

Regulatory Analysis

Notice of Intended Action to be published: Iowa Administrative Code 641—Chapter 1
“Reportable Diseases, Poisonings and Conditions, and Quarantine and Isolation”

Iowa Code section(s) or chapter(s) authorizing rulemaking: 136A, 139A.2, 139A.3, 139A.3A, 139A.4, 139A.21, 139A.31 and 139A.33

State or federal law(s) implemented by the rulemaking: Iowa Code chapters 135, 139A and 137

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

November 28, 2023
10 a.m.

Via video/conference call:
meet.google.com/nkg-jzin-yvp

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis. Written or oral comments in response to this Regulatory Analysis must be received by the Department of Health and Human Services (HHS) no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

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Purpose and Summary

This proposed chapter provides for disease investigation and disease control through preventive measures including but not limited to quarantine and isolation. This chapter captures reportable communicable and noncommunicable diseases, cancers, and farm-related injuries.

The chapter defines procedure for members of the public to comply with the reporting requirements for the categories listed above, including:

- Who is required to report.
- When to report.
- What needs to be reported.
- How to report.

The chapter provides for cancer surveillance, which allows for evaluation of trends over time and evaluation of potential cancer clusters, as well as helping Iowa hospitals to monitor and improve the quality and comprehensiveness of their cancer care. Having administrative rules that allow the Iowa Cancer Registry to maintain their contract with the National Cancer Institute (NCI)-funded Surveillance, Epidemiology and End Results (SEER) Program allows the State of Iowa to maintain a high-quality registry at a very low cost to the State.

It also provides for congenital and inherited disorder surveillance to compile, evaluate, retain, and disseminate information on the occurrence, prevalence, causes, treatment, and prevention of congenital disorders. Congenital disorders shall be considered reportable conditions in accordance with rules adopted by the Department of Public Health (Department) and shall be abstracted and maintained by the registry.

Analysis of Impact

1. Persons affected by the proposed rulemaking:
 - Classes of persons that will bear the costs of the proposed rulemaking:

The public does not incur any cost via implementation of this rulemaking.

- Classes of persons that will benefit from the proposed rulemaking:

Individuals or families near persons with communicable diseases will benefit as well as communities in which persons with reportable communicable diseases reside and individuals with congenital and inherited disorders.

2. Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:

- Quantitative description of impact:

Estimated figures below are projections based on past program performance as included in the Red Tape Rule Report for this chapter.

Identified Impacts*

	SFY2024	SFY2025	SFY2026	SFY2027	SFY2028	5-Year Total
Costs						
HHS Implementation	\$1,238,000	\$1,238,000	\$1,238,000	\$1,238,000	\$1,238,000	\$6,190,000
Benefits						
Improved Public Health & Safety	Qualitative	Qualitative	Qualitative	Qualitative	Qualitative	Qualitative
Net Value	Indeterminate	Indeterminate	Indeterminate	Indeterminate	Indeterminate	Indeterminate

*All monetary figures have been rounded to the nearest thousandth.

State general fund allocations support only a portion of the HHS implementation costs for Chapter 1. The state General Fund allocation has remained static. Federal grant funds provide approximately \$6.5 million in annual funding in support of Chapter 1 implementation. Federal government issues supplemental grant awards to support the response to outbreaks that impact the nation (e.g. COVID-19 and Mpox). These supplemental awards are in addition to the annual grant support.

- Qualitative description of impact:

Public health surveillance is foundational to public health practice. It aids in understanding diseases and their spread to determine appropriate actions to control outbreaks. If this chapter did not exist, it would limit the ability of public health officials to monitor, control, and prevent these reportable diseases and conditions. An inability to assess the incidence and impact of reportable conditions on Iowans would prevent the Department from conducting disease investigation, contact tracing, and connecting affected individuals with recommended testing and treatment. Ultimately, disease transmission would increase, as would sequelae of untreated STIs (including chronic pelvic pain, pelvic inflammatory disease, vision and hearing problems, and death).

In addition, if this chapter did not exist, there would not be the ability to access the incidence, contributing factors, and impact to families of congenital and inherited disorders. There would not be data to inform prevention or treatment efforts for congenital and inherited disorders.

3. Costs to the State:

- Implementation and enforcement costs borne by the agency or any other agency:

HHS incurs personnel costs to support the procedures described in this chapter. These costs are reflected in the table above as “HHS Implementation.”

- Anticipated effect on state revenues:

No impact on state revenues has been identified.

4. Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:

The general fund dollars, supplemented largely by federal funding sources, supports a net value in improved public health and safety. If this chapter did not exist, it is very likely that the disease burden would increase, leading to increased absences from school and work, which could have an impact on the economy. If the Department were no longer able to isolate and/or quarantine individuals that either have a communicable disease or are at risk for developing and spreading a communicable disease, it would have a significant impact on morbidity and mortality across the state.

HHS would not be able to implement programs and activities authorized and required by Iowa Code chapter 136A, and would be unable to initiate, conduct and supervise screening and health care activities in order to detect and predict congenital and inherited disorders. HHS would also not be able to ensure the availability of and access to quality genetic and genomic services for Iowans.

5. Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:

HHS is implementing an isolation and quarantine process and reporting for certain diseases and conditions in accordance with the Iowa Code. A less costly method has not been identified to achieve the purpose of this rulemaking.

6. Alternative methods considered by the agency:

- Description of any alternative methods that were seriously considered by the agency:

HHS implements isolation and quarantine measures in accordance to requirements of the Iowa Code. The Department does have flexibility in setting parameters for process and investigation cooperation, as well as the reporting structure for communicable and noncommunicable diseases and conditions. The Department also has some flexibility in the communicable and noncommunicable diseases and conditions required to be reported pursuant to authority in Iowa Code. No alternative methods have been seriously considered as HHS believes these are the most effective for both cost and maintenance of public health.

- Reasons why alternative methods were rejected in favor of the proposed rulemaking:

HHS believes the parameters established in this chapter for education, testing, and vaccination are at a level necessary to protect public health and safety.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

Not applicable.

