

## Chapter HSS 145

### CONTROL OF COMMUNICABLE DISEASES

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#### Subchapter I — General Provisions

**HSS 145.01 Statutory authority.** This chapter is promulgated under the authority of ss. 143.02 (4), 143.05 (1), 143.06 (4), 143.07 (1) and (1m), 143.12 (6) and 990.01 (5g), Stats.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84.

**HSS 145.02 Purpose and scope.** The 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.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84.

**HSS 145.03 Definitions.** In this chapter:

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

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

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

(4) "Department" means the department of health and social services.

(5) "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.

(6) "Health care facility" means a hospital, a nursing home, a home health agency, or a provider of outpatient health care.

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

(8) "Laboratory" means any facility certified by the department under s. 143.15, Stats., and ch. HSS 165.

(9) "Local health officer" has the meaning prescribed in s. 143.01 (1), 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.

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

(11) "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 reportable under this chapter and therefore is not listed in Appendix A of this chapter, although it is listed in *Control of Communicable Diseases in Man*, 14th edition (1985), edited by Abram S. Benenson, and published by the American Public Health Association.

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

(13) "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.

(14) "State epidemiologist" means the person designated by the secretary of the department as the person in charge of communicable disease control for the state.

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

Note: The handbook, *Control of Communicable Diseases in Man*, 14th edition (1985), edited by Abram S. Benenson, is on file in the department's bureau of community health and prevention, the revisor of statutes' office, 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.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; am. (2) and (11), Register, February, 1989, No. 898, eff. 3-1-89.

**HSS 145.04 Reports of communicable diseases. (1) RESPONSIBILITY FOR REPORTING.** (a) Any person licensed under ch. 441 or 448, Stats., knowing of or in attendance on a case or suspected case shall notify the local health officer or, if required under Appendix A of this chapter, the state epidemiologist, in the manner prescribed in this section.

(b) Each laboratory shall report the identification or suspected identification of a disease-causing organism or laboratory findings indicating the presence of a communicable disease to the local health officer or, if required under Appendix A of this chapter, to the state epidemiologist.

(c) Each health care facility shall ensure that reports are made to the local health officer or, if required under Appendix A of this chapter, to the Register, October, 1991, No. 430

state epidemiologist, in the manner specified in sub. (3). When a case is identified or suspected in a health care facility having an organized program of infection control, the person in charge of the infection control program shall ensure that the case or suspected case is reported to the local health officer or, if required under Appendix A of this chapter, to the state epidemiologist, minimizing unnecessary duplication.

(d) Any teacher, principal or nurse serving a school or day care center knowing of a case or suspected case in the school or center shall notify the local health officer or, if required under Appendix A of this chapter, the state epidemiologist, in the manner prescribed in this section.

(e) Any person who knows or suspects that a person has a communicable disease shall report the facts to the local health officer or, if required under Appendix A of this chapter, to the state epidemiologist.

(1m) **QUALIFICATION OF REPORTING RESPONSIBILITY.** Nothing in sub. (1) lessens the requirement for confidentiality of test results under s. 146.025, Stats.

(2