

/* The MONTANA ADMINISTRATIVE CODE concerns communicable disease control, and exposure of emergency medical services personnel. */

COMMUNICABLE DISEASE CONTROL

16.28.202

16.28.202 REPORTABLE DISEASES. Reportable communicable diseases include:

(1) Category A diseases:

Botulism, including Infant Botulism

Cholera

Diphtheria

Measles

Plague

Poliomyelitis, paralytic

Poliomyelitis, non-paralytic

Rabies, Human

Relapsing Fever (louse-borne)

Smallpox

Typhus (louse-borne)

Yellow Fever

Category A diseases also include an undiagnosed febrile illness in a person recently returning from a foreign country such as Ebola Hemorrhagic Fever, Lassa Fever, or Marburg Virus disease.

(a) A Category A disease must be reported within 6 hours of diagnosis to a local health officer followed by a written report submitted within 48 hours. The report must include the name, address, and telephone number of the infected person; the name, address, and telephone number of the reporter; and the name of the disease.

(2) Category B diseases:

Anthrax

Amebiasis

Brucellosis (Undulant Fever)

Chancroid

Encephalitis or Encephalomyelitis (post-infectious, arthropod-borne, other or unspecified)

Giardiasis

Gonococcal disease (including gonorrhoea)

Granuloma inguinale

Hepatitis, Type A (Infectious), Type B (Serum), Unspecified

Legionnaires' Disease

Leprosy

Leptospirosis

Lymphogranuloma venereum

Malaria

Meningitis, Aseptic (viral)

Meningococcal Disease (Meningococemia, Meningococcal meningitis, or other illness)

Mumps

Ornithosis (Psittacosis)

Rabies, animal (species, county, date)

Rocky Mountain Spotted Fever (Tick-borne Typhus)

Rubella (German Measles)

Rubella, Congenital

Salmonellosis

Shigellosis (bacillary dysentery)

Syphilis

Tetanus

Trichinosis

Tuberculosis (including non-pulmonary and atypical)

Tularemia

Typhoid and Paratyphoid Fever

Whooping Cough-like illness (Pertussis)

(a) A Category B disease must be reported within 24 hours of diagnosis to a local health officer. The report must include the name of the infected person, the reporter, and the disease.

(3) Category C diseases:

Chickenpox

Epidemic Gastroenteritis

Epidemic Kerato-conjunctivitis

Food-borne

Influenza

Nosocomial

Pediculosis (lice)

Ringworm (Dermatophytosis)

Scabies

Streptococcal Infections (including Scarlet Fever and "Strep Throat")

Suspected non-polio enteroviral infections

Swimmer's Itch (cutaneous larva migrans)

Water-borne

(a) Only an epidemic of a Category C disease must be reported to a local health officer. A report may be made by mail or telephone without identification of an infected person. The

department may request further information.

(4) Category D diseases:

Animal Bites

Bacterial Meningitis (other than meningococcal)

Colorado Tick Fever

Guillain-Barre Syndrome

Heavy metal poisoning (lead, cadmium, arsenic, phosphorus, mercury, other)

Helminth infestations

Q-Fever

Reye's Syndrome

Rheumatic Fever (acute)

Subacute Sclerosing Panencephalitis (SSPE)

Typhus, murine

Viral exanthum in pregnant women

Exotic diseases (including but not limited to meliodosis, histoplasmosis, echinococcosis, coccidioidomycosis, and cryptococcus)

(a) A Category D disease must be reported within 24 hours of diagnosis to a local health officer. The report must include the name of the infected person, the reporter, and the disease.

(5) (a) Category E diseases and conditions are:

(i) Acquired immune deficiency syndrome (AIDS);

(ii) Potential AIDS, as indicated by the presence of the human T-lymphotropic virus type III antibody.

(b) A category E disease or condition must be reported to the department and, in the case of AIDS, to the local health officer of the county from which the report is made, by 5:00 p.m. Friday of the week in which the diagnosis of AIDS is made or the

test showing potential AIDS is performed.

(c) The report for AIDS must include the information required by the department's communicable disease confidential case report form available from the department.

(d) The report of potential AIDS must include:

(i) the date the test identifying the antibody was performed;

(ii) the name and address of the reporter; and

(iii) the initials of the person tested or any other identifier such as a number, assigned by the reporter which does not reveal the name of the person tested.

(e) The name of any category E case and the name and street address of the reporter of any such case are confidential and not open to public inspection.

Sub-Chapter 1

General Provisions

16.28-101 DEFINITIONS Unless otherwise indicated, the following definitions apply throughout this chapter.