Text of Proposed Rulemaking

ITEM 1. Rescind 641—Chapter 1 and adopt the following new chapter in lieu thereof:

CHAPTER 1
REPORTABLE DISEASES, POISONINGS AND CONDITIONS, AND QUARANTINE AND
ISOLATION

641—1.1(139A) Definitions. For the purpose of these rules, the following definitions will apply:

“*AIDS*” means the same as defined in Iowa Code chapter 141A.

“*Area quarantine*” means the same as defined in Iowa Code chapter 139A.

“*Business*” means the same as defined in Iowa Code chapter 139A.

“*Care provider*” means the same as defined in Iowa Code chapter 139A.

“*Case*” means an individual who has confirmatory evidence of disease.

“*Clinical laboratory*” means any laboratory performing analyses on specimens taken from the body of a person in order to assess that person’s health status.

“*Communicable disease*” means the same as defined in Iowa Code chapter 139A.

“*Congenital or inherited disorder*” means any congenital disorder as defined in Iowa Code chapter 136A or any inherited disorder as defined in Iowa Code chapter 136A.

“*Disease surveillance*” means the ongoing, systematic collection, analysis, and interpretation of health-related data essential for planning, implementation, and evaluation of public health programs and practices.

“*Exposure*” means contact with an agent in a manner that could cause disease or infection.

“*HBV*” means the same as Iowa Code chapter 139A.

“*Health care facility*” means the same as Iowa Code chapter 139A.

“*Health care provider*” means the same as defined in Iowa Code chapter 139A.

“*HIV*” means the same as defined in Iowa Code chapter 141A.

“*Hospital*” means the same as defined in Iowa Code chapter 135B.

“*IDSS*” means the Iowa disease surveillance system, a secure electronic statewide disease reporting and surveillance system.

“*Infectious disease*” means a disease caused by the entrance into the body of organisms, including but not limited to bacteria, protozoans, fungi, prions, or viruses which grow and multiply.

“*Infectious tuberculosis*” means pulmonary or laryngeal tuberculosis as evidenced by:

1. Isolation of *M. tuberculosis* complex (positive culture) from a clinical specimen or positive nucleic acid amplification test, or

2. Both radiographic evidence of tuberculosis, such as an abnormal chest X ray, CT, PET or MRI scan, and clinical evidence, such as a positive skin test or whole blood assay test for tuberculosis infection, coughing, sputum production, fever, or other symptoms compatible with infectious tuberculosis that lead a health care provider to diagnose infectious tuberculosis according to currently acceptable standards of medical practice and to initiate treatment for tuberculosis.

“*Investigation*” means an inquiry conducted to determine the specific source, mode of transmission, and cause of a disease or suspected disease occurrence and to determine the specific incidence, prevalence, and extent of the disease in the affected or general population. “Investigation” may also include the application of scientific methods and analysis to institute appropriate control measures.

“*Isolation*” means the same as defined in Iowa Code chapter 139A.

“*Local board*” means the same as defined in Iowa Code chapter 139A.

“*Local department*” means the same as defined in Iowa Code chapter 139A.

“*Placard*” means the same as Iowa Code chapter 139A.

“*Poison control or poison information center*” means any organization or program which has as one of its primary objectives the provision of toxicologic and pharmacologic information and referral services to the public and to health care providers (other than pharmacists) in response to inquiries about actual or potential poisonings.

“*Public health disaster*” means an incident as defined in Iowa Code section 135.140.

“*Quarantinable disease*” means any communicable disease that presents a risk of serious harm to public health and that may require isolation or quarantine to prevent its spread. “Quarantinable disease” includes but is not limited to cholera, diphtheria, infectious tuberculosis, plague, smallpox, yellow fever, viral hemorrhagic fevers, novel influenza, and severe acute respiratory syndrome (SARS).

“*Quarantine*” means the same as defined in Iowa Code chapter 139A.

“*Reportable cancers*” means those cancers included in the National Cancer Institute’s Surveillance, Epidemiology and End Results (SEER) Program.

“*Reportable disease*” means any disease or condition approved by the state epidemiologist or medical director and designated by this chapter.

“*Sexually transmitted disease or infection*” or “*STI*” means a disease or infection as identified by this chapter that is transmitted through sexual practices. “Sexually transmitted disease or infection” includes, but is not limited to, acquired immunodeficiency syndrome (AIDS), chlamydia, gonorrhea, hepatitis B, hepatitis C, human immunodeficiency virus (HIV), human papillomavirus, and syphilis.

“*Suspected case*” means an individual that presents with clinical signs or symptoms indicative of a reportable or quarantinable disease.

“*Toxic agent*” means any noxious substance in solid, liquid or gaseous form capable of producing illness in humans including, but not limited to, pesticides as defined in Iowa Code chapter 206, heavy metals, organic and inorganic dusts and organic solvents. Airborne toxic agents may be in the form of dusts, fumes, vapors, mists, gases or smoke.

641—1.2(139A) Authority. The director is the principal officer of the state to administer disease, poisoning and condition, and incident reporting and control. The Iowa Cancer Registry, administered by the Department of Epidemiology of the College of Public Health at the University of Iowa, is a public health authority for purposes of collecting cancer data in accordance with this chapter.

641—1.3(139A,141A) Reportable communicable and infectious diseases, poisonings or conditions, and cancers. Reportable communicable and infectious diseases, poisonings and conditions under this chapter are those listed in Appendices A and B. The director may also designate any disease, poisoning or condition or syndrome temporarily reportable for the purpose of a special investigation.

1.3(1) Cancer. Pursuant to Public Law 92-218 and Public Law 102-515, each occurrence of a reportable cancer that is diagnosed or treated in an Iowa resident or occurs in a nonresident who is diagnosed or treated in an Iowa facility shall be reported to the Iowa Cancer Registry.

1.3(2) Congenital and inherited disorders. Each occurrence of a congenital and inherited disorder that is diagnosed or treated in an Iowa resident or occurs in a nonresident who is diagnosed or treated in an Iowa facility is a reportable condition pursuant to Iowa Code chapter 136A, and records of these congenital and inherited disorders shall be abstracted and maintained in a central registry. Congenital and inherited disorder surveillance shall be performed to determine the occurrence and trends of congenital and inherited disorders, to conduct thorough and complete epidemiological surveys, to assist in the planning for and provision of services to children with congenital and inherited disorders and their families, and to identify environmental and genetic risk factors for congenital and inherited disorders.

