

IDAPA 16 – IDAHO DEPARTMENT OF HEALTH AND WELFARE

Division of Public Health – Bureau of Communicable Disease Prevention

16.02.10 – Idaho Reportable Diseases

Who does this rule apply to?

Medical professionals and providers, health care facilities, nurses, hospitals, public health districts, veterinarians, schools, daycares, laboratories, persons in charge of food establishments, coroners, and the public.

What is the purpose of this rule?

These rules contain the official requirements governing the reporting, control, and prevention of reportable diseases, as well as conditions and requirements to prevent transmission of health hazards from dead human bodies. The purpose of these rules is to identify, control, and prevent the transmission of reportable diseases and conditions within Idaho.

What is the legal authority for the agency to promulgate this rule?

This rule implements the following statutes passed by the Idaho Legislature:

Health and Safety -

Control of Venereal Diseases:

- [Section 39-605, Idaho Code](#) – Rules for Carrying Out Law

Prevention of Congenital Syphilis:

- [Section 39-1003, Idaho Code](#) – Powers and Duties of the Director

Food Establishment Act:

- [Section 39-1603, Idaho Code](#) – Powers & Duties of Board

Public Assistance and Welfare -

Department of Health and Welfare:

- [Section 56-1005, Idaho Code](#) – Department of Health and Welfare: Board — Composition — Officers — Compensation — Powers — Subpoena — Depositions — Review — Rules

Public Assistance and Welfare -

- [Section 56-1006, Idaho Code](#) – Department of Health and Welfare: Title superseded

Where can I find information on Administrative Appeals?

Administrative appeals and contested cases are governed by the provisions of the Idaho Administrative Procedures Act, [Chapter 52, Title 67, Idaho Code](#), and IDAPA [62.01.01](#), “Idaho Rules of Administrative Procedure.”

How do I request public records?

Unless exempted, all public records are subject to disclosure by the Department that will comply with [Title 74, Chapter 1, Idaho Code](#), upon requests. Confidential information may be restricted by state or federal law, federal regulation, and IDAPA [16.05.01](#), “Use and Disclosure of Department Records.” No employee of the Department or Health District may disclose the identity of persons named in disease reports except to the extent necessary for the purpose of administering the public health laws of this state.

Who do I contact for more information on this rule?

Idaho Department of Health and Welfare

Bureau of Communicable Disease Prevention – Epidemiology Program

450 West State Street

Boise, ID 83702

This rule chapter will be reviewed in compliance with [Section 67-5292, Idaho Code](#), and in accordance with the 8-year rule review schedule linked [here](#).

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This rule chapter will be reviewed in compliance with Section [67-5292](#), Idaho Code, and in accordance with the 8-year rule review schedule linked [here](#).

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16.02.10 – IDAHO REPORTABLE DISEASES

000. LEGAL AUTHORITY.

Sections 39-605, 39-1003, 39-1603, and 56-1005, Idaho Code, grant authority to the Board of Health and Welfare to adopt rules protecting the health of the people of Idaho. Section 39-906, Idaho Code, provides for the Director to administer rules adopted by the Board of Health and Welfare. Section 39-4505(2), Idaho Code, gives the Director authority to promulgate rules regarding the identification of blood- or body fluid-transmitted viruses or diseases. Section 56-1003, Idaho Code, gives the Director the authority to adopt rules protecting the health of the people of Idaho and to recommend rules to the Board of Health and Welfare. Section 54-1119, Idaho Code, authorizes the Director to promulgate rules regarding the handling of dead human bodies as needed to preserve and protect the public health. (3-17-22)

001. SCOPE.

These rules contain the official requirements governing the reporting, control, and prevention of reportable diseases and conditions and requirements to prevent transmission of health hazards from dead human bodies. The purpose of these rules is to identify, control, and prevent the transmission of reportable diseases and conditions within Idaho. (7-1-26)

002. DOCUMENTS INCORPORATED BY REFERENCE.

These documents are incorporated by reference and are available at the Idaho State Law Library or at the Department's main office. (3-17-22)

01. Guideline for Isolation Precautions in Hospitals. Siegel, J.D., et al., "Guideline for Isolation Precautions in Hospitals." Health Care Infection Control Practices Advisory Committee, Atlanta, GA: Centers for Disease Control and Prevention, 2007. (3-17-22)

02. National Notifiable Diseases Surveillance System - Case Definitions. <http://ndc.services.cdc.gov/>. (3-17-22)

03. Human Rabies Prevention -- United States, 2008. Morbidity and Mortality Weekly Report, May 23, 2008, Vol. 57.RR-3. Centers for Disease Control and Prevention. (3-17-22)

04. Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Postexposure Prophylaxis. Infection Control and Hospital Epidemiology, September 2013, Vol. 34, 9. The Society for Healthcare Epidemiology of America. These guidelines are found online at <http://www.jstor.org/stable/10.1086/672271>. (3-17-22)

05. Compendium of Animal Rabies Prevention and Control, 2016. National Association of State Public Health Veterinarians, Inc., Journal of American Veterinary Medical Association Vol. 248(5), March 1, 2016. This document is found online at <http://nasphv.org/documentsCompendia.html>. (3-17-22)

06. Standards for Cancer Registries, Volume VI, Data Standards and Data Dictionary. North American Association of Central Cancer Registries, Twenty-sixth Edition, Record Layout Version 25, January 2025. (7-1-26)

07. Use of Reduced (4-Dose) Vaccine Schedule for Postexposure Prophylaxis to Prevent Human Rabies: Recommendations of the Advisory Committee on Immunization Practices, 2010. Morbidity and Mortality Weekly Report, Recommendations and Reports, March 19, 2010/59(RR02);1-9. This document is found online at <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5902a1.htm>. (3-17-22)

003. – 009. (RESERVED)

010. DEFINITIONS A THROUGH K.

For the purposes of this chapter, the following definitions apply. (3-17-22)

01. Approved Fecal Specimens. Specimens of feces obtained from the designated person who has not taken any antibiotic orally or parenterally for two (2) days prior to the collection of the fecal specimen. The specimen must be collected and transported to the laboratory in a manner appropriate for the test to be performed. (3-17-22)

02. Bite or Other Exposure to Rabies. Bite or bitten means that the skin of the person or animal has been nipped or gripped, or has been wounded or pierced, including scratches, and includes probable contact of saliva with a break or abrasion of the skin. The term "exposure" also includes contact of saliva with any mucous membrane. In the case of bats, even in the absence of an apparent bite, scratch, or mucous membrane contact, exposure may have

occurred, as described in “Human Rabies Prevention -- United States.” (7-1-26)

03. Board. The Idaho State Board of Health and Welfare. (7-1-26)

04. Cancer Data Registry of Idaho (CDRI). The agency performing cancer registry services under a contractual agreement with the Department as described in Section 57-1703, Idaho Code. (3-17-22)

05. Carrier. A person who can transmit a communicable disease to another person, but may not have symptoms of the disease. (7-1-26)

06. Case. A person, who has been diagnosed as having a specific disease or condition by a physician or other health care provider. The diagnosis may be based on clinical judgment, on laboratory evidence, or on both criteria, will be evaluated for public health case classification. (7-1-26)

07. Communicable Disease. A disease that may be transmitted from one (1) person or an animal to another person either by direct contact or through an intermediate host, vector, inanimate object, or other means that may result in infection, illness, disability, or death. (3-17-22)

08. Contact. A person who has been exposed to a case or a carrier of a communicable disease while the disease was communicable, or a person by whom a case or carrier of a communicable disease could have been exposed to the disease. (7-1-26)

09. Daycare. Care as described by Section 39-1102, Idaho Code. (7-1-26)

10. Department. The Idaho Department of Health and Welfare or its designee. (3-17-22)

11. Director. The Director of the Idaho Department of Health and Welfare or their designee. (7-1-26)

12. Division of Public Health Administrator. A person appointed by the Director to oversee the administration of the Division of Public Health, Idaho Department of Health and Welfare, or their designee. (3-17-22)

13. Extraordinary Occurrence of Illness Including Clusters. Rare or novel diseases and unusual outbreaks of illness that may be a risk to the public Even in the absence of a defined etiologic agent or toxic substance, clusters of unexplained acute illness and early stage disease symptoms, illnesses related to drugs, foods, contaminated medical devices, contaminated medical products, illnesses related to environmental contamination by infectious or toxic agents, unusual syndromes, or illnesses associated with occupational exposure to physical or chemical agents may be included in this definition. (7-1-26)

14. Fecal Incontinence. A condition in which temporarily, as with severe diarrhea, or long-term, as with a child or adult requiring diapers, there is an inability to hold feces in the rectum, resulting in involuntary voiding of stool. (3-17-22)

15. Foodborne Disease Outbreak. Two (2) or more persons experiencing a similar illness after ingesting a common food, and epidemiological investigation indicates food as the source of the illness. (7-1-26)

16. Food Employee. An individual working with unpackaged food, food equipment or utensils, or food-contact surfaces as defined in IDAPA 16.02.19, “Idaho Food Code.” (3-17-22)

17. Health Care Facility. An establishment organized and operated to provide health care to three (3) or more individuals who are not members of the immediate family. This definition includes hospitals, intermediate care facilities, residential care and assisted living facilities. (3-17-22)