(1) 'Blood and body fluid precautions mean the following requirements to prevent spread of disease through contact with infective blood or body fluids:

(a) If soiling with blood or body fluids is likely, gowns must be used to cover clothes, worn only once, and laundered.

(b) Single-use gloves must be used if blood or body fluids, mucous membranes, or non-intact skin will be touched, items or surfaces soiled with blood or body fluids handled, and for Performing vascular access Procedures other than venipuncture; the gloves must be changed before touching another person and discarded in a manner preventing contact with them thereafter. (It is recommended, though not required, that single-use gloves coupled with proper aseptic procedures also be used for performing venipuncture.)

(c) Hands must be washed immediately after gloves are removed or if they are potentially contaminated with blood or body fluids and before touching another person.

(d) Articles contaminated with blood or body fluids must be discarded or disinfected.

(e) Injuries from needles or other sharp devices must be avoided; used needles must not be recapped, bent, or broken by hand, removed from disposable syringes, or otherwise manipulated by hand; after use, disposable syringes and needles, scalpel blades, and other sharp items must be placed in a prominently labeled, puncture-resistant container for disposal, located as closely as practicable to the use area; large-bore reusable needles must be placed in such a container for transport to the reprocessing area.

(f) If a needle-stick injury occurs, the injured person must be evaluated to determine if hepatitis prophylaxis is needed or human immunodeficiency virus is a concern.

(g) Any blood spills must be cleaned up promptly with a solution of 5.25% sodium hypochlorite (for example, regular Chlorox or Purex bleach) diluted 1:10 with water.

(h) A case must be restricted to a private room if his/ her hygiene is poor, i.e. s/he does not wash hands after touching infective material, contaminates the environment with infective material, or shares contaminated articles with other individuals who as yet have not contracted the disease in question; such a person may share a room with anyone else infected with the same organism.

(i) Masks and protective eyewear or face shields must be worn during procedures that are likely to generate droplets of blood or other body fluids.

(j) In areas where resuscitation is likely to be practiced (e.g. emergency rooms), mouthpieces, resuscitation bags, or other ventilation devices must be available.

(k) No one who has an exudative lesion or weeping dermatitis in an area to be touched may directly care for a patient or handle patient-care equipment.

(2) "Carrier" means a person or animal who harbors a specific infectious agent without discernible illness and serves as a potential source of infection. A carrier may be

"incubatory" (just before onset), "convalescent" (after clinical recovery), or "healthy" (no apparent illness at any time). The carrier state may be temporary or permanent.

(3) "Case" means a person who is confirmed or suspected to have a reportable disease.

(4) "Clean" means to remove from surfaces, by scrubbing and washing, as with hot water and soap or detergent, infectious agents and organic matter on which and in which infectious agents may be able to live and remain virulent.

(5) "Communicable disease" means an illness due or suspected to be due to a specific infectious agent or its toxic products, which results from transmission of that agent or its products to a susceptible host, directly or indirectly.

(6) "Concurrent disinfection" means the use of a method which will destroy any harmful infectious agents present immediately after the discharge of infectious material from the body of an infected person, or after the soiling of articles with such infectious discharges before there is opportunity for any other contact with them.

(7) "Contact" means a person or animal that has had opportunity to acquire an infection due to its association with an infected person or animal or a contaminated environment.

(8) "Contamination" means the presence of a disease-causing agent upon a living body surface or within or upon any inanimate article or substance.

(9) "Department" means the department of health and environmental sciences.

(10) "Drainage and secretion precautions" mean the following requirements to prevent spread of disease through contact with purulent material from an infected body site:

(a) If soiling by the infective material is likely, gowns must be worn, used only once, and laundered.

(b) Single-use gloves must be used if infective material will be touched, and discarded in a manner preventing contact with them thereafter.

(c) Anyone touching the case or potentially contaminated articles must wash his/her hands immediately afterward and before

touching another person.

(d) Any article contaminated with infective material must be discarded or disinfected in a manner which prevents contact with the material thereafter.

(11) "Enteric precautions" mean the following requirements to prevent spread of disease through feces:

(a) Gowns must be used to cover clothes if soiling is likely, worn only once, and laundered.

(b) Single-use gloves must be used if infective material will be touched, and discarded in a manner preventing contact with them thereafter.

(c) Hands must be washed after touching the case or potentially contaminated articles and before touching another person.

(d) Articles contaminated with infective material must be either thoroughly disinfected before they are removed from the infected person's room, or bagged, labeled, and burned or decontaminated.

