HAWAII ADMINISTRATIVE RULES, TITLE 11

DEPARTMENT OF HEALTH

CHAPTER 156

COMMUNICABLE DISEASES

RFP No. EO1741-07

ATTACHMENT D

Attachment D

Hawaii Administrative Rules

Title 11

Department of Health

Chapter 156

Communicable Diseases

§11-156-1	Purpose
§11-156-2	Definitions
§11-156-3	Reporting of communicable diseases
§11-156-3.1	Repealed
§11-156-4	Reporting from laboratories
§11-156-4.1	Reporting from laboratories in the absence of disease
§11-156-4.2	Access to medical records
§11-156-4.3	Interventions for disease prevention and control
§11-156-5	Isolation
§11-156-6	Exclusion from school and group settings
§11-156-7	Repealed
§11-156-7.1	Rabies
§11-156-8	Repealed
§11-156-8.1	Prenatal hepatitis B screening and treatment of newborns
§11-156-8.8	Provider reporting of HIV infection
§11-156-8.9	Laboratory reporting of HIV infection
§11-156-9	Severability

Historical Note: Chapter 156 of Title 11, Administrative Rules, is based substantially upon Public Health Regulations, Chapter 5, Communicable Diseases, Department of Health, State of Hawaii. [Eff 4/12/72; R 11/5/81]

§11-156-1 **Purpose.** The purpose of this chapter is to specify those diseases considered contagious, communicable or dangerous and to establish reporting requirements. [Eff Nov 5, 1981; comp 5/24/90; am and comp 10/23/97; comp 8/27/01] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§321-1, 325-13)

§11-156-2 **Definitions.** As used in this chapter: "Carrier" means a

person (or animal) that harbors a specific infectious agent in the absence of discernible clinical disease and serves as a potential source of infection.

"Case" means a person or animal that harbors an infectious agent and has manifest disease.

"Chemoprophylaxis" means the administration of a chemical, including antibiotics, to prevent the development of an infection or the progression of an infection to manifest disease.

"Communicable disease" means an illness which arises through transmission of a specific infectious agent or its toxic products from an infected person, animal, or inanimate reservoir to a susceptible host.

"Contact" means a person or animal that has been in association with an infected person or a contaminated environment which might provide an opportunity to acquire the infectious agent.

"Department" means the department of health of the State of Hawaii. Unless otherwise indicated, the department of health is represented by the district health office on the neighbor islands and the epidemiology branch, department of health on Oahu.

"Direct care provider" means a person engaged in the care of children, patients, elderly, or the infirm.

"Director" means the director of the department of health of the State of Hawaii, or the director's duly authorized agent.

"Health care provider" or "provider" means a physician (M.D. or D.O.), chiropractor, naturopath, dentist, or the director of a long-term care facility or hospital.

"Immunization" means protection from an infectious disease by being exposed to the antigenic substances peculiar to the disease, with the capability of stimulating production of specific antibodies.
"Isolation" means separation during the period of communicability of infected persons or animals from others to prevent or limit the direct or indirect transmission of the infectious agent from those who are infected and who may spread the agent to others. Isolation procedures fall into three categories as listed below.

(1) "Strict isolation", to prevent the transmission of highly contagious or virulent infections that may be spread by both air and contact.

(2) "Contact isolation", to prevent transmission of less highly transmissible diseases spread primarily by close or direct contact.

(3) "Respiratory isolation", to prevent the transmission of infectious diseases over short distances through the air.

"Laboratory" means any institution, building or place (including a blood bank) in which or by which operations or procedures for the microbiologic, serologic, chemical, hematologic, biophysical, toxicologic, cytologic or pathologic examinations of specimens taken from the human or animal body or the environment are performed to obtain information to

guide diagnosis, prophylaxis or treatment.

"Observation" means the practice of close medical or other supervision of contacts in order to permit prompt recognition of infection or illness but without restricting their movements.

"Outbreak" means the occurrence in a community or region of an illness clearly in excess of normal expectancy.

"Positive HIV test result" means the reported result of any test which unequivocally indicates that the subject of the test is infected with HIV. This includes any positive confirmatory HIV antibody test, any positive HIV detection test, and any viral load test which indicates a viral load above the minimum limit for detection.

"Practitioner" means a physician who is licensed under the provisions of chapter 453 or 460, HRS, a physician assistant licensed under the provisions of chapter 453, HRS, or an advanced practice registered nurse recognized under the provisions of chapter 457, HRS, and shall include those persons authorized to practice medicine as a physician and nursing as an advanced practice registered nurse in federal facilities located in the State.

"Provisional diagnosis means the most likely diagnosis based on clinical symptoms and circumstances, pending laboratory confirmation."

"School" means any day care center, child care facility, headstart program, preschool, kindergarten, elementary or secondary school, public or private, university or college, or vocational school, including any special school for children in the state.

"Suspected case" means a person whose medical history and symptoms suggest that he or she may have or be developing some communicable disease.

"Unnamed test code" or "UTC" means the unnamed test code generated from elements of a person's name and birth date according to an algorithm determined by the department. [Eff Nov. 5, 1981; am and comp 5/24/90; am and comp 10/23/97; am and comp 8/27/01] (Auth: HRS §§321-9, 325-13, 325-55) (Imp: HRS §§321-1, 325-13)

§11-156-3 **Reporting of communicable diseases.** (a) Exhibit A, "Disease Reporting Requirements for Health Care Providers in Hawaii (January, 2001)," located at the end of this chapter, is made a part of this chapter. The diseases listed in Exhibit A are declared by the director to be communicable and dangerous to public health and shall be reported to the department by the methods described therein, provided that positive HIV test results shall be reported as specified in section 11-156-8.8.

(b) Any communicable disease not listed in Exhibit A or Exhibit B occurring beyond usual frequency, or of unusual or uncertain etiology, including diseases which might be caused by a genetically engineered organism, shall be reported to the department by telephone.

