S; PERINATALLY	TRANSMISSIBLE
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Pregnancy in a person chronically infected with hepatitis B, hepatitis C, human immunodeficiency virus (HIV) infection, including acquired immunodeficiency syndrome (AIDS), or other reportable perinatally transmissible diseases shall be reported to the commissioner within one working day of knowledge of the pregnancy.

4605.7050 UNUSUAL CASE INCIDENCE.

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[For text of subparts 1 and 2, see Minnesota Rules]

Subp. 2a. Disease report information. The persons reporting under subparts 1 and 2 shall report the name and date of birth of the individual who is the case, suspected case, or decedent, and report all other information listed under part 4605.7090 that is known.

[For text of subpart 3, see Minnesota Rules]

4605.7070 OTHER REPORTS.

It shall be the duty of any person in charge of any institution, school, child care facility or camp, or any other person having knowledge of any disease which may threaten the public health, to report immediately the name and address of any date of birth of a person or deceased person suspected of having the disease to the commissioner and other information listed under part 4605.7090 that the commissioner determines is necessary to investigate or control the disease.

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