(e) A case must be restricted to a private room if his/ her hygiene is poor, i.e. s/he does not wash hands after touching infective material, contaminates the environment with infective material, or shares contaminated articles with other individuals who as yet have not contracted the disease in question; such a person may share a room with anyone else infected with the same organism.

(12) "Epidemic" is an incidence of a disease or infection significantly exceeding the incidence normally observed in a specified population of people over a specific period of time. An "outbreak" is the same as an "epidemic".

(13) "Health care facility" is a facility defined in section 50-5-101, MCA.

(14) "Household contact" is a person or animal living within the household of an infected person.

(15) "Infected person" means a person who harbors an infectious agent and who has either manifest disease or in apparent infection.

(16) "Infection" means the entry and development or mul-

tiplication of an infectious agent in the body of man or animals. Infection is not synonymous with infectious disease; the result may be in apparent or manifest. The presence of living infectious agents on the exterior surface of the body or upon articles of apparel or soiled articles is not infection, but contamination of such surfaces and articles.

(17) "Infectious agent" means an organism, chiefly a microorganism, but including helminths, that is capable of producing an infection or infectious disease.

(18) "Infectious disease" means a clinically manifest disease of man or animals resulting from an infection.

(19) "Infectious person" means a person from whom another person may acquire an infectious agent by touch or proximity.

(20) "Isolation" means separation during the period of communicability of an infected or probably infected person from other persons, in places and under conditions approved by the department or local health officer and preventing the direct or indirect conveyance of the infectious agent to persons who are susceptible to the infectious agent in question or who may convey the infection to others. Isolation may be either modified or strict, as defined below:

(a) "Modified isolation" means instruction by either the department, a local health officer, or an attending physician, directed to the infected person, any members of his/her family, and any other close contacts, in accordance with "Guidelines for Isolation Precautions in Hospitals" published by the Government Printing Office, July, 1983, setting restrictions on the movements of and contacts with the infected person and specifying whichever of the following are also appropriate:

- (i) tuberculosis isolation;
- (ii) respiratory isolation;
- (iii) enteric precautions;
- (iv) drainage and secretion precautions;
- (v) blood and body fluid precautions;

(b) "Strict isolation" includes the following measures:

(i) An infected person must be isolated behind a closed door in a separate bed in a room protected from potential vec-

tors.

(ii) A person caring for an infected person must avoid coming into contact with any other person until every precaution required has been taken to prevent the spread of infectious material.

(iii) Each person caring for an infected person must wear a washable outer garment, mask, and gloves, and must thoroughly wash his/her hands with soap and hot water after handling an infected person or an object an infected person may have contaminated. Before leaving the room of an infected person, a person caring for an infected person must remove the washable outer garment and hang it in the infected person's room until the garment and room are disinfected.

(iv) An object which may have been contaminated by an infected person must be either thoroughly disinfected before it is removed from the infected person's room or bagged, labeled, and burned or decontaminated.

(v) Disposal of feces and urine of an infected person must be made by flushing them down a toilet attached to a municipal or other sewage system approved by the department.

(21) "Laboratorian" means any person who supervises or works in a laboratory.

(22) "Physician" means a person licensed to practice medicine in any jurisdiction in the United States or Canada.

(23) "Potential AIDS" means the condition in which an individual's blood contains the antibody to the human immunodeficiency virus (HIV).

(24) "Potential epidemic" means the presence or suspected presence of a communicable disease in a population where the number of susceptible persons and the rate of transmission of the disease may cause further spread of that disease.

(25) "quarantine" means those measures required by a local health officer or the department to prevent transmission of disease to or by those individuals who have been or are otherwise likely to be in contact with an individual with a communicable disease.

(26) "Reportable disease" means any disease, the

occurrence or suspected occurrence of which is required by ARM 16.28.202 to be reported.

(27) "Respiratory isolation" means:

(a) the patient must be in a private room;

(b) any person in close contact with the patient must wear a mask;

(c) any person caring for the patient must thoroughly wash his/her hands after touching the patient or contaminated articles and before touching another person; and

(d) articles contaminated with infective material must be discarded or bagged, labelled for decontamination, and decontaminated.

(28) "Sensitive occupation" means employment in direct care of children, the elderly, or individuals who are otherwise at a high risk for disease or where disease spread could occur due to the nature of his/her work.

(29) "Sexually transmitted disease" means AIDS, syphilis, gonococcal infection, chancroid, lymphogranuloma venereum, granuloma inguinale, or chlamydial genital infections.