(c) When the director determines that any communicable disease not designated in Exhibit A or Exhibit B has become a danger to the public health, or when control measures as specified in Exhibit C for a designated communicable disease are inadequate to prevent it from becoming a danger to the public health, such communicable disease may be declared notifiable pursuant to section 91-3(2)(b), HRS, and be incorporated into Exhibits A, B, and C.

(d) Every health care provider caring for a person with a diagnosis, or provisional diagnosis in the absence of definitive test results for confirmation, shall notify the department as described in Exhibit A. If the case is not known to have already been reported to the department, the practitioner responsible for the management of that case or the health care facility in which the case is being treated shall report that case to the department. If neither the practitioner responsible for the case nor the health care facility at which care is rendered reports, both shall be considered in default of their responsibility to report. The report shall conform to the mode of report and time frame specified for each disease or agent under "Reporting Category" in Exhibit A. This requirement applies to all settings in which patient care is provided, including passenger ships discharging passengers in Hawaii and all facilities performing medical evaluations, including blood banks.

(e) If a practitioner or health care facility submits a specimen to an out-of-state laboratory for analysis, the practitioner or health care facility is responsible for reporting the test results to the department in accordance with Exhibit B, "Hawaii Laboratory Reporting Requirements (January, 2001)."

(f) All information received by the department pursuant to this section shall be kept confidential.

(g) Failure to comply with the requirements of this chapter is a misdemeanor, punishable as provided in chapter 325, HRS. [Eff 11/5/81; am and comp 5/24/90; am and comp 10/23/97; am and comp 8/27/01] (Auth: HRS §§321-9, 325-13, 325-55) (Imp: HRS §§325-1, 325-2, 325-3, 325-4, 325-101, 325-104)

§11-156-3.1 REPEALED. [R 10/23/97]

§11-156-4 **Reporting from laboratories.** (a) Exhibit B, "Hawaii Laboratory Reporting Requirements January, 2001," located at the end of this chapter, is made a part of this chapter, provided that positive HIV test results shall be reported as specified in section 11-156-8.9.

(b) When a laboratory examination of any specimen derived from a human or animal body yields microscopic, bacteriologic, immunologic, serologic or other evidence of the probable presence of any one of the agents or conditions listed in Exhibit B, the person in charge of the laboratory shall promptly report findings to the department in such manner as prescribed by

the department. Laboratories shall convey a sample of the isolate, blood smear, or aliquot of positive serum to the department as specified in Exhibit B. If a specimen is received by more than one laboratory, the laboratory testing the specimen is responsible for reporting the result. However, if the laboratory testing the specimen is outside the State, the laboratory or facility or practitioner in the State which referred the specimen to the out-of-state laboratory is responsible for reporting the result.

(c) This section does not apply to specimens from cases of tuberculosis or Hansen's disease from whom positive specimens have already been reported to the department by that same laboratory.

(d) Forms for reporting the diseases shall be provided by the department of health. Reports may be made in alternate formats as approved by the department.

(e) All laboratory information received by the department pursuant to this section shall be kept confidential. [Eff 11/5/81; am and comp 5/24/90; am and comp 10/23/97; am and comp 8/27/01] (Auth: HRS §§321-9, 325-13, 325-55) (Imp: HRS §§321-11, 325-2, 325-3, 325-4, 325-101, 325-104)

§11-156-4.1 **Reporting from laboratories in the absence of disease.** Each laboratory required to report under section 11-156-4 shall report to the department for each week in which no evidence of any agent or test result listed in Exhibit B was encountered, that no such evidence was encountered. [Eff and comp 10/23/97; comp 8/27/01] (Auth: HRS §§321-9, 325-13, 325-55) (Imp: HRS §§321-11, 325-13, 325-55)

§11-156-4.2 **Access to medical records.** (a) Every hospital, clinic, and health care provider shall make available for inspection by the department of health all medical records relating to notifiable diseases listed in Exhibit A and other diseases and syndromes determined by the director to be a danger to the public health pursuant to section 11-156-3(c), for epidemiologic and control purposes when requested by an authorized representative of the department.

(b) Every person, health care provider, and medical facility shall provide the patient's name, the name of a minor patient's parent or guardian, address, telephone number, age, sex, race or ethnicity, clinical signs and symptoms, laboratory test results, diagnostic interview data, treatment provided, and the disposition of the patient when requested by an authorized representative of the director for the purpose of conducting an epidemiologic investigation of a disease deemed by the department to threaten the public health and safety.

(c) All information received by the department pursuant to this section shall be kept confidential. [Eff and comp 10/23/97; comp 8/27/01] (Auth: HRS §§321-9, 325-13, 325-55) (Imp: HRS §§321-311.5, 325-2, 325-3, 325-4, 325-101, 325-104)

§11-156-4.3 **Interventions for disease prevention and control.** (a) Exhibit C, "Hawaii Isolation and Control Requirements (January, 2001)," located at the end of this chapter, is made a part of this chapter. The interventions prescribed in Exhibit C apply to diagnosed or suspected cases as well as contacts of diagnosed or suspected cases of the communicable diseases listed.

(b) People infected by the human immunodeficiency virus (HIV), human "T" lymphotrophic virus 1 (HTLV-1), or hepatitis B virus, but without any other intercurrent infectious disease requiring isolation, do not require isolation since these infections are not easily transmitted by respiratory or enteric routes. Blood/body-fluid precautions are sufficient. [Eff and comp 10/23/97; am and comp 8/27/01] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§321-1, 325-8)

§11-156-5 **Isolation.** (a) Any person who has been informed by the department, a private practitioner, or a hospital that he or she has been diagnosed or provisionally diagnosed with a communicable disease for which strict isolation is indicated in Exhibit C, shall remain in the person's residence or the room or ward of the hospital in which he or she is confined until the expiration of the prescribed period of isolation for the particular disease. Any patient's health care provider shall report immediately to the department any violation of such isolation directive.

(b) Any person who has been diagnosed or provisionally diagnosed with a communicable disease for which other than strict isolation is required in Exhibit C shall remain isolated to the degree specified until the expiration of the prescribed period of isolation for that disease or until advised by the attending practitioner or by the department that the disease has reached a stage such that isolation is no longer necessary for the protection of the public.