641—1.4(135,139A) Reporting requirements.

1.4(1) Who is required to report.

a. Communicable and infectious diseases, and poisonings.

(1) Health care providers, hospitals, and clinical laboratories and other health care facilities are required to report cases of reportable diseases, poisonings and conditions. Health care providers and hospitals are exempted from reporting communicable and infectious disease laboratory results and blood lead testing if the healthcare provider or hospital ensures that the laboratory performing the analysis provides a report containing the required information to the department.

(2) School nurses are required to report suspected cases of a reportable disease, poisoning or condition occurring among the children supervised.

(3) Poison control and poison information centers are required to report inquiries about cases of a reportable disease, poisoning or condition received by them.

(4) Medical examiners are required to report their investigatory findings of any death which was caused by or otherwise involved a reportable disease, poisoning or condition.

(5) Occupational nurses are required to report cases of reportable diseases, poisonings and conditions.

(6) Hospitals, health care providers and clinical laboratories outside the state of Iowa shall immediately report any confirmed or suspected case of a reportable disease, poisoning or condition in an Iowa resident.

b. Reportable cancers. Health care providers, hospitals, clinical laboratories and health care facilities involved in the diagnosis, care or treatment of individuals with a reportable cancer.

c. Congenital and inherited disorders. Health care providers, clinics, clinical laboratories and other health care facilities are required to report cases of a congenital or inherited disorder.

1.4(2) What to report. Each report will contain all information as listed in Iowa Code chapter 139A, in addition to:

a. For communicable and infectious diseases:

(1) The name of the reportable disease.

(2) The treatment provided for the reportable disease.

b. For poisonings:

(1) The analytical result.

(2) In the case of blood lead testing, whether the sample is a capillary or venous blood sample.

(3) For conditions not identified by a laboratory analysis, the date that the condition was diagnosed.

(4) In the case of occupational conditions, the name of the patient's employer.

c. For reportable cancers:

(1) Follow-up data.

(2) Demographic, diagnostic, prognostic, treatment, and other medical information.

d. For congenital and inherited conditions:

(1) Follow-up data.

(2) Demographic, diagnostic, treatment and other medical information.

(3) Tissue samples may also be submitted.

1.4(3) How to report. Information on when and how to report any of the diseases, conditions, or injuries included in this chapter can be found in Appendices A and B.

a. Immediate reporting by telephone of diseases identified as immediately reportable. A health care provider and a public, private, or hospital clinical laboratory will immediately report any confirmed or suspect case of a disease identified in Appendix A as immediately reportable to the department.

b. Other diseases that carry serious consequences or spread rapidly. A health care facility, health care provider and a public, private, or hospital clinical laboratory will immediately report any confirmed or suspected case of a common source epidemic or disease outbreak of unusual numbers.

c. Reporting to other public health authorities. The department may authorize hospitals, health care providers or clinical laboratories outside the state of Iowa to report any confirmed or suspect case of a reportable disease, poisoning, or condition to another public health authority for the purpose of facilitating a report to the department.

d. Cancers. The department has delegated to the Iowa Cancer Registry the responsibility for collecting cancer data.

(1) Those required to report shall submit required data to the Iowa Cancer Registry monthly, in an electronic format specified by the Iowa Cancer Registry. Those required to report may employ registrars with Iowa Cancer Registry-approved training, or contract with the Iowa Cancer Registry or an outside vendor to submit reportable cancer cases and required data elements to the Iowa Cancer Registry.

(2) As needed for SEER surveillance activities, the Iowa Cancer Registry shall have remote electronic access, where available, or physical access to all cancer-relevant medical records.

e. Congenital and inherited disorders. The department has delegated to the Iowa Registry for Congenital and Inherited Disorders the responsibility to maintain a central registry for congenital and inherited disorders. The Iowa Registry for Congenital and Inherited Disorders shall:

(1) Prior to collecting the data from health care providers, hospitals, clinics, clinical laboratories and other health care facilities, work with the reporting facility to develop a process for abstracting records which is agreeable to the reporting facility.

(2) Develop and distribute reporting forms where applicable.

(3) Develop an abstracting process for data to be supplemented with information obtained from records from hospitals, treatment centers, outpatient centers, clinics, pathology laboratories and physician offices.

INVESTIGATION

641—1.5(135,139A) Investigation of reportable diseases.

1.5(1) A health care provider and a public, private, or hospital clinical laboratory will provide the department, local board, or local department with all information necessary to conduct the investigation, including but not limited to medical records; exposure histories; medical histories; contact information; and test results necessary to the investigation, including positive, pending, and negative test results.

1.5(2) Issuance of investigatory subpoenas.

a. The department may upon the written request of a local board of health, the state public health medical director or the state public health epidemiologist or designee, subpoena records, reports, or any other evidence necessary to conduct a disease investigation. The subpoena will be signed by the department following review and approval of the written request for subpoena.

b. Process to challenge a subpoena. Any person who is aggrieved or adversely affected by compliance with the subpoena and who desires to challenge the subpoena shall follow 441—Chapter 7.

ISOLATION AND QUARANTINE

641—1.6(135,193A) Isolation and quarantine. Isolation and quarantine should be consistent with guidelines provided by the Centers for Disease Control and Prevention.

1.6(1) General provisions.

a. Voluntary confinement. Prior to instituting mandatory isolation or quarantine pursuant to this rule, the department or a local board of health may request that an individual or group of individuals voluntarily confine themselves to a private home or other facility.

b. Isolation and quarantine. The department and local boards of health are authorized to impose and enforce isolation and quarantine restrictions. Isolation and quarantine will rarely be imposed by the department or by local boards of health. If a quarantinable disease occurs in Iowa, individuals with a suspected or active quarantinable disease and contacts to the case may be isolated or quarantined as the particular situation requires. Any isolation or quarantine imposed by the department or a local board of health will be established and enforced in accordance with this rule.