(30) "Surveillance" means scrutiny of all aspects of occurrence and spread of a disease that are pertinent to effective control.

(31) "Susceptible" means having insufficient resistance against a disease and consequently liable to contract the disease if exposed.

(32) "Tuberculosis isolation" means:

(a) the patient must be in a private room which has ventilation to the outside and away from an enclosed area;

(b) if the infective organism can be spread by cough, a mask must be worn by anyone entering the patient's room; if the organism can be spread by fluid, a gown and gloves must be worn;

(c) any person caring for the patient must wash his/her hands after touching the patient or potentially contaminated articles and before touching another person; and

(d) all potentially contaminated articles must be cleaned,

disinfected, or discarded.

(33) The department hereby adopts and incorporates by reference the "Guidelines for Isolation Precautions in Hospitals" published by the Government Printing Office July, 1983, which specifies precautions that should be taken to prevent transmission of communicable diseases. A copy of the "Guidelines" may be obtained from the National Technical Information Service, U.S. Department of Commerce, 5285 Port Royal Road, Springfield, Virginia 22161 (phone 703-487-4650).

16.28.102 LOCAL BOARD RULES (1) A local board of health may adopt rules for the control of communicable diseases, if such rules are as stringent as and do not conflict with the requirements of this chapter.

Sub-chapter 2

Reporting Requirements

16.28.201 REPORTERS (1) Any person, including but not limited to a physician, dentist, nurse, medical examiner, other health care practitioner, administrator of a health care facility, public or private school administrator, city health officer, or laboratorian who knows or has reason to believe that a case exists shall immediately report:

(a) the information specified in ARM 16.28.204(2) 0 the department alone, in the case of potential AIDS;

(b) the information specified in ARM 16.28.204(1)(a)-(e) to the county, city-county, or district health officer in every case other than those listed in ARM 16.28.203(3); or

(c) if the disease in question is listed in ARM 16.28.203(3), the fact that a case has occurred to the county, city-county, or district health officer.

(2) A county, city-county, or district health officer must submit to the department, on the schedule noted in ARM 16.28.203, the information specified in ARM 16.28.204 concerning each confirmed or suspected case of which s/he is informed.

(3) A laboratorian performing a blood test which shows the presence of the antibody to the human immunodeficiency

virus (HIV) must submit to the department, in addition to the report required by ARM 16.28.203(4), the report required by ARM 16.28.203(6) as well.

16.28.202 REPORTABLE DISEASES (1) The following communicable diseases are reportable:

Acquired immune deficiency syndrome (AIDS), as defined by the centers for disease control, or potential AIDS, as indicated by the presence of the human immunodeficiency virus antibody

Amebiasis

Anthrax

Botulism (including infant botulism)

Brucellosis

Campylobacter enteritis

Chancroid

Chickenpox

Chlamydial genital infection

Cholera

Colorado tick fever

Conjunctivitis epidemic

Cytomegaloviral illness

Diarrheal disease outbreak

Diphtheria

Encephalitis

Gastroenteritis epidemic

Giardiasis

Gonococcal infection

Gonococcal ophthalmia neonatorum

Granuloma inguinale

Haemophilus influenzae B invasive disease (meningitis, epiglottitis, pneumonia, and septicemia)

Hansen's disease (leprosy)

Hepatitis A, B, non-A non-B, or unspecified

Kawasaki disease

Influenza

Legionellosis

Listeriosis

Lyme disease

Lymphogranuloma venereum

Malaria

Measles (rubeola)

Meningitis, bacterial or viral

Mumps

Ornithosis (psittacosis)

Pertussis (whooping cough)

Plague

Poliomyelitis, paralytic or non-paralytic

Q- fever

Rabies or rabies exposure (human)

Reye's syndrome

Rocky Mountain spotted fever

Rubella (including congenital)

Salmonellosis

Shigellosis

Smallpox (including vaccinia)
Staphylococcal epidemic
Streptococcal epidemic
Swimmer's itch (cutaneous larva migrans)
Syphilis
Tetanus
Trichinosis
Tuberculosis
Tularemia
Typhoid fever
Typhus
Yellow fever
Yersiniosis

Illness occurring in a traveler from a foreign country

An unusual outbreak of any communicable disease in Control of Communicable Diseases in Man, An Official Report of the American Public Health Association, 14th Edition, 1985.

