LCRC FORM 2

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RULES CLEARINGHOUSE

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CLEARINGHOUSE REPORT TO AGENCY

[THIS REPORT HAS BEEN PREPARED PURSUANT TO S. 227.15, STATS. THIS IS A REPORT ON A RULE AS ORIGINALLY PROPOSED BY THE AGENCY; THE REPORT MAY NOT REFLECT THE FINAL CONTENT OF THE RULE IN FINAL DRAFT FORM AS IT WILL BE SUBMITTED TO THE LEGISLATURE. THIS REPORT CONSTITUTES A REVIEW OF, BUT NOT APPROVAL OR DISAPPROVAL OF, THE SUBSTANTIVE CONTENT AND TECHNICAL ACCURACY OF THE RULE.]

CLEARINGHOUSE RULE **99–056**

AN ORDER to renumber HFS 145.06 and 145.12 to 145.20; to renumber and amend HFS 145.04 (1m); to amend HFS 145.02, 145.04 (3) (a) and (4) (a), 145.05 (2), (3) and Note, 145.07, as renumbered, 145.14 to 145.16, as renumbered, 145.21 and 145.22 and Note, as renumbered; to repeal and recreate HFS 145.03, 145.08 to 145.11 and Appendix A; and to create HFS 145.04 (4) (c), 145.06, 145.07 (2) Note, 145.12 and 145.13, relating to control of communicable diseases.

Submitted by **DEPARTMENT OF HEALTH AND FAMILY SERVICES**

03–17–99 RECEIVED BY LEGISLATIVE COUNCIL.
04–14–99 REPORT SENT TO AGENCY.

RNS:JLK:kjf;rv

LEGISLATIVE COUNCIL RULES CLEARINGHOUSE REPORT

This rule has been reviewed by the Rules Clearinghouse. Based on that review, comments are reported as noted below:

1. STATUTORY AUTHORITY [s. 227.15 (2) (a)]

   Comment Attached YES ☑ NO ☐

2. FORM, STYLE AND PLACEMENT IN ADMINISTRATIVE CODE [s. 227.15 (2) (c)]

   Comment Attached YES ☑ NO ☐

3. CONFLICT WITH OR DUPLICATION OF EXISTING RULES [s. 227.15 (2) (d)]

   Comment Attached YES ☑ NO ☐

4. ADEQUACY OF REFERENCES TO RELATED STATUTES, RULES AND FORMS [s. 227.15 (2) (e)]

   Comment Attached YES ☑ NO ☐

5. CLARITY, GRAMMAR, PUNCTUATION AND USE OF PLAIN LANGUAGE [s. 227.15 (2) (f)]

   Comment Attached YES ☑ NO ☐

6. POTENTIAL CONFLICTS WITH, AND COMPARABILITY TO, RELATED FEDERAL REGULATIONS [s. 227.15 (2) (g)]

   Comment Attached YES ☐ NO ☑

7. COMPLIANCE WITH PERMIT ACTION DEADLINE REQUIREMENTS [s. 227.15 (2) (h)]

   Comment Attached YES ☐ NO ☑

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CLEARINGHOUSE RULE 99–056

Comments

[NOTE: All citations to "Manual" in the comments below are to the Administrative Rules Procedures Manual, prepared by the Revisor of Statutes Bureau and the Legislative Council Staff, dated September 1998.]

1. Statutory Authority

Section HFS 145.07 (1) provides that any teacher, principal, director or nurse serving a school or day care center may send a child home under certain circumstances. If amended as proposed, s. HFS 145.07 (1) would further provide that the "teacher, principal or director authorizing the action shall ensure that the parent, guardian or other person legally responsible for the child and the nurse serving the child's school or day care center are informed of this action."

In contrast, s. 252.21 (2), Stats., provides, in pertinent part, that: "Any teacher, school nurse, or principal who sends a pupil home shall immediately notify the parents of the pupil of the action and the reasons for the action. A teacher who sends a pupil home shall also notify the principal of the action and the reasons for the action."

The statutory requirement that the school nurse who sends a pupil home notify the pupil's parents is not included in s. HFS 145.07 (1). Also, the statutory requirement that the notification be immediate is not included in s. HFS 145.07 (1). Further, the statutory requirement that a teacher who sends a pupil home notify the principal is not included in s. HFS 145.07 (1).

2. Form, Style and Placement in Administrative Code

a. Throughout the rule, section titles should be shown with an initial capital letter and in bold print, rather than capitalized and underscored. [See s. 1.05 (2) (b), Manual.]

b. In s. HFS 145.04 (1) (g), "confidentiality of HIV test" should be changed to "confidentiality of HIV test" since inserted material should be underscored. [See s. 1.06 (1), Manual.] Also, the acronym "HIV" should not be used without a definition. [See s. 1.01 (8), Manual.]

c. SECTION 7 indicates that s. HFS 145.06 is renumbered "145.07". It should indicate that it is renumbered "HFS 145.07". Moreover, SECTIONS 9 and 11 amend provisions in renumbered s. HFS 145.07. SECTIONS 7, 9 and 11 should be combined into one SECTION. [See s. 1.04 (2) (a) 2. and 4., Manual.]

d. In s. HFS 145.08 (1), "M. tuberculosis" should not be underscored.

e. In the Note following s. HFS 145.09 (3), there is no notation that the publication will be on file with the Revisor of Statutes, the Secretary of State and available from the Department of Health and Family Services.

f. In s. HFS 145.11 (1) (b) 2., 3. and 4., the acronym "TB" should not be used without a definition. [See s. 1.01 (8), Manual.]

g. SECTION 12 should specify that "HFS 145.12, 145.13 and 145.14 are renumbered HFS 145.14, 145.15 and 145.16 and, as renumbered, are amended to read:". The material currently in SECTION 14 should then be incorporated into that SECTION.

Another SECTION should then be created to specify that "HFS 145.15, 145.16, 145.17 and 145.18 are renumbered HFS 145.17, 145.18, 145.19 and 145.20".

Finally, another SECTION should be created to specify that "HFS 145.19 and 145.20 are renumbered HFS 145.21 and 145.22 and, as renumbered, are amended to read:". The material currently in SECTION 15 should then be incorporated into that SECTION. [See s. 1.04 (2), Manual.]

h. In s. HFS 145.14 (2), added material should be shown as underscored and deleted material should be shown as stricken-through. The pertinent phrase should be shown as follows: "who had ~~sexual intercourse~~ physical contact with a case that involved the genitalia of one of them during a". Also note the misspelling of "genitalia" in the rule.

3. Conflict With or Duplication of Existing Rules

In Appendix A to ch. HFS 145, the introductory paragraph of category I specifies that certain diseases must be reported immediately "by telephone" to the patient's local health officer.

However, s. HFS 145.04 (3) (a) eliminates the requirement that the notification be "by telephone". This discrepancy should be reconciled.

Also, this introductory paragraph includes the following sentence: "Complete and mail an Acute and Communicable Diseases Case Report (DOH 4151) to the address on the form within 24 hours." The text of ch. HFS 145 does not include this requirement, and Appendix A does not specify to whom this requirement applies. This should be clarified.

4. Adequacy of References to Related Statutes, Rules and Forms

a. In the last paragraph of the analysis and in s. HFS 145.01, s. 252.10 (6) (b), Stats., also should be cited as authority for the rule.

b. In the last paragraph of the analysis, it appears that ss. 252.03, 252.06 and 252.18 to 252.21, Stats., also should be cited as provisions interpreted by the rule.

c. In s. HFS 145.06 (4) (intro.), it appears that the reference to s. 250.04 (10), Stats.

g. In s. HFS 145.06 (2) (d) (intro.), the phrase "as evidenced by:" should be changed to "as evidenced by any of the following:" in order to make clear the relationship of the items in s. HFS 145.06 (2) (d) 1. to 4.

h. In s. HFS 145.06 (2) (d) 1., a comma should be inserted following "chemicals."

i. In the last sentence of s. HFS 145.07 (7), the first new "or" should be underscored. In addition, "~~of the child~~" should precede "or day care center".

j. In s. HFS 145.09 (2), the meaning of "public work place" is unclear. Should the defined term "public building" be substituted?

k. In s. HFS 145.09 (4) (intro.), the phrase "shall report the following" should be changed to "shall report all of the following".

l. In s. HFS 145.16, "advance nurse prescriber" should be changed to the defined term "advanced practice nurse prescriber". In the first sentence of s. HFS 145.21, "advance" should be changed to "advanced".

m. In the list of communicable diseases in Appendix A, some diseases, e.g., hantavirus infection and babesiosis, do not have a keyed number providing additional information. Were these omissions intentional?

n. In Appendix A to ch. HFS 145, in the first sentence of the introductory paragraph of category II, "suspect case" should be changed to the defined term "suspected case".

3-16-99

PROPOSED ORDER OF THE DEPARTMENT OF HEALTH AND FAMILY SERVICES RENUMBERING, AMENDING, REPEALING AND RECREATING AND CREATING RULES

To renumber HFS 145.06 and 145.12 to 145.20; to renumber and amend HFS 145.04(lm); to amend HFS 145.02, 145.04(3)(a) and (4)(a), 145.05(2), (3) and Note, 145.07, as renumbered, 145.14 to 145.16, as renumbered, and 145.21 and 145.22 and Note, as renumbered; to repeal and recreate HFS 145.03, 145.08 to 145.11 and Appendix A; and to create HFS 145.04(4)(c), 145.06, 145.07(2)(Note) and 145.12 and 145.13, relating to control of communicable diseases.

Analysis Prepared by the Department of Health and Family Services

This is an updating of the Department's rules for reporting communicable diseases and taking action to control the spread of them.

The rulemaking order adds animal bites, an absolute CD4+ T lymphocyte count of less than 200 cells per microliter and/or a percentage of CD4+ T cells of total lymphocytes of less than 14%, babesiosis, cryptosporidiosis, cyclosporiasis, enteric *Escherichia coli* infection, ehrlichiosis, hantavirus infection, hemolytic uremic syndrome, hepatitis E, listeriosis, group A streptococcal and group B streptococcal invasive disease, and *Streptococcus pneumoniae* invasive disease to the list of reportable communicable diseases in Appendix A. The Department is authorized by s. 990.01(5g), Stats., to add diseases to that list by rule.

Animal bites are added because in the majority of bite incidents, the biting animal needs to be either quarantined or tested for rabies (depending on the species). This is necessary because the decision regarding whether to preventively treat the bite victim against rabies depends on the outcome of the quarantine/testing of the biting animal. Because animal bites are not currently reportable, some physicians are reluctant to report such incidents out of concern for breaching patient confidentiality.

A CD4+ T lymphocyte count is a laboratory value used to monitor immune suppression. For persons with HIV infection, a finding of a CD4+ T lymphocyte absolute count of less than 200 cells per microliter and/or a percentage of CD4+ T cells of total lymphocytes of less than 14% is the most common AIDS-defining condition. Reporting of CD4+ T lymphocyte counts, therefore, is an important way of assuring completeness of AIDS case reporting. The Centers for Disease Control and Prevention (CDC) recommends that states make this condition reportable, and many (27) states have already done this.

The CDC and Council of State and Territorial Epidemiologists (CSTE) have identified Cryptosporidium and *E. coli* 0157:H7 as important emerging pathogens and

have made infections caused by these organisms nationally notifiable. Three major outbreaks of cryptosporidiosis, including one in Milwaukee in 1993, have involved public water supplies. Serious outbreaks of *E. coli* 0157:H7, including some deaths, have occurred in the U.S. from a variety of inadequately cooked or non-pasteurized foods. Hemolytic uremic syndrome is a serious complication of an acute gastrointestinal illness, often caused by *E. coli* 0157:H7 or shigella, and is also now nationally notifiable. Improvements in molecular biologic technology now allow diagnoses of enteric infections in humans caused by pathogenic *E. coli* classified in well-defined groups. The groups associated with significant human enteric diseases include: enterohemorrhagic *E. coli* including *E. coli* 0157:H7, enteropathogenic *E. coli*, enterotoxigenic *E. coli* and enteroinvasive *E. coli*.

Cyclosporiasis is a parasitic disease which has been reported with increasing frequency in the United States in the past ten years. In 1996, raspberries imported from Guatemala were associated with over 1400 cases among residents in 20 states and Canada. During 1997, the CDC investigated 18 event-associated clusters involving 789 cases which occurred in ten states (including Wisconsin) and Canada. These outbreaks reinforce the fact that our supply of fresh produce is increasingly international. Identification of local clusters of this emerging pathogen is important for national and international disease control efforts.

Ehrlichiosis and babesiosis are serious tick-borne diseases, only recently recognized to occur in the upper Midwest. Currently, more is becoming known about the ecology, prevalence and distribution of ehrlichiosis. Some early data suggest that concurrent ehrlichiosis and Lyme disease may alter the course and severity of both illnesses. Ehrlichiosis is rather prevalent in Wisconsin. The degree of endemicity of babesiosis is less well defined. Physician awareness of both diseases is relatively low.

Hantavirus can cause serious infections in which shock and bleeding can be significant and multisystem involvement can occur in humans including the hantavirus pulmonary syndrome, first recognized in Southwestern United States in 1993, and hemorrhagic fever with renal syndrome. Because these are viral diseases which can be acquired from animals it is important to undertake control measures following occurrence of human illness.

Hepatitis E is an enterically transmitted virus which causes acute illness. While most endemic in parts of Asia, Africa, and Mexico, cases among United States residents have occurred in travelers to endemic areas. Because of the potential of fecal-oral transmission for at least 2 weeks after illness onset, case investigation is important.

Listeria is the third most common cause of bacterial meningitis in Wisconsin. During 1995, this organism was implicated in a food-borne outbreak that involved Wisconsin and neighboring states, caused eight hospitalizations and was linked to a dairy product. Listeria contamination of commercial food is a common cause of product recalls.