1.6(2) Conditions and principles. The department and local boards of health will adhere to all of the following conditions and principles when isolating or quarantining individuals or a group of individuals:

a. The isolation or quarantine will be by the least restrictive means necessary to prevent the spread of a communicable or possibly communicable disease to others and may include, but not be limited to, confinement to private homes, other private premises, or public premises.

b. Isolated individuals will be confined separately from quarantined individuals.

c. The health status of isolated or quarantined individuals will be monitored regularly to determine if the individuals require further or continued isolation or quarantine.

d. If a quarantined individual subsequently becomes infected or is reasonably believed to have become infected with a communicable or possibly communicable disease, the individual will be promptly removed to isolation.

e. Isolated or quarantined individuals will be immediately released when the department or local board of health determines that the individuals pose no substantial risk of transmitting a communicable or possibly communicable disease.

f. The needs of isolated or quarantined individuals will be addressed in a systematic and competent fashion including, but not limited to, providing adequate food, clothing, shelter, means of communicating with those in and outside of isolation or quarantine, medication, and competent medical care.

g. The premises used for isolation or quarantine will be maintained in a safe and hygienic manner and will be designed to minimize the likelihood of further transmission of infection or other harm to isolated or quarantined individuals.

h. To the extent possible, cultural and religious beliefs will be considered in addressing the needs of individuals in isolation or quarantine premises and in establishing and maintaining the premises.

1.6(3) *Examination, testing, and treatment of quarantinable diseases.*

a. A health care provider who attends an individual with a suspected or active quarantinable disease will make all reasonable efforts in accordance with guidance from a local health department or the department to examine or cause all household and other known contacts of the individual to be examined by a health care provider. The health care provider will promptly report to the department the results of such examination. If the individual refuses or is unable to undergo examination, the health care provider will all promptly report such information to the department.

b. When required by the department, all contacts of an individual who has a suspected or active quarantinable disease, including all adult and minor contacts, will submit to a diagnostic test or tests or other monitoring. If any suspicious abnormality is found, steps satisfactory to the department will be taken to refer the individual promptly to a health care provider or appropriate medical facility for further evaluation and, if necessary, treatment. The department or the referring health care provider or facility will notify the receiving health care provider or facility of the suspicious abnormality. When requested by the department, a health care provider will report the results of the examination of a contact to the case or suspected case or incident. If an individual with a suspected or active quarantinable disease fails to comply with a department order to submit to diagnostic testing or monitoring, such individual may be ordered to be isolated or quarantined as determined by the department.

c. Upon order of the department or local board of health, an individual with a suspected or active quarantinable disease will not attend the workplace or school and will not be present at other public places until the individual receives the approval of the department or a local board of health to engage in such activity. Upon order of the department or local board of health, employers, schools and other public places will exclude an individual with a suspected or active quarantinable disease. An individual may also be excluded from other premises or facilities if the department or a local board of health determines the premises or facilities cannot be maintained in a manner adequate to protect others against the spread of the disease.

d. A person diagnosed with or clinically suspected of having infectious tuberculosis shall complete voluntary treatment until, in the opinion of the health care provider or the state public health medical director, the person's tuberculosis is cured or such person is no longer a threat to public health. If such person refuses to complete the course of voluntary treatment, the department or local board of health may issue an order compelling mandatory treatment. Such order shall include the identity of the person subject to the mandatory treatment order, a description of the treatment ordered, the medical basis upon which the treatment is ordered, and a description of the potential medical and legal consequences of violating such order. A person who violates a mandatory treatment order may be subject to the penalties provided in Iowa Code section 135.38 or 137.117 and may be placed under mandatory quarantine or isolation in accordance with the provisions of this chapter.

e. A person diagnosed with extrapulmonary tuberculosis or clinically suspected of having infectious tuberculosis who fails to comply with a health care provider's recommendation for diagnostic testing may be ordered to undergo diagnostic testing by the department or local board of health. Such order shall include the identity of the person subject to mandatory diagnostic testing, a description of the diagnostic testing ordered, the medical basis upon which the diagnostic testing is ordered, and a description of the potential medical and legal consequences of violating such order. A person who

violates a mandatory diagnostic testing order may be subject to the penalties provided in Iowa Code section 135.38 or 137.117 and may be placed under mandatory quarantine or isolation in accordance with the provisions of this chapter.

1.6(4) Premises standards.

a. If deemed appropriate by the department, isolation or quarantine placards will be posted in accordance with Iowa Code chapter 139A.

b. An individual subject to isolation or quarantine shall obey the rules and orders of the department or the local board of health and shall not go beyond the isolation or quarantine premises unless expressly authorized to do so by the order.

c. The department or a local board of health may authorize physicians, health care workers, or others access to individuals in isolation or quarantine as necessary to meet the needs of isolated or quarantined individuals.

d. No individual, other than an individual authorized by the department or a local board of health, will enter isolation or quarantine premises. If the department has requested the assistance of law enforcement in enforcing the isolation or quarantine, the department will provide law enforcement personnel with a list of individuals authorized to enter the isolation or quarantine premises.

e. Any individual entering an isolation or quarantine premises with or without authorization of the department or a local board of health may be isolated or quarantined pursuant to this rule.

1.6(5) Isolation and quarantine by local boards of health.

a. A local board of health may:

- (1) Isolate individuals who are presumably or actually infected with a quarantinable disease;
- (2) Quarantine individuals who have been exposed to a quarantinable disease;
- (3) Establish and maintain places of isolation and quarantine; and
- (4) Adopt emergency rules and issue orders as necessary to establish, maintain, and enforce isolation or quarantine.

b. Isolation and quarantine undertaken by a local board of health will be accomplished according to the rules and regulations of the local board of health so long as such rules are not inconsistent with this chapter.

1.6(6) Isolation and quarantine by the department.

a. Authority.

(1) The department may:

1. Isolate individuals or groups of individuals who are presumably or actually infected with a quarantinable disease; and

2. Quarantine individuals or groups of individuals who have been exposed to a quarantinable disease, including individuals who are unable or unwilling to undergo examination, testing, vaccination, or treatment, pursuant to Iowa Code section 135.144.