(2) The department hereby adopts and incorporates by reference "Control of Communicable Diseases in Man, An official Report of the American Public Health Association", 14th edition, 1985, which lists and specifies control measures for communicable diseases. A copy of "Control of Communicable Diseases in Man" may be obtained from the American Public Health Association, 1015 - 15th Street NW, Washington, D.C. 20005.

16.28.203 REPORTS AND REPORT DEADLINES (1) A county, city-county, or district health officer or his/her authorized representative must immediately report to the department by telephone the information cited in ARM 16.28.204(1) whenever a case of one of the following diseases is suspected or confirmed:

Anthrax

Botulism (including infant botulism) Diphtheria Measles (rubeola)
Plague Rabies or rabies exposure (human) Smallpox (including
vaccinia) Typhoid fever

(2) A county, city-county, or district health officer or his/her
authorized representative must mail to the department the
information required by ARM 16.28.204(1) for each suspected or
confirmed case of one of the following diseases, within the time
limit noted for each:

(a) On the same day information about a case of one of the
following diseases is received by the county, city-county, or
district health officer:

Chancroid

Cholera

Diarrheal disease outbreak

Gastroenteritis epidemic

Gonococcal infection

Gonococcal ophthalmia neonatorum

Granuloma inguinale

Haemophilus influenzae B invasive disease (meningitis,
epiglottitis, pneumonia, and septicemia)

Listeriosis

Lymphogranuloma venereum

Meningitis, bacterial or viral

Pertussis (whooping cough)

Poliomyelitis, paralytic or non-paralytic

Rubella (including congenital)

Syphilis

Tetanus

Typhus

Yellow fever

Illness occurring in a traveler from a foreign country

An unusual outbreak of any communicable disease in Control of Communicable Diseases in Man, An Official Report of the American Public Health Association, 14th Edition, 1985.

(b) Within 7 calendar days after the date information about a case of one of the following diseases is received by the county, city-county, or district health officer:

Acquired immune deficiency syndrome (AIDS)

Amebiasis

Brucellosis

Campylobacter enteritis

Chlamydial genital infection

Cytomegaloviral illness

Encephalitis

Giardiasis

Hansen's disease (leprosy)

Hepatitis, A, B, non-A non-B, or unspecified

Kawasaki disease

Legionellosis

Lyme disease

Malaria

Mumps

Ornithosis (Psittacosis)

Q- fever

Reye's syndrome

Rocky Mountain spotted fever

Salmonellosis

Shigellosis

Trichinosis

Tuberculosis

Tularemia

Yersiniosis

(3) By Friday of each week during which a suspected or confirmed case of one of the diseases listed below is reported to the county, city-county, or district health officer, that officer or his/her authorized representative must mail to the department the total number of the cases of each such disease reported that week:

Chickenpox

Colorado tick fever

Conjunctivitis epidemic

Influenza

Staphylococcal epidemic

Streptococcal epidemic

Swimmer's itch (cutaneous larva migrans)

(4) Anyone, other than the local health officer, who reports a case of AIDS or potential AIDS must submit the report by 5:00 p.m. Friday of the week in which the diagnosis of AIDS is made or the test showing potential AIDS is performed.

(5) A laboratorian must submit to the department by the 15th day following each quarter a report on a form supplied by the department indicating the number of tests with negative or positive results which were done that quarter for tuberculosis or a sexually transmitted disease.

(6) A laboratorian in a laboratory in which a test of blood is made to determine whether the antibody to the human immunodeficiency virus (HIV) is present must submit to the department by the 15th day following the month in which the test was performed a report on a form supplied by the department indicating the number of tests with negative results for that antibody which were done during that month.

(7) The department hereby adopts and incorporates by reference "Control of Communicable Diseases in Man, An Official Report of the American Public Health Association", 14th edition, 1985, which lists and specifies control measures for communicable diseases. A copy of "Control of Communicable Diseases In Man" may be obtained from the American Public Health Association, 1015 - 15th Street NW, Washington, D.C. 20005.

16.28.204 REPORT CONTENTS (1) A report of a case of reportable disease which is required by ARM 16.28.203(1) or (2) must include, if available:

- (a) name and age of case;
- (b) dates of onset of disease and date disease reported to health officer;
- (c) whether or not the case is suspected or confirmed;
- (d) name and address of case's physician; and
- (e) name of reporter or other person the department can contact for further information regarding the case.

(2) A report of potential AIDS must include:

- (a) the date the test identifying the antibody was performed, if it is available to the reporter;
- (b) the name and address of the reporter; and
- (c) the initials of the person tested or any other identifier, such as a number, assigned by the reporter which does not reveal the name of the person tested.