18. Health Care Provider. A person who has direct or supervisory responsibility for the delivery of health care or medical services. (7-1-26)

19. Health District. Any one (1) of the seven (7) public health districts as established by Section 39-

409, Idaho Code. (7-1-26)

20. Health District Director. Any one (1) of the public health districts' directors appointed by the Health District's Board as described in Section 39-413, Idaho Code, or their designee. (3-17-22)

21. Idaho Food Code. Idaho Administrative Code that governs food safety, IDAPA 16.02.19, "Idaho Food Code." (7-1-26)

22. Investigation. Public health methods used to determine exposure source, risk factors, susceptible contacts, transmission risks, and prevention measures necessary to limit additional cases of a disease or condition. Investigations may be individual case investigations or epidemiologic investigations of more than one illness. (7-1-26)

23. Isolation. The separation of a person known or suspected to be infected with an infectious agent, or contaminated from chemical or biological agents, from other persons to such places, under such conditions, and for such time as will prevent transmission of the infectious agent or further contamination. (7-1-26)

011. DEFINITIONS L THROUGH Z.
For the purposes of this chapter, the following definitions apply. (3-17-22)

01. Laboratory Director. A person directly responsible for the operation of a licensed laboratory or their designee. (7-1-26)

02. Laboratory. A medical diagnostic laboratory that is inspected, licensed, or approved by the Department or licensed according to the provisions of the Clinical Laboratory Improvement Act by the United States Health Care and Financing Administration. Laboratory may also refer to the Idaho State Public Health Laboratory, and to the United States Centers for Disease Control and Prevention. (3-17-22)

03. Livestock. Livestock as defined by the Idaho Department of Agriculture in IDAPA 02.04.03, "Rules Governing Animal Industry." (3-17-22)

04. Medical Record. Hospital or medical records compiled for the purpose of recording a medical history, diagnostic studies, laboratory tests, treatments, or rehabilitation. (7-1-26)

05. Outbreak. An unusual rise in the incidence of a disease. An outbreak may consist of a single case. (3-17-22)

06. Personal Care. The service provided by one (1) person to another for the purpose of feeding, bathing, dressing, assisting with personal hygiene, changing diapers, changing bedding, and other services involving direct physical contact. (3-17-22)

07. Physician. A person as defined in Section 54-1803, Idaho Code. (3-17-22)

08. Quarantine. The restriction placed on a person exposed to an infectious or communicable disease, to a person displaying unknown symptoms, or to a contamination from a chemical, nuclear, or biological agent as defined in Section 56-1003, Idaho Code. (7-1-26)

09. Rabies Post-Exposure Prophylaxis (rPEP). The administration of a rabies vaccine series with or without the antirabies immune globulin, depending on pre-exposure vaccination status, following a documented or suspected rabies exposure. (7-1-26)

10. Residential Care Facility. A facility as defined in 39-3302(27), Idaho Code. (7-1-26)

11. Restriction. The limitation of a person's activities to reduce the risk of transmitting a communicable disease. (7-1-26)

12. Restrictable Disease. A communicable disease, which if left unrestricted, may have serious

consequences to the public's health. The determination of whether a disease is restrictable is based upon the specific environmental setting and the likelihood of transmission to susceptible persons. (7-1-26)

13. Severe Reaction to Any Immunization. Any serious or life-threatening condition that results directly from the administration of any immunization against a communicable disease. (3-17-22)

14. Significant Exposure to Blood or Body Fluids. A percutaneous injury, contact of mucous membrane or non-intact skin, or contact with intact skin when the duration of contact is prolonged or involves an extensive area, with blood, tissue, or other body fluids as defined in "Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis." (7-1-26)

15. State Epidemiologist. A person employed by the Department to serve as a statewide epidemiologist or their designee. (3-17-22)

16. Suspected Case. A person diagnosed with or thought to have a particular disease or condition by a licensed physician or other health care provider. Public health suspected case definitions are described in "National Notifiable Diseases Surveillance System Case Definitions." (7-1-26)

17. Veterinarian. Any individual as defined in Section 54-2103, Idaho Code. (7-1-26)

18. Waterborne Outbreak. Two (2) or more persons with a similar illness after exposure to water from a common source and epidemiological evidence indicates water as the source of the illness. (7-1-26)

19. Working Day. As defined in 48-1002(1), Idaho Code. (7-1-26)

012. – 019. (RESERVED)

020. PERSONS REQUIRED TO REPORT REPORTABLE DISEASES, CONDITIONS, AND SCHOOL CLOSURES.

01. Physician. A licensed physician who diagnoses, treats, or cares for a person with a reportable disease or condition must report the disease or condition to the Department or Health District. The physician is also responsible for reporting diseases and conditions diagnosed or treated by anyone under the physician's supervision. (7-1-26)

02. Hospital or Health Care Facility Administrator. The hospital or health care facility administrator must report all persons who are diagnosed, treated, or receive care for a reportable disease or condition in their facility unless the attending physician has reported the disease or condition. (3-17-22)

03. Laboratory Director. The laboratory director must report to the Department or Health District the identification of, or laboratory findings suggestive of, the presence of the organisms, diseases, or conditions listed in of these rules. (7-1-26)

04. School Administrator. A school administrator must report diseases and conditions to the Department or Health District. A school administrator must report the closure of any public, parochial, charter, or private school within one (1) working day when, in their opinion, such closing is related to a communicable disease. (7-1-26)

05. Persons in Charge of Food Establishments. A person in charge of an eating or drinking establishment must report diseases and conditions to the Department or Health District. (7-1-26)

06. Others Required to Report Reportable Diseases. In addition to licensed physicians, reports must also be made by coroners and other health care providers as described in 39-7702, Idaho Code. (7-1-26)

021. ACCESS TO MEDICAL RECORDS.

No physician, hospital administrative person, or patient may deny the Department, Health Districts, or the Board

access to medical records in discharge of their duties in implementing the reportable disease rules. (3-17-22)

022. – 029. (RESERVED)

030. WHERE TO REPORT REPORTABLE DISEASES AND CONDITIONS.

01. Department of Health and Welfare, Bureau of Environmental Health and Communicable Disease Epidemiology Program. (7-1-26)

a. Main Office Address: 450 West State Street, 4th Floor, Boise, ID 83720. (3-17-22)

b. Phone: (208) 334-5939 and FAX: (208) 332-7307. (3-17-22)

02. Health District I - Panhandle Health District. The Panhandle Health District covers the counties of Benewah, Bonner, Boundary, Kootenai, and Shoshone. (3-17-22)

a. Main Office Address: 8500 N. Atlas Road, Hayden, ID 83835. (3-17-22)

b. Phone: (208) 772-3920 and FAX: 1-866-716-2599 Toll Free. (3-17-22)

03. Health District II - Public Health Idaho North Central District. The North Central District covers the counties of Clearwater, Idaho, Latah, Lewis, and Nez Perce. (3-17-22)

a. Main Office Address: 215 10th Street, Lewiston, ID 83501. (3-17-22)

b. Phone: (208) 799-3100 and FAX: (208) 799-0349. (3-17-22)

04. Health District III - Southwest District Health. Southwest District Health covers the counties of Adams, Canyon, Gem, Owyhee, Payette, and Washington. (3-17-22)

a. Main Office Address: 13307 Miami Lane, Caldwell, ID 83607. (3-17-22)

b. Phone: (208) 455-5442 and FAX: (208) 455-5350. (3-17-22)

05. Health District IV - Central District Health. The Central District Health covers the counties of Ada, Boise, Elmore and Valley. (7-1-26)

a. Main Office Address: 707 N. Armstrong Place, Boise, ID 83704. (3-17-22)

b. Phone: (208) 327-8625 and FAX: (208) 327-7100. (3-17-22)

06. Health District V - South Central Public Health District. The South Central Public Health District covers the counties of Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls. (3-17-22)

a. Main Office Address: 1020 Washington Street N., Twin Falls, ID 83301. (3-17-22)

b. Phone: (208) 737-5929 and FAX: (208) 736-3009. (3-17-22)

07. Health District VI - Southeastern Idaho Public Health. The Southeastern Idaho Public Health District covers the counties of Bannock, Bear Lake, Bingham, Butte, Caribou, Franklin, Oneida, and Power. (3-17-22)

a. Main Office Address: 1901 Alvin Ricken Drive, Pocatello, ID 83201. (3-17-22)

b. Phone: (208) 233-9080 and FAX: (208) 233-1916. (3-17-22)

08. Health District VII - Eastern Idaho Public Health. Eastern Idaho Public Health covers the counties of Bonneville, Clark, Custer, Fremont, Jefferson, Lemhi, Madison and Teton. (7-1-26)

a. Main Office Address: 1250 Hollipark Drive, Idaho Falls, ID 83401. (3-17-22)

b. Phone: (208) 533-3152 and FAX: (208) 523-4365. (3-17-22)

09. Cancer Data Registry of Idaho (CDRI). (3-17-22)

a. Main Office Address: 615 N. 7th Street, P.O. Box 1278, Boise, ID 83701. (3-17-22)

b. Phone: (208) 338-5100. (3-17-22)