(2) The department may:

1. Establish and maintain places of isolation and quarantine; and

2. Adopt emergency rules and issue orders as necessary to establish, maintain, and enforce isolation or quarantine.

(3) Isolation and quarantine undertaken by the department, including isolation and quarantine undertaken by the department in the event of a public health disaster, will be established pursuant to paragraph 1.6(6) "b" or "c."

b. Temporary isolation and quarantine without notice. The department may temporarily isolate or quarantine an individual or groups of individuals through an oral order, without notice, only if delay in imposing the isolation or quarantine would significantly jeopardize the department's ability to prevent or limit the transmission of a communicable or possibly communicable disease to others. If the department imposes temporary isolation or quarantine of an individual or groups of individuals through an oral order, the department will issue a written order as soon as is reasonably possible and in all cases within 24 hours of issuance of the oral order if continued isolation or quarantine is necessary to prevent or limit the transmission of a communicable or possibly communicable disease.

c. Written order. The department may isolate or quarantine an individual or groups of individuals through a written order issued pursuant to this rule.

(1) The written order will include all of the following:

1. The identity of the individual, individuals, or groups of individuals subject to isolation or quarantine.

2. The premises subject to isolation or quarantine.

3. The date at which isolation or quarantine commences.

4. The date at which isolation or quarantine commences.

5. A description of the less restrictive alternatives that were attempted and were unsuccessful, or the less restrictive alternatives that were considered and rejected, and the reasons such alternatives were rejected.

6. A statement of compliance with the conditions and principles for isolation and quarantine specified in subrule 1.9(3).

7. The legal authority under which the order is requested.

8. The medical basis upon which isolation or quarantine is justified.

9. A statement advising the individual, individuals, or groups of individuals of the right to appeal the written order and the rights of individuals and groups of individuals subject to quarantine and isolation.

(2) A copy of the written order will be provided to the individual to be isolated or quarantined within 24 hours of issuance of the order in accordance with any applicable process authorized by the Iowa Rules of Civil Procedure. If the order applies to a group or groups of individuals and it is impractical to provide individual copies, the order may be posted in a conspicuous place in the isolation or quarantine premises.

1.6(7) Appeal from order imposing isolation or quarantine. Individuals have the right to appeal an order imposing isolation or quarantine. Appeal procedures are as laid forth in 441—Chapter 7.

1.6(8) Implementation and enforcement of isolation and quarantine.

a. Jurisdictional issues. The department has primary jurisdiction to isolate or quarantine individuals or groups of individuals if the communicable disease outbreak has affected more than one county or has multicounty, statewide, or interstate public health implications. When imposing isolation or quarantine, the department will coordinate with the local health department as appropriate. If isolation or quarantine is imposed by the department, a local board of health or local health department may not alter, amend, modify, or rescind the isolation or quarantine order.

b. Assistance of local boards of health and local health departments. If isolation or quarantine is imposed by the department, the local boards of health and the local health departments in the affected areas will assist in the implementation of the isolation or quarantine order.

c. Assistance of law enforcement. Pursuant to Iowa Code chapter 135, all peace officers of the state will enforce and execute a lawful department order for isolation or quarantine within their respective jurisdictions. The department will take all reasonable measures to minimize the risk of exposure to peace officers and others assisting with enforcement of an isolation or quarantine order.

d. Penalty. Violation of a lawful isolation or quarantine order will be subject to penalties pursuant to Iowa Code chapter 135.

e. Enforcement action. The department may file a civil action in Polk County district court or in the district court for the county in which the individual resides or is located to enforce a department order for isolation or quarantine. Such action will be filed in accordance with the Iowa Rules of Civil Procedure.

641—1.7(135,139A) Area quarantine.

1.7(1) General provisions. The department and local boards of health are authorized to impose and enforce area quarantine in accordance with this rule. Area quarantine will rarely be imposed by the department or by local boards of health.

1.7(2) Conditions and principles. The department and local boards of health will adhere to all of the following conditions and principles when imposing and enforcing area quarantine:

a. Area quarantine will be imposed by the least restrictive means necessary to prevent or contain the spread of a suspected or confirmed quarantinable disease or suspected or known hazardous or toxic agent.

b. Area quarantine will be immediately terminated when the department or a local board of health determines that no substantial risk of exposure to a quarantinable disease or hazardous or toxic agent continues to exist.

c. The geographic boundaries of an area quarantine will be established by risk assessment procedures including medical and scientific analysis of the quarantinable disease or hazardous or toxic agent, the location of the affected area, the risk of spread or contamination, and other relevant information.

1.7(3) Area quarantine sites.

a. Sites of area quarantine will be prominently identified to restrict ingress to and egress from, to the extent practicable. The department or a local board of health may placard or otherwise identify the site, or may request the assistance of law enforcement in identifying the site.

b. No individual, other than an individual authorized by the department or a local board of health, will enter a building, structure, or other physical location subject to area quarantine. The department or a local board of health may authorize public health officials, environmental specialists, health care providers, or others access to an area quarantine site as necessary to conduct public health investigations, to decontaminate the site, or for other public health purposes. Notwithstanding any provision in this chapter to the contrary, law enforcement, fire service, and emergency medical service providers may enter an area quarantine site to provide emergency response services or to conduct emergency law enforcement investigations or other emergency activities without authorization by the department or a local board of health. If the department has requested the assistance of law enforcement in enforcing the area quarantine, the department will provide law enforcement personnel with a list of individuals authorized to enter the area quarantine site.

c. An individual authorized to enter an area quarantine site may be required to wear personal protective equipment as appropriate.

d. No individual, other than an individual authorized by the department or a local board of health, will remove any item or object from a building, structure, or other physical location subject to area quarantine.

e. An individual entering an area quarantine site without the department's or local board of public health's authorization may be isolated or quarantined and may be found guilty of a simple misdemeanor.

1.7(4) Area quarantine by local boards of health or the department.

a. Authority.