(3) The information required by sections (1) and (2) of this rule must be supplemented by any other information in the possession of the reporter which the department requests and which is related to case management, excepting, in the case of those who are HIV-positive, the name or any other information from which the individual in question might be identified.

(4) The laboratory reports required by ARM 16.28.203(5) and (6) and the numerical report required by ARM 16.28.203(3) need contain only the information specified in those sections.

(5) The name of any case of AIDS or potential AIDS and the name

and address of the reporter of any such case are confidential and not open to public inspection.

Sub-Chapter 3

General Control Measures

16.28.301 SENSITIVE OCCUPATIONS (1) A local health officer or the department may restrict a person employed in direct care of children, the elderly, or individuals who are otherwise at a high risk for disease from practicing an occupation while infected by a reportable disease if, given the means of transmission of the disease in question, the nature of the person's work would tend to spread the disease.

(2) No infectious person may engage in any occupation involving the preparation, serving, or handling of food, including milk, to be consumed by others than his/her immediate family, until a local health officer determines him/her to be free of the infectious agent or unlikely to transmit the infectious agent due to the nature of his/her particular work.

16.28.302 FUNERALS (1) A funeral service for a person who died of a reportable disease must be conducted in accordance with instructions of a local health officer.

(2) If a person dies from a disease requiring quarantine of contacts, a funeral service for that person may be open to the public only if the casket remains closed and those contacts subject to the quarantine who attend the funeral are segregated from the rest of those attending, unless the contacts have been determined by a local health officer to be incapable of transmitting the infection or disease which caused the death.

(3) Transportation of dead human bodies must be in accord with ARM 16.29.103.

16.28.303 TRANSPORTATION OF COMMUNICABLE DISEASE CASES

(1) Neither an infected person with a communicable disease for which subchapter 6 of this chapter prescribes isolation nor a contact made subject to quarantine by that subchapter may travel or be transported from one location to another without the

permission of the local health officers with jurisdiction over the places of departure and arrival, except if, in the case of an infected person:

(a) the infected person is to be admitted directly to a hospital for the treatment of the communicable disease, and

(b) both local health officers are satisfied that adequate precautions are taken to prevent dissemination of the disease by the infected person en route to the hospital.

16.28.304 IMPORTATION OF DISEASE (1) No person who has a reportable disease for which subchapter 6 of this chapter prescribes isolation may be brought within the boundaries of the state without prior notice to the department and approval of measures to be taken within Montana to prevent disease transmission.

(2) Whenever a person knows or has reason to believe that an infected person, whether or not infectious, has been brought within the boundaries of the state, s/he shall report the name and location of the infected person to the department, with the exception of those individuals who are HIV-positive; in the latter case, only the information described in ARM 16.28.204(2) must be provided to the department.

16.28.305 CONFIRMATION OF DISEASE (1)(a) Subject to the limitation in (b) below, if a local health officer receives information about a case of any of the following diseases, s/he or his/her authorized representative must ensure that a specimen from the case is submitted to the department, which specimen will be analyzed to confirm the existence or absence of the disease in question:

Amebiasis

Anthrax

Botulism (including infant botulism)

Brucellosis

Chancroid

Cholera

Diarrheal disease epidemic

Diphtheria

Encephalitis

Gonococcal infection in a person less than 14 years of age

Granuloma inguinale

Hansen's disease (leprosy)

Influenza

Lymphogranuloma venereum

Measles (rubeola)

Ornithosis (Psittacosis)

Pertussis (whooping cough)

Plague

Polio, paralytic or non-paralytic

Rabies (human)

Rubella (including congenital)

Shigellosis

Smallpox (including vaccinia)

Syphilis

Tetanus

Trichinosis

Tuberculosis

Tularemia

Typhoid fever

Typhus

Illness occurring in a traveler from a foreign country

(b) In the event of an outbreak of diarrheal disease, influenza, or measles, analysis of specimens from each case is unnecessary after the disease organism is determined by the department.

(2) A laboratorian or any other person in possession of a specimen from a case of a disease listed in (1) above must submit it to the local health officer upon request.

(3) If no specimen from the case is otherwise available and the case refuses to allow a specimen to be taken for purposes of (1) above, the case will be assumed to be infected and must comply with whatever control measures are imposed by the department or local health officer.

(4) A Physician or laboratorian Performing a blood test which shows the presence of the antibody to the human Immuno-deficiency virus (HIV) must submit to the department laboratory a blood specimen from the Person tested in order to confirm the test results.