While skin and respiratory tract infections caused by group A streptococci (GAS) are common illnesses, other infections caused by GAS may be severe, potentially fatal invasive infections such as bacteremia, necrotizing fasciitis, and streptococcal toxic shock syndrome. Searching for and appropriately treating carriers in families and other high-risk settings when invasive GAS infections have occurred is an important control measure.

During the 1970s, group B streptococci (GBS) became the leading cause of sepsis and meningitis among newborns throughout the United States, leading to death in approximately 50% of the infants infected. During the 1980s, improved recognition and treatment reduced the case-fatality rate to about 10%. However, an estimated 8,000 cases of serious neonatal infection continued to occur each year in the United States. During the 1990s, the CDC issued guidelines, developed in partnership with organizations of health professionals and community-based groups which recommended antibiotic treatment during delivery for women at risk of transmitting the infection to their newborns. A study by CDC concluded that up to 80% of neonatal GBS infections that occurred in 1995 were potentially preventable. CDC has recommended that GBS prevention activities be integrated into all prenatal care programs and has encouraged evaluation of the barriers that impede the implementation of effective control measures.

Streptococcus pneumoniae (pneumococcus) is the leading cause of ear infections, bloodstream infections, pneumonia and meningitis. While pneumococcal polysaccharide vaccine has been widely available to prevent invasive infections in persons at risk of invasive disease who are 2 years old and older, it is substantially underused. In addition, approximately 30% of infections with S. pneumonae have become resistant to penicillin and an increasing number of strains are resistant to multiple first line antibiotics used to treat these infections. The CDC has recommended increasing vaccination against invasive pneumococcal disease in adults and others at increased risk.

The Department has decided to delete granuloma inguinale, lymphogranuloma venereum, nongonoccal cervicitis, nongonococcal urethritis and Q fever from Appendix A. None of these diseases are designated by the CDC as notifiable at the national level.

This rulemaking order also adds a general statement of powers for communicable disease control. The statement lists the characteristics of a person who has a communicable disease which poses a threat to others and the measures the Department or the local health officer can take to protect the public's health. The Department is authorized under ss. 250.04(1) and 252.02(4) and (6), Stats. to implement whatever measures are necessary to control communicable diseases, including promulgating rules to control and suppress communicable diseases and to quarantine and provide for the disinfection of persons, localities and things infected or suspected of being infected by communicable disease. Local health officers are

authorized under s. 252.03(1) and (2), Stats., to take all measures necessary to prevent, suppress and control communicable diseases.

This rulemaking order expands the section on public health dispensaries established for the diagnosis and treatment of persons with or suspected of having tuberculosis. Once a dispensary is established by a county or counties this expanded section specifies criteria by which the Department will approve the operation of a TB case finding preventive program and which dispensary services the Department will reimburse. Counties and the Department are authorized by s. 252.10(1), Stats., to establish public health dispensaries and the Department is authorized by s.252.10(6)(f), Stats., to approve the organization and methods of operation of a case finding preventive program, and under s. 252.10(6)(b), Stats., to reimburse the dispensaries, which the rules specify will be at Medical Assistance program rates.

The rulemaking order also adds 14 definitions to the rules and makes updating changes affecting reporting procedures, the edition of the standard handbook on methods of control of communicable diseases, special disease control measures, containment of tuberculosis and requirements relating to sexually transmitted diseases.

The Department's authority to renumber, amend, repeal and recreate and create these rules is found in ss. 252.02(4), 252.06(1), 252.10(6)(f), 252.11(l) and (lm), 254.51(3) and 990.01(5g), Stats. The rules interpret ss. 252.02, 252.05, 252.07 to 252.11, and 254.51, Stats.

SECTION 1. HFS 145.01 and 145.02 are amended to read:

HFS 145.01 STATUTORY AUTHORITY. This chapter is promulgated under the authority of ss. 252.02(4), 252.06(1), ~~252.07(4),~~ 252.10(6)(f), 252.11(l) and (lm), ~~252.21(6)~~ 254.51(3) and 990.01(5g), Stats.

HFS 145.02 PURPOSE AND SCOPE: ~~The~~ This chapter establishes a surveillance system for the purpose of controlling the incidence and spread of communicable diseases. This surveillance system consists of timely and effective communicable disease reporting, means of intervention to prevent transmission of communicable diseases, and investigation, prevention and control of outbreaks by local health officers and the department, and in addition provides information otherwise pertinent to understanding the burden of communicable disease on the general population.

SECTION 2. HFS 145.03 in repealed and recreated to read:

HFS 145.03 DEFINITIONS. In this chapter:

(1) "Advanced practice nurse prescriber" means an advanced practice nurse, as defined in s. N 8.02(1), who under s. 441.16(2), Stats., has been granted a certificate to issue prescription orders.

(2) "Case" means a person determined to have a particular communicable disease on the basis of clinical or laboratory criteria or both.

(3) "Chief medical officer" means the person appointed by the state health officer under s. 250.02(2), Stats., to provide public health consultation and leadership in the program area of acute and communicable disease and who serves also as state epidemiologist for that program area.

(4) "Communicable disease" means a disease or condition listed in Appendix A of this chapter.

(5) "Control" means to take actions designed to prevent the spread of communicable diseases.

(6) "Conveyance" means any publicly or privately owned vehicle used for providing transportation services.

(7) "Date of onset" means the day on which the case or suspected case experienced the first sign or symptom of the communicable disease.

(8) "Day care center" has the meaning prescribed in s. 48.65, Stats., and includes nursery schools that fit that definition.

(9) "Department" means the department of health and family services.

(10) "Food handler" means a person who handles food utensils or who prepares, processes or serves food or beverages for people other than members of his or her immediate household.

(11) "Health care facility" has the meaning prescribed in s. 155.01 (6), Stats., and includes providers of ambulatory health care.

(12) "Individual case report form" means the form provided by the department for the purpose of reporting communicable diseases.

(13) "Investigation" means a systematic inquiry designed to identify factors which contribute to the occurrence and spread of communicable diseases.

(14) "Laboratory" means any facility certified under 42 USC 263a.

(15) "Local health department" means an agency of local government that has any of the forms specified in s. 250.01(4), Stats.

(16) "Local health officer" has the meaning prescribed in s. 250.01(5), Stats., and applies to the person who is designated as the local health officer for the place of residence of a case or suspected case of communicable disease.

(17) "Organized program of infection control" means written and implemented policies and procedures for the purpose of surveillance, investigation, control and prevention of infections in a health care facility.

(18) "Other disease or condition having the potential to affect the health of other persons" means a disease that can be transmitted from one person to another but that is not listed in Appendix A of this chapter and therefore is not reportable under this chapter, although it is listed in *Control of Communicable Diseases Manual*, 16th edition (1995), edited by Abram S. Benenson, and published by the American Public Health Association.

Note: The handbook, *Control of Communicable Diseases Manual*, 16th edition (1995), edited by Abram S. Benenson, is on file in the Department's Bureau of Public Health, the Revisor of Statutes Bureau and the Secretary of State's Office, and is available for purchase from the American Public Health Association, 1015 Fifteenth St., NW, Washington, D.C., 20005.

(19) "Outbreak" means the occurrence in a particular geographical area of communicable disease cases in excess of the expected number of cases.

(20) "Personal care" means the service provided by one person to another person who is not a member of his or her immediate household for the purpose of feeding, bathing, dressing, assisting with personal hygiene, changing diapers, changing bedding and other services involving direct physical contact.

(21) "Physician" means an individual possessing the degree of doctor of medicine or doctor of osteopathy or an equivalent degree as determined by the medical examining board, and holding a license granted by the board under s. 448.01 (5), Stats.

(22) "Public building" means any privately or publicly owned building which is open to the public.

(23) "Public health intervention" means an action designed to promote and protect the health of the public.

(24) "State epidemiologist" means the person appointed by the state health officer under s. 250.02(1), Stats., to be the person in charge of communicable disease

control for the state who serves also as chief medical officer for the acute and communicable disease program area.

(25) "Surveillance" means the systematic collection of data pertaining to the occurrence of specific diseases, the analysis and interpretation of these data and the dissemination of consolidated and processed information to those who need to know.

(26) "Suspected case" means a person thought to have a particular communicable disease on the basis of clinical or laboratory criteria or both.

SECTION 3. HFS 145.04(lm) is renumbered 145.04(l)(g) and amended to read:

HFS 145.04(1)(g) ~~QUALIFICATION OF REPORTING RESPONSIBILITY.~~ Nothing in ~~sub. (1)~~ this subsection lessens the requirement for confidentiality of HIV test results under s. 252.15, Stats.

SECTION 4. HFS 145.04(3)(a) and (4)(a) are amended to read:

HFS 145.04(3) URGENCY OF REPORTS. (a) A person, laboratory or health care facility required to report under sub. (1) shall report communicable diseases of urgent public health importance as listed in category 1 of Appendix A of this chapter ~~by telephone~~ to the local health officer immediately upon identification of a case or suspected case. If the local health officer is unavailable, the report shall be made immediately to the state epidemiologist.

(4) HANDLING OF REPORTS BY THE LOCAL HEALTH OFFICER. (a) The local health officer shall notify the state epidemiologist immediately ~~by telephone~~ of any ~~report of~~ cases or suspected cases reported under sub. (3)(a).

SECTION 5. HFS 145.04(4)(c) is created to read:

HFS 145.04(4)(c) Local health departments serving jurisdictions within the same county may, in conjunction with the department, establish a combined reporting system to expedite the reporting process.

SECTION 6. HFS 145.05 (2), (3) and Note are amended to read:

HFS 145.05(2) Local health officers shall follow the methods of control set out in section 9 under each communicable disease listed in the ~~14th edition (1985)~~ 16th edition (1995) of *Control of Communicable Diseases ~~in Man~~ Manual*, edited by Abram S. Benenson, published by the American Public Health Association, unless specified otherwise by the state epidemiologist. Specific medical treatment shall be prescribed by a physician or an advanced practice nurse prescriber.

(3) Any person licensed under ch. 441 or 448, Stats., attending a person with a communicable disease shall instruct the person in the applicable methods of control contained in *Control of Communicable Diseases ~~in Man~~ Manual*, ~~14th edition (1985)~~ 16th edition (1995), edited by Abram S. Benenson, published by the American Public Health Association, unless specified otherwise by the state epidemiologist, and shall cooperate with the local health officer and the department in their investigation and control procedures.

Note: The handbook, *Control of Communicable Diseases Manual*, 16th edition (1995), edited by Abram S. Benenson, is on file in the Department's Bureau of Public Health, the Revisor of Statutes Bureau and the Secretary of State's Office, and is available for purchase from the American Public Health Association, 1015 Fifteenth St., NW, Washington, DC 20005.

still refs 14th ed.

SECTION 7. HFS 145.06 is renumbered 145.07. combine w/ sec. 9 + 11

SECTION 8. HFS 145.06 is created to read:

HFS 145.06 GENERAL STATEMENT OF POWERS FOR CONTROL OF COMMUNICABLE DISEASE (1) APPLICABILITY. The general powers under this section apply to all communicable diseases listed in Appendix A of this chapter and any other infectious disease which the chief medical officer deems poses a threat to the citizens of the state.

(2) PERSONS WHOSE SUBSTANTIATED CONDITION POSES A THREAT TO OTHERS. A person may be considered to have a contagious medical condition which poses a threat to others if that person has been medically diagnosed as having any communicable disease and exhibits any of the following:

(a) A behavior which has been demonstrated epidemiologically to transmit the disease to others or which evidences a careless disregard for the transmission of the disease to others.

(b) Past behavior that evidences a substantial likelihood that the person will transmit the disease to others or statements of the person that are credible indicators of the person's intent to transmit the disease to others.

(c) Refusal to complete a medically directed regimen of examination and treatment necessary to render the disease noncontagious.

(d) A demonstrated inability to complete a medically directed regimen of examination and treatment necessary to render the disease noncontagious, as evidenced by:

1. A diminished capacity by reason of use of mood-altering chemicals including alcohol.

2. A diagnosis as having significantly below average intellectual functioning.

3. An organic disorder of the brain or a psychiatric disorder of thought, mood, perception, orientation or memory.

4. Being a minor, or having a guardian appointed under ch. 880, Stats., following documentation by a court that the person is incompetent.

(e) Misrepresentation by the person of substantial facts regarding the person's medical history or behavior, which can be demonstrated epidemiologically to increase the threat of transmission of disease.

(f) Any other willful act or pattern of acts by the person which can be demonstrated epidemiologically to increase the threat of transmission of disease to others.

(3) PERSONS WHOSE SUSPECTED CONDITION POSES A THREAT TO OTHERS. A person may be suspected of harboring a contagious medical condition which poses a threat to others if that person exhibits any of the factors noted in sub. (2) and, in addition, demonstrates any of the following without medical evidence which refutes it:

(a) Has been linked epidemiologically to exposure to a known case of communicable disease.

(b) Has clinical laboratory findings indicative of a communicable disease.

(c) Exhibits symptoms that are medically consistent with the presence of a communicable disease.

(4) AUTHORITY TO CONTROL COMMUNICABLE DISEASES. When it comes to the attention of an official empowered under ss. 250.02(1), 250.04(10) and 252.02(4) and (6), Stats., or s. 252.02(4) and (6), Stats., that a person is known to have or is suspected of having a contagious medical condition which poses a threat to others, the official may direct that person to comply with any of the following, singly or in combination, as appropriate:

(a) Participate in a designated program of education or counseling.

(b) Participate in a defined program of treatment for the known or suspected condition.

(c) Undergo tests necessary to identify a disease, monitor its status or evaluate the effects of treatment on it.

(d) Notify or appear before designated health officials for verification of status, testing or direct observation of treatment.

(e) Cease and desist in conduct or employment which constitutes a threat to others.