(1) The department, through the director, the department's medical director, or the director or medical director's designee, may impose area quarantine through oral or written order. Prior to imposing area quarantine, the department will attempt to notify the local board or boards of health in the affected geographic area. If attempts to notify the local boards of health are initially unsuccessful, the department will continue to make regular notification attempts until successful.

(2) A local board of health may impose area quarantine through oral or written order. Prior to imposing area quarantine, a local board of health will attempt to notify the department by contacting the director, medical director, or department duty officer by telephone. If attempts to notify the department are initially unsuccessful, the local board of health will continue to make regular notification attempts until successful.

b. *Temporary area quarantine without notice.* The department or a local board of health may temporarily impose area quarantine through an oral order, without notice, only if delay in imposing area quarantine would significantly jeopardize the department's or local board's ability to prevent or contain the spread of a suspected or confirmed quarantinable disease or to prevent or contain exposure to a suspected or known hazardous or toxic agent. If the department or local board imposes temporary area quarantine through an oral order, a written order will be issued as soon as is reasonably possible and in all cases within 24 hours of issuance of the oral order if continued area quarantine is necessary.

c. Written order. The department or local board may impose area quarantine through a written order issued pursuant to this rule.

(1) The written order will include all of the following:

1. The building or buildings, structure or structures, or other definable physical location, or portion thereof, subject to area quarantine.

2. The date the area quarantine commences and the date the area quarantine will be terminated, if known.

3. The suspected or confirmed quarantinable disease or the chemical, biological, radioactive, or other hazardous or toxic agent.

4. A statement of compliance with the conditions and principles for area quarantine specified in subrule 1.13(2).

5. The legal authority under which the order is imposed.

6. The medical or scientific basis upon which area quarantine is justified.

7. A statement advising the owner or owners of the building or buildings, structure or structures, or other definable physical location subject to area quarantine of the right to appeal the written order and the rights of owners of sites subject to area quarantine.

(2) A copy of the written order will be provided to the owner or owners of the building or buildings, structure or structures, or other definable physical location subject to area quarantine within 24 hours of issuance of the order in accordance with any applicable process authorized by the Iowa Rules of Civil Procedure; or, if the order applies to a group of owners and it is impractical to provide individual notice to each owner, the written order will be posted in a conspicuous place at the site of area quarantine.

1.7(5) Implementation and enforcement of area quarantine.

a. Jurisdictional issues. The department has primary jurisdiction to impose area quarantine if the quarantinable disease or hazardous or toxic agent has affected more than one county and implicates multicounty or statewide public health concerns. If area quarantine is imposed by the department, a local board of health or local health department may not alter, amend, modify, or rescind the area quarantine order.

b. Assistance of local boards of health and local health departments. If area quarantine is imposed by the department, the local boards of health and the local health departments in the affected areas will assist in the implementation of the area quarantine.

c. Assistance of law enforcement. Pursuant to Iowa Code chapter 135, all peace officers of the state will enforce and execute a lawful department order for area quarantine within their respective jurisdictions. The department will take all reasonable measures to minimize the risk of individual exposure of peace officers and others assisting with enforcement of an area quarantine order.

d. Emergency response, investigation, and decontamination—authority of other agencies. Emergency response, investigation, and decontamination activities in and around an area quarantine site will be conducted by law enforcement, fire service, emergency medical service providers, or other appropriate federal, state, or local officials in accordance with federal and state law and accepted procedures and protocols for emergency response, investigation, and decontamination. This rule is not to be construed to limit the authority of law enforcement, fire service, emergency medical service providers, or other federal, state, or local officials to conduct emergency response, investigation, or decontamination activities to the extent authorized by federal and state law and accepted procedures and protocols.

e. Penalty. Violation of this section will result in penalty pursuant to Iowa Code chapter 135.

f. Enforcement action. To enforce a department order for quarantine, the department may file a civil action in Polk County District Court or in the district court for the county in which the area quarantine will be enforced. Such action will be filed in accordance with the Iowa Rules of Civil Procedure.

641—1.8(139A,22) Confidentiality. Reportable disease records and information, with the exception of AIDS and HIV records, which identify a person or a business named in a report, may be disclosed under the following limited circumstances:

1.8(1) By and between department employees and agents who have a need for the record in the performance of their duties.

1.8(2) By and between department employees and agents and local boards of health and local health departments as necessary to conduct disease surveillance and investigation, to the extent necessary to protect the health or life of the named party, or to enforce a department order or an order of a local board of health.

1.8(3) By and between department employees and agents and health care providers, laboratories, and hospitals as necessary to conduct disease surveillance or an investigation, to the extent necessary to protect the health or life of the named party, or to enforce a department order or an order of a local board of health.

1.8(4) By and between department employees and agents and employees and agents of federal, state, and local agencies as necessary to conduct disease surveillance or an investigation or to enforce a department order or an order of a local board of health.

1.8(5) By and between department employees and agents and employees and agents of tribes and tribal public health authorities as necessary to conduct disease surveillance or an investigation or to enforce a department order or an order of a local board of health.

1.8(6) Reportable disease information may be included in an isolation or quarantine order or placard as necessary to prevent the spread of a quarantinable disease.

1.8(7) Pursuant to rule 641—175.9(17A,22) or 641—175.10(17A,22).

STATE HYGIENIC LABORATORY

641—1.9(135,139A) Specimens for which the fee charged by the state hygienic laboratory will be waived. Pursuant to Iowa Code section 263.8, the state hygienic laboratory will waive testing fees for conditions deemed to be of public health significance by the department with approval from the state medical director or the state epidemiologist. A list of conditions and the criteria for which the fee is waived can be found on the HHS website.

APPENDIX A

Iowa Department of Health and Human Services Table of Reportable Communicable and Infectious Diseases

Report cases of the diseases listed in the following table to the department within the time frame specified in the When to Report column and by the reporting method in the How to Report column.

To report diseases immediately, use the 24/7 disease reporting telephone hotline: 1-800-362-2736.

IMMEDIATELY report diseases, syndromes, poisonings and conditions of any kind suspected or caused by a biological, chemical, or radiological agent or toxin when there is reasonable suspicion that the disease, syndrome, poisoning or condition may be the result of a deliberate act such as terrorism.

IMMEDIATELY report to the department outbreaks of any kind, diseases that occur in unusual numbers or circumstances, unusual syndromes, or uncommon diseases. Outbreaks may be infectious, environmental or occupational in origin and include food-borne outbreaks or illness secondary to chemical exposure (e.g., pesticides, anhydrous ammonia).

Report diseases by:

Entering into the Iowa Disease Surveillance System (IDSS): For IDSS-related questions, call the Center for Acute Disease Epidemiology (CADE) at 1-800-362-2736.

Fax: (515)281-5698

Mail:

Iowa Department of Health and Human Services
 Center for Acute Disease Epidemiology
 Lucas State Office Building
 321 E. 12th Street
 Des Moines, Iowa 50319

Isolates or specimens shall be sent to:

State Hygienic Laboratory at the University of Iowa (SHL)
 U of I Research Park
 2490 Crosspark Road
 Coralville, Iowa 52241-4721

For specimen submission questions, call (319)335-4500 or go to www.shl.uiowa.edu.

Diseases	When to Report	How to Report
Acquired immune deficiency syndrome (AIDS) and AIDS-defining conditions	7 days	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. Report by one of the following methods: Phone (515)242-5141 or (515)281-6918 Mail <ul style="list-style-type: none"> • Health care providers: use the Pediatric or Adult Confidential Case Report Form • Laboratories: send copy of lab report or the Iowa Confidential Report of Sexually Transmitted Disease & HIV Infection. Mark envelope "Attention 03" For HIV/AIDS-related questions, call (515)242-5141
Anthrax	Immediately	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. 24/7 disease reporting telephone hotline: 1-800-362-2736
Botulism (including infant botulism)	Immediately	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. 24/7 disease reporting telephone hotline: 1-800-362-2736
Brucellosis (Brucella)	3 days	Report for Iowa residents. Phone, IDSS, fax or mail
Campylobacteriosis (Campylobacter)	3 days	Report for Iowa residents. Phone, IDSS, fax or mail
Chlamydia	3 days	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. Report by one of the following methods: Secure electronic data system (as determined by the Department) Fax (515)725-1278 Phone (515)281-3031 Mail <ul style="list-style-type: none"> • Use the Iowa Confidential Report of Sexually Transmitted Disease • Mark envelope "Attention 00"

Diseases	When to Report	How to Report
Cholera	Immediately	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. 24/7 disease reporting telephone hotline: 1-800-362-2736
Cryptosporidiosis	3 days	Report for Iowa residents. Phone, IDSS, fax or mail
Cyclospora	3 days	Report for Iowa residents. Phone, IDSS, fax or mail
Diphtheria	Immediately	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. 24/7 disease reporting telephone hotline: 1-800-362-2736
Escherichia coli shiga toxin-producing and related diseases (includes HUS and TTP)	3 days	Report for Iowa residents. Phone, IDSS, fax or mail Laboratories send isolate or specimen to the SHL
Giardiasis (Giardia)	3 days	Report for Iowa residents. Phone, IDSS, fax or mail
Gonorrhea	3 days	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. Report by one of the following methods: Secure electronic data system (as determined by the Department) Fax (515)725-1278 Phone (515)281-3031 Mail <ul style="list-style-type: none"> • Use the Iowa Confidential Report of Sexually Transmitted Disease • Mark envelope "Attention 00"
Haemophilus influenzae type B invasive disease	Immediately	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. 24/7 disease reporting telephone hotline: 1-800-362-2736 Laboratories send isolate or specimen to the SHL
Hansen's disease (leprosy)	3 days	Report for Iowa residents. Phone, IDSS, fax or mail
Hantavirus syndromes	3 days	Report for Iowa residents. Phone, IDSS, fax or mail
Hepatitis A	1 day	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. Phone, IDSS or fax
Hepatitis B, C, D, E	3 days	Report for Iowa residents. Phone, IDSS, fax or mail
Human immunodeficiency virus (HIV) cases Death of a person with HIV Perinatally exposed newborn and child (newborn and child who was born to an HIV-infected mother)	7 days	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. Report by one of the following methods: Phone (515)242-5141 or (515)281-6918 Mail <ul style="list-style-type: none"> • Health care providers: use the Pediatric or Adult Confidential Case Report Form • Laboratories: send copy of lab report or the Iowa Confidential Report of Sexually Transmitted Disease & HIV Infection. Mark envelope "Attention 03" For HIV/AIDS-related questions, call (515)242-5141

Diseases	When to Report	How to Report
Legionellosis (Legionella)	3 days	Report for Iowa residents. Phone, IDSS, fax or mail
Listeria monocytogenes invasive disease	1 day	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. Phone, IDSS, or fax Laboratories send isolate or specimen to the SHL
Malaria	3 days	Report for Iowa residents. Phone, IDSS, fax or mail
Measles (rubeola)	Immediately	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. 24/7 disease reporting telephone hotline: 1-800-362-2736
Meningococcal invasive disease	Immediately	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. 24/7 disease reporting telephone hotline: 1-800-362-2736 Laboratories send isolate or specimen to the SHL
Mosquito-borne diseases (includes chikungunya, dengue, eastern equine encephalitis, La Crosse, St. Louis, Venezuelan equine encephalitis, West Nile, and western equine encephalitis)	3 days	Report for Iowa residents. Phone, IDSS, fax or mail
Mumps	3 days	Report for Iowa residents. Phone, IDSS, fax or mail
Pertussis	3 days	Report for Iowa residents. Phone, IDSS, fax or mail
Plague	Immediately	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. 24/7 disease reporting telephone hotline: 1-800-362-2736
Poliomyelitis	Immediately	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. 24/7 disease reporting telephone hotline: 1-800-362-2736
Psittacosis	3 days	Report for Iowa residents. Phone, IDSS, fax or mail
Q fever	3 days	Report for Iowa residents. Phone, IDSS, fax or mail
Rabies, animal	3 days	Report for Iowa residents. Phone, IDSS, fax or mail
Rabies, human	Immediately	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. 24/7 disease reporting telephone hotline: 1-800-362-2736
Rubella (including congenital)	1 day	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. Phone, IDSS, or fax
Salmonellosis (Salmonella)	3 days	Report for Iowa residents. Phone, IDSS, fax or mail Laboratories send isolate or specimen to the SHL