16.28.306 INVESTIGATION OF A CASE (1) Immediately after being notified of a case or an epidemic of a reportable disease, a local health officer must:

(a) investigate and take whatever steps are necessary to Prevent spread of the disease;

(b) if s/he finds that the nature of the disease and the circumstances of the case or epidemic warrant such action:

(i) examine or ensure that a physician examines any infected person in order to verify the diagnosis;

(ii) make an epidemiologic investigation to determine the source and Possible spread of infection;

(iii) take appropriate steps, as outlined in the APHA Publication "Control of Communicable Diseases in Man, an Official Report of the American Public Health Association", 14th edition, 1985, to prevent or control the spread of disease; and

(iv) notify contacts (for example, emergency responders) of the case and give them the information needed to prevent contracting the disease.

(c) whenever the identified source of a reportable disease or a person infected or exposed to a reportable disease who should be quarantined or placed under surveillance is located outside of his/her jurisdiction:

(i) notify the department or the local health officer of the jurisdiction in which the source or person is located if within Montana; or

(ii) notify the department if the source or person is located outside of Montana.

(2) The department hereby adopts and incorporates by reference "Control of Communicable Diseases in Man, an Official Report of the American Public Health Association", 14th edition, 1985, which specifies control measures for communicable diseases. A copy of the report may be obtained from the American Public Health Association, 1015 - 15th Street NW, Washington, D. C. 20005.

16.28.307 POTENTIAL EPIDEMICS (1) Whenever a disease listed in ARM 16.28.203(1) is confirmed or whenever any other communicable disease listed in Control of Communicable Diseases in Man, An Official Report of the American Public Health Association, 14th Edition, 1985, or other communicable disease which constitutes a threat to the health of the public becomes so Prevalent as to endanger an area outside of the jurisdiction where it first occurred, the local health officer of the jurisdictional area in which the disease occurs must notify the department and cooperate with the department's epidemiologist or his/her representative to control the spread of the disease in question.

(2) The department hereby adopts and incorporates by reference "Control of Communicable Diseases in Man, An Official Report of the American Public Health Association", 14th edition, 1985, which lists and specifies control measures for communicable diseases. A copy of "Control of Communicable Diseases in Man" may be obtained from the American Public Health Association. 1015 - 15th Street NW, Washington, D.C. 20005.

16.28.308 QUARANTINE OF CONTACTS -- NOTICE AND OBSERVATION (1) If a communicable disease requires quarantine of contacts, a local health officer or the department shall institute whatever

quarantine measures are necessary to prevent transmission, specifying in writing the person or animal to be quarantined, the place of quarantine, the frequency with which possible or known contacts must be medically observed to determine if physiological signs of the disease are occurring, and the duration of the quarantine.

(2) A local health officer or the department must ensure such contacts are medically observed as frequently as necessary during the quarantine period.

16.28.309 ISOLATION OF PATIENT -- NOTICE (1) When isolation of a patient is declared, the agency declaring the isolation must supply to the infected person in writing a description of the place of isolation, the length of the isolation period, and the name and title of the person declaring the isolation.

(2) A local health officer or the department may inspect the place of isolation during the period of isolation to determine compliance with the isolation.

Sub-Chapter 6

Specific Control Measures

16.28.601 MINIMAL CONTROL MEASURES (1) This subchapter contains minimal control measures to prevent the spread of disease which must be employed by a local health officer, an attending physician, or any other person caring for a person with a reportable disease.

(2) If a reportable disease is not listed in this subchapter, no minimum control measures for the disease are required.

16.28.601A ACQUIRED IMMUNE DEFICIENCY SYNDROME

(1) Whenever acquired immune deficiency infection occurs, blood and body fluid precautions must be used for the duration of the infection.

16.28.602 AMEBIASIS (1) Whenever a case of amebiasis occurs:

- (a) Enteric precautions are required.
- (b) Feces must be disposed of by flushing down a toilet attached to a municipal or other sewage system approved by the department.

16.28.603 ANTHRAX (1) Whenever a case of anthrax occurs:

- (a) If skin lesions exist, drainage and secretion precautions must be used until lesions are bacteriologically free of anthrax bacilli.
 - (b) All bodily discharges must be concurrently disinfected.
- (2) Strict isolation must be imposed upon each case of inhalation anthrax.

16.28.604 BOTULISM -- INFANT BOTULISM (1) Feces must be concurrently disinfected or flushed down a toilet attached to a municipal or other sewage system approved by the department.