(c) Any person who has been a contact of a person diagnosed or provisionally diagnosed with a communicable disease specified in Exhibit C shall comply with the restrictions specified in Exhibit C. [Eff 11/5/81; am and comp 5/24/90; am and comp 10/23/97; comp 8/27/01] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§321-1, 325-8)

§11-156-6 **Exclusion from school and group settings.** (a) When any student has a communicable disease for which isolation or restriction from school attendance is required, it shall be the responsibility of the principal or director in charge of the school to prohibit the student from attending school until the expiration of the prescribed period of isolation. If the attending practitioner, school practitioner or public health official finds upon examination that the student is free of the disease in the communicable state, the practitioner or official may issue a signed certificate, upon which the student shall be readmitted by the school authority. However, such a certificate shall not be required for return to school or work following recovery from chickenpox. Students who have been exempted from

immunization or who have not completed the required immunizations shall be immunized or excluded from school during a potential outbreak as determined by the department.

(b) HIV-infected students do not pose a transmission risk to others in the school setting and therefore shall not be excluded from the school setting based on their HIV status.

(c) Parents, guardians, custodians or any other persons in loco parentis to any child who has a disease for which isolation is required shall not permit the child to attend school or to be present in any group settings until the expiration of the prescribed period of isolation or restriction for the particular disease. [Eff 11/5/81; am and comp 5/24/90; am and comp 10/23/97; comp 8/27/01] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§321-1, 325-8)

§11-156-7 REPEALED. [R 10/23/97]

§11-156-7.1 **Rabies.** (a) Upon report to the department that a person has been bitten by an animal under circumstances such that the possibility of transmission of rabies cannot be excluded, the director may order seizure of the animal in order that it may be held for observation and be sacrificed for the purpose of examining its brain for evidence of the presence of rabies virus. [Eff and comp 10/23/97; comp 8/27/01] (Auth: HRS §§321-9, 325-55) (Imp: HRS §§325-1, 325-2, 325-3, 325-4, 325-54)

§11-156-8 REPEALED. [R 5/24/90]

§11-156-8.1 **Prenatal hepatitis B screening and treatment of newborns.** (a) Prenatal screening of pregnant women for hepatitis B is required. A woman infected with the hepatitis B virus should be counseled by her practitioner to consent to an immunization series against hepatitis B for her baby.

(b) The attending practitioner or other person permitted by law to attend pregnant women in the State shall submit a sample of blood from each pregnant woman to a licensed laboratory for appropriate serologic testing for hepatitis B. The department may establish procedures which practitioners may follow for ordering hepatitis B serologic testing of medically indigent or indigent pregnant women.

(c) Every practitioner serving as the primary attendant for a pregnant woman who is a carrier of the hepatitis B virus shall report to the department's perinatal hepatitis B program the name of the woman. The department has established appropriate procedures for babies born to women infected with the hepatitis B virus, and the department may provide the hepatitis B immune globulin and hepatitis B vaccine necessary for the treatment of babies born to indigent or medically indigent pregnant women

infected with hepatitis B. [Eff 5/24/90; am and comp 10/23/97; comp 8/27/01] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§321-1, 325-2, 325-3, 325-92)

§11-156-8.8 **Provider reporting of HIV infection.** (a) Each health care provider shall report to the department within 7 days of receipt of the first positive HIV test result for each patient whose specimen is submitted for testing or whose positive HIV test result is reported to the provider. This reporting requirement is in addition to any AIDS reporting requirement based on AIDS case diagnostic criteria.

(b) No report to the department from a health care provider shall include the name of the patient if the name and birth date of the patient are available to the provider for creation of a UTC (unnamed test code).

(c) Except as provided in subsections (f), (g), and (h), each report to the department from a provider who orders or receives a diagnostic laboratory test indicating the presence of HIV infection shall include:

(1) The name of the laboratory to which the test was submitted and the date of submission;

(2) The UTC created with a form or algorithm supplied by the department; and

(3) Demographic and clinical information known to or available to the provider.

(d) Except as provided in subsection (f), (g), or (h), each order for a laboratory test which could yield a positive HIV test result shall include the name and address of the provider and either:

(1) the UTC of the patient, or

(2) the name and date of birth of the patient.

(e) Although the provider may create the UTC or have the patient complete the UTC, the provider shall be responsible for verifying the accuracy of the UTC.

(f) Tests which are paid for by the department as part of a confidential testing program may be submitted to the laboratory and reported to the physician, the program, and the department with coded identifiers furnished or authorized by the department, rather than a UTC.

(g) Tests which are paid for by a bona fide clinical trial agency may be submitted to the laboratory and reported to the clinical trial agency and the department using coded identifiers furnished by the agency, rather than a UTC.

(h) Tests which are conducted pursuant to the requirements of chapter 12-205, Hawaii Administrative Rules ("Biological Agents/bloodborne Pathogens") or 29 C.F.R. 1910.1030 ("Bloodborne Pathogens") may be submitted to the laboratory accompanied by a signed statement of a licensed physician stating, "This specimen is being tested to

determine the HIV status of a source of an occupational exposure," rather than a UTC.

(i) Each provider shall maintain and securely store copies of all Provider HIV Report Forms submitted to the department and all laboratory test reports ordered or received by the provider indicating HIV infection, and shall make these records available for inspection by an authorized representative of the director. [Eff and comp 8/27/01] (Auth: HRS §§321-9, 325-13, 325-55) (Imp: HRS §§325-1, 325-2, 325-3, 325-4, 325-101, 325-104)

§11-156-8.9 **Laboratory reporting of HIV infection.** (a) Each laboratory shall report the result of each positive HIV test result to the department.

(b) No report to the department shall include the name of the patient if the order for the test is accompanied by the name and address of the provider and one of the following:

(1) The UTC of the patient;

(2) The name and date of birth of the patient;

(3) A coded identifier furnished or authorized by the department for use with a test paid for by the department;

(4) a coded identifier furnished or authorized as part of a bona fide clinical trial for use with a test ordered and paid for by the clinical trial agency; or

(5) a signed statement of a licensed physician stating, "This specimen is being tested to determine the HIV status of a source of an occupational exposure."

(c) If the order for the test is accompanied by a UTC or coded identifier authorized by subsection (b), the laboratory report to the department shall include the UTC or coded identifier, the laboratory accession or index number, the name and address of the provider, and the name, date, and results of the test(s).

(d) If the order for the test is accompanied by the name and date of birth of the person who is being tested, the laboratory shall create the UTC using the name and date of birth of the patient and the algorithm supplied by the department.

(e) If the order for the test is accompanied by a signed statement of a physician as provided in subsection (b)(5), the laboratory report to the department shall include the laboratory accession or index number, the name and address of the provider, a statement indicating that the test was conducted to determine the status of a source patient, and the name, date, and results of the test(s).

(f) If an order for a test which could yield a positive HIV test result is not accompanied by the information specified in subsection (b), the

laboratory shall submit photocopies of the laboratory test order and report of test results to the department.

(f) Each laboratory shall implement special security measures to ensure that any linkages created by the laboratory of names, birth dates, and UTCs are accessible only to specified staff who create and report HIV infection test results to the department.

(g) Reports shall be submitted to the department within thirty-five days of test results being available to the laboratory. [Eff and comp 8/27/01] (Auth: HRS §§321-9, 325-13, 325-55) (Imp: HRS §§321-11, 325-2, 325-3, 325-4, 325-101, 325-104)

§11-156-9 **Severability.** If any provision of this chapter, or its application to any person or circumstance, is held invalid, the application of such provision to other persons or circumstances, and the remainder of this chapter shall not be affected thereby. [Eff 11/5/81; comp 5/24/90; comp 10/23/97; comp 8/27/01] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§321-9, 325-13)

Exhibit A

Disease Reporting Requirements for Health Care Providers in Hawaii

(January, 2001)

The diseases described below are declared by the Director of Health to be dangerous to public health and shall be reported to the Department of Health as specified. Restrictions shall be imposed on cases and contacts as indicated in ***Hawaii Isolation and Control Requirements, January, 2001.***

Any communicable disease not listed below occurring beyond usual frequency, or of unusual or uncertain etiology, including diseases which might be caused by a genetically engineered organism, shall be reported to the Department of Health (Epidemiology Branch) by telephone. Likewise, all suspected outbreaks of a notifiable disease shall be reported to the Epidemiology Branch by telephone.

If the final diagnosis or provisional diagnosis in the absence of definitive tests for confirmation is a reportable disease and **if the case is not known to have already been reported** to the Department, the physician responsible for the management of that case or the hospital in which the case is being treated shall report that case in accordance with the methods described below. If neither hospital or physician reports, **both** shall be considered in default of their responsibility to report.

This requirement applies to all settings in which patient care is provided, including passenger ships discharging passengers in Hawaii and all facilities performing medical evaluations, including blood banks.

Failure to comply with these requirements is a misdemeanor under Hawaii Law.

Reporting Categories

Urgent reports: Diseases labeled "urgent" shall be reported by telephone as soon as a provisional diagnosis is established. The telephone report shall be followed by a written report submitted by mail or fax within three days to the Epidemiology Branch on Oahu, or to the District Health Office on the neighbor islands.

Routine reports: Diseases labeled "routine" shall be reported by mail, by telephone, or fax to the Epidemiology Branch on Oahu, or to the District Health Offices on the neighbor islands within three days.

Routine/Enteric (enteric prevention priority): Diseases labeled "routine - enteric prevention priority" shall be reported by telephone as soon as a working diagnosis is established if the individual case is a ***food handler, direct care provider, or pre-school aged child.*** Otherwise routine reports may be submitted.

***Confidential (High Confidentiality):** All reports are confidential, however, diseases which may carry a social stigma are to be reported with **extra precautions** to assure patient confidentiality. Reports are to be submitted within three days of diagnosis as described below.

Outbreak reports: Any disease shall be reported by telephone when observed to occur clearly in excess of normal expectancy as determined by the healthcare provider or the Director of Health. The telephone report shall be followed by a written report submitted by mail or fax within three days to the Epidemiology Branch on Oahu, or to the District Health Offices on the neighbor islands.

Note: Diseases shown in bold require* URGENT *action sometimes or always.

Disease	*Reporting Category*
†Acquired Immunodeficiency Syndrome (CDC case definition)	***Confidential**
Amebiasis	**Routine/Enteric**
Anthrax	**Urgent**
Botulism, food borne	**Urgent**
Botulism, wound or infant	Routine
Brucellosis	**Urgent**
Campylo000bacteriosis	**Routine/Enteric**
§Chancroid	***Confidential**
Chickenpox - varicella (report outbreaks only)	Outbreak
§Chlamydia (*Chlamydia trachomatis*)	***Confidential**
Cholera	**Urgent**
Congenital Rubella Syndrome	**Urgent**
Cryptosporidiosis	**Routine/Enteric**
Dengue	**Urgent**
Diphtheria	**Urgent**
Enterococcus, Vancomycin resistant	Routine

† Reports shall be made to the AIDS Surveillance Program (CONFIDENTIAL), 3627 Kilauea Avenue, Rm. 306, Honolulu, HI 96816; ☎733-9010.

§ Sexually transmitted diseases other than AIDS are to be reported to the STD Prevention Program, 3627 Kilauea Avenue, Room 304, Honolulu, HI 96816; ☎733-9281.