031. – 039. (RESERVED)

040. REPORT CONTENTS AND AFTER-HOURS REPORTING.

01. Report Contents. Each report of a reportable disease or condition must include: (3-17-22)

a. The identity and address of the attending licensed physician or the person reporting; (3-17-22)

b. The diagnosed or suspected disease or condition; (3-17-22)

c. The name, current address, telephone number, birth date, age, race, ethnicity, and sex of the individual with the disease or other identifier from whom the specimen was obtained; (3-17-22)

d. The date of onset of the disease or the date the test results were received; and (3-17-22)

e. In addition, laboratory directors must report the identity of the organism or other significant test result. (3-17-22)

02. After Hours Notification. An after hours report of a disease or condition may be made through the Idaho State EMS Communications Center (State Comm) at (800) 632-8000. (7-1-26)

041. – 049. (RESERVED)

050. REPORTABLE OR RESTRICTABLE DISEASES, CONDITIONS AND REPORTING REQUIREMENTS.

Reportable diseases and conditions must be reported to the Department or Health District and must be investigated to confirm the diagnosis, obtain specific clinical information, determine possible risk factors, identify clusters or outbreaks of the infection, and identify the source of infection. The table below identifies the reportable and restrictable diseases and conditions, the timeframe for reporting, and the person or facility required to report. Restrictions, unless otherwise specified, are for the duration of time that the disease is in a communicable form, other than for Food Employees with Food Service restrictable conditions, who must be managed under IDAPA 16.02.19, "Idaho Food Code".

REQUIREMENTS FOR REPORTABLE AND RESTRICTABLE DISEASES AND CONDITIONS TABLE 050				
Reportable or Restrictable Diseases and Conditions		Reporting Timeframe	Restrictable for DC = Daycare FS = Food Service HC = Health Care Facility S = School	Which Facilities Must Report in Addition to Health Care Providers, Laboratory Directors, & Hospital Administrators
Amebiasis and Free-living Amebae		Within 3 working days	DC, FS, HC	Food Service Facility
Anthrax (<i>Bacillus anthracis</i>)		Immediately	None	
Arboviral Diseases, including suspected cases		Within 3 working days	None	
Botulism, including suspected cases		Immediately	None	
Brucellosis (<i>Brucella</i> species)		Within 1 working day	None	
Campylobacteriosis (<i>Campylobacter</i> species)		Within 3 working days	DC, FS, HC	Food Service Facility
Cancer		Report to Cancer Data Registry of Idaho within 180 days of diagnosis or recurrence (including suspected cases)	None	
Chancroid		Within 3 working days	None	
<i>Chlamydia trachomatis</i> Infections		Within 3 working days	HC - ophthalmia neonatorum only	
Cholera (<i>Vibrio cholerae</i>)		Within 1 working day	FS, HC, DC	Food Service Facility
Conjunctivitis		No reporting required	DC, S	
Cryptosporidiosis (<i>Cryptosporidium</i> species)		Within 3 working days	FS, HC, DC	
Cutaneous Fungal Infections		No reporting required	DC, S	
Diarrhea (until common communicable diseases have been ruled out)		No reporting required	FS	
Diphtheria (<i>Corynebacterium diphtheriae</i>)		Immediately	DC, FS, HC, S	School
Echinococcosis		Within 3 working days	None	
Encephalitis, Viral or Aseptic		Within 3 working days	None	

REQUIREMENTS FOR REPORTABLE AND RESTRICTABLE DISEASES AND CONDITIONS TABLE 050				
Reportable or Restrictable Diseases and Conditions		Reporting Timeframe	Restrictable for DC = Daycare FS = Food Service HC = Health Care Facility S = School	Which Facilities Must Report in Addition to Health Care Providers, Laboratory Directors, & Hospital Administrators
<i>Escherichia coli</i> O157:H7 and other Shiga-Toxin Producing <i>E. coli</i> (STEC)		Within 1 working day	DC, FS, HC	Food Service Facility School
Extraordinary Occurrence of Illness, including Clusters		Within 1 working day	None	
Fever		No reporting required	FS	
Food Poisoning, Foodborne Illness, and Waterborne Illnesses, including suspected cases and outbreaks		Within 1 working day	None	
Giardiasis (<i>Giardia lamblia</i>)		Within 3 working days	DC, FS, HC	Food Service Facility
<i>Haemophilus influenzae</i> Invasive Disease		Within 1 working day	DC, S	School
Hantavirus Pulmonary Syndrome		Within 1 working day	None	
Hemolytic-Uremic Syndrome (HUS) or Thrombotic thrombocytopenic purpura-HUS (TTP-HUS)		Within 1 working day	None	
Hepatitis A		Within 1 working day	DC, FS, HC	Food Service Facility
Hepatitis B		Within 1 working day	None	
Hepatitis C		Within 3 working days	None	
Human Immunodeficiency Virus (HIV)		Within 3 working days	None	
Jaundice		No reporting required	FS	
Lead Poisoning		Within 3 working days	None	
Legionellosis		Within 3 working days	None	
Leprosy (Hansen's Disease)		Within 3 working days	None	
Leptospirosis		Within 3 working days	None	
Listeriosis (<i>Listeria</i> species)		Within 3 working days	None	
Lyme Disease		Within 3 working days	None	
Malaria (<i>Plasmodium</i> species)		Within 3 working days	None	

REQUIREMENTS FOR REPORTABLE AND RESTRICTABLE DISEASES AND CONDITIONS TABLE 050				
Reportable or Restrictable Diseases and Conditions		Reporting Timeframe	Restrictable for DC = Daycare FS = Food Service HC = Health Care Facility S = School	Which Facilities Must Report in Addition to Health Care Providers, Laboratory Directors, & Hospital Administrators
Measles (Rubeola)		Within 1 working day	DC, HC, S	School
Meningitis, Viral or Aseptic		Within 3 working days	None	
Methicillin-resistant (MRSA and Vancomycin-resistant (VRSA) <i>Staphylococcus aureus</i> Invasive Disease		Within 3 working days	None	Note: Only Laboratory Directors need to report.
Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) Non-Invasive Disease		No reporting required	DC, FS, HC, S	
Mumps		Within 3 working days	DC, S, HC	School
Myocarditis, Viral		Within 3 working days	None	
<i>Neisseria gonorrhoeae</i> Infections		Within 3 working days	HC-ophthalmia neonatorum only	
<i>Neisseria meningitidis</i> Invasive Disease		Within 1 working day	DC, HC, S	School
Norovirus		Within 1 working day	DC, FS, HC, S	
Novel Influenza A Virus		Within 1 working day	DC, FS, HC, S	
Pediculosis		No reporting required	DC, S	
Pertussis (<i>Bordetella pertussis</i>)		Within 1 working day	DC, HC, S	School
Plague (<i>Yersinia pestis</i>)		Immediately	HC, S	School
Pneumococcal Invasive Disease in Children less than Eighteen (18) Years of Age (<i>Streptococcus pneumoniae</i>)		Within 3 working days	DC, S	School
<i>Pneumocystis</i> Pneumonia (PCP)		Within 3 working days	None	
Poliomyelitis		Within 1 working day	DC	School
Psittacosis		Within 3 working days	None	
Q Fever		Within 1 working day	None	
Rabies - Human, Animal, and Post-Exposure Prophylaxis (rPEP)		Immediately (human), Within 1 working day (animal or rPEP)	None	
Relapsing Fever, Tick-borne and Louse-borne		Within 3 working days	None	

REQUIREMENTS FOR REPORTABLE AND RESTRICTABLE DISEASES AND CONDITIONS TABLE 050				
Reportable or Restrictable Diseases and Conditions		Reporting Timeframe	Restrictable for DC = Daycare FS = Food Service HC = Health Care Facility S = School	Which Facilities Must Report in Addition to Health Care Providers, Laboratory Directors, & Hospital Administrators
Respiratory Syncytial Virus (RSV)		Within 1 working day	None	Note: Only Laboratory Directors need to report.
Spotted Fever Rickettsiosis		Within 3 working days	None	
Rubella (including Congenital Rubella Syndrome)		Within 1 working day	DC, HC, S	School
Salmonellosis (including Typhoid Fever) (<i>Salmonella</i> species)		Within 1 working day	DC, FS, HC	Food Service Facility
Scabies		No reporting required	DC, S	
Severe Acute Respiratory Syndrome (SARS), including suspected cases		Within 1 working day	DC, S	School
Severe Reaction to Any Immunization		Within 1 working day	None	
Shigellosis (<i>Shigella</i> species)		Within 1 working day	DC, FS, HC, S	Food Service Facility School
Smallpox, including suspected cases		Immediately	DC, HC, S	School
Sore Throat with Fever		No reporting required	FS	
Staphylococcal Infections other than MRSA		No reporting required	DC, FS, S	
Streptococcal Pharyngeal Infections		No reporting required	DC, S	
<i>Streptococcus pyogenes</i> (group A strep), Invasive or Resulting in Rheumatic Fever		Within 3 working days	DC, HC, S	School
Syphilis		Within 3 working days	None	
Taeniasis		No reporting required	FS	
Tetanus		Within 3 working days	None	
Toxic Shock Syndrome		Within 3 working days	None	
Transmissible Spongiform Encephalopathies (TSE), including Creutzfeldt-Jakob Disease (CJD) and Variant CJD (vCJD)		Within 3 working days	None	
Trichinosis		Within 3 working days	None	

REQUIREMENTS FOR REPORTABLE AND RESTRICTABLE DISEASES AND CONDITIONS TABLE 050				
Reportable or Restrictable Diseases and Conditions		Reporting Timeframe	Restrictable for DC = Daycare FS = Food Service HC = Health Care Facility S = School	Which Facilities Must Report in Addition to Health Care Providers, Laboratory Directors, & Hospital Administrators
Tuberculosis (<i>Mycobacterium tuberculosis</i>)		Within 3 working days	DC, FS, HC, S	School Food Service Facility
Tularemia (<i>Francisella tularensis</i>)		Immediately; Identification of <i>Francisella tularensis</i> - within 1 working day	None	
Uncovered and Open or Drain- ing Skin Lesions with Pus, such as a Boil or Open Wound		No reporting required	FS	
Varicella (chickenpox)		No reporting required	DC, S	
Viral Hemorrhagic Fever		Immediately	DC, FS, HC, S	
Vomiting (until noninfectious cause is identified)		No reporting required	FS	
Yersiniosis (<i>Yersinia enterocolitica</i> and <i>Yersinia pseudotuberculosis</i>)		Within 3 working days; Identification of <i>Yersinia pestis</i> - immediately	FS	

(7-1-26)

051. – 064. (RESERVED)

065. INVESTIGATION AND CONTROL OF REPORTABLE DISEASES.

01. Responsibility and Authority. The Department will use all reasonable means to confirm in a timely manner any case or suspected case of a reportable disease or condition, and will determine, when possible, all sources of infection and the extent of exposure. Reports of diseases and conditions enumerated in this chapter will be investigated. Investigations may be made when the Department or Health District determines a disease to be of public health significance. (7-1-26)

a. Every licensed physician or other health care provider attending to a person with a reportable disease or condition must inform the person on applicable control measures as outlined in these rules and cooperate with the Department in the investigation and control of the disease or condition. (7-1-26)

b. Any person providing emergency or medical services who believes they have experienced a significant exposure to blood or bodily fluids may report said exposure as soon as possible to the Department. When the state epidemiologist's judges a significant exposure has occurred, the Department will inform the exposed individual that they may have been exposed to the HIV or HBV virus, or that there is no information available based on the Department's current HIV or HBV registry and will recommend appropriate counseling and testing for the exposed individual. (7-1-26)

02. Inviolability of Placards. If it is necessary to use placards, it is unlawful for any person to interfere with, conceal, mutilate or tear down any notices or placards on any house, building or premises placed by the Department. Such placards can only be removed by the health official. (3-17-22)

03. Verification of Diagnosis and Case Classification. Cases of diseases or conditions reported to the Department will be treated as such upon the statement of the attending licensed physician or other health care provider, unless there is reason to doubt the diagnosis. Final decision as to the case classification for administrative purposes will rest with the Division of Public Health Administrator or Health District Director. (7-1-26)

04. Closure of Schools and Places of Public Assembly. The Director may order the closing of any public, parochial, or private school, or other place of public assembly when, in their opinion, such closing is necessary to protect public health. The school or other place of public assembly must not reopen until permitted by the health official. (3-17-22)

05. Transportation of Patients With Communicable Disease. No person with a reportable disease in a communicable form, who is under orders of isolation, nor any contact who is restricted under an order of quarantine, may travel or be transported from one place to another without the permission of the Division of Public Health Administrator or Health District Director. An exception may be made in instances where the patient will be admitted directly to a hospital or treatment facility, provided adequate precautions are taken to prevent transmission of the disease by the patient en route to the hospital or treatment facility. (7-1-26)

06. Order to Report for Examination. The Division of Public Health Administrator or Health District Director may issue an order to report for examination. An order to report for examination must be served by delivering one (1) copy to the person to be examined, one (1) copy to the prosecuting attorney of the county or city in which the person resides, and filing one (1) copy bearing the notation of time and place of service and the signature of the person serving the notice with the issuing health authority. (3-17-22)

07. Order for Isolation. The Division of Public Health Administrator or Health District Director may issue and withdraw an order for isolation if they determine that it is necessary to protect the public from a significant risk of the spread of infectious or communicable diseases or from contamination from chemical or biological agents. (7-1-26)

- a.** The order for isolation must be executed as follows: (3-17-22)
 - i.** One (1) copy to the individual being isolated; (3-17-22)
 - ii.** One (1) copy to the attending licensed physician; (3-17-22)
 - iii.** One (1) copy to the prosecuting attorney of the county or city in which the person resides; and (3-17-22)
 - iv.** One (1) copy to be filed in the office of the issuing officer along with an affidavit of service signed by the person who served the order. (3-17-22)

b. The issuing officer will make an assessment and identify the least restrictive means of isolation that effectively protects unexposed and susceptible individuals from the public health threat. Orders of isolation require the individual to isolate himself at a certain place or places, and may require specific precautions to be taken when outside a designated place of isolation as the issuing officer deems appropriate and necessary. If the place of isolation is other than the individual's place of residence, a copy of the order must be provided to the person in charge of that place. (3-17-22)

c. The Division of Public Health Administrator or Health District Director will withdraw an order for isolation once it is determined there is no longer a significant threat to the public's health posed by the individual under order for isolation. (3-17-22)

08. Order for Quarantine. The Division of Public Health Administrator or Health District Director is empowered whenever a case of any communicable disease occurs in any household or other place within their jurisdiction and in their opinion it is necessary that persons residing within must be kept from contact with the public, to require that no persons will leave or enter during the period of quarantine except with specific permission of the issuing officer. (7-1-26)

- a. The order for quarantine must be executed as follows: (3-17-22)
 - i. One (1) copy to any individual being quarantined; (3-17-22)
 - ii. One (1) copy to the attending licensed physician; (3-17-22)
 - iii. One (1) copy to the prosecuting attorney of the county or city in which the quarantine occurs; (3-17-22)
 - iv. One (1) copy to be filed in the office of the issuing officer along with an affidavit of service signed by the person who served the order; and (3-17-22)
 - v. One (1) copy to the person in charge or owner of the place of quarantine. (3-17-22)
- b. The issuing officer will make an assessment and identify the least restrictive timeframe of quarantine that effectively protects unexposed and susceptible individuals to the infection of public health threat. (3-17-22)
- c. The Division of Public Health Administrator or Health District Director will withdraw an order for quarantine when they determine there is no longer a significant threat to the public's health posed by the individual or premises under the order for quarantine. (3-17-22)

09. Sexually Transmitted Infection Contacts. Any person infected with a sexually transmitted infection (venereal disease) as defined in Section 39-601, Idaho Code, is required to provide the name, address, and telephone number(s) of all persons from whom the disease may have been acquired and to whom the disease may have been transmitted, when such information is requested by the Department or Health District. (3-17-22)

066. – 067. (RESERVED)

068. PREVENTING SPREAD OF HEALTH HAZARDS FROM DEAD HUMAN BODIES.

- 01. Embalming.** (3-17-22)
 - a. The Division of Public Health Administrator or Health District Director may order a dead human body to be embalmed or prohibit embalming to prevent the spread of infectious or communicable diseases or exposure to hazardous substances. (3-17-22)
 - b. The dead human body of a person suspected of or confirmed as having a viral hemorrhagic fever at the time of death must not be embalmed, but wrapped in sealed leak-proof material and cremated or buried. (3-17-22)
- 02. Burial.** The Division of Public Health Administrator or Health District Director may order a dead human body to be buried or cremated, or prohibit burial or cremation, and may specify a time frame for final disposition to prevent the spread of infectious or communicable diseases or exposure to hazardous substances. (7-1-26)
- 03. Notification of Health Hazard.** Any person authorized to release a dead human body of a person suspected of or confirmed as having a prior disease, a viral hemorrhagic fever, other infectious health hazard, or contaminated with a hazardous substance, must notify the person taking possession of the body and indicate necessary precautions on a written notice to accompany the body. (3-17-22)

069. (RESERVED)

070. SPECIAL DISEASE INVESTIGATIONS.

The Department may conduct special investigations of diseases or conditions to identify causes and means of prevention. All records of interviews, reports, studies, and statements obtained by or furnished to the Department or

other authorized agency are confidential for the identity of all persons involved. Release of information to the Department as required or permitted by these rules does not subject any party furnishing such information to an action for damages as provided under IDAPA 16.05.01, "Use and Disclosure of Department Records." (3-17-22)

071. – 079. (RESERVED)

080. DAYCARE FACILITY - REPORTING AND CONTROL MEASURES.

01. Readily Transmissible Diseases. Daycare reportable and restrictable diseases are those diseases that are readily transmissible among children and staff in daycare. (7-1-26)

02. Restrictable Disease - Work. A person who is diagnosed to have a daycare restrictable disease must not work in any occupation in which there is direct contact with children in a daycare facility, as long as the disease is in a communicable form. (3-17-22)