- (2) The local health officer shall make an immediate investigation of every case or suspected case of botulism in an effort to establish the diagnosis and determine the source.

Sub-Chapter 8

Notification of Exposure to Infectious Disease

16.30.801 TRANSMITTABLE INFECTIOUS DISEASES (1) The following infectious diseases are designated as having the potential of being transmitted to emergency services providers through an unprotected exposure described in ARM 16.30.802:

- (a) human immunodeficiency virus infection (AIDS or HIV infection);
- (b) hepatitis B;
- (c) hepatitis, non-A non-B;
- (d) communicable pulmonary tuberculosis;

(e) meningococcal meningitis.

16.30.802 REPORTABLE UNPROTECTED EXPOSURE (1) The types of exposures to the infectious diseases specified in ARM 16.30.801 that may be reported to a health care facility by an emergency services provider are:

(a) any person to person contact in which a co-mingling of respiratory secretion (saliva and sputum) of the patient and the emergency services provider may have taken place;

(b) transmittal of the blood or bloody body fluids of the patient onto the mucous membranes of the emergency services provider (mouth, nose, eyes) and/or into breaks in the skin of the emergency services provider;

(c) transmittal of other body fluids (semen, vaginal secretion, amniotic fluid, feces, wound drainage, or cerebral spinal fluid) onto the mucous membranes of the emergency services provider;

(d) any non-barrier protected contact of the emergency services provider with the mucous membranes or non-intact skin of the patient.

16.30.803 UNPROTECTED EXPOSURE FORM (1) A report of unprotected exposure must be filed on a form approved by the department, entitled "Report of Unprotected Exposure", and containing the following:

(a) name, address, and phone number(s) of the emergency services provider who sustained an unprotected exposure;

(b) date and time of the unprotected exposure;

(c) a narrative description of the events surrounding the unprotected exposure, and a detailed description of how the exposure took place;

(d) the name and, if available, the date of birth of the patient;

(e) the name of the hospital receiving the patient;

(f) the name of the emergency services organization with which

the individual filing the report is affiliated;

(g) the signature of the emergency services provider filing the report.

(2) A copy of the required form is available from the department's emergency medical services bureau, Cogswell Building, Capitol Station, Helena, Montana 59620 [phone: 406-444-3895].

16.30.804 RECOMMENDED MEDICAL PRECAUTIONS AND TREATMENT

(1) At a minimum, a health care facility that notifies a person who has filed a report of unprotected exposure that he/she in fact has been exposed to one of the diseases listed in ARM 16.30.801 should recommend to that person the medical precautions and treatment:

(a) specified in Control of Communicable Diseases in Man, An Official Report of the American Public Health Association, 14th Edition, 1985; and

(b) other additional medical precautions and treatment provided to the facility by the department, if any.

(2) Whenever changes in the standards cited in (1) above become nationally acceptable and recommended, the department will provide health care facilities with those changes, and those facilities should in turn recommend the updated precautions and treatment to persons filing reports of unprotected exposure..

(3) The department hereby adopts and incorporates by reference "Control of Communicable Diseases in Man, An Official Report of the American Public Health Association", 14th

edition, 1985, which lists and specifies control measures for communicable diseases. A copy of "Control of Communicable Diseases in Man" may be obtained from the American Public Health Association, 1015 15th Street NW, Washington, D.C. 20005.

16.30.805 OTHER REQUIREMENTS (1) If an emergency services provider has filed a report of unprotected exposure with a health care facility, and if the patient has been transferred to another health care facility, the initial health care facility must forward the report of unprotected exposure to the final receiving

health care facility.

(2) An emergency services provider wishing to file a report of unprotected exposure with a health care facility should, but is not required to, do so within 72 hours of the unprotected exposure.

(3) The unprotected exposure form shall be valid only for the admission and health care facility stay corresponding to the incident which generated the unprotected exposure.

(4) Upon receipt by a health care facility of an unprotected exposure report form, the health care facility employee initially receiving the form must sign it and provide a copy to the emergency services provider submitting the form.

(5) Each health care facility must maintain a permanent record of all unprotected exposure report forms it receives, and must retain each form for the same period of time that it keeps medical records. The record must contain at least the following information:

(a) name of the patient;

(b) name of the emergency services provider;

(c) date and time the form was received;

(d) whether the patient had one of the infectious diseases specified in ARM 16.30.801;

(e) if an infectious disease designated in ARM 16.30.801 was diagnosed, the dates the emergency services provider was notified by telephone and in writing; and

(f) other hospitals, if any, to which the form was transferred.