(f) Reside part-time or full-time in an isolated or segregated setting which decreases the danger of transmission of the communicable disease.

(g) Be placed in an appropriate institutional treatment facility until the person has become noninfectious.

(5) FAILURE TO COMPLY WITH DIRECTIVE. When a person fails to comply with a directive under sub. (4), the official who issued the directive may petition a court of record to order the person to comply. In petitioning a court under this subsection, the petitioner shall ensure all of the following:

(a) That the petition is supported by clear and convincing proof of the allegation.

(b) That the respondent has been given proper notice and has been afforded due process and the opportunity to seek counsel.

(c) That the remedy proposed is the least restrictive on the respondent which would serve to correct the situation and to protect the public's health.

(6) HAZARDS TO HEALTH. Officials empowered under ss. 250.02(1), 250.04(1) and 250.02(4) and (6), Stats., or s. 252.03(1) and (2), Stats., may direct persons who own or supervise real or physical property or animals and their environs, which present a threat of transmission of any communicable disease under sub. (1), to do what is reasonable and necessary to abate the threat of transmission. Persons failing or refusing to comply with a directive shall come under the provisions of sub. (5) and this subsection.

SECTION 9. HFS 145.07(1) and (2), as renumbered, are amended to read:

HFS 145.07 SPECIAL DISEASE CONTROL MEASURES. (1) SCHOOLS AND DAY CARE CENTERS. Any teacher, principal, director or nurse serving ~~the~~ a school or day care center may send home, for the purpose of diagnosis and treatment, any pupil suspected of having a communicable disease or of having any other disease or condition having the potential to affect the health of other students and staff including but not limited to pediculosis and scabies. The teacher, ~~or~~ principal or

director authorizing the action shall ensure that the parent, guardian or other person legally responsible for the child and the nurse serving the child's school or day care center ~~of the child~~ are informed of the action.

(2) PERSONAL CARE. Home health agency personnel providing personal care in the home and persons providing personal care in health care facilities, day care centers and other comparable facilities shall refrain from providing care while they are able to transmit a communicable disease through the provision of that care, in accord with the methods of communicable disease control contained in ~~*Control of Communicable Diseases in Man*, 14th Edition (1985), edited by Abram S. Benenson, and published by the American Public Health Association, *1984 CDC Guidelines for Infection Control in Hospital Personnel,*~~ Centers for Disease Control and Prevention, "Guideline for Infection Control in Health Care Personnel, 1998," unless specified otherwise by the state epidemiologist.

SECTION 10. HFS 145.07(2)(Note) is created to read:

HFS 145.07(2) Note: The publication, Centers for Disease Control and Prevention, "Guideline for Infection Control in Health Care Personnel, 1998," is on file in the Department's Bureau of Public Health, the Revisor of Statutes Bureau and the Secretary of State's Office, and is available for purchase from the National Technical Information Service (NTIS), U.S. Dept. of Commerce, 5285 Port Royal Road, Springfield, VA 22161, (703)486-4650.

SECTION 11. HFS 145.07(3) and (Note) and (4), as renumbered, are amended to read:

HFS 145.07 (3) FOOD HANDLERS. Food handlers shall refrain from handling food while they have a disease in a form that is communicable by food handling, in accord with the methods of communicable disease control contained in *Control of Communicable Diseases ~~in Man~~ Manual*, ~~14th edition (1985)~~ 16th edition (1995), edited by Abram S. Benenson, and published by the American Public Health Association, unless specified otherwise by the state epidemiologist.

Note: The handbook, *Control of Communicable Disease Manual*, 16th edition (1995), edited by Abram S. Benenson, is on file in the Department's Bureau of Public Health, the Revisor of Statute's bureau and the Secretary of State's office, and is available for purchase from the American Public Health Association, 1015 Fifteenth St., NW, Washington D.C. 20005.

(4) PREVENTION OF OPHTHALMIA NEONATORUM. The attending physician or midwife shall ~~place~~ ensure placement of 2 drops of a one percent solution of silver nitrate, ~~or 2 drops of an ophthalmic solution containing one percent tetracycline or 0.5% erythromycin,~~ or a 1-2 centimeter ~~strip~~ ribbon of an ophthalmic ointment containing 0.5% erythromycin or one percent tetracycline ~~or 0.5%~~

~~erythromycin~~, in each eye of a newborn child as soon as possible after delivery but not later than one hour after delivery. No more than one newborn child may be treated from an individual container.

SECTION 12. HFS 145.08 to 145.11 are repealed and recreated to read:

HFS 145.08 DEFINITIONS. In this subchapter:

(1) "Case finding preventive program" means a program of a public health dispensary to provide screening for tuberculosis infection and disease within identified groups at risk for contracting or transmitting M. tuberculosis.

(2) "Commitment" means the process by which a court of record orders the confinement of a person who has infectious tuberculosis or who is noninfectious but who has not adhered to prescribed treatment, in order to prevent the transmission of the disease to others, to prevent the development of drug-resistant organisms or to ensure that the person receives a complete course of treatment.

(3) "Contact" means an individual who shares a closed air environment with a person who has infectious tuberculosis for a sufficient period of time to allow the probability of infection to occur. This type of exposure usually includes household members and work or social associates.

(4) "Infectious tuberculosis" means tuberculosis disease of the respiratory tract capable of producing infection or disease in others, as demonstrated by the presence of acid-fast bacilli in the sputum or bronchial secretions, or by radiographic and clinical findings.

(5) "Isolation" means the separation of persons with infectious tuberculosis from other persons, in a place and under conditions that will prevent transmission of the infection.

(6) "Noninfectious" means the inability to transmit infection or disease to others as demonstrated by asymptomatic status and either adequate chemotherapy having been administered for a minimum of 2 weeks or absence of acid-fast bacilli in the sputum or bronchial secretions.

(7) "Public health dispensary" means a program of a local health department or group of local health departments to prevent and control tuberculosis disease and infection by diagnosis, treatment and case management.

(8) "Suspected tuberculosis" means an illness accompanied by symptoms, signs and laboratory tests compatible with infectious tuberculosis such as prolonged cough, prolonged fever, hemoptysis, compatible radiographic findings or other appropriate medical imaging findings.

HFS 145.09 RESTRICTION AND MANAGEMENT OF PATIENTS AND CONTACTS. (1) All individuals with infectious tuberculosis or suspected tuberculosis, and their contacts, shall exercise all reasonable precautions to prevent the infection of others with whom they may come in contact, in accordance with the methods of control for tuberculosis contained in the *Core Curriculum on Tuberculosis*, 3rd edition (1994), published by the Centers for Disease Control and Prevention, or as otherwise specified by the state epidemiologist.

Note: The publication, *Core Curriculum on Tuberculosis*, 3rd edition (1994), published by the Centers for Disease Control and Prevention, is on file in the Revisor of Statutes Bureau and the Secretary of State's Office, and is available from the Department's Bureau of Public Health, 1414 E. Washington Ave., Rm. 241, Madison, WI 53703.

(2) No person with infectious tuberculosis or suspected tuberculosis may be permitted to attend any public gathering or be in any public work place, including but not limited to a school, a nursery school or a day care center, until noninfectious.

(3) Nationally recognized guidelines, including the official statement of the American Thoracic Society, shall be considered in the treatment of tuberculosis. Specific medical treatment shall be prescribed by a physician or an advanced practice nurse prescriber.

Note: The official statement of the American Thoracic Society, "Treatment of Tuberculosis and Tuberculosis Infection in Adults and Children," is found in the *American Journal of Respiratory Critical Care Medicine*, v. 149 (1994), pp. 1359 to 1374.

(4) Any physician or advanced practice nurse prescriber who treats a person with infectious tuberculosis shall report the following to the local health officer:

(a) The date of the person's sputum conversion.

(b) The date of the person's completion of the tuberculosis treatment regimen.

(5) If an individual with infectious tuberculosis terminates treatment against medical advice, does not comply with the treatment plan or leaves a hospital against the advice of a physician, the physician or designee shall report this to the local health officer and the local health officer shall report it to the department. The local health officer may require the individual to take treatment under observation and may place that individual under isolation. The local health officer or the department may seek commitment of that individual, as provided in sub. (6), if the local health officer or the department decides that commitment is necessary in order to protect others from becoming infected or to ensure that the individual complies with the treatment regimen.

(6) Any individual with infectious tuberculosis diagnosed by a physician or an advanced practice nurse prescriber may be committed for care on petition of the local health officer under s. 252.07(4), Stats., or the department under s. 252.02(6) or 252.03(3), Stats.

(7) The local health officer or the department may require an individual with suspected tuberculosis to submit to a medical evaluation and may place that individual under isolation, if appropriate.

(8) If the administrative officer of the institution where a person is committed under sub. (6) or isolated under sub. (7) has good cause to believe that the person may leave the institution in violation of a court order, the officer shall use any legal means to restrain the person from leaving. The administrative officer may isolate a person who is committed.

(9) The local health officer or a person designated by the local health officer shall monitor all individuals committed under sub. (6) or isolated under sub. (7) for tuberculosis as needed to ascertain that the commitment or isolation is being maintained.

(10) The local health officer or designee shall monitor all individuals with infectious tuberculosis until treatment is successfully completed.

HFS 145.10 DISCHARGE FROM ISOLATION OR COMMITMENT. The local health officer or the department shall authorize the release of an individual from isolation under s. HFS 145.09(7) or shall petition a court to order the release of an individual from commitment under s. HFS 145.09(6) if all of the following conditions are met:

(1) An adequate course of chemotherapy has been administered for a minimum of 2 weeks and there is clinical evidence of improvement.

(2) Sputum or bronchial secretions are free of acid-fast bacilli.

(3) Specific arrangements have been made for post-isolation or post-commitment care.

(4) The person is considered by the local health officer or the department not to be a threat to the health of the general public and likely to comply with the remainder of the treatment regimen.

HFS 145.11 ESTABLISHMENT OF PUBLIC HEALTH DISPENSARIES. (1)(a) A county with a population of more than 25,000, or 2 or more counties with a total population of at least 25,000, may operate a public health dispensary. Dispensary

services shall be provided in accordance with s.252.10, Stats. The department may approve the operation of a case finding preventive program if the public health dispensary does all of the following:

1. Provides Mantoux tuberculin skin testing, directly observed therapy, tuberculosis contact investigation, case management and sputum specimen collection.

2. Ensures the provision of medical evaluation by a physician or nurse, chest radiographs, collection of serologic specimens and sputum induction.

(b) A county or counties jointly that provide or ensure the provision of services under par. (a) and wish to be approved to operate a case finding preventive program shall submit a request to that effect in writing to the department. The request for approval shall include a list of the tuberculosis-related services the county or counties jointly provide and a plan for tuberculosis prevention and control at the local level, including tuberculin skin testing of high-risk groups as defined by the *Core Curriculum on Tuberculosis*, 3rd edition (1994), published by the Centers for Disease Control and Prevention. The plan shall include details to support all of the following expected outcomes:

1. Tuberculin skin testing through the case finding preventive program is expected to yield a skin test positivity rate greater than 5% of all skin tests placed. Positivity will be determined based on criteria specified in the *Core Curriculum on Tuberculosis*, 3rd edition (1994), published by the Centers for Disease Control and Prevention.

2. At least 95% of persons with a positive tuberculin skin test identified through the case finding preventive program will be clinically evaluated for TB within 2 to 4 weeks of the skin test reading.

3. At least 90% of persons with TB infection identified through the case finding preventive program who have no evidence of clinical TB or medical contraindications will be placed on preventive therapy.

4. At least 75% of persons with TB infection identified through the case finding preventive program and placed on preventive therapy will complete a course of preventive therapy as defined by the *Core Curriculum on Tuberculosis*, 3rd edition (1994), published by the Centers for Disease Control and Prevention.

Note: The publication, *Core Curriculum on Tuberculosis*, 3rd edition (1994), published by the Centers for Disease Control and Prevention, is on file in the Revisor of Statutes Bureau and the Secretary of State's Office, and is available from the Department's Bureau of Public Health, 1414 E. Washington Ave., Rm. 241, Madison, WI 53703.

(c) Approval of a case finding preventive program shall be for one year. At least 30 days before expiration of the period of approval, the county or counties may request the department to renew the approval in accordance with par. (b), and with the request shall submit data to document progress toward the expected outcomes.

(2) A county, counties jointly or the department may contract with other agencies, hospitals and individuals for the use of necessary space, equipment, facilities and personnel for the county, counties jointly or the department to operate a public health dispensary or for provision of medical consultation.

(3) A public health dispensary may charge fees to dispensary clients for services rendered. A schedule of fees shall be established by the operating agency or agencies and shall be based upon reasonable costs. A copy of the fee schedule and any subsequent changes shall be forwarded to the department.

SECTION 12. HFS 145.12 to 145.20 are renumbered 145.14 to 145.22. — combine w/ 14+15

SECTION 13. HFS 145.12 and 145.13 are created to read:

HFS 145.12 SCOPE OF SERVICES PROVIDED BY PUBLIC HEALTH DISPENSARIES. (1) REIMBURSABLE SERVICES. Dispensary services reimbursable by the department shall be the services specified in s. 252.10, Stats.

(2) ADMINISTRATION AND READING OF SKIN TEST. The administration and reading of a tuberculin skin test shall be considered one visit. Tuberculin skin tests administered to individuals who are not defined as high-risk by the *Core Curriculum on Tuberculosis*, 3rd edition (1994), such as school employes, are not reimbursable.

Note: The publication, *Core Curriculum on Tuberculosis*, 3rd edition (1994), published by the Centers for Disease Control and Prevention, is on file in the Revisor of Statutes' Bureau and the Secretary of State's Office and is available from the Department's Bureau of Public Health, 1414 E. Washington Ave. Rm 241, Madison, WI 53703.