03. Restrictable Disease - Attendance. A child who is diagnosed to have a daycare restrictable disease must not attend a daycare facility as long as the disease is in a communicable form. This restriction may be removed by the written certification of a licensed physician, public health nurse or school nurse that the person's disease is no longer communicable. (3-17-22)

04. Prevention of the Transmission of Disease. When satisfactory measures have been taken to prevent the transmission of disease, the affected child or employee may continue to attend or to work in a daycare facility if approval is obtained from the Department or Health District. (3-17-22)

081. – 084. (RESERVED)

085. FOOD SERVICE FACILITY - REPORTING AND CONTROL MEASURES.

01. Food or Beverage Transmitted Disease in a Communicable Form. A person who is determined to have a disease or conditions listed in this chapter as restrictable for food establishments must not work as a food employee as long as the disease is in a communicable form. (7-1-26)

02. Food Employee Health Examination. The Division of Public Health Administrator may require a food employee to submit to an examination to determine the presence of a disease that can be transmitted by means of food when there is reasonable cause to believe the food employee is afflicted with a disease listed as restrictable for food establishments and that disease is in a communicable form. (7-1-26)

03. Notification of Disease in a Communicable Form. If the person in charge of an eating or drinking establishment has reason to suspect that any employee has a disease as restrictable for food establishments, and that disease is in a communicable form, the person in charge must immediately notify the Department or Health District and obtain guidance on proper actions needed to protect the public. (7-1-26)

086. – 089. (RESERVED)

090. SCHOOL - REPORTING AND CONTROL MEASURES.

01. Restrictable Diseases. School reportable and restrictable diseases are those diseases that are readily transmissible among students and staff in schools as listed in these rules. (7-1-26)

02. Restrictions - Work. Any person who is diagnosed to have a school restrictable disease must not work in any occupation that involves direct contact with students in a private, parochial, charter, or public school as long as the disease is in a communicable form. (3-17-22)

03. Restrictions - Attendance. Any person who is diagnosed with or reasonably suspected to have a school restrictable disease must not attend a private, parochial, charter, or public school as long as the disease is in a communicable form. (3-17-22)

04. Determination Disease Is No Longer Communicable. A licensed physician, public health nurse, school nurse or other person designated by the Department or Health District may determine when a person with a school restrictable disease is no longer communicable. (3-17-22)

05. School Closure. A school administrator must report the closure of any public, parochial, charter, or private school within one (1) working day when, in their opinion, such closing is related to a communicable disease. (3-17-22)

091. HANDLING OF REPORT.

The Department and Health Districts will exchange reported information within one (1) working day. The Department will notify the Idaho Department of Agriculture and any other necessary agency of any identified source or suspected source of any reported case of the following diseases: (7-1-26)

- 01. Anthrax;** (7-1-26)
- 02. Brucellosis;** (7-1-26)
- 03. Leptospirosis;** (7-1-26)
- 04. Lyme Disease;** (7-1-26)
- 05. Plague;** (7-1-26)
- 06. Psittacosis;** (7-1-26)
- 07. Q Fever;** (7-1-26)
- 08. Trichinosis; and** (7-1-26)
- 09. Tularemia.** (7-1-26)

092. RESTRICTIONS.

01. Restrictions - Daycare Facility. A person with the following diseases must not attend a daycare facility while fecally incontinent and must not work in any occupation that provides personal care to children while the disease is in a communicable form, unless otherwise specified: (7-1-26)

- a. Amebiasis and Free-Living Amebae;** (7-1-26)
- b. Campylobacteriosis;** (7-1-26)
- c. Cholera;** (7-1-26)
- d. Conjunctivitis;** (7-1-26)
- e. Cryptosporidiosis;** (7-1-26)
- f. Cutaneous Fungal Infections;** (7-1-26)
- g. Diphtheria;** (7-1-26)
- h. Escherichia Coli O157:H7 and Other Shiga-Toxin Producing E. Coli (STEC);** (7-1-26)
- i. Giardiasis;** (7-1-26)
- j. Haemophilus Influenzae Invasive Disease;** (7-1-26)

k.	Hepatitis A;	(7-1-26)
l.	Measles (Rubeola);	(7-1-26)
m.	Methicillin-Resistant Staphylococcus Aureus (MRSA);	(7-1-26)
n.	Mumps;	(7-1-26)
o.	Neisseria Meningitidis Invasive Disease;	(7-1-26)
p.	Norovirus;	(7-1-26)
q.	Novel A Influenza Virus;	(7-1-26)
r.	Pediculosis;	(7-1-26)
s.	Pertussis;	(7-1-26)
t.	Plague;	(7-1-26)
u.	Pneumococcal Invasive Disease In Children Less Than Eighteen Years Of Age;	(7-1-26)
v.	Poliomyelitis;	(7-1-26)
w.	Rubella – Including Congenital Rubella Syndrome;	(7-1-26)
x.	Salmonellosis;	(7-1-26)
y.	Scabies;	(7-1-26)
z.	Severe Acute Respiratory Syndrome (SARS), including suspected cases;	(7-1-26)
aa.	Shigellosis;	(7-1-26)
bb.	Smallpox;	(7-1-26)
cc.	Staphylococcal Infections Other than MRSA;	(7-1-26)
dd.	Streptococcal Pharyngeal Infections;	(7-1-26)
ee.	Streptococcus Pyogenes (Group A Strep) Infections;	(7-1-26)
ff.	Tuberculosis;	(7-1-26)
gg.	Varicella (Chickenpox); and	(7-1-26)
hh.	Viral Hemorrhagic Fever.	(7-1-26)
02.	Restrictions - Food Service Facility. A symptomatic person with the following diseases is restricted from working as a food employee while communicable, unless otherwise specified:	(7-1-26)
a.	Amebiasis and Free-Living Amebae;	(7-1-26)
b.	Campylobacteriosis;	(7-1-26)
c.	Cholera;	(7-1-26)

d.	Cryptosporidiosis;	(7-1-26)
e.	Diarrhea;	(7-1-26)
f.	Diphtheria;	(7-1-26)
g.	Escherichia Coli O157:H7 and Other Shiga-Toxin Producing E. Coli (STEC);	(7-1-26)
h.	Fever;	(7-1-26)
i.	Giardiasis;	(7-1-26)
j.	Hepatitis A;	(7-1-26)
k.	Jaundice;	(7-1-26)
l.	Methicillin-Resistant Staphylococcus Aureus (MRSA);	(7-1-26)
m.	Norovirus;	(7-1-26)
n.	Novel A Influenza Virus;	(7-1-26)
o.	Salmonellosis, Including Typhoid Fever;	(7-1-26)
p.	Shigellosis;	(7-1-26)
q.	Sore Throat with Fever;	(7-1-26)
r.	Staphylococcal Infections Other Than MRSA;	(7-1-26)
s.	Taeniasis;	(7-1-26)
t.	Tuberculosis;	(7-1-26)
u.	Uncovered and Open or Draining Skin Lesions with Pus;	(7-1-26)
v.	Vomiting;	(7-1-26)
w.	Yersiniosis; and	(7-1-26)
x.	Viral Hemorrhagic Fever.	(7-1-26)
03.	Restrictions - Health Care Facility. A symptomatic person with the following diseases must not provide personal care to persons in a health care facility unless otherwise specified:	(7-1-26)
a.	Amebiasis and Free-Living Amebae;	(7-1-26)
b.	Campylobacteriosis;	(7-1-26)
c.	Chlamydia Trachomatis;	(7-1-26)
d.	Cholera;	(7-1-26)
e.	Cryptosporidiosis;	(7-1-26)
f.	Diphtheria;	(7-1-26)

- g.** Escherichia Coli O157:H7 and Other Shiga-Toxin Producing E. Coli (STEC); (7-1-26)
- h.** Giardiasis; (7-1-26)
- i.** Hepatitis A; (7-1-26)
- j.** Measles (Rubeola); (7-1-26)
- k.** Methicillin-Resistant Staphylococcus Aureus (MRSA); (7-1-26)
- l.** Mumps; (7-1-26)
- m.** Neisseria Meningitidis Invasive Disease; (7-1-26)
- n.** Norovirus; (7-1-26)
- o.** Novel Influenza A Virus; (7-1-26)
- p.** Pertussis; (7-1-26)
- q.** Plague; (7-1-26)
- r.** Rubella – Including Congenital Rubella Syndrome; (7-1-26)
- s.** Salmonellosis; (7-1-26)
- t.** Shigellosis; (7-1-26)
- u.** Smallpox; (7-1-26)
- v.** Streptococcus Pyogenes (Group A Strep) Infections; (7-1-26)
- w.** Tuberculosis; and (7-1-26)
- x.** Viral Hemorrhagic Fever. (7-1-26)

04. Restrictions - School. A person with the following diseases must not attend a private, parochial, charter, or public school while fecally incontinent and must not work in any occupation that involves direct contact with students in a private, parochial, charter, or public school while the disease is in a communicable form, unless otherwise specified: (7-1-26)

- a.** Conjunctivitis; (7-1-26)
- b.** Cutaneous Fungal Infections; (7-1-26)
- c.** Diphtheria; (7-1-26)
- d.** Haemophilus Influenzae Invasive Disease; (7-1-26)
- e.** Measles (Rubeola); (7-1-26)
- f.** Methicillin-Resistant Staphylococcus Aureus (MRSA); (7-1-26)
- g.** Mumps; (7-1-26)
- h.** Neisseria Meningitidis Invasive Disease; (7-1-26)

i.	Norovirus;	(7-1-26)
j.	Novel A Influenza Virus;	(7-1-26)
k.	Pediculosis;	(7-1-26)
l.	Pertussis;	(7-1-26)
m.	Plague;	(7-1-26)
n.	Pneumococcal Invasive Disease In Children Less Than Eighteen Years Of Age;	(7-1-26)
o.	Polio;	(7-1-26)
p.	Rubella – Including Congenital Rubella Syndrome;	(7-1-26)
q.	Scabies;	(7-1-26)
r.	Severe Acute Respiratory Syndrome (SARS), including suspect cases;	(7-1-26)
s.	Shigellosis;	(7-1-26)
t.	Smallpox;	(7-1-26)
u.	Staphylococcal Infections, other than MRSA;	(7-1-26)
v.	Streptococcal Pharyngeal Infections;	(7-1-26)
w.	Streptococcus Pyogenes (Group A Strep) Infections;	(7-1-26)
x.	Tuberculosis;	(7-1-26)
y.	Varicella (Chickenpox); and	(7-1-26)
z.	Viral Hemorrhagic Fever.	(7-1-26)

093. TESTING WITHOUT INFORMED CONSENT.

A physician may order blood tests for the following diseases when an informed consent is not possible and there has been or is likely to be significant exposure to a person's blood or body fluids by a person providing emergency or medical services, as per Section 39-4905, Idaho Code: (7-1-26)

01.	Hepatitis A;	(7-1-26)
02.	Hepatitis B;	(7-1-26)
03.	Hepatitis C;	(7-1-26)
04.	HIV;	(7-1-26)
05.	Malaria; and	(7-1-26)
06.	Syphilis.	(7-1-26)

094. -- 099. (RESERVED)

REPORTABLE DISEASES WITH SPECIAL CONTROL MEASURES
(Sections 100-949)

100. -- 109. (RESERVED)

110. AMEBIASIS AND FREE-LIVING AMEBAE.

01. Reporting Requirements. Each case of amebiasis or infection with free-living amebae (*Acanthamoeba* spp., *Balamuthia mandrillaris*, or *Naegleria fowleri*) must be reported within three (3) working days of identification. (7-1-26)

02. Restrictions - Daycare Facility. A person excreting *Entamoeba histolytica* must not attend a daycare facility while fecally incontinent and must not work in any occupation in which they provide personal care to children in a daycare facility, unless an exemption is made by the Department or Health District. (3-17-22)

a. This restriction may be withdrawn if an effective therapeutic regimen is completed; or (3-17-22)

b. At least two (2) successive approved fecal specimens collected at least twenty-four (24) hours apart fail to show *Entamoeba histolytica* upon testing by a licensed laboratory. (3-17-22)

03. Restrictions - Food Service Facility. A symptomatic person excreting *Entamoeba histolytica* is restricted from working as a food employee. (3-17-22)

a. This restriction may be withdrawn if an effective therapeutic regimen is completed; or (3-17-22)

b. At least two (2) successive approved fecal specimens collected at least twenty-four (24) hours apart fail to show *Entamoeba histolytica* upon testing by a licensed laboratory. (3-17-22)

04. Restrictions - Health Care Facility. A person excreting *Entamoeba histolytica* must not work in any occupation in which they provide personal care to persons confined to a health care facility, unless an exemption is made by the Department or Health District. (3-17-22)

a. This restriction may be withdrawn if an effective therapeutic regimen is completed; or (3-17-22)

b. At least two (2) successive approved fecal specimens collected at least twenty-four (24) hours apart fail to show *Entamoeba histolytica* upon testing by a licensed laboratory. (3-17-22)

05. Restrictions - Household Contacts. A member of the household in which there is a case of amebiasis may not work in any occupations in listed in this Section, unless approved by the Department or Health District. The household member must be asymptomatic and have at least one (1) approved fecal specimen found to be negative for ova and parasites on examination by a licensed laboratory prior to being approved for work. (7-1-26)

111. -- 159. (RESERVED)

160. CAMPYLOBACTERIOSIS.

01. Restrictions - Daycare Facility. A person excreting *Campylobacter* must not provide personal care in a daycare and an fecally incontinent person excreting *Campylobacter* must not attend a daycare facility unless an exemption is obtained from the Department or Health District. Before returning to work or daycare, the person must provide at least two (2) successive approved fecal specimens, collected at least twenty-four (24) hours apart, that fail to show *Campylobacter* upon testing by a licensed laboratory. (3-17-22)

02. Restrictions - Health Care Facility. A person excreting *Campylobacter* must not provide personal care to persons in a health care facility unless an exemption is obtained from the Department or Health District. Before returning to work, the person must provide at least two (2) successive approved fecal specimens, collected at least twenty-four (24) hours apart, that fail to show *Campylobacter* upon testing by a licensed laboratory. (3-17-22)

161. – 169. (RESERVED)

170. CANCER.

01. Cancers Designated as Reportable. Cancers that are designated reportable to the CDRI are described in Section 57-1703, Idaho Code. (7-1-26)

a. The use of the words “apparently,” “appears to,” “comparable with,” “compatible with,” “consistent with,” “favor,” “malignant appearing,” “most likely,” “presumed,” “probable,” “suspected,” “suspicious,” or “typical” is sufficient to make a case reportable. (3-17-22)

b. The use of the words “questionable,” “possible,” “suggests,” “equivocal,” “approaching,” “rule out,” “potentially malignant,” or “worrisome,” is not sufficient to make a case reportable. (3-17-22)

02. Report Content. Each reported case must include the patient's name, demographic information, date of diagnosis, primary site, metastatic sites, histology, stage of disease, initial treatments, subsequent treatment, and survival time. Reporting of cases must adhere to cancer reporting standards as provided in “Standards for Cancer Registries, Vol. II.” (7-1-26)

03. Reported By Whom. Every private, federal, or military hospital, out-patient surgery center, radiation treatment center, pathology laboratory, or physician providing a diagnosis or treatment related to a reportable cancer is responsible for reporting or furnishing cancer-related data, including annual follow-up, to CDRI. (3-17-22)

171. – 199. (RESERVED)

200. CHOLERA.

A member of the household in which there is a case of cholera may not work in any occupations specified in this rule, unless approved by the Department or Health District. The household member must be asymptomatic and provide at least one (1) approved fecal specimen found to be negative on a culture by a licensed laboratory prior to being approved for work. (7-1-26)

201. – 219. (RESERVED)

220. CRYPTOSPORIDIOSIS.

01. Restrictions - Daycare Facility. A fecally incontinent person excreting *Cryptosporidium* must not attend a daycare facility. A person excreting *Cryptosporidium* must not provide personal care in a daycare facility, unless an exemption is obtained from the Department or Health District. This restriction will be withdrawn when: (3-17-22)

a. At least two (2) successive fecal specimens collected at least twenty-four (24) hours apart fail to show *Cryptosporidium* upon testing by a licensed laboratory; or (3-17-22)

b. Diarrhea has ceased for twenty-four (24) hours. (3-17-22)

02. Restrictions - Health Care Facility. A person excreting *Cryptosporidium* must not provide personal care in a custodial institution, or health care facility while fecally incontinent, unless an exemption is obtained from the Department or Health District. This restriction will be withdrawn when: (3-17-22)

a. At least two (2) successive fecal specimens collected at least twenty-four (24) hours apart fail to show *Cryptosporidium* upon testing by a licensed laboratory; or (3-17-22)

b. Diarrhea has ceased for twenty-four (24) hours. (3-17-22)

221. – 229. (RESERVED)

230. DIPHThERIA.

01. Restrictions - Health Care Facility. (3-17-22)

a. A person with oropharyngeal toxigenic diphtheria in a health care facility must be managed under the "Guideline for Isolation Precautions in Hospitals." The Department or Health District may withdraw this isolation requirement after two (2) cultures of the nose and two (2) cultures from the throat, taken at least twenty-four (24) hours apart and at least twenty-four (24) hours after the completion of antibiotic therapy, fail to show toxigenic *Corynebacterium diphtheriae* upon testing by a licensed laboratory. (7-1-26)

b. A person with cutaneous toxigenic diphtheria must be placed under contact precautions. The Department or Health District may withdraw these precautions after two (2) cultures from the wound fail to show toxigenic *Corynebacterium diphtheriae* upon testing by a licensed laboratory. (3-17-22)

02. Restrictions - Contacts. Contacts of a person with toxigenic diphtheria are restricted from working as food employees, working in health care facilities, or from attending or working in daycare facilities or schools until they are determined not to be carriers by means of a nasopharyngeal culture or culture of other site suspected to be infected. These restrictions may be withdrawn by the Department or Health District. (3-17-22)

231. – 249. (RESERVED)

250. ESCHERICHIA COLI O157:H7 AND OTHER SHIGA-TOXIN PRODUCING E. COLI (STEC).

01. Restrictions - Daycare Facility. A person who is excreting *E. coli* O157:H7 or other STEC must not attend daycare facilities while fecally incontinent or provide personal care to children in a daycare facility while the disease is present in a communicable form without the approval of the Department or Health District. Before returning to work or attendance at a daycare, the person must provide two (2) successive approved fecal specimens collected at least twenty-four (24) hours apart, that fail to show *E. coli* O157:H7 or other STEC. (3-17-22)

02. Restrictions - Health Care Facility. A person who is excreting *E. coli* O157:H7 or other STEC must not provide personal care to persons in a health care facility while the disease is present in a communicable form without the approval of the Department or Health District. Before returning to work, the person must provide two (2) successive approved fecal specimens collected at least twenty-four (24) hours apart, that fail to show *E. coli* O157:H7 or other STEC. (3-17-22)

251. – 289. (RESERVED)

290. GIARDIASIS.

01. Restrictions - Daycare Facility. A person with diarrhea who is excreting *Giardia lamblia* must not attend daycare while fecally incontinent or provide personal care to children in a daycare facility while the disease is present in a communicable form or until therapy is completed. An asymptomatic person may provide these services or attend daycare with specific approval of the Department or Health District. (3-17-22)

02. Restrictions - Health Care Facility. A person with diarrhea who is excreting *Giardia lamblia* must not provide personal care to persons in a health care facility while the disease is present in a communicable form or until therapy is completed. An asymptomatic person may provide these services with specific approval of the Department or Health District. (3-17-22)

291. – 329. (RESERVED)

330. HEPATITIS A.

01. Restrictions - Household Contacts. Any unvaccinated household member where there is a case of hepatitis A must not work in any of the occupations listed in this Section, unless an exemption is obtained from the Department or Health District. (7-1-26)

331. – 339. (RESERVED)

340. HEPATITIS B.

01. Investigation. Each reported case of hepatitis B must be investigated to confirm the diagnosis, identify contacts and carriers, determine the need for prophylaxis with immune globulins, determine the need for hepatitis B vaccine, determine the exposure of any pregnant women, and identify possible sources of the infection. (3-17-22)

02. Carrier Status. The carrier status of a person diagnosed with hepatitis B will be determined six (6) months after the initial diagnosis is established. (3-17-22)

a. A person who is a carrier of hepatitis B must be reported to the Department or Health District by the physician at the time of determination for inclusion in the hepatitis B carrier registry. (3-17-22)

341. – 359. (RESERVED)

360. HUMAN IMMUNODEFICIENCY VIRUS (HIV).

01. Reporting Requirements. Each case of HIV infection, including clinical diagnosis, positive HIV laboratory tests for HIV antibody, HIV antigen (protein or nucleic acid), human immunodeficiency virus isolations, or other tests of infectiousness that indicate HIV infection, must be reported to the Department or Health District within three (3) working days of identification. (7-1-26)

361. – 379. (RESERVED)

380. LEAD POISONING.

01. Reporting Requirements. Each case of lead poisoning must be reported to the Department or Health District within three (3) working days of the identification of the case when determined by symptoms or a blood level of: (3-17-22)

a. Ten (10) micrograms or more per deciliter (10 ug/dL) of blood in adults eighteen (18) years and older; or (3-17-22)

b. Three and a half (3.5) micrograms or more per deciliter (3.5 ug/dL) of blood in children under eighteen (18) years of age. (3-17-22)

381. – 399. (RESERVED)

400. LEPROSY (HANSEN'S DISEASE).

All household members or close contacts of a new case should be recommended to receive evaluation by a licensed physician for signs of leprosy and consideration of chemoprophylaxis. (7-1-26)

401. – 459. (RESERVED)

460. MEASLES (RUBEOLA).

01. Restrictions - Daycare Facility and School. (3-17-22)

a. A child diagnosed with measles must not attend a daycare facility or school as long as the disease is in a communicable form. (3-17-22)

b. A person who is diagnosed as having measles must not work in any occupation in which there is direct contact with children, as long as the disease is in a communicable form. (3-17-22)

461. – 474. (RESERVED)

475. METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA).

01. Reporting Requirements. Each case or suspected case of invasive methicillin-resistant *Staphylococcus aureus* (MRSA), defined as MRSA isolated from a normally sterile site, must be reported to the Department or Health District within three (3) working days of identification by the laboratory director. (3-17-22)

02. Restrictions - Daycare Facility. A person who is diagnosed with MRSA infection must not work in an occupation providing personal care to children, or attend a daycare facility, if the infection manifests as a lesion containing pus such as a boil or infected wound that is open or draining; and (3-17-22)

a. The lesion is on the hands, wrists, or exposed portions of the arms, and is not protected by an impermeable cover; or (3-17-22)

b. The lesion is on another part of the body, and is not covered by a dry, durable, tight-fitting bandage. (3-17-22)

03. Restrictions - Health Care Facility. A person who is diagnosed with MRSA infection must not provide personal care to persons in a health care facility if the infection manifests as a lesion containing pus such as a boil or infected wound that is open or draining; and (3-17-22)

a. The lesion is on the hands, wrists, or exposed portions of the arms, and is not protected by an impermeable cover; or (3-17-22)

b. The lesion is on another part of the body, and is not covered by a dry, durable, tight-fitting bandage. (3-17-22)

04. Restrictions - School. A person who is diagnosed with MRSA infection must not work in an occupation where there is direct contact with students or attend a private, parochial, charter, or public school, if the infection manifests as a lesion containing pus such as a boil or infected wound that is open or draining; and (3-17-22)

a. The lesion is on the hands, wrists, or exposed portions of the arms, and is not protected by an impermeable cover; or (3-17-22)

b. The lesion is on another part of the body, and is not covered by a dry, durable, tight-fitting bandage. (3-17-22)

476. – 549. (RESERVED)

550. PLAGUE.

Household members and face-to-face contacts of a person with pneumonic plague must be offered chemoprophylaxis and placed under surveillance for seven (7) days. A person who refuses chemoprophylaxis must be maintained under surveillance for seven (7) days. (7-1-26)

551. – 569. (RESERVED)

570. PNEUMOCYSTIS PNEUMONIA (PCP).

Each reported case of *Pneumocystis* pneumonia (PCP) must be investigated to confirm the diagnosis, and to determine whether HIV contributed to the disease. (7-1-26)

571. – 579. (RESERVED)

580. POLIOMYELITIS.

The immunization status of personal contacts should be determined and susceptible contacts recommended to receive immunization. (7-1-26)

581. – 609. (RESERVED)

610. RABIES - HUMAN, ANIMAL, AND POST-EXPOSURE PROPHYLAXIS (RPEP).

01. Reporting Requirements. (3-17-22)

a. Each case of rabies in animals or rabies post-exposure prophylaxis series initiation in a human must be reported to the Department or Health District within one (1) working day of identification. (7-1-26)

b. Each suspected or confirmed case of rabies in animals will be investigated to determine if potential human or animal exposure has occurred and identify persons who may need to undergo rPEP. (3-17-22)

c. Each reported rPEP series initiation must be investigated to determine if additional individuals require rPEP and identify the source of possible rabies exposure. (3-17-22)

02. Management of Exposure to Rabies. In the event that a human or animal case of rabies occurs, any designated representative of the Department, Health District, or Idaho State Department of Agriculture, will establish such isolation and quarantine of animals involved as deemed necessary to protect the public health. (7-1-26)

a. The management of a rabies-susceptible animal that has bitten or otherwise potentially exposed a person to rabies must be as follows: (3-17-22)

i. Any livestock that has bitten or otherwise potentially exposed a person to rabies will be referred to the Idaho State Department of Agriculture for management. (3-17-22)

ii. Any healthy domestic dog, cat, or ferret, regardless of rabies vaccination status, must be under the supervision of a licensed veterinarian or other person designated by the Idaho State Department of Agriculture, Health District, or the Department. (7-1-26)

iii. Any domestic dog, cat, or ferret that cannot be managed as described in this rule must be destroyed by a means other than shooting or other trauma to the head. The head must be submitted to an approved laboratory for rabies analysis. (7-1-26)

iv. It is the animal owner's responsibility to follow instructions provided for the management of the animal. (3-17-22)

v. Rabies susceptible animals other than domestic dogs, cats, or ferrets must be destroyed and the head submitted to an approved laboratory for rabies analysis, unless an exemption is given by the Department or Health District. (3-17-22)

vi. No person will destroy, or allow to be destroyed, the head of a rabies-susceptible animal that has bitten or otherwise potentially exposed a person to rabies without authorization from the Department or Health District. (3-17-22)

b. The management of a rabies-susceptible animal that has not bitten a person, but has been bitten, mouthed, mauled by, or closely confined in the same premises with a confirmed or suspected rabid animal must be as follows: (3-17-22)

i. Any exposed livestock will be referred to the Idaho State Department of Agriculture for management. (3-17-22)

ii. Any domestic dog, cat, or ferret that has never been vaccinated against rabies as recommended by the American Veterinary Medical Association, must be euthanized or appropriately vaccinated in accordance with guidance in the "Compendium of Animal Rabies Prevention and Control" and quarantined under the observation of a licensed veterinarian or a person designated by the Idaho State Department of Agriculture, Health District, or the Department. Quarantine of such an animal must be within an enclosure deemed adequate by a person designated by the Idaho State Department of Agriculture, Health District, or the Department. If signs suggestive of rabies develop, the managing veterinarian or other designee must immediately consult the Health District or Department to discuss

euthanasia or rabies testing. (7-1-26)

iii. An animal considered currently vaccinated against rabies, or overdue for rabies vaccination but with documentation of at least one (1) prior rabies vaccination, should be revaccinated against rabies as soon as possible with an appropriate vaccine, kept under the owner's control, and observed for illness for forty-five (45) days. If signs suggestive of rabies develop, the owner must immediately consult the Health District or Department to discuss euthanasia and rabies testing. These provisions apply only to animals for which an approved rabies vaccine is available. (7-1-26)

iv. The owner of the animal is financially responsible for the cost of managing and testing of the animal. (7-1-26)

c. Any rabies-susceptible animal other than domestic dogs, cats, ferrets, or livestock that are suspected of having rabies, or have been in close contact with an animal known to be rabid, must be euthanized, unless an exemption is granted by the Department or Health District. (7-1-26)

d. Any rabies susceptible animal other than domestic dogs, cats, ferrets, or other livestock that are suspected of having rabies, or have been in close contact with an animal known to be rabid, must be euthanized and tested by an approved laboratory for rabies if a person has been bitten or has had direct contact with the animal that might result in the person becoming infected. (7-1-26)

611. – 659. (RESERVED)

660. RUBELLA - INCLUDING CONGENITAL RUBELLA SYNDROME.

01. Restrictions - Daycare Facility. A person who is diagnosed with rubella must not attend daycare or work in any occupation in which there is close contact with children in a daycare facility as long as the disease is in a communicable form. Infants with congenital rubella syndrome should be restricted from day care facilities until 2 clinical specimens obtained 1 month apart are negative for rubella virus. (3-1-26)

02. Restrictions - Personal Contact. A person who is diagnosed with rubella must not work in occupations in which there is close contact with women likely to be pregnant as long as the disease is in a communicable form. (3-1-26)

661. – 669. (RESERVED)

670. SALMONELLOSIS - INCLUDING TYPHOID FEVER.

01. Restrictions - Chronic Carrier. Chronic carriers, which are those who excrete *Salmonella* for more than one (1) year after onset, are restricted from working as food employees. Chronic carriers must not work in any occupation in which they provide personal care to children in daycare facilities, or to persons who are confined to health care facilities or residential care facilities, until *Salmonella* is not identified by a licensed laboratory in any of three (3) successive approved fecal specimens collected at least seventy-two (72) hours apart. (3-17-22)

02. Restrictions - Non-Typhi Salmonella. (3-17-22)

a. A fecally incontinent person excreting non-Typhi *Salmonella* must not attend a daycare facility. (3-17-22)

b. A person excreting non-Typhi *Salmonella* must not work in any occupation in which they provide personal care to children in a daycare facility or provide personal care to persons confined to a health care facility, unless an exemption is obtained from the Department or Health District. (3-17-22)

c. A symptomatic food employee excreting non-Typhi *Salmonella* must be managed under the IDAPA 16.02.19, "Idaho Food Code." (3-17-22)

d. Before a person can attend or work in a daycare facility or a health care facility, or work as a food

employee, the person must provide two (2) successive approved fecal specimens collected at least twenty-four (24) hours apart, that fail to show *Salmonella*. (3-17-22)

e. The Department may withdraw this restriction on a case of non-Typhi *Salmonella* provided that the person is asymptomatic. (3-17-22)

f. Any member of a household in which there is a case of non-Typhi salmonellosis must not work as a food employee until the member provides at least one (1) approved fecal specimen that fails to show *Salmonella* upon testing by a licensed laboratory. (3-17-22)

03. Restrictions - Salmonella Typhi. (3-17-22)

a. Any person with typhoid fever will remain subject to the supervision of the Department until *Salmonella Typhi* is not isolated by a licensed laboratory from three (3) successive approved fecal specimens collected at least twenty-four (24) hours apart, and at least forty-eight (48) hours after the last dose of antibiotics. (7-1-26)

b. Any member of a household in which there is a case of *Salmonella Typhi* must not work in the occupations described in this Section until the member provides at least two (2) successive approved fecal specimens collected twenty-four (24) hours apart that fail to show *Salmonella* upon testing by a licensed laboratory. (7-1-26)

c. All chronic carriers of *Salmonella Typhi* must abide by a written agreement called a typhoid fever carrier agreement. This agreement is between the chronic carrier and the Department or Health District. Failure of the carrier to abide by the carrier agreement may cause the carrier to be isolated under Section 065 of these rules. The carrier agreement requires: (3-17-22)

i. The carrier cannot work as a food employee; (3-17-22)

ii. Specimens must be furnished for examination in a manner described by the Department or Health District; and (3-17-22)

iii. The Department or Health District must be notified immediately of any change of address, occupation, and cases of illness suggestive of typhoid fever in their family or among immediate associates, while there is a chronic carrier under a typhoid fever carrier agreement. (7-1-26)

d. Chronic carriers of typhoid fever may be released from carrier status when *Salmonella Typhi* is not identified by a licensed laboratory in any of six (6) consecutive approved fecal and urine specimens collected at least one (1) month apart. (3-17-22)

671. – 699. (RESERVED)

700. SHIGELLOSIS.

01. Restrictions - Daycare Facility. (3-17-22)

a. A person excreting *Shigella* must not attend a daycare facility while fecally incontinent. (3-17-22)

b. A person excreting *Shigella* must not work in any occupation in which they provide personal care to children in a daycare facility while the disease is present in a communicable form, unless an exemption is obtained from the Department or Health District. During an outbreak in a daycare facility, a cohort system may be approved. (3-17-22)

c. The Department or Health District may withdraw the daycare restriction when the person has provided two (2) successive approved fecal specimens collected at least twenty-four (24) hours apart that fail to show *Shigella* upon testing by a licensed laboratory. (3-17-22)

02. Restrictions - Health Care Facility. (3-17-22)

a. A person excreting *Shigella* must not work in any occupation in which they provide personal care to persons who are confined to a health care facility while the disease is present in a communicable form, unless an exemption is obtained from the Department or Health District. During an outbreak in a facility, a cohort system may be approved. (3-17-22)

b. The Department or Health District may withdraw the health care facility restriction when the employee has provided two (2) successive approved fecal specimens collected at least twenty-four (24) hours apart that fail to show *Shigella* upon testing by a licensed laboratory. (3-17-22)

c. During an outbreak in a facility, a cohort system may be approved. (3-17-22)

03. Restrictions - Household Contacts. No member of a household, in which there is a case of shigellosis, may work in any occupations in this Section, unless the Department or Health District approves and at least one (1) approved fecal specimen is negative for *Shigella* upon testing by a licensed laboratory. (7-1-26)

701. – 709. (RESERVED)

710. SMALLPOX.

01. Restrictions - Public Gatherings. A person diagnosed with smallpox must not attend public gatherings as long as the disease is in a communicable form. (3-17-22)

02. Restrictions - Working. A person diagnosed with smallpox must not work in any occupation as long as the disease is in a communicable form. (3-17-22)

711. – 779. (RESERVED)

780. TUBERCULOSIS.

01. Active Pulmonary Tuberculosis - Definition. Tuberculosis disease of the lungs, determined by a physician to be potentially contagious by clinical or bacteriological evidence or by evidence of the spread of the disease to others. Tuberculosis is considered active until cured. (3-17-22)

02. Cure of Tuberculosis - Definition. The completion of a course of antituberculosis treatment. (3-17-22)

03. Restrictions - Health Care Facility. (3-17-22)

a. A person suspected to have pulmonary tuberculosis in a health care facility must be managed under the “Guideline for Isolation Precautions in Hospitals,” until the diagnosis of active pulmonary tuberculosis is excluded by a licensed physician. (7-1-26)

b. A person with active pulmonary tuberculosis in a health care facility must be managed under the “Guideline for Isolation Precautions in Hospitals,” until they are determined to be noninfectious by a licensed physician, the infection control committee of the facility, or the Department. (7-1-26)

c. A person with active pulmonary tuberculosis must not work in any occupation in which they have direct contact or provides personal care to persons confined to a health care or residential care facility, until they are determined to be noninfectious by a licensed physician, infection control committee of the facility, or the Department. (3-17-22)

d. In the event that active pulmonary tuberculosis is diagnosed in an employee, patient, or resident, the health care facility must conduct an investigation to identify contacts. The Department or Health District may assist in the investigation. (3-17-22)

04. Restrictions - School. A person with active pulmonary tuberculosis must not attend or work in any

occupation in which they have direct contact with students in a private, parochial, charter, or public school until they are determined to be noninfectious by a licensed physician, the Department, or Health District. (3-17-22)

05. Restrictions - Household Contacts. Any member of a household, in which there is a case of active pulmonary tuberculosis, must not attend or work in any occupation in which they provide direct supervision of students in a school, personal care to children in a daycare facility or persons confined to a health care facility, or works in a food service facility, until they have been determined to be noninfectious by a licensed physician, the Department, or Health District. (3-17-22)

781. -- 999. (RESERVED)