The Minnesota Department of Health (MDH) is proposing changes to the Communicable Disease Reporting Rule, Minnesota Rules, Chapter 4605. The following is a summary of the proposed substantive changes.

Definitions
1. Include a “deceased person” in the definition of a “Case,” “Carrier,” and “Suspected Case.”

2. Require mandated reporters and medical laboratories to submit “clinical materials” rather than “isolates” to the MDH Public Health Laboratory. Clinical materials mean a clinical isolate or, if an isolate is not available, material containing the infectious agent for which submission of material is required, in the following order of preference: a patient specimen, nucleic acid, or other laboratory materials. Medical laboratories are increasingly using new diagnostic tests that do not result in isolation of an organism. If the laboratory does not isolate an organism, material containing the viable infectious agent is still necessary in order for MDH to conduct molecular subtyping and other tests. These materials are the basis of MDH disease monitoring and investigation.

3. Define critical illness as the condition of a person who is hospitalized in an intensive care unit or who is critically ill in the judgment of a licensed healthcare provider.

Persons Required to Report Disease
4. Add that the commissioner of health can request clinical materials from animals from veterinarians and veterinary medical laboratories.

5. Require a medical laboratory, physician, or other healthcare facility that sends clinical materials out-of-state for testing to ensure that the results are reported and clinical materials are submitted to MDH.

Reportable Diseases
6. Require submission of clinical materials for diseases that are already reportable (submission is not currently required for these diseases). They are anthrax, brucellosis, cryptosporidiosis, hemolytic uremic syndrome, human immunodeficiency virus (HIV) infection including acquired immunodeficiency syndrome (AIDS), influenza (unusual case incidence, critical illness, or laboratory confirmed cases), legionellosis, measles, plague, poliomyelitis, Q fever, rubella and congenital rubella syndrome, tularemia.

7. Remove chancroid, mumps, pertussis, and syphilis from immediate reporting. These diseases will now be required to be reported within one working day.

8. Require certain currently reportable diseases to be immediately reported to MDH. These diseases include brucellosis, diphtheria, hemolytic uremic syndrome, meningococcal disease (Neisseria meningitidis), plague, Q fever, rubella and congenital rubella syndrome, and tularemia.

9. Add the following diseases to the reportable disease rule, part 4605.7040:
   a. Reportable immediately and submit clinical materials
      - orthopox virus
      - severe acute respiratory syndrome (SARS)
      - smallpox (variola)
   b. Reportable within one working day
      - arboviral disease
      - coccidioidomycosis
      - transmissible spongiform encephalopathy
   c. Reportable within one working day and submit clinical materials
      - cyclosporiasis
      - Enterobacter sakazakii in infants under one year of age
15. Revise the current rule on reporting of new diseases and syndromes as follows:
   a. requiring reporting of syndromes suspected to be of infectious origin and previously controlled or eradicated diseases if: (1) the disease can cause serious morbidity or mortality; and (2) reports of the disease or syndrome is necessary to monitor, prevent, or control the disease to protect public health.
   b. adding a requirement that when the commissioner describes a planned mechanism for this surveillance, she must include information on the person and entities required to report, a time frame for reporting, and submission of test results and clinical materials.

16. Add the following information, if known, to the disease report: 1) gender, 2) vaccination history for the disease reported, and 3) pregnancy status and expected date of delivery if the infection can be transmitted during pregnancy or delivery.

17. Clarify reporting requirements for tuberculosis.

18. Clarify that disease investigation can include evaluating contacts of cases.

19. Add HIV to the list of sexually transmitted diseases for which healthcare providers must educate patients on preventing transmission. In addition, add a provision that requires health care providers to tell patients with certain listed sexually transmitted diseases of the need to have all relevant contacts tested.

Written comments or questions, requests to receive a draft of the rules, and the statement of need and reasonableness (SONAR) should be directed to Patricia Segal Freeman at P.O. Box 9441, Minneapolis, MN 55440, e-mail: Commdisrule@health.state.mn.us, or phone: (612) 676-5414, 1-800-657-3970, fax (612) 676-5689. MDH has also set up a website on the rule at http://www.health.state.mn.us/divs/idepc/dtopics/reportable/#rule