HFS 145.13 REIMBURSEMENT FOR DISPENSARY SERVICES. (1) Public health dispensaries may claim reimbursement from the medical assistance program under ss. 49.43 to 49.475 and 49.49 to 49.497, Stats., and chs. HFS 101 to 108 for services under s. HFS 145.12(1) provided to persons eligible for medical assistance under s. 49.46(1)(a)15., Stats..

(2) The department shall reimburse public health dispensaries for services provided under s. 252.10 to clients who are not recipients of medical assistance until the biennial appropriation under s. 20.435(5)(e), Stats., is totally expended. Reimbursement shall be at the medical assistance program rate.

SECTION 14. HFS 145.14 to 145.16, as renumbered, are amended to read:

HFS 145.14 DEFINITIONS. In this subchapter:

(1) "Commitment" means the process by which a court of record orders the confinement of a person to a place providing ~~care~~ treatment.

(2) "Contact" means a person who had physical contact with a case that involved the gentalia of one of them during a period of time which covers both the maximum incubation period for the disease and the time during which the case showed symptoms of the disease, or could have either infected the case or been infected by the case.

(3) "Minor" means a person under the age of 18.

~~(3)~~(4) "Sexually transmitted diseases" means syphilis, gonorrhea, chancroid, ~~granuloma inguinale, lymphogranuloma venereum,~~ genital herpes infection ~~(first clinical episode only), nongonococcal urethritis~~, chlamydia trachomatis, ~~other nongonococcal cervicitis~~, trichomoniasis and sexually transmitted pelvic inflammatory disease.

~~(4)~~(5) "Source" means the person epidemiologic evidence indicates ~~to be~~ is the origin of an infection.

~~(5)~~(6) "Suspect" means a person who meets the criteria in s. HFS ~~145.16~~ 145.18.

HFS 145.15 CASE REPORTING. Any administrator of a health care ~~institution~~ facility, state correctional institution or local facility subject to ch. DOC 350, who has knowledge of a case of a sexually transmitted disease shall report the case by name and address to the local health officer. If the services of an attending physician are available in an institution or health care facility, the physician or a designee shall report as described in s. HFS 145.04 (1) (a). The administrator shall ensure that this reporting requirement is fulfilled.

HFS 145.16 REPORTING OF CASES DELINQUENT IN TREATMENT. Whenever any person with a sexually transmitted disease fails to return within the time directed to the physician or advanced practice nurse prescriber who has treated that person ~~within the time directed~~, the physician or advance nurse prescriber or a designee shall report the person, by name and address, to the local health officer and the department~~,~~ as delinquent in treatment.

SECTION 15. HFS 145.21 and 145.22 and Note, as renumbered, are amended to read:

HFS 145.21 TREATMENT OF MINORS. A physician or advance practice nurse prescriber may treat a minor with a sexually transmitted disease or examine and diagnose a minor for the presence of the disease without obtaining the consent of the minor's parents or guardian. The physician or advanced practice nurse prescriber shall incur no civil liability solely by reason of the lack of consent of the minor's ~~parent~~ parents or guardian, as stated in s. 252.11 (lm), Stats.

HFS 145.22 TREATMENT GUIDELINES. Nationally recognized guidelines, including the "1998 Sexually Transmitted Disease Treatment Guidelines ~~1982~~," published by the U.S. Department of Health and Human Services, shall be considered in the treatment of sexually transmitted diseases. Specific medical treatment shall be prescribed by a physician or advanced practice nurse prescriber.

Note: The publication, "1998 Guidelines for Treatment of Sexually Transmitted Disease," is on file in the Department's Bureau of Public Health, the Revisor of Statutes Bureau and the Secretary of State's Office, and may be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402-9325. Telephone: (202) 512-1800.

SECTION 16. Appendix A of chapter HFS 145 is repealed and recreated to read:

Chapter HFS 145
APPENDIX A
COMMUNICABLE DISEASES

CATEGORY I:

The following diseases are of urgent health importance and shall be reported **IMMEDIATELY** by telephone to the patient's local health officer upon identification of a case or a suspected case. Complete and mail an Acute and Communicable Diseases Case Report (DOH 4151) to the address on the form within 24 hours. Public health intervention is expected as indicated. See s. HFS 145.04 (3) (a).

Animal bites [4,5]
Anthrax [1,4,]
Botulism [1,4]
Botulism, infant [1,2,4]
Cholera [1,3,4]
Diphtheria [1,3,4,5]
Foodborne or waterborne outbreaks [1,2,3,4]
Haemophilus influenzae (invasive disease, including epiglottitis) [1,2,3,5]
Hantavirus infection
Hepatitis A [1,2,3,4,5]
Hepatitis E [3, 4]
Measles [1,2,3,4,5]
Meningococcal disease [1,2,3,4,5]
Pertussis (whooping cough) [1,2,3,4,5]
Plague [1,4,5]
Poliomyelitis [1,4,5]
Rabies (human) [1,4,5]
Rubella [1,2,4,5]
Rubella (congenital syndrome) [1,2,5]
Tuberculosis [1,2,3,4,5]
Yellow Fever [1,4]

CATEGORY II:

The following diseases shall be reported to the local health officer on an Acute and Communicable Disease Case Report (DOH 4151) or by other means within 72 hours of the identification of a case or suspect case. Public health intervention or other expected action is indicated in the footnotes. See s. HFS 145.04 (3) (b).

Amebiasis [1,3,4]
Arboviral infection (encephalitis/meningitis) [1,2,4]
Babesiosis

Blastomycosis
Brucellosis [4]
Campylobacteriosis (campylobacter infection) [3,4]
Cat Scratch Disease (infection caused by Bartonella species)
Cryptosporidiosis [1,2,3,4]
Cyclosporiasis [4]
Ehrlichiosis
Encephalitis, viral (other than arboviral)
Enteric Escherichia coli infection (E. coli 0157:H7, and other enterohemorrhagic E. coli, enteropathogenic E. coli, enteroinvasive E. coli, enterotoxigenic E. coli.). [1,2,3,4]
Giardiasis [3,4]
Hemolytic uremic syndrome [1,2,4]
Hepatitis B [1,2,3,4,5]
Hepatitis C [1,2]
Hepatitis non-A, non-B, (acute) [1,2]
Hepatitis D [2,3,4,5]
Histoplasmosis
Kawasaki disease [2]
Legionellosis [1,2,4]
Leprosy [1,2,3,4,5]
Leptospirosis [4]
Listeriosis [2,4]
Lyme disease [1,2]
Malaria [1,2,4]
Meningitis, bacterial (other than Haemophilus influenzae or meningococcal) [2]
Meningitis, viral (other than arboviral)
Mumps [1,2, 4,5]
Mycobacterial disease (nontuberculous)
Psittacosis [1,2,4]
Reye syndrome [2]
Rheumatic fever (newly diagnosed and meeting the Jones criteria) [5]
Rocky Mountain spotted fever [1,2,4]
Salmonellosis [1,3,4]
Sexually transmitted diseases:
    Chancroid [1,2]
    Chlamydia trachomatis infection [2,4,5]
    Genital herpes infection [2]
    Gonorrhea [1,2,4,5]
    Pelvic inflammatory disease [2]
    Syphilis [1,2,4,5]
Shigellosis [1,3,4]
Streptococcal disease (all invasive disease caused by Groups A and B Streptococci)
Streptococcus pneumoniae invasive disease (invasive pneumococcal)
Tetanus [1,2]
Toxic shock syndrome [1,2]

Toxic substance related diseases:
- Infant methemoglobinemia
- Lead intoxication (specify Pb levels)
- Other metal and pesticide poisonings

Toxoplasmosis
Trichinosis [1,2,4]
Tularemia [1,4]
Typhoid fever [1,2,3,4]
Typhus fever [4]
Varicella (chicken pox) - report by number of cases only
Yersiniosis [3,4]
Suspected outbreaks of other acute or occupationally-related diseases

CATEGORY III:

The following diseases shall be reported to the state epidemiologist on an AIDS Case Report (DOH 4264) or a Wisconsin Human Immunodeficiency Virus (HIV) Infection Confidential Case Report (DOH 4338) or by other means within 72 hours after identification of a case or suspected case. See s. 252.15(7)(b), Stats., and s. HFS 145.04 (3) (b).

Acquired Immune Deficiency Syndrome (AIDS) [1,2,4]
Human immunodeficiency virus (HIV) infection [2,4]
CD4+ T-lymphocyte count $< 200/\mu L$, or CD4+ T-lymphocyte percentage of total lymphocytes of < 14 [2]

Key:
[1]Infectious diseases designated as notifiable at the national level.
[2]Wisconsin or CDC follow-up form is required. Local health departments have templates of these forms in the Epinet manual.
[3]High-risk assessment by local health department is needed to determine if patient or member of patient's household is employed in food handling, day care or health care.
[4]Source investigation by local health department is needed.
[5]Immediate treatment is recommended, i.e., antibiotic or biologic for the patient or contact or both.

The repeals and rules contained in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, as provided in s. 227.22(2), Stats.

WISCONSIN DEPARTMENT OF
HEALTH AND FAMILY SERVICES

Dated:

By: _____
Joseph Leean
Secretary

Seal:

Tommy G. Thompson
Governor

Joe Leean
Secretary

State of Wisconsin

Department of Health and Family Services

DEC 0 3 1999

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December 3, 1999

The Honorable Fred Risser, President
Wisconsin State Senate
1 East Main, Suite 402
Madison, WI 53702

The Honorable Scott Jensen, Speaker
Wisconsin State Assembly
1 East Main, Suite 402
Madison, WI 53702

Re: Clearinghouse Rule 99-056
HFS 145, relating to control of communicable diseases.

Gentlemen:

In accordance with the provisions of s. 227.19(2), Stats., you are hereby notified that the above-mentioned rules are in final draft form. This notice and the report required by s. 227.19(3), Stats., are submitted herewith in triplicate.

The rules were submitted to the Legislative Council for review under s. 227.15, Stats. A copy of the Council's report is also enclosed.

If you have any questions about the rules, please contact Herb Bostrom at 267-9363.

Sincerely,

Paul E. Menge
Administrative Rules Manager

cc Gary Poulson, Deputy Revisor of Statutes
Senator Judy Robson, JCRAR
Representative Glenn Grothman, JCRAR
Herb Bostrom, Division of Public Health
Jerald Young, Division of Public Health
Kevin Lewis, Secretary's Office

PROPOSED ADMINISTRATIVE RULES - HFS 145
ANALYSIS FOR LEGISLATIVE STANDING COMMITTEES
PURSUANT TO S. 227.19 (3), STATES.

Need for Rules

This is an updating of the Department's rules for reporting communicable diseases and taking action to control the spread of them.

The rulemaking order adds several diseases and conditions to the list of reportable communicable diseases in Appendix A. These are: an absolute CD4+ T lymphocyte count of less than 200 cells per microliter and/or a percentage of CD4+ T cells of total lymphocytes of less than 14%; babesiosis; cryptosporidiosis; cyclosporiasis; enteric *Escherichia coli* infection; ehrlichiosis; hantavirus infection; hemolytic uremic syndrome; hepatitis E; listeriosis; group A streptococcal and group B streptococcal invasive disease; *Streptococcus pneumoniae* invasive disease; Recin toxin; and smallpox. The Department is authorized by s. 990.01(5g), Stats., to add diseases to the list in Appendix A by rule.

A **CD4+ T lymphocyte count** is a laboratory value used to monitor immune suppression. For persons with HIV infection, a finding of a CD4+ T lymphocyte absolute count of less than 200 cells per microliter and/or a percentage of CD4+ T cells of total lymphocytes of less than 14% is the most common AIDS-defining condition. Reporting of CD4+ T lymphocyte counts, therefore, is an important way of assuring completeness of AIDS case reporting. The Centers for Disease Control and Prevention (CDC) recommends that states make this condition reportable, and many (27) states have already done this.

The CDC and Council of State and Territorial Epidemiologists (CSTE) have identified Cryptosporidium and *E. coli* 0157:H7 as important emerging pathogens and have made infections caused by these organisms nationally notifiable. Three major outbreaks of **cryptosporidiosis**, including one in Milwaukee in 1993, have involved public water supplies. Serious outbreaks of ***E. coli* 0157:H7**, including some deaths, have occurred in the U.S. from a variety of inadequately cooked or non-pasteurized foods. Hemolytic uremic syndrome is a serious complication of an acute gastrointestinal illness, often caused by *E. coli* 0157:H7 or shigella, and is also now nationally notifiable. Improvements in molecular biologic technology now allow diagnoses of enteric infections in humans caused by pathogenic *E. coli* classified in well-defined groups.

Cyclosporiasis is a parasitic disease which has been reported with increasing frequency in the United States in the past ten years. In 1996, raspberries imported from Guatemala were associated with over 1400 cases among residents in 20 states and Canada. During 1997, the CDC investigated 18 event-associated clusters involving 789

cases which occurred in ten states (including Wisconsin) and Canada. Identification of local clusters of this emerging pathogen is important for national and international disease control efforts.

Ehrlichiosis and **babesiosis** are serious tick-borne diseases, only recently recognized to occur in the upper Midwest. Currently, more is becoming known about the ecology, prevalence and distribution of ehrlichiosis. Some early data suggest that concurrent ehrlichiosis and Lyme disease may alter the course and severity of both illnesses. Ehrlichiosis is rather prevalent in Wisconsin. The degree of endemicity of babesiosis is less well defined. Physician awareness of both diseases is relatively low.

Hantavirus can cause serious infections in which shock and bleeding can be significant and multisystem involvement can occur in humans including the hantavirus pulmonary syndrome, first recognized in Southwestern United States in 1993, and hemorrhagic fever with renal syndrome. Because these are viral diseases which can be acquired from animals, it is important to undertake control measures following occurrence of human illness.