Disease	*Reporting Category*
***Escherichia coli* O157**	**Routine/Enteric**
Filariasis	Routine
Fish poisoning (ciguatera, scombroid, or hallucinogenic)	**Urgent**
Food borne illness: 2 or more ill persons having eaten: (a) a common food, or (b) at a place in common.	**Urgent**
Giardiasis	**Routine/Enteric**
†Gonococcal disease	***Confidential**
Haemophilus influenzae serotype b **(meningitis,** bacteremia, epiglottitis, pneumonia, or isolation from a normally sterile site).	**Routine**
§Hansen's disease	***Confidential**
Hantavirus Disease	**Urgent**
Hemorrhagic colitis due to *E. coli*, any strain or serotype	**Routine/Enteric**
Hepatitis A **** Also report liver function tests (AST {SGOT}, ALT {SGPT}) conducted at the same time for all patients who are HAV IgM+.***	**Urgent**
Hepatitis B (acute and chronic) ****Also report liver function tests (AST {SGOT}, ALT {SGPT}) conducted at the same time for all patients who are HBsAg+.***	Routine
Hepatitis C (acute only) ****Also report liver function tests (AST {SGOT}, ALT {SGPT}) conducted at the same time for all patients who are anti-HCV+.***	Routine
Hepatitis E ****Also report liver function tests (AST {SGOT}, ALT {SGPT}) conducted at the same time for all patients who are anti-HEV+.***	Routine
Hemolytic uremic syndrome (HUS)	**Routine/Enteric**
HIV (Human Immunodeficiency Virus‡	***Confidential**
Influenza (report laboratory confirmed cases and outbreaks)	**Urgent**
Legionellosis	**Urgent**
Leptospirosis	Routine
Listeriosis	**Routine/Enteric**
Malaria	Routine
Measles (rubeola)	**Urgent**
Meningococcal Disease (meningitis, meningococcemia, or isolation from a normally sterile site)	**Urgent**
Mumps	Routine
†Pelvic inflammatory disease (PID)	***Confidential**
Pertussis	**Urgent**
Plague	**Urgent**
Pneumococcal disease (meningitis, bacteremia, or isolation from a normally sterile site)	Routine
Poliomyelitis	**Urgent**
Psittacosis	**Urgent**
Q fever	**Urgent**
Rabies	**Urgent**

† Sexually transmitted diseases other than AIDS are to be reported to the STD Prevention Program, 3627 Kilauea Avenue, Room 304, Honolulu, HI 96816; ☎733-9281.

§ Reports shall be made to the Hansen's Disease Community Program at ☎735-2472.

‡ Reports shall be made to the AIDS Surveillance Program (CONFIDENTIAL), 3627 Kilauea Avenue, Rm. 306, Honolulu, HI 96816; ☎733-9010 using UTC code.

Disease	*Reporting Category*
Rubella (German measles)	**Urgent**
Salmonellosis (other than typhoid)	**Routine/Enteric**
Shigellosis	**Routine/Enteric**
Smallpox	**Urgent**
Streptococcal disease, Group A (beta hemolytic, invasive disease including Streptococcal Toxic Shock Syndrome or isolation from a normally sterile site, but not including pharyngitis)	Routine
†Syphilis	***Confidential**
Tetanus	Routine
Toxoplasmosis	Routine
Trichinosis	Routine
§**Tuberculosis**	**Urgent**
Tularemia	**Urgent**
Typhoid Fever	**Urgent**
Typhus (louse, flea, mite-borne)	Routine
Vibriosis (other than *cholera*)	**Routine/Enteric**
Yellow fever	**Urgent**
Yersiniosis (other than plague)	**Routine/Enteric**

Report all Diseases Except Tuberculosis, Hansen's Disease, Sexually Transmitted Diseases, AIDS, and Low CD4 to the Office in Your County

Oahu
P.O. Box 3378
Honolulu, HI 96801
Phone: (808) 586-4586
FAX: (808) 586-4595

Maui
54 High Street
Wailuku, Hawaii 96793
Phone: (808) 984-8213
FAX: (808) 984-8222

Hawaii
P.O. Box 916
Hilo, HI 96720
Phone: (808) 933-4539
FAX: (808) 933-4669

Kauai
3040 Umi Street
Lihue, Hawaii 96766
Phone: (808) 241-3563
FAX: (808) 241-3480

† Sexually transmitted diseases other than AIDS are to be reported to the STD Prevention Program, 3627 Kilauea Avenue, Room 304, Honolulu, HI 96816; ☎733-9281.

§ Tuberculosis shall be reported to the Tuberculosis Control Program at ☎832-5731, x26, or by mail to TB Program, 1700 Lanakila Avenue, Honolulu HI 96817, Attn: Registry- CONFIDENTIAL or by FAX to 832-5846 Attn: Registry- CONFIDENTIAL.

Exhibit B

Hawaii Laboratory Reporting Requirements

(January, 2001)

Physicians, laboratory directors, and health care professionals to report. *Every physician or health care professional having a client affected by or suspected of being affected by a disease or condition declared to be communicable or dangerous to the public health by the director of health shall report the incidence or suspected incidence of such disease or condition to the department of health in writing or in the manner specified by the department of health. Every laboratory director having laboratory data regarding an individual affected by or suspected of being affected by a disease or condition declared to be communicable or dangerous to the public health shall report such diseases or conditions to the department of health in writing or in a manner specified by the health department. Every physician, laboratory director, or health care professional who refuses or neglects to give such notice, or make such report, may be fined in an amount not to exceed $1,000 per violation, to be assessed by the director of health. The director of health is authorized to impose the penalty pursuant to this section.*

§325-2 Hawaii Revised Statutes.

Reports are to be made to the Epidemiology Branch on Oahu or the District Health Office on neighbor islands, except as noted below.

Reporting Categories

1. **URGENT** - Agents labeled URGENT shall be reported by telephone when a laboratory ***request*** is received.
2. **Immediate** - Positive test results for agents labeled "Immediate" shall be reported by telephone within 24 hours of confirmation, followed by a written notification by mail or fax.
3. **Routine** - Positive test results for agents and tests labeled "Routine" shall be reported in writing within 3 days of confirmation.
4. **Confidential** - Positive test results for agents and tests labeled "Confidential" shall be reported to the AIDS Surveillance Program by mail for confidential follow-up.
5. **On Order** - ***Request*** for test shall be reported by telephone within 24 hours, followed by a written notification by mail or fax. Test results to be submitted within 24 hours of receipt..

Note: Agents or tests shown in bold require* urgent *or* immediate *action.

Specimens to be sent to the Department as noted:
*Sample of isolate **Blood smear †Aliquot of positive serum
(*) or (†) = Send sample or aliquot upon request only

Agent/Test	Category
Bacillus anthracis	**Urgent***
Bordetella pertussis	**Immediate***
Brucella spp.	**Urgent***
Campylobacter spp.	Routine (*)
𝄞CD4 T-lymphocyte count < 200/µl or CD4 T-lymphocyte percentage < 14%	Confidential
Chlamydia psittaci	**Immediate**

𝄞 Reports be made by mail to the AIDS Surveillance Program (CONFIDENTIAL), 3627 Kilauea Avenue, Rm. 306, Honolulu, HI 96816; ☎733-9010.

Specimens to be sent to the Department as noted:

*Sample of isolate **Blood smear †Aliquot of positive serum
(*) or (†) = Send sample or aliquot upon request only

Agent/Test	Category
§*Chlamydia trachomatis,* genital	Routine
***Clostridium botulinum* (Foodborne , wound, and infant)**	**Urgent***
Clostridium tetani	Routine
Corynebacterium diphtheriae	**Immediate***
Cryptosporidium spp.	Routine
Coxiella burnetii	**Immediate**
Dengue virus	**Immediate**
Entamoeba histolytica	Routine
Enterococcus, Vancomycin resistant	Routine (*)
Escherichia coli - shigatoxin producing, including type O157	Routine*
Francisella tularensis	**Immediate**
Giardia lamblia	Routine
§*Haemophilus ducreyi*	Routine
Haemophilus influenzae (from spinal fluid, blood, lung, or other normally sterile site) **Report serotype and antimicrobial resistance if available.**	**Immediate***
Hantavirus	**Immediate (†)**
Hepatitis A virus (IgM positive) ***Also report liver function tests (AST {SGOT}, ALT {SGPT}) conducted at the same time.***	**Immediate**
Hepatitis B virus (surface antigen positive and/or anti-core IgM antibody positive) *Also report liver function tests ***(AST {SGOT}, ALT {SGPT})*** conducted at the same time for all patients who are HbsAg+	Routine
Hepatitis C *Also report liver function tests (AST {SGOT}, ALT {SGPT}) conducted at the same time for all patients who are anti-HCV+.	Routine
Hepatitis E *Also report liver function tests (AST {SGOT}, ALT {SGPT}) conducted at the same time for all patients who are anti-HEV+.	Routine
‡ HIV (Human Immunodeficiency Virus)	Confidential
Influenza virus	Routine
Legionella pneumophila	**Immediate (*)**
¶*Leptospira interrogans*	Routine¶
Listeria monocytogenes	Routine*
Liver function tests ***(AST {SGOT}, ALT {SGPT})*** conducted at the same time on a patient who is HBsAg+ or anti-HEV+.	Routine

§ Sexually transmitted diseases other than AIDS shall be reported to the STD Prevention Program, 3627 Kilauea Avenue, Room 306, Honolulu, HI 96816; ☎733-9281.

§ Sexually transmitted diseases other than AIDS shall be reported to the STD Prevention Program, 3627 Kilauea Avenue, Room 306, Honolulu, HI 96816; ☎733-9281.

‡ See §156-8.9 for special reporting requirements.

¶ For *Leptospira interrogans* submit whole blood and paired serum samples.

Specimens to be sent to the Department as noted:

*Sample of isolate **Blood smear †Aliquot of positive serum
(*) or (†) = Send sample or aliquot upon request only

Agent/Test	Category
***Lyssavirus* spp. (Rabies)**	**Urgent***
Measles/Rubeola (IgM)	**On Order†**
Mumps (IgM)	**On Order†**
[¶]*Mycobacterium tuberculosis*	**Immediate**
[§]*Mycobacterium leprae* (AFB) positive biopsies and smears	Routine
[‡]*Neisseria gonorrhea* (including identification of resistant strains)	Routine*
Neisseria meningitidis (from spinal fluid, blood, lung, or other normally sterile site) **report antimicrobial susceptibility**	**Immediate***
Plasmodium spp.	Routine**
Poliovirus	**Immediate***
Rickettsia typhi	Routine†
Rubella (IgM)	**On Order†**
Salmonella spp. (including *typhi*)	Routine*
Shigella spp.	Routine*
Streptococcus pyogenes, Group A (beta hemolytic, invasive disease including Streptococcal Toxic Shock Syndrome or other normally sterile site, but not including pharyngitis)	Routine (*)
Streptococcus pneumoniae isolated from a normally sterile site, report antimicrobial susceptibility.	Routine
Toxoplasma gondii	Routine
[‡]*Treponema pallidum*	Routine†
Trichinella spiralis	Routine
Wuchereria bancrofti	Routine
Varicella (IgM)	Routine (†)
***Variola* virus**	**Immediate**
Vibrio cholerae	**Urgent***
Vibrio spp. (other than *cholerae*)	Routine*
Yellow fever virus	**Urgent**
Yersinia pestis	**Urgent***
Yersinia spp. (other than *pestis*)	Routine*

[¶] Tuberculosis shall be reported to the Tuberculosis Control Program at ☎832-5731, x26, or by mail to TB Program, 1700 Lanakila Avenue, Honolulu HI 96817, Attn: Registry- CONFIDENTIAL or by FAX to 832-5846 Attn: Registry- CONFIDENTIAL.

[§] Reports shall be made to the Hansen's Disease Community Program at ☎735-2472.

[‡] Sexually transmitted diseases other than AIDS are to be reported to the STD Prevention Program, 3627 Kilauea Avenue, Room 304, Honolulu, HI 96816; ☎733-9281.

Report all Diseases Except Tuberculosis, Hansen's Disease, Sexually Transmitted Diseases, AIDS, and Low CD4 to the Office in Your County

Oahu
P.O. Box 3378
Honolulu, HI 96801
Phone: (808) 586-4586
FAX: (808) 586-4595

Hawaii
P.O. Box 916
Hilo, HI 96720
Phone: (808) 933-4539
FAX: (808) 933-4669

Maui
54 High Street
Wailuku, Hawaii 96793
Phone: (808) 984-8213
FAX (808) 984-8222

Kauai
3040 Umi Street
Lihue, Hawaii 96766
Phone: (808) 241-3563
FAX: (808) 241-3480

Exhibit C

Hawaii Isolation and Control Requirements

January, 2001

Any person informed by the department, a private physician, or hospital that he or she has or is suspected of having a communicable disease for which isolation is required, shall remain isolated in the manner prescribed by the department of health. Isolation shall include exclusion from school and workplace, and restriction from food handling and direct care occupations. It is the responsibility of the principal or director in charge of a school to prohibit any student diagnosed or suspected of having a communicable disease for which isolation is required from attending school until the expiration of the prescribed period of isolation. Parents, guardians, custodians or any other person in loco parentis shall not permit any child diagnosed or suspected of having a communicable disease for which isolation is required to attend school or to be present at any public gatherings until the expiration of the prescribed period of isolation. No person diagnosed or suspected of having a communicable disease for which isolation is required shall engage in any employment in which transmission of disease is likely to occur until expiration of the prescribed period of isolation. Every health care provider shall report immediately to the department any violation of such isolation directive.

The diseases described below are declared by the Director of Health to be a threat to the public health. Restrictions shall be imposed on cases, suspected cases, and contacts of cases to the degree and for the duration indicated below.

Note: See page 4 for definitions of key terms

Disease	For Cases and Suspected Cases	For Contacts
AIDS (Acquired Immunodeficiency Syndrome, CDC case definition)	None	None
Amebiasis	Restrict from food handling and direct care occupations until chemotherapy is completed.	None
Anthrax	None	None
Botulism, foodborne	None	None
Botulism, infant	None	None
Brucellosis	None	None
Campylobacteriosis	Restrict from food handling and direct care occupations until asymptomatic.	None
Chickenpox (varicella)	Non-hospitalized persons: restrict from school, work, or other public places including hotel lobbies, restaurants and airplanes for 5 days after skin lesions appear. Hospitalized persons: airborne and contact precautions until at least 5 days after the eruption appears or until vesicles become dry.	None
Chlamydia (*Chlamydia trachomatis*)	None	None
Cholera	Restrict from foodhandling until asymptomatic.	None
Congenital Rubella Syndrome	None	None
Cryptosporidiosis	Restrict from food handling and direct care occupations until asymptomatic.	None
Dengue	None	None
Diphtheria	Droplet precautions for pharyngeal diphtheria, contact precautions for cutaneous diphtheria; Maintain isolation until two cultures from both throat and nose (skin lesions in cutaneous diphtheria) taken ≥ 24 hours apart, and not less than 24 hours after cessation of antimicrobial therapy, fail to show diphtheria bacilli.	Exclude from occupations involving food handling or close association with children until proven culture negative.
Enterococcus, vancomycin resistant	None	None
Escherichia coli O157:H7 or other *E. coli* shigatoxin produced hemorrhagic colitis	Restrict from food handling, direct care occupations and school until asymptomatic and stool culture negative.	None
Filariasis	None	None
Fish poisoning (ciguatera, scombroid or hallucinogenic)	None	None

Disease	For Cases and Suspected Cases	For Contacts
Foodborne illness (2 or more ill persons eating either a common food or at a place in common)	Restriction from food handling and direct care occupations may be required; refer to specific agent.	Restriction from food handling and direct care occupations may be required; Refer to specific agent.
Giardiasis	None	None
Gonococcal disease	None	None
Haemophilus influenzae (meningitis, bacteremia, epiglottitis, pneumonia, or isolation from a normally sterile site) **Report serotype if available.**	Droplet precautions until 24 hours after the start of effective antibiotic therapy.	None
Hansen's disease	None	None
Hantavirus Disease	None	None
Hepatitis A	Restrict from food handling and direct care occupations for first two weeks of illness, but no more than 1 week after jaundice. For preschool children restrict from daycare for 10 days after diagnosis.	Restrict from food handling until laboratory tests confirm contact is free of HAV infection.
Hepatitis B (acute)	None	None
Hepatitis C	None	None
Hepatitis E	Restrict from food handling and direct care occupations for first two weeks of illness, but no more than 1 week after jaundice. For preschool children restrict from daycare for 10 days after diagnosis.	Restrict from food handling until laboratory tests confirm contact is free of HEV infection.
Hemolytic uremic syndrome	Restriction may be required; refer to specific agent.	None
Influenza, outbreak	Hospitalized persons: droplet precautions for 5 days.	None
Legionellosis	None	None
Leptospirosis	None	None
Listeriosis	None	None
Malaria	None	None
Measles (rubeola)	Non-hospitalized persons: restrict from school, work, or other public places including hotel lobbies, restaurants and airplanes for 4 full days after appearance of the rash. Hospitalized patients: airborne precautions until 4 full days after appearance of the rash.	Exclude susceptible contacts from school, workplace and other group settings from the 7th through the 18th day after exposure.
Meningococcal disease (meningitis, meningococcemia, or isolation from a normally sterile from a normally sterile site.	Droplet precautions until 24 hours after the start of effective antibiotic therapy.	None
Mumps	Non-hospitalized persons: restrict from school, work, or other public places including hotel lobbies, restaurants and airplanes for 9 days after onset of swelling or parotitis. Hospitalized patients: droplet precautions until 9 days from onset of swelling or parotitis.	Exclude susceptible contacts from school, workplace and other group settings from the 12th through the 25th day after exposure.
Pelvic inflammatory disease (PID)	None	None
Pertussis	Non-hospitalized persons: restrict from school, work, or other public places including hotel lobbies, restaurants and airplanes until 5 days of a minimum 14-day course of antibiotics has been completed or until 3 weeks after the onset of paroxysmal cough. Hospitalized persons: droplet precautions until 5 days of a minimum 14-day course of antibiotics has been completed or until 3 weeks after the onset of paroxysmal cough.	Exclude household and other close contacts from school, workplace and other group settings until completion of 5 days of a minimum 14-day course of antibiotics or for 14 days from last exposure.
Plague	Droplet precautions for pneumonic plague until completion of 3 full days of appropriate antibiotic therapy with a favorable clinical response.	None
Pneumococcal pneumonia	None	None

Disease	For Cases and Suspected Cases	For Contacts
Poliomyelitis	None	None
Psittacosis	None	None
Rabies	Contact precautions for respiratory secretions for duration of illness.	None
Rubella	Non-hospitalized persons: restrict from school, work, or other public places including hotel lobbies, restaurants and airplanes for 7 days after appearance of the rash. Hospitalized patients: droplet precautions until 7 days after appearance of rash.	Exclude susceptibles from school, workplace and other group settings from the 14th through the 23rd day after exposure.
Salmonellosis (other than typhoid)	Restrict from food handling and direct care occupations until 2 consecutive stool cultures, collected ≥ 24 hours apart, and not less than 48 hours after cessation of antimicrobial therapy, are negative for *Salmonella.*	Restrict from foodhandling and direct care occupations until stool is known to be culture negative.
Shigellosis	Restrict from food handling and direct care occupations until 2 consecutive stool samples or rectal swabs collected ≥ 24 hours apart, and not less than 48 hours after cessation of antimicrobial therapy are negative for *Shigella.*	Restrict from foodhandling and direct care occupations until stool is known to be culture negative.
Streptococcal disease, Group A (beta hemolytic, invasive disease not including pharyngitis)	Exclude from foodhandling until 48 hours after the start of effective antibiotic therapy.	None
Syphilis	None	None
Tetanus	None	None
Toxoplasmosis	None	None
Trichinosis	None	None
Tuberculosis	Restrict from school and workplace until sputum smear negative. Hospitalized patients: Airborne precautions. Discontinue precautions *only* when TB patient is on effective therapy, is improving clinically, and has three consecutive negative sputum smears collected on different days.	None
Typhoid Fever	Restrict from food handling and direct care occupations until 3 consecutive negative stool cultures are obtained from stools collected ≥ 24 hours apart, and not less than 48 hours after cessation of antimicrobial therapy, and not earlier than 1 month after onset.	Restrict from food handling and direct care occupations until 2 consecutive negative stool cultures are obtained from stools collected ≥ 24 hours apart.
Typhus (louse, flea, mite-borne)	None	None
Vibriosis (other than *cholerae*)	Restrict from food handling until asymptomatic.	None
Yellow fever	None	None
Yersiniosis (other than plague)	Restrict from food handling and direct care occupations until asymptomatic.	None

DEFINITIONS:

Contact - a person who has been in such an association with an infected person or animal or a contaminated environment as to have had an opportunity to acquire the infection.

Airborne precautions - measures intended to prevent transmission of infection by airborne droplet particles containing microorganisms that remain suspended in the air and that can be widely dispersed by air currents. In addition to standard precautions, a private, negative air pressure isolation room is indicated; however, patients infected with the same organism may share the same isolation room. Respiratory protection should be worn by all susceptible persons entering the isolation room. Patient transport should be minimized.

Contact precautions - measures intended to prevent infection by microorganisms transmitted via direct contact with a patient or by indirect contact with environmental surfaces or patient-care items in the patient's environment. In addition to standard precautions, a private room is indicated, but patients infected with the same organism may share a room. Masks are indicated for those in close contact with the patient; gowns should be worn if soiling is likely; gloves are indicated if touching potentially infectious surfaces.

More ☞

Direct care occupations - any occupational activity that has the potential to result in the transmission of infectious microorganisms from a care-giver to persons receiving care. Direct care occupations include persons engaged in providing care to children, patients, the elderly, or infirm.

Droplet precautions - measures intended to prevent infection by microorganisms transmitted via relatively large droplets that can be generated by a patient while coughing, sneezing, and talking. In addition to standard precautions, a private room is indicated, but patients infected with the same organism may share a room. Masks are indicated for those in contact with the patient. Gowns and gloves are not required.

Foodhandling - any contact with food, beverages, or materials and/or items used in their preparation that has the potential to result in the transmission of infectious microorganisms via ingestion of the food and/or beverage. Examples of foodhandling include (but are not limited to) transporting food or food containers, preparation or service of food, and contact with utensils or food associated equipment.

Standard precautions - measures intended to prevent transmission of infectious microorganisms that should be employed with all patients receiving care, regardless of their diagnosis or presumed infection status. In general terms these measures include handwashing with appropriate soap after each contact with potentially infectious materials, between patients and when indicated, between different sites on the same patient; wearing gloves when touching blood, body fluids, secretions, excretions, and contaminated items; wearing masks and eye protection for patient care activities likely to generate splashes; wearing gowns for patient care activities that are likely to generate splashes or sprays in order to protect skin, clothing and mucous membranes; appropriate handling and disinfection of patient care equipment; and routine implementation of environmental cleaning and disinfection procedures.

Amendments to and compilation of chapter 156, title 11, Hawaii Administrative Rules, on the Summary Page dated August 6, 2001 were adopted on August 6, 2001 following a public hearing held May 25, 2001 on Oahu, after public notice was given in The Honolulu Star-Bulletin on April 18, 2001, The Hawaii Tribune Herald, The Maui News, and the Garden Isle News on April 20, 2001, and Midweek on April 23, 2001.

Chapter 11-156, Hawaii Administrative Rules, shall take effect ten days after filing with the Office of the Lieutenant Governor.

Bruce S. Anderson

BRUCE S. ANDERSON, Ph.D., M.P.H.
Director of Health

Benjamin J. Cayetano

BENJAMIN J. CAYETANO
Governor
State of Hawaii

Dated: August 15, 2001

AUG 16 2001

Filed

'01 AUG 16 A9:06

APPROVED AS TO FORM:

Blair Sato

Deputy Attorney General