Diseases	When to Report	How to Report
Severe acute respiratory syndrome (SARS)	Immediately	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. 24/7 disease reporting telephone hotline: 1-800-362-2736
Shigellosis (Shigella)	3 days	Report for Iowa residents. Phone, IDSS, fax or mail Laboratories send isolate or specimen to the SHL
Smallpox	Immediately	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. 24/7 disease reporting telephone hotline: 1-800-362-2736
Syphilis	3 days	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. Report by one of the following methods: Secure electronic data system (as determined by the Department) Fax (515)725-1278 Phone (515)281-3031 Mail <ul style="list-style-type: none"> ● Use the Iowa Confidential Report of Sexually Transmitted Disease ● Mark envelope "Attention 00"
Tetanus	3 days	Report for Iowa residents. Phone, IDSS, fax or mail
Tickborne diseases (includes anaplasmosis, babesiosis, ehrlichiosis, Lyme disease, and Rocky Mountain spotted fever)	3 days	Report for Iowa residents. Phone, IDSS, fax or mail
Tuberculosis, pulmonary and laryngeal (infectious)	1 day	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. Phone (515)281-7504 or fax to (515)281-4570
Tuberculosis, extrapulmonary	3 days	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. Phone (515)281-7504 or fax to (515)281-4570
Tularemia	3 days	Report for Iowa residents. Phone, IDSS or fax
Typhoid fever	1 day	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. Phone, IDSS or fax
Vancomycin intermediate Staphylococcus aureus (VISA) and vancomycin-resistant Staphylococcus aureus (VRSA)	1 day	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. Phone, IDSS or fax Laboratories send isolate or specimen to the SHL
Viral hemorrhagic fever (VHF) (e.g., Lassa, Marburg, Ebola, and Crimean-Congo)	Immediately	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. 24/7 disease reporting telephone hotline: 1-800-362-2736
Yellow fever	Immediately	Report for Iowa residents and for residents of other states diagnosed or treated in Iowa. 24/7 disease reporting telephone hotline: 1-800-362-2736

APPENDIX B**Iowa Department of Health and Human Services
Table of Reportable Poisonings and Conditions**

Report cases of the poisonings and conditions listed in the following table to the department within the time frame specified in the When to Report column and by the reporting method in the How to Report column.

To report diseases immediately, use the 24/7 disease reporting telephone hotline: 1-800-362-2736.

IMMEDIATELY report diseases, syndromes, poisonings and conditions of any kind suspected or caused by a biological, chemical, or radiological agent or toxin when there is reasonable suspicion that the disease, syndrome, poisoning or condition may be the result of a deliberate act such as terrorism.

IMMEDIATELY report to the department outbreaks of any kind, diseases that occur in unusual numbers or circumstances, unusual syndromes, or uncommon diseases. Outbreaks may be infectious, environmental or occupational in origin and include food-borne outbreaks or illness secondary to chemical exposure (e.g., pesticides, anhydrous ammonia).

Mailing address:

Bureau of Environmental Health Services
Iowa Department of Health and Human Services
321 East 12th Street
Des Moines, Iowa 50319-0075

Telephone: 1-800-972-2026

Fax: (515)281-4529

Poisoning or Condition	Cases to Report	When to Report	How to Report
Arsenic poisoning	Blood arsenic values equal to or greater than 70 µg/L Urine arsenic values equal to or greater than 100 µg/g of creatinine	Weekly	Format specified by department. Electronic reporting if available. Alternatives include by mail, telephone, and facsimile.
Blood lead testing	All analytical results greater than or equal to 20 micrograms per deciliter (µg/dL) in a child under the age of 6 years or a pregnant woman	Daily	By telephone: 1-800-972-2026
	All other analytical values for all blood lead analyses	Weekly	Electronic format specified by the department
Cadmium poisoning	Blood cadmium values equal to or greater than 5 µg/L Urine cadmium values equal to or greater than 3 µg/g of creatinine	Weekly	Format specified by department. Electronic reporting if available. Alternatives include by mail, telephone, and facsimile.

Poisoning or Condition	Cases to Report	When to Report	How to Report
Carbon monoxide (CO) poisoning	Blood carbon monoxide level equal to or greater than 10% carboxyhemoglobin or its equivalent with a breath analyzer test, or a clinical diagnosis of CO poisoning regardless of any test results	Daily	By telephone: 1-800-972-2026
Hypersensitivity pneumonitis	All cases	Weekly	Format specified by department. Electronic reporting if available. Alternatives include by mail, telephone, and facsimile.
Mercury poisoning	Blood mercury values equal to or greater than 2.8 µg/dL Urine mercury values equal to or greater than 20 µg/L	Weekly	Format specified by department. Electronic reporting if available. Alternatives include by mail, telephone, and facsimile.
Methemoglobinemia	Blood analyses showing greater than 5% of total hemoglobin present as methemoglobin	Weekly	Format specified by department. Electronic reporting if available. Alternatives include by mail, telephone, and facsimile.
Microcystin toxin poisoning	All cases	Weekly	Format specified by department. Electronic reporting if available. Alternatives include by mail, telephone, and facsimile.
Noncommunicable respiratory illness	All cases	Weekly	Format specified by department. Electronic reporting if available. Alternatives include by mail, telephone, and facsimile.
Occupationally related asthma, bronchitis or respiratory hypersensitivity reaction	All cases	Weekly	Format specified by department. Electronic reporting if available. Alternatives include by mail, telephone, and facsimile.
Pesticide poisoning (including pesticide-related contact dermatitis)	All cases	Weekly	Format specified by department. Electronic reporting if available. Alternatives include by mail, telephone, and facsimile.
Severe skin disorder	All cases	Weekly	Format specified by department. Electronic reporting if available. Alternatives include by mail, telephone, and facsimile.
Toxic hepatitis	All cases	Weekly	Format specified by department. Electronic reporting if available. Alternatives include by mail, telephone, and facsimile.