Hepatitis E is an enterically transmitted virus which causes acute illness. Cases among United States residents have occurred in travelers to endemic areas of Asia, Africa and Mexico. Because of the potential of fecal-oral transmission for at least 2 weeks after illness onset, case investigation is important.

Listeria is the third most common cause of bacterial meningitis in Wisconsin. During 1995, this organism was implicated in a food-borne outbreak that involved Wisconsin and neighboring states, caused eight hospitalizations and was linked to a dairy product. Listeria contamination of commercial food is a common cause of product recalls.

While skin and respiratory tract infections caused by **group A streptococci (GAS)** are common illnesses, other infections caused by GAS may be severe, potentially fatal invasive infections such as bacteremia, necrotizing fasciitis, and streptococcal toxic shock syndrome. Searching for and appropriately treating carriers in families and other high-risk settings when invasive GAS infections have occurred is an important control measure.

During the 1970s, **group B streptococci (GBS)** became the leading cause of sepsis and meningitis among newborns throughout the United States, leading to death in approximately 50% of the infants infected. During the 1980s, improved recognition and treatment reduced the case-fatality rate to about 10%. However, an estimated 8,000 cases of serious neonatal infection continued to occur each year in the United States. During the 1990s, the CDC issued guidelines which recommended antibiotic treatment during delivery for women at risk of transmitting the infection to their newborns. A study by CDC concluded that up to 80% of neonatal GBS infections that occurred in 1995 were potentially preventable. CDC has recommended that GBS

prevention activities be integrated into all prenatal care programs and has encouraged evaluation of the barriers that impede the implementation of effective control measures.

Streptococcus pneumoniae (pneumococcus) invasive disease is the leading cause of ear infections, bloodstream infections, pneumonia and meningitis. While pneumococcal polysaccharide vaccine has been widely available to prevent invasive infections in persons at risk of invasive disease who are 2 years old and older, it is substantially underused. In addition, approximately 30% of infections with S. pneumonae have become resistant to penicillin and an increasing number of strains are resistant to multiple first line antibiotics used to treat these infections. The CDC has recommended increasing vaccination against invasive pneumococcal disease in adults and others at increased risk.

Ricin toxin and **smallpox** have been added because of potential for dissemination of the toxin or virus in cases of bioterrorism.

The Department has decided to delete granuloma inguinale, lymphogranuloma venereum, nongonococcal cervicitis, nongonococcal urethritis and Q fever from Appendix A. None of these diseases are designated by the CDC as notifiable at the national level.

This rulemaking order also adds a general statement of powers for communicable disease control. The statement lists the characteristics of a person who has a communicable disease which poses a threat to others and the measures the Department or the local health officer can take to protect the public's health. The Department is authorized under ss. 250.04(1) and 252.02(4) and (6), Stats., to implement whatever measures are necessary to control communicable diseases, including promulgating rules to control and suppress communicable diseases and to quarantine and provide for the disinfection of persons, localities and things infected or suspected of being infected by communicable disease. Local health officers are authorized under s. 252.03(1) and (2), Stats., to take all measures necessary to prevent, suppress and control communicable diseases.

This rulemaking order expands the section on public health dispensaries established for the diagnosis and treatment of persons with or suspected of having tuberculosis. Once a dispensary is established by a county or counties this expanded section specifies criteria by which the Department will approve the operation of a tuberculosis case finding preventive program and which dispensary services the Department will reimburse. Counties and the Department are authorized by s. 252.10(1), Stats., to establish public health dispensaries and the Department is authorized by s.252.10(6)(f), Stats., to approve the organization and methods of operation of a case finding preventive program, and under s. 252.10(6)(b), Stats., to reimburse the dispensaries, which the rules specify will be at Medical Assistance program rates.

The rulemaking order also adds 13 definitions to the rules and makes updating changes affecting reporting procedures, the edition of the standard handbook on methods of control of communicable diseases, special disease control measures, containment of tuberculosis and requirements relating to sexually transmitted diseases.

Responses to Clearinghouse Recommendations

All comments of the Legislative Council's Rules Clearinghouse were accepted, except the following:

2.a. Comment: Throughout the rules, section titles should be shown with an initial capital letter and in bold rather than capitalized and underscored.

Response: No change now. This will be done when the rules are filed. The Clearinghouse Director has advised the Department that for proposed rules that have been a long time in process, as these have been, there is no need to change in mid-process the form of rule section and paragraph titles to meet new requirements effective September 1998. All new proposed rules of the Department use the new forms for those titles.

2.c. Comment: In SECTION 7 of the rulemaking order, change "HFS 145.06 is renumbered 145.07" to "HFS 145.06 is renumbered HFS 145.07." Moreover, since SECTIONS 9 and 11 of the order amend provisions in renumbered HFS 145.07, SECTIONS 7, 9 and 11 should be combined into one SECTION.

Response: The number reference has been corrected in the SECTION 7 statement of action. However, SECTIONS 7, 9 and 11 have not been combined. It is better for the reader to see all parts in sequence. The Manual states that they **may** be combined. It works out better here for the numbering and amending actions to be in separate sections of the order.

2.d. Comment: In HFS 145.08 (1), "M. tuberculosis" should not be underscored.

Response: No change. M. tuberculosis is a genus and species name. It is normal convention in the medical and public health fields to underline the term.

3.2nd par. Comment: In the introductory paragraph of Appendix A there is a sentence that requires sending a report relating to a Category I disease on Form 4151 to the address on the form within 24 hours. This requirement is not included in the text of ch. HFS 145, and Appendix A does not specify to whom the requirement applies. This should be clarified.

Response: HFS 145.04 (3) (a) states clearly, as does the Category I paragraph in Appendix A, that the reporting by a person, laboratory or health care facility

required to report must be immediate upon identification of a case or suspected case. HFS 145.04 (3) (a), which is referenced at the end of the Category I paragraph in Appendix A, states that the report must be to the local health officer, but if that person is unavailable the report is to be made to the state epidemiologist. In any case, the local health officer is required under HFS 145.04 (4) (a) to notify the state epidemiologist immediately of any report received. The Category I paragraph in Appendix A requires a follow-up written report on Form DOH 4151. To clarify that the written report is in addition to the immediate report, the Department has added a phrase, "In addition to the immediate report," at the beginning of the sentence in question in Appendix A.

4.d. Comment: In HFS 145.13 (1), the reference to ss. 49.43 to 49.475 and 49.49 to 49.497, Stats., [the Medical Assistance statutes] should be changed to ss. 49.43 to 49.499, Stats.

Response: Agreed, but to ss. 49.43 to 49.497, Stats. Section 49.498 and 49.499, Stats., are not part of the Medical Assistance program statutes.

5.e. Comment: In HFS 145.03 (19), it is not clear what "particular geographical area" means.

Response: It is clear enough. The phrase is used in the definition of "outbreak," meaning disease outbreak. Outbreaks can occur in large (county or multicounty) geographic areas or in small (household, zip code or community) geographic areas. The Department has added "of the state" after "particular geographical area," for clarification.

5.m. Comment: In the list of communicable diseases in Appendix A, some diseases, e.g., hantavirus infection and babeosis, are not followed by keyed numbers directing the reader to additional information. Were these omissions intentional?

Response: In some cases the omissions were unintentional. In those cases, including for hantavirus infection and babeosis, keyed numbers have been added. In other cases, e.g., meningitis - viral (other than arboviral), the omission is intentional.

Public Review

The Department held 5 public hearings on the proposed rules in April and May 1999. The hearings were in Green Bay, West Baraboo, Oconomowoc, Eau Claire and Minocqua, and were held in conjunction with meetings at those locations of the Department's Spring Communicable Disease Seminars attended each year by 500-600 persons from local public health agencies. Thirty-two persons registered at the hearings and 6 of them commented on the proposed rules. Seven other persons submitted written comments to the Department during the public review period that ended on May 21, 1999. A list of persons who either attended a hearing or submitted

comments in writing after the hearings, and the Department's responses to comments received, are found in an attachment to this document.

Four modifications were made in the proposed rules in response to public comments. The Department decided not to require the reporting of all animal bites. This would have been a new Category I requirement in Appendix A. The Department removed trichomoniasis, which is not reportable under Appendix A, from the definition of "sexually transmitted diseases." The Department deleted the definition of "noninfectious" and the single use of the term from the TB section of the rules, since it was not consistent with a condition for release of an individual from confinement. Finally, the Department limited reporting of herpes under Category II of Appendix A to the first episode identified by a health care provider (the current rules require reporting of the first clinical episode only but in the proposed new Appendix A there was no limitation).

Final Regulatory Flexibility Analysis

These are amendments to rules relating to reporting of specified communicable diseases to the Department and local health departments and to the general powers of the Department and local health departments to control these diseases and the methods they are to employ in controlling them. The rule changes will affect mainly the Department and local public health officers. But they will also affect physicians, advanced practice nurse prescribers, clinical laboratories, health care facilities, school and day care center authorities, counties operating public health dispensaries for TB patients, and private individuals with a newly reportable disease or with TB or who have or are suspected of having a contagious medical condition which poses a threat to others.

These rule changes will not have a significant economic impact on a substantial number of small businesses. Some of the physicians and laboratories required to report cases and suspected cases of the 14 communicable diseases and conditions being added to the list of reportable diseases in Appendix A of the rules are small businesses as "small business" is defined in s. 227.114 (1) (a), Stats. But they have been expected to report cases and suspected cases of communicable diseases that have been on that list for many years, and the reporting system, including forms, is in place, so that this additional reporting, which includes a requirement for a written report on a Department form to follow-up the required immediate report of a Category I communicable disease, should not be burdensome and will not require new professional skills.

Department of Health and Family Services
Division of Public Health
Public Hearing and Written Comment Summary
Chapter HFS 145

Five public hearings on the proposed revision of ch. HFS 145 were held, as follows:

Green Bay, WI on April 29, 1999
West Baraboo, WI on May 4, 1999
Oconomowoc, WI on May 5, 1999
Eau Claire, WI on May 18, 1999
Minocqua, WI on May 19, 1999

Staff in attendance:

Herb Bostrom, Director, Bureau of Communicable Diseases (April 29, May 4, 5, 18 & 19)
Dennis Hibray, Northeastern Regional Office Director (April 29)
Yvonne Eide, Southern Regional Office Interim Director (May 4)
Robert Harris, Southeastern Regional Office Director (May 5)
Larry Gilbertson, Western Regional Office Director (May 18)
Terri Timmers, Northern Regional Office Director (May 19)

The hearing record was left open until May 21, 1999, for receipt of written comments. Participation in the hearings is tabulated below. The indication of support and opposition reflect the positions indicated on the registrations or written statements filed by the hearing participants.

Registered: 32

Oral testimony: 4

Written comments from persons who attended but did not testify: 2

Undecided: (Observers Only) 26

Written comments from persons who did not attend a hearing: 7

Support the rules: 12

Support the rules with changes: 5

Oppose the rules: 1

Proposed HFS 145 Revision
Hearing Attendees or Commenters

The following is a complete list of the persons who attended a public hearing or submitted written comments on the proposed HFS 145 rules. With each individual's name and affiliation is an indication of the individual's position on the proposed rules and whether or not the individual testified or provided written comments. The number preceding a name serves in the attached summary of hearing comments to indicate the person who made the specific comment.

Name and address	Position	Action
1. Jan Tjaden Sheboygan County Health Officer Sheboygan, WI	Support with changes	Memo
2. Kathleen Rahl Eau Claire City-County Health Dept. Eau Claire, WI		Memo - fax
3. William E. Scheckler, M.D. Dept of Family Medicine-UW Medical School Hosp. Epid. - St. Mary's Hospital Med Cntr.	Support	Letter
4. Michele J. Wolff, RN Sauk County Health Dept.		Letter
5. Diane Muri City of Racine Health Dept.		Letter
6. Lily Postel Director of Infection Control Dean Health System, Madison		Letter
7. Nancy DiCristina, RN Peter Christensen Health Center Lac du Flambeau	Animal bites reporting could be nightmare - all precautions are already being done.	Attended Minocqua
8. Karen Wiedeman Sacred Heart/St. Mary's Hosp. – Rhinelander	Support/Forms need to be updated to include new diseases.	Attended Minocqua
9. Jean Edsall LaCrosse County Health Dept.	Support	Attended Eau Claire - letter; spoke
10. Jim Ryder Eau Claire City-County Health Dept.	Support/Animal bite reporting-would like to support this addition to rules & can assist state in its implementation since our program is certified by Dept of Ag.	Attended Eau Claire - Spoke
11. James Kazmierczak, DPH/BCD Madison		Memo
12. Frank G. Matteo, H.O., M.A., Director Kenosha County Dept. of Human Services		Letter
13. Leah R. Farmer Menomonee Falls, WI		Observer only
14. Jean Roepke Wauwatosa, WI		Observer only

	Commentor	Code Cite	Comment	Department Response
1	1	HFS145.08(6) HFS145.10(1) and (2)	Definitions of noninfectious do not match in the two citations.	Agree - All references to "noninfectious" have been removed from the TB portion of the rule.
2	1,2,5	HFS145.14(4)	Trichomoniasis is included in 145.14(4) but not in Appendix A.	Agree – Trichomoniasis has been removed from the definition.
3	2	HFS 145.21	Propose that this citation in the rule be modified to apply to a physician, advanced nurse practitioner, or "nurse providing care under direct supervision of a physician".	No change in rule - 145.21 pertains to the practitioner who has independent prescriptive authority. The nurse providing care under the direct supervision of a physician is not such a practitioner.
4	6	HFS145.01(6) 145.09(3)(4)(6) 145.16 145.21	Physician Assistant as defined in s448.01(6) should be added under citations noted and in the definition	No change in rule - 145.16 and 145.21 pertain to the practitioner who has independent prescriptive authority. A physician assistant performs patient services under the supervision and direction of a licensed physician (448.01(6), Stats) and prescribes under a physician's protocol.
5	1,4,5,7	Appendix A	Reporting all animal bites will impose an undue burden on local health departments.	Agree - Animal bites are deleted as a reporting requirement.
6	4	Appendix A	Define Group A and B streptococci.	No change in rule - Definitions are provided in the Control of Communicable Diseases Manual referenced in the rule.
7	4	Appendix A.	Reporting all episodes of herpes should not be required.	Agree - The rule language has been changed to only require reporting of "first episode identified by a health care provider"
8	4	Fiscal	Incorrect to state there will be no fiscal impact at the local level.	No change in rule - This statement was intended to apply to the mechanisms of reporting. Since reporting mechanisms are already in place there should be no fiscal impact related to reporting. Also "animal bites" and "all episodes of genital herpes " have been removed from Appendix A reporting requirements. This reduces the reporting burden. Of course, anytime there is a fluctuation in disease occurrence it will increase or decrease staff time and other costs associated with the epidemiology of disease follow-up.
9	8	Forms	Forms should be updated to include new diseases.	Agree - This will be done upon promulgation of the rule.

PROPOSED ORDER OF THE
DEPARTMENT OF HEALTH AND FAMILY SERVICES
RENUMBERING, AMENDING, REPEALING AND RECREATING AND
CREATING RULES

To renumber HFS 145.06 and 145.12 to 145.20; to renumber and amend HFS 145.04(lm); to amend HFS 145.02, 145.04(3)(a) and (4)(a), 145.05(2), (3) and Note, 145.07, as renumbered, 145.14 to 145.16, as renumbered, and 145.21 and 145.22 and Note, as renumbered; to repeal and recreate HFS 145.03, 145.08 to 145.11 and Appendix A; and to create HFS 145.04(4)(c), 145.06, 145.07(2)(Note) and 145.12 and 145.13, relating to control of communicable diseases.

Analysis Prepared by the Department of Health and Family Services

This is an updating of the Department's rules for reporting communicable diseases and taking action to control the spread of them.

The rulemaking order adds an absolute CD4+ T lymphocyte count of less than 200 cells per microliter and/or a percentage of CD4+ T cells of total lymphocytes of less than 14%, babesiosis, cryptosporidiosis, cyclosporiasis, enteric *Escherichia coli* infection, ehrlichiosis, hantavirus infection, hemolytic uremic syndrome, hepatitis E, listeriosis, group A streptococcal and group B streptococcal invasive disease, *Streptococcus pneumoniae* invasive disease, Recin toxin and smallpox to the list of reportable communicable diseases in Appendix A. The Department is authorized by s. 990.01(5g), Stats., to add diseases to that list by rule.

A CD4+ T lymphocyte count is a laboratory value used to monitor immune suppression. For persons with HIV infection, a finding of a CD4+ T lymphocyte absolute count of less than 200 cells per microliter and/or a percentage of CD4+ T cells of total lymphocytes of less than 14% is the most common AIDS-defining condition. Reporting of CD4+ T lymphocyte counts, therefore, is an important way of assuring completeness of AIDS case reporting. The Centers for Disease Control and Prevention (CDC) recommends that states make this condition reportable, and many (27) states have already done this.

The CDC and Council of State and Territorial Epidemiologists (CSTE) have identified Cryptosporidium and *E. coli* 0157:H7 as important emerging pathogens and have made infections caused by these organisms nationally notifiable. Three major outbreaks of cryptosporidiosis, including one in Milwaukee in 1993, have involved public water supplies. Serious outbreaks of *E. coli* 0157:H7, including some deaths, have occurred in the U.S. from a variety of inadequately cooked or non-pasteurized foods. Hemolytic uremic syndrome is a serious complication of an acute gastrointestinal illness, often caused by *E. coli* 0157:H7 or shigella, and is also now nationally notifiable. Improvements in molecular biologic technology now allow

diagnoses of enteric infections in humans caused by pathogenic *E. coli* classified in well-defined groups. The groups associated with significant human enteric diseases include: enterohemorrhagic *E. coli* including *E. coli* 0157:H7, enteropathogenic *E. coli*, enterotoxigenic *E. coli* and enteroinvasive *E. coli*.

Cyclosporiasis is a parasitic disease which has been reported with increasing frequency in the United States in the past ten years. In 1996, raspberries imported from Guatemala were associated with over 1400 cases among residents in 20 states and Canada. During 1997, the CDC investigated 18 event-associated clusters involving 789 cases which occurred in ten states (including Wisconsin) and Canada. These outbreaks reinforce the fact that our supply of fresh produce is increasingly international. Identification of local clusters of this emerging pathogen is important for national and international disease control efforts.

Ehrlichiosis and babesiosis are serious tick-borne diseases, only recently recognized to occur in the upper Midwest. Currently, more is becoming known about the ecology, prevalence and distribution of ehrlichiosis. Some early data suggest that concurrent ehrlichiosis and Lyme disease may alter the course and severity of both illnesses. Ehrlichiosis is rather prevalent in Wisconsin. The degree of endemicity of babesiosis is less well defined. Physician awareness of both diseases is relatively low.

Hantavirus can cause serious infections in which shock and bleeding can be significant and multisystem involvement can occur in humans including the hantavirus pulmonary syndrome, first recognized in Southwestern United States in 1993, and hemorrhagic fever with renal syndrome. Because these are viral diseases which can be acquired from animals, it is important to undertake control measures following occurrence of human illness.

Hepatitis E is an enterically transmitted virus which causes acute illness. While most endemic in parts of Asia, Africa, and Mexico, cases among United States residents have occurred in travelers to endemic areas. Because of the potential of fecal-oral transmission for at least 2 weeks after illness onset, case investigation is important.

Listeria is the third most common cause of bacterial meningitis in Wisconsin. During 1995, this organism was implicated in a food-borne outbreak that involved Wisconsin and neighboring states, caused eight hospitalizations and was linked to a dairy product. Listeria contamination of commercial food is a common cause of product recalls.

While skin and respiratory tract infections caused by group A streptococci (GAS) are common illnesses, other infections caused by GAS may be severe, potentially fatal invasive infections such as bacteremia, necrotizing fasciitis, and streptococcal toxic shock syndrome. Searching for and appropriately treating carriers in families and other high-risk settings when invasive GAS infections have occurred is an important control measure.

During the 1970s, group B streptococci (GBS) became the leading cause of sepsis and meningitis among newborns throughout the United States, leading to death in approximately 50% of the infants infected. During the 1980s, improved recognition and treatment reduced the case-fatality rate to about 10%. However, an estimated 8,000 cases of serious neonatal infection continued to occur each year in the United States. During the 1990s, the CDC issued guidelines, developed in partnership with organizations of health professionals and community-based groups which recommended antibiotic treatment during delivery for women at risk of transmitting the infection to their newborns. A study by CDC concluded that up to 80% of neonatal GBS infections that occurred in 1995 were potentially preventable. CDC has recommended that GBS prevention activities be integrated into all prenatal care programs and has encouraged evaluation of the barriers that impede the implementation of effective control measures.

Streptococcus pneumoniae (pneumococcus) is the leading cause of ear infections, bloodstream infections, pneumonia and meningitis. While pneumococcal polysaccharide vaccine has been widely available to prevent invasive infections in persons at risk of invasive disease who are 2 years old and older, it is substantially underused. In addition, approximately 30% of infections with S. pneumonae have become resistant to penicillin and an increasing number of strains are resistant to multiple first line antibiotics used to treat these infections. The CDC has recommended increasing vaccination against invasive pneumococcal disease in adults and others at increased risk.

Ricin toxin and smallpox have been added because of the potential for dissemination of the toxin or virus in cases of bioterrorism.

The Department has decided to delete granuloma inguinale, lymphogranuloma venereum, nongonococcal cervicitis, nongonococcal urethritis and Q fever from Appendix A. None of these diseases are designated by the CDC as notifiable at the national level.

This rulemaking order also adds a general statement of powers for communicable disease control. The statement lists the characteristics of a person who has a communicable disease which poses a threat to others and the measures the Department or the local health officer can take to protect the public's health. The Department is authorized under ss. 250.04(1) and 252.02(4) and (6), Stats., to implement whatever measures are necessary to control communicable diseases, including promulgating rules to control and suppress communicable diseases and to quarantine and provide for the disinfection of persons, localities and things infected or suspected of being infected by communicable disease. Local health officers are authorized under s. 252.03(1) and (2), Stats., to take all measures necessary to prevent, suppress and control communicable diseases.

This rulemaking order expands the section on public health dispensaries established for the diagnosis and treatment of persons with or suspected of having tuberculosis. Once a dispensary is established by a county or counties this expanded section specifies criteria by which the Department will approve the operation of a tuberculosis case finding preventive program and which dispensary services the Department will reimburse. Counties and the Department are authorized by s. 252.10(1), Stats., to establish public health dispensaries and the Department is authorized by s.252.10(6)(f), Stats., to approve the organization and methods of operation of a case finding preventive program, and under s. 252.10(6)(b), Stats., to reimburse the dispensaries, which the rules specify will be at Medical Assistance program rates.

The rulemaking order also adds 13 definitions to the rules and makes updating changes affecting reporting procedures, the edition of the standard handbook on methods of control of communicable diseases, special disease control measures, containment of tuberculosis and requirements relating to sexually transmitted diseases.

The Department's authority to renumber, amend, repeal and recreate and create these rules is found in ss. 252.02(4), 252.06(1), 252.10(6)(b) and (f), 252.11(l) and (lm), 254.51(3) and 990.01(5g), Stats. The rules interpret ss. 252.02, 252.03, 252.05, 252.06, 252.07 to 252.11, 252.18 to 252.21 and 254.51, Stats.

SECTION 1. HFS 145.01 and 145.02 are amended to read:

HFS 145.01 STATUTORY AUTHORITY. This chapter is promulgated under

(2) "Case" means a person determined to have a particular communicable disease on the basis of clinical or laboratory criteria or both.

(3) "Chief medical officer" means the person appointed by the state health officer under s. 250.02(2), Stats., to provide public health consultation and leadership in the program area of acute and communicable disease and who serves also as state epidemiologist for that program area.

(4) "Communicable disease" means a disease or condition listed in Appendix A of this chapter.

(5) "Control" means to take actions designed to prevent the spread of communicable diseases.

(6) "Conveyance" means any publicly or privately owned vehicle used for providing transportation services.

(7) "Date of onset" means the day on which the case or suspected case experienced the first sign or symptom of the communicable disease.

(8) "Day care center" has the meaning prescribed in s. 48.65, Stats., and includes nursery schools that fit that definition.

(9) "Department" means the department of health and family services.

(10) "Food handler" means a person who handles food utensils or who prepares, processes or serves food or beverages for people other than members of his or her immediate household.

(11) "Health care facility" has the meaning prescribed in s. 155.01 (6), Stats., and includes providers of ambulatory health care.

(12) "HIV" means human immunodeficiency virus.

(13) "Individual case report form" means the form provided by the department for the purpose of reporting communicable diseases.

(14) "Investigation" means a systematic inquiry designed to identify factors which contribute to the occurrence and spread of communicable diseases.

(15) "Laboratory" means any facility certified under 42 USC 263a.

(16) "Local health department" means an agency of local government that takes any of the forms specified in s. 250.01(4), Stats.

(17) "Local health officer" has the meaning prescribed in s. 250.01(5), Stats., and applies to the person who is designated as the local health officer for the place of residence of a case or suspected case of communicable disease.

(18) "Organized program of infection control" means written and implemented policies and procedures for the purpose of surveillance, investigation, control and prevention of infections in a health care facility.

(19) "Other disease or condition having the potential to affect the health of other persons" means a disease that can be transmitted from one person to another but that is not listed in Appendix A of this chapter and therefore is not reportable under this chapter, although it is listed in *Control of Communicable Diseases Manual*, 16th edition (1995), edited by Abram S. Benenson, and published by the American Public Health Association.

Note: The handbook, *Control of Communicable Diseases Manual*, 16th edition (1995), edited by Abram S. Benenson, is on file in the Department's Division of Public Health, the Revisor of Statutes Bureau and the Secretary of State's Office, and is available for purchase from the American Public Health Association, 1015 Fifteenth St., NW, Washington, D.C., 20005.

(20) "Outbreak" means the occurrence of communicable disease cases, in a particular geographical area of the state, in excess of the expected number of cases.

(21) "Personal care" means the service provided by one person to another person who is not a member of his or her immediate household for the purpose of feeding, bathing, dressing, assisting with personal hygiene, changing diapers, changing bedding and other services involving direct physical contact.

(22) "Physician" means an individual possessing the degree of doctor of medicine or doctor of osteopathy or an equivalent degree as determined by the medical examining board, and holding a license granted by the board under s. 448.01 (5), Stats.

(23) "Public building" means any privately or publicly owned building which is open to the public.

(24) "Public health intervention" means an action designed to promote and protect the health of the public.

(25) "State epidemiologist" means the person appointed by the state health officer under s. 250.02(1), Stats., to be the person in charge of communicable disease control for the state who serves also as chief medical officer for the acute and communicable disease program area.

(26) "Surveillance" means the systematic collection of data pertaining to the occurrence of specific diseases, the analysis and interpretation of these data and the dissemination of consolidated and processed information to those who need to know.

(27) "Suspected case" means a person thought to have a particular communicable disease on the basis of clinical or laboratory criteria or both.

SECTION 3. HFS 145.04(lm) is renumbered 145.04(l)(g) and amended to read:

HFS 145.04(1)(g) ~~QUALIFICATION OF REPORTING RESPONSIBILITY.~~ Nothing in ~~sub. (1)~~ this subsection lessens the requirement for confidentiality of HIV test results under s. 252.15, Stats.

SECTION 4. HFS 145.04(3)(a) and (4)(a) are amended to read:

HFS 145.04(3) URGENCY OF REPORTS. (a) A person, laboratory or health care facility required to report under sub. (1) shall report communicable diseases of urgent public health importance as listed in category 1 of Appendix A of this chapter ~~by telephone~~ to the local health officer immediately upon identification of a case or suspected case. If the local health officer is unavailable, the report shall be made immediately to the state epidemiologist.

(4) HANDLING OF REPORTS BY THE LOCAL HEALTH OFFICER. (a) The local health officer shall notify the state epidemiologist immediately ~~by telephone~~ of any ~~report of~~ cases or suspected cases reported under sub. (3)(a).

SECTION 5. HFS 145.04(4)(c) is created to read:

HFS 145.04(4)(c) Local health departments serving jurisdictions within the same county may, in conjunction with the department, establish a combined reporting system to expedite the reporting process.

SECTION 6. HFS 145.05 (2), (3) and Note are amended to read:

HFS 145.05(2) Local health officers shall follow the methods of control set out in section 9 under each communicable disease listed in the ~~14th edition (1985)~~ 16th edition (1995) of *Control of Communicable Diseases ~~in Man~~ Manual*, edited by Abram S. Benenson, published by the American Public Health Association, unless specified otherwise by the state epidemiologist. Specific medical treatment shall be prescribed by a physician or an advanced practice nurse prescriber.

(3) Any person licensed under ch. 441 or 448, Stats., attending a person with a communicable disease shall instruct the person in the applicable methods of control contained in *Control of Communicable Diseases ~~in Man~~ Manual*, ~~14th edition (1985)~~ 16th edition (1995), edited by Abram S. Benenson, published by the American Public

Health Association, unless specified otherwise by the state epidemiologist, and shall cooperate with the local health officer and the department in their investigation and control procedures.

Note: The handbook, *Control of Communicable Diseases Manual*, 16th edition (1995), edited by Abram S. Benenson, is on file in the Department's Division of Public Health, the Revisor of Statutes Bureau and the Secretary of State's Office, and is available for purchase from the American Public Health Association, 1015 Fifteenth St., NW, Washington, DC 20005.

SECTION 7. HFS 145.06 is renumbered HFS 145.07.

SECTION 8. HFS 145.06 is created to read:

HFS 145.06 GENERAL STATEMENT OF POWERS FOR CONTROL OF COMMUNICABLE DISEASE. (1) APPLICABILITY. The general powers under this section apply to all communicable diseases listed in Appendix A of this chapter and any other infectious disease which the chief medical officer deems poses a threat to the citizens of the state.

(2) PERSONS WHOSE SUBSTANTIATED CONDITION POSES A THREAT TO OTHERS. A person may be considered to have a contagious medical condition which poses a threat to others if that person has been medically diagnosed as having any communicable disease and exhibits any of the following:

(a) A behavior which has been demonstrated epidemiologically to transmit the disease to others or which evidences a careless disregard for the transmission of the disease to others.

(b) Past behavior that evidences a substantial likelihood that the person will transmit the disease to others or statements of the person that are credible indicators of the person's intent to transmit the disease to others.

(c) Refusal to complete a medically directed regimen of examination and treatment necessary to render the disease noncontagious.

(d) A demonstrated inability to complete a medically directed regimen of examination and treatment necessary to render the disease noncontagious, as evidenced by any of the following:

1. A diminished capacity by reason of use of mood-altering chemicals, including alcohol.

2. A diagnosis as having significantly below average intellectual functioning.

3. An organic disorder of the brain or a psychiatric disorder of thought, mood, perception, orientation or memory.

4. Being a minor, or having a guardian appointed under ch. 880, Stats., following documentation by a court that the person is incompetent.

(e) Misrepresentation by the person of substantial facts regarding the person's medical history or behavior, which can be demonstrated epidemiologically to increase the threat of transmission of disease.

(f) Any other willful act or pattern of acts or omission or course of conduct by the person which can be demonstrated epidemiologically to increase the threat of transmission of disease to others.

(3) PERSONS WHOSE SUSPECTED CONDITION POSES A THREAT TO OTHERS. A person may be suspected of harboring a contagious medical condition which poses a threat to others if that person exhibits any of the factors noted in sub. (2) and, in addition, demonstrates any of the following without medical evidence which refutes it:

(a) Has been linked epidemiologically to exposure to a known case of communicable disease.

(b) Has clinical laboratory findings indicative of a communicable disease.

(c) Exhibits symptoms that are medically consistent with the presence of a communicable disease.

(4) AUTHORITY TO CONTROL COMMUNICABLE DISEASES. When it comes to the attention of an official empowered under ss. 250.02(1), 250.04(1) or 252.02(4) and (6), Stats., or under s. 252.03(1) and (2), Stats., that a person is known to have or is suspected of having a contagious medical condition which poses a threat to others, the official may direct that person to comply with any of the following, singly or in combination, as appropriate:

(a) Participate in a designated program of education or counseling.

(b) Participate in a defined program of treatment for the known or suspected condition.

(c) Undergo examination and tests necessary to identify a disease, monitor its status or evaluate the effects of treatment on it.

(d) Notify or appear before designated health officials for verification of status, testing or direct observation of treatment.

(e) Cease and desist in conduct or employment which constitutes a threat to others.

(f) Reside part-time or full-time in an isolated or segregated setting which decreases the danger of transmission of the communicable disease.

(g) Be placed in an appropriate institutional treatment facility until the person has become noninfectious.

(5) FAILURE TO COMPLY WITH DIRECTIVE. When a person fails to comply with a directive under sub. (4), the official who issued the directive may petition a court of record to order the person to comply. In petitioning a court under this subsection, the petitioner shall ensure all of the following:

(a) That the petition is supported by clear and convincing evidence of the allegation.

(b) That the respondent has been given the directive in writing, including the evidence that supports the allegation, and has been afforded the opportunity to seek counsel.

(c) That the remedy proposed is the least restrictive on the respondent which would serve to correct the situation and to protect the public's health.

(6) HAZARDS TO HEALTH. Officials empowered under ss. 250.02(1), 250.04(1) and 252.02(4) and (6), Stats., or under s. 252.03(1) and (2), Stats., may direct persons who own or supervise real or physical property or animals and their environs, which present a threat of transmission of any communicable disease under sub. (1), to do what is reasonable and necessary to abate the threat of transmission. Persons failing or refusing to comply with a directive shall come under the provisions of sub. (5) and this subsection.

SECTION 9. HFS 145.07(1) and (2), as renumbered, are amended to read:

HFS 145.07 SPECIAL DISEASE CONTROL MEASURES. (1) SCHOOLS AND DAY CARE CENTERS. Any teacher, principal, director or nurse serving ~~the~~ a school or day care center may send home, for the purpose of diagnosis and treatment, any pupil suspected of having a communicable disease or of having any other disease or condition having the potential to affect the health of other students and staff including but not limited to pediculosis and scabies. The teacher ~~or~~, principal, director or nurse authorizing the action shall ensure that the ~~parents of~~ parent, guardian or other person legally responsible for the child or other adult with whom the child resides and the nurse serving the child's school ~~of the child~~ or day care center are

immediately informed of the action. A teacher who sends a pupil home shall also notify the principal or director of the action.

(2) PERSONAL CARE. Home health agency personnel providing personal care in the home and persons providing personal care in health care facilities, day care centers and other comparable facilities shall refrain from providing care while they are able to transmit a communicable disease through the provision of that care, in accord with the methods of communicable disease control contained in ~~*Control of Communicable Diseases in Man*, 14th Edition (1985), edited by Abram S. Benenson, and published by the American Public Health Association ,~~ ~~*1984 CDC Guidelines for Infection Control in Hospital Personnel*,~~ Centers for Disease Control and Prevention, "Guideline for Infection Control in Health Care Personnel, 1998," unless specified otherwise by the state epidemiologist.

SECTION 10. HFS 145.07(2)(Note) is created to read:

HFS 145.07(2) Note: The publication, Centers for Disease Control and Prevention, "Guideline for Infection Control in Health Care Personnel, 1998," is on file in the Department's Division of Public Health, the Revisor of Statutes Bureau and the Secretary of State's Office, and is available for purchase from the National Technical Information Service (NTIS), U.S. Dept. of Commerce, 5285 Port Royal Road, Springfield, VA 22161, (703) 486-4650.

SECTION 11. HFS 145.07(3) and (Note) and (4), as renumbered, are amended to read:

HFS 145.07 (3) FOOD HANDLERS. Food handlers shall refrain from handling food while they have a disease in a form that is communicable by food handling, in accord with the methods of communicable disease control contained in *Control of Communicable Diseases ~~in Man~~ Manual*, ~~14th edition (1985)~~ 16th edition (1995), edited by Abram S. Benenson, and published by the American Public Health Association, unless specified otherwise by the state epidemiologist.

Note: The handbook, *Control of Communicable Disease Manual*, 16th edition (1995), edited by Abram S. Benenson, is on file in the Department's Division of Public Health, the Revisor of Statute's Bureau and the Secretary of State's Office, and is available for purchase from the American Public Health Association, 1015 Fifteenth St., NW, Washington D.C. 20005.

(4) PREVENTION OF OPHTHALMIA NEONATORUM. The attending physician or midwife shall ~~place~~ ensure placement of 2 drops of a one percent solution of silver nitrate, ~~or 2 drops of an ophthalmic solution containing one percent tetracycline or 0.5% erythromycin,~~ or a 1-2 centimeter ~~strip~~ ribbon of an ophthalmic ointment containing 0.5% erythromycin or one percent tetracycline ~~or 0.5% erythromycin~~, in each eye of a newborn child as soon as possible after delivery but not

later than one hour after delivery. No more than one newborn child may be treated from an individual container.

SECTION 12. HFS 145.08 to 145.11 are repealed and recreated to read:

HFS 145.08 DEFINITIONS. In this subchapter:

(1) "Case finding preventive program" means a program of a public health dispensary to provide screening and treatment for tuberculosis infection and disease within identified groups at risk for contracting or transmitting M. tuberculosis.

(2) "Commitment" means the process by which a court of record orders the confinement of a person who has infectious tuberculosis or who has not adhered to prescribed treatment, in order to prevent the transmission of the disease to others, to prevent the development of drug-resistant organisms or to ensure that the person receives a complete course of treatment.

(3) "Contact" means an individual who shares a closed air environment with a person who has infectious tuberculosis for a sufficient period of time to allow the probability of infection to occur. This type of exposure usually includes household members and work or social associates.

(4) "Infectious tuberculosis" means tuberculosis disease of the respiratory tract capable of producing infection or disease in others, as demonstrated by the presence of acid-fast bacilli in the sputum or bronchial secretions, or by radiographic and clinical findings.

(5) "Isolation" means the separation of persons with infectious tuberculosis from other persons, in a place and under conditions that will prevent transmission of the infection.

(6) "Public health dispensary" means a program of a local health department or group of local health departments to prevent and control, by diagnosis, treatment and case management, tuberculosis disease and infection.

(7) "Suspected tuberculosis" means an illness accompanied by symptoms, signs and laboratory tests compatible with infectious tuberculosis such as prolonged cough, prolonged fever, hemoptysis, compatible radiographic findings or other appropriate medical imaging findings.

HFS 145.09 RESTRICTION AND MANAGEMENT OF PATIENTS AND CONTACTS. (1) All individuals with infectious tuberculosis or suspected tuberculosis, and their contacts, shall exercise all reasonable precautions to prevent the infection of others with whom they may come in contact, in accordance with the methods of control for tuberculosis contained in the *Core Curriculum on Tuberculosis*,

3rd edition (1994), published by the Centers for Disease Control and Prevention, or as otherwise specified by the state epidemiologist.

Note: The publication, *Core Curriculum on Tuberculosis*, 3rd edition (1994), published by the Centers for Disease Control and Prevention, is on file in the Revisor of Statutes Bureau and the Secretary of State's Office, and is available from the Department's Division of Public Health, 1414 E. Washington Ave., Rm. 241, Madison, WI 53703.

(2) No person with infectious tuberculosis or suspected tuberculosis may be permitted to attend any public gathering or be in any public building, including but not limited to a school, a nursery school or a day care center, or at the person's worksite.

(3) Nationally recognized guidelines, including the official statement of the American Thoracic Society, shall be considered in the treatment of tuberculosis. Specific medical treatment shall be prescribed by a physician or an advanced practice nurse prescriber.

Note: The official statement of the American Thoracic Society, "Treatment of Tuberculosis and Tuberculosis Infection in Adults and Children," is found in the *American Journal of Respiratory Critical Care Medicine*, v. 149 (1994), pp. 1359 to 1374. This article is on file in the Revisor of Statutes Bureau and the Secretary of State's Office, and is available from the Department's Division of Public Health, 1414 E. Washington Ave., Rm. 241, Madison, WI 53703.

(4) Any physician or advanced practice nurse prescriber who treats a person with infectious tuberculosis shall report all of the following to the local health officer:

(a) The date of the person's sputum conversion.

(b) The date of the person's completion of the tuberculosis treatment regimen.

(5) If an individual with infectious tuberculosis terminates treatment against medical advice, does not comply with the treatment plan or leaves a hospital against the advice of a physician, the physician or designee shall report this to the local health officer and the local health officer shall report it to the department. The local health officer may require the individual to take treatment under observation and may place that individual under isolation. The local health officer or the department may seek commitment of that individual, as provided in sub. (6), if the local health officer or the department decides that commitment is necessary in order to protect others from becoming infected or to ensure that the individual complies with the treatment regimen.

(6) Any individual with infectious tuberculosis diagnosed by a physician or an advanced practice nurse prescriber may be committed for care on petition of the local

health officer under s. 252.07(4), Stats., or the department under s. 252.02(6) or 252.03(3), Stats.

(7) The local health officer or the department may require an individual with suspected tuberculosis to submit to a medical evaluation and may place that individual under isolation, if appropriate.

(8) If the administrative officer of the institution where a person is committed under sub. (6) or isolated under sub. (7) has good cause to believe that the person may leave the institution in violation of a court order, the officer shall use any legal means to restrain the person from leaving. The administrative officer may isolate a person who is committed.

(9) The local health officer or a person designated by the local health officer shall monitor all individuals committed under sub. (6) or isolated under sub. (7) for tuberculosis as needed to ascertain that the commitment or isolation is being maintained.

(10) The local health officer or designee shall monitor all individuals with infectious tuberculosis until treatment is successfully completed.

HFS 145.10 DISCHARGE FROM ISOLATION OR COMMITMENT. The local health officer or the department shall authorize the release of an individual from isolation under s. HFS 145.09(7) or shall petition a court to order the release of an individual from commitment under s. HFS 145.09(6) if all of the following conditions are met:

(1) An adequate course of chemotherapy has been administered for a minimum of 2 weeks and there is clinical evidence of improvement.

(2) Sputum or bronchial secretions are free of acid-fast bacilli.

(3) Specific arrangements have been made for post-isolation or post-commitment care.

(4) The person is considered by the local health officer or the department not to be a threat to the health of the general public and likely to comply with the remainder of the treatment regimen.

HFS 145.11 ESTABLISHMENT OF PUBLIC HEALTH DISPENSARIES. (1)(a) A county with a population of more than 25,000, or 2 or more counties with a total population of at least 25,000, may operate a public health dispensary. Dispensary services shall be provided in accordance with s.252.10, Stats. The department may approve the operation of a case finding preventive program if the public health dispensary does all of the following:

1. Provides Mantoux tuberculin skin testing, directly observed therapy, tuberculosis contact investigation, case management and sputum specimen collection.

2. Ensures the provision of medical evaluation by a physician or nurse, chest radiographs, collection of serologic specimens and sputum induction.

(b) A county or counties jointly that provide or ensure the provision of services under par. (a) and wish to be approved to operate a case finding preventive program shall submit a request to that effect in writing to the department. The request for approval shall include a list of the tuberculosis-related services the county or counties jointly provide and a plan for tuberculosis prevention and control at the local level, including tuberculin skin testing of high-risk groups as defined by the *Core Curriculum on Tuberculosis*, 3rd edition (1994), published by the Centers for Disease Control and Prevention. The plan shall include details to support all of the following expected outcomes:

1. Tuberculin skin testing through the case finding preventive program is expected to yield a skin test positivity rate greater than 5% of all skin tests placed. Positivity will be determined based on criteria specified in the *Core Curriculum on Tuberculosis*, 3rd edition (1994), published by the Centers for Disease Control and Prevention.

2. At least 95% of persons with a positive tuberculin skin test identified through the case finding preventive program will be clinically evaluated for

request the department to renew the approval in accordance with par. (b), and with the request shall submit data to document progress toward the expected outcomes.

(2) A county, counties jointly or the department may contract with other agencies, hospitals and individuals for the use of necessary space, equipment, facilities and personnel for the county, counties jointly or the department to operate a public health dispensary or for provision of medical consultation.

(3) A public health dispensary may charge fees to dispensary clients for services rendered. A schedule of fees shall be established by the operating agency or agencies and shall be based upon reasonable costs. A copy of the fee schedule and any subsequent changes shall be forwarded to the department.

SECTION 13. HFS 145.12 to 145.14 are renumbered 145.14 to 145.16 and, as renumbered, are amended to read:

HFS 145.14 DEFINITIONS. In this subchapter:

(1) "Commitment" means the process by which a court of record orders the confinement of a person to a place providing ~~care~~ treatment.

(2) "Contact" means a person who had ~~sexual intercourse~~ physical contact with a case that involved the genitalia of one of them during a period of time which covers both the maximum incubation period for the disease and the time during which the case showed symptoms of the disease, or could have either infected the case or been infected by the case.

(3) "Minor" means a person under the age of 18.

~~(3)~~(4) "Sexually transmitted diseases" means syphilis, gonorrhea, chancroid, ~~granuloma inguinale, lymphogranuloma venereum,~~ genital herpes infection ~~(first clinical episode only), nongonococcal urethritis~~, chlamydia trachomatis, ~~other nongonococcal cervicitis~~, and sexually transmitted pelvic inflammatory disease.

~~(4)~~(5) "Source" means the person epidemiologic evidence indicates ~~to be~~ is the origin of an infection.

~~(5)~~(6) "Suspect" means a person who meets the criteria in s. HFS ~~145.16~~ 145.18.

HFS 145.15 CASE REPORTING. Any administrator of a health care ~~institution~~ facility, state correctional institution or local facility subject to ch. DOC 350, who has knowledge of a case of a sexually transmitted disease shall report the case by name and address to the local health officer. If the services of an attending physician are available in an institution or health care facility, the physician or a

designee shall report as described in s. HFS 145.04 (1) (a). The administrator shall ensure that this reporting requirement is fulfilled.

HFS 145.16 REPORTING OF CASES DELINQUENT IN TREATMENT. Whenever any person with a sexually transmitted disease fails to return within the time directed to the physician or advanced practice nurse prescriber who has treated that person ~~within the time directed~~, the physician or advanced practice nurse prescriber or a designee shall report the person, by name and address, to the local health officer and the department~~,~~ as delinquent in treatment.

SECTION 14. HFS 145.12 and 145.13 are created to read:

HFS 145.12 SCOPE OF SERVICES PROVIDED BY PUBLIC HEALTH DISPENSARIES. (1) REIMBURSABLE SERVICES. Dispensary services reimbursable by the department shall be the services specified in s. 252.10, Stats.

(2) ADMINISTRATION AND READING OF SKIN TEST. The administration and reading of a tuberculin skin test shall be considered one visit. Tuberculin skin tests administered to individuals who are not defined as high-risk by the *Core Curriculum on Tuberculosis*, 3rd edition (1994), such as school employes, are not reimbursable.

Note: The publication, *Core Curriculum on Tuberculosis*, 3rd edition (1994), published by the Centers for Disease Control and Prevention, is on file in the Revisor of Statutes' Bureau and the Secretary of State's Office and is available from the Department's Division of Public Health, 1414 E. Washington Ave. Rm 241, Madison, WI 53703.

HFS 145.13 REIMBURSEMENT FOR DISPENSARY SERVICES. (1) Public health dispensaries may claim reimbursement from the medical assistance program under ss. 49.43 to 49.497, Stats., and chs. HFS 101 to 108 for services under s. HFS 145.12(1) provided to persons eligible for medical assistance under s. 49.46(1)(a)15., Stats.

(2) The department shall reimburse public health dispensaries for services provided under s. 252.10 to clients who are not recipients of medical assistance until the biennial appropriation under s. 20.435(5)(e), Stats., is totally expended. Reimbursement shall be at the medical assistance program rate.

SECTION 15. HFS 145.15 to 145.18 are renumbered HFS 145.17 to 145.20.

SECTION 16. HFS 145.19 and 145.20 and Note are renumbered HFS 145.21 and HFS 145.22 and Note and, as renumbered, are amended to read:

HFS 145.21 TREATMENT OF MINORS. A physician or advanced practice nurse prescriber may treat a minor with a sexually transmitted disease or examine and diagnose a minor for the presence of the disease without obtaining the consent of the minor's parents or guardian. The physician or advanced practice nurse prescriber shall incur no civil liability solely by reason of the lack of consent of the minor's ~~parent~~ parents or guardian, as stated in s. 252.11 (lm), Stats.

HFS 145.22 TREATMENT GUIDELINES. Nationally recognized guidelines, including the "1998 Sexually Transmitted Disease Treatment Guidelines ~~1982~~," published by the U.S. Department of Health and Human Services, shall be considered in the treatment of sexually transmitted diseases. Specific medical treatment shall be prescribed by a physician or advanced practice nurse prescriber.

Note: The publication, "1998 Guidelines for Treatment of Sexually Transmitted Disease," is on file in the Department's Division of Public Health, the Revisor of Statutes Bureau and the Secretary of State's Office, and may be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402-9325. Telephone: (202) 512-1800.

SECTION 17. Appendix A of chapter HFS 145 is repealed and recreated to read:

Chapter HFS 145
APPENDIX A
COMMUNICABLE DISEASES

CATEGORY I:

The following diseases are of urgent public health importance and shall be reported **IMMEDIATELY** to the patient's local health officer upon identification of a case or a suspected case. In addition to the immediate report, complete and mail an Acute and Communicable Diseases Case Report (DOH 4151) to the address on the form within 24 hours. Public health intervention is expected as indicated. See s. HFS 145.04 (3) (a).

Anthrax [1,4,5]
Botulism [1,4]
Botulism, infant [1,2,4]
Cholera [1,3,4]
Diphtheria [1,3,4,5]
Foodborne or waterborne outbreaks [1,2,3,4]
Haemophilus influenzae invasive disease, (including epiglottitis) [1,2,3,5]
Hantavirus infection [1,2,4,5]
Hepatitis A [1,2,3,4,5]
Hepatitis E [3, 4]
Measles [1,2,3,4,5]
Meningococcal disease [1,2,3,4,5]
Pertussis (whooping cough) [1,2,3,4,5]
Plague [1,4,5]
Poliomyelitis [1,4,5]
Rabies (human) [1,4,5]
Ricin toxin[4,5]
Rubella [1,2,4,5]
Rubella (congenital syndrome) [1,2,5]
Smallpox[4,5]
Tuberculosis [1,2,3,4,5]
Yellow Fever [1,4]

CATEGORY II:

The following diseases shall be reported to the local health officer on an Acute and Communicable Disease Case Report (DOH 4151) or by other means within 72 hours of the identification of a case or suspected case. Public health intervention or other expected action is indicated in the footnotes. See s. HFS 145.04 (3) (b).

Amebiasis [3,4]
Arboviral infection (encephalitis/meningitis) [1,2,4]
Babesiosis [4,5]
Blastomycosis [5]
Brucellosis [1,4]
Campylobacteriosis (campylobacter infection) [3,4]
Cat Scratch Disease (infection caused by Bartonella species) [5]
Cryptosporidiosis [1,2,3,4]
Cyclosporiasis [1,4,5]
Ehrlichiosis [1,5]
Encephalitis, viral (other than arboviral)
E. coli 0157:H7, and other enterohemorrhagic E. coli, enteropathogenic E. coli, enteroinvasive E. coli, enterotoxigenic E. coli. [1,2,3,4]
Giardiasis [3,4]
Hemolytic uremic syndrome [1,2,4]
Hepatitis B [1,2,3,4,5]
Hepatitis C [1,2]
Hepatitis non-A, non-B, (acute) [1,2]
Hepatitis D [2,3,4,5]
Histoplasmosis [5]
Kawasaki disease [2]
Legionellosis [1,2,4]
Leprosy (Hansen Disease) [1,2,3,4,5]
Leptospirosis [4]
Listeriosis [2,4]
Lyme disease [1,2]
Malaria [1,2,4]
Meningitis, bacterial (other than Haemophilus influenzae or meningococcal) [2]
Meningitis, viral (other than arboviral)
Mumps [1,2, 4,5]
Mycobacterial disease (nontuberculous)
Psittacosis [1,2,4]
Q Fever [4,5]
Reye syndrome [2]
Rheumatic fever (newly diagnosed and meeting the Jones criteria) [5]
Rocky Mountain spotted fever [1,2,4,5]
Salmonellosis [1,3,4]
Sexually transmitted diseases:
- Chancroid [1,2]
- Chlamydia trachomatis infection [2,4,5]
- Genital herpes infection (first episode identified by health care provider) [2]
- Gonorrhea [1,2,4,5]
- Pelvic inflammatory disease [2]
- Syphilis [1,2,4,5]

Shigellosis [1,3,4]

Streptococcal disease (all invasive disease caused by Groups A and B Streptococci)
Streptococcus pneumoniae invasive disease (invasive pneumococcal) [1]
Tetanus [1,2,5]
Toxic shock syndrome [1,2]
Toxic substance related diseases:
    Infant methemoglobinemia
    Lead intoxication (specify Pb levels)
    Other metal and pesticide poisonings
Toxoplasmosis
Trichinosis [1,2,4]
Tularemia [4]
Typhoid fever [1,2,3,4]
Typhus fever [4]
Varicella (chicken pox) - report by number of cases only
Yersiniosis [3,4]
Suspected outbreaks of other acute or occupationally-related diseases

CATEGORY III:

The following diseases shall be reported to the state epidemiologist on an AIDS Case Report (DOH 4264) or a Wisconsin Human Immunodeficiency Virus (HIV) Infection Confidential Case Report (DOH 4338) or by other means within 72 hours after identification of a case or suspected case. See s. 252.15(7)(b), Stats., and s. HFS 145.04 (3) (b).

Acquired Immune Deficiency Syndrome (AIDS) [1,2,4]
Human immunodeficiency virus (HIV) infection [2,4]
CD4+ T-lymphocyte count $<200/\mu L$, or CD4+ T-lymphocyte percentage of total lymphocytes of <14 [2]

Key:
[1]Infectious diseases designated as notifiable at the national level.
[2]Wisconsin or CDC follow-up form is required. Local health departments have templates of these forms in the Epinet manual.
[3]High-risk assessment by local health department is needed to determine if patient or member of patient's household is employed in food handling, day care or health care.
[4]Source investigation by local health department is needed.
[5]Immediate treatment is recommended, i.e., antibiotic or biologic for the patient or contact or both.

The repeals and rules contained in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, as provided in s. 227.22(2), Stats.

WISCONSIN DEPARTMENT OF
HEALTH AND FAMILY SERVICES

Dated:

By: _____
Joseph Leean
Secretary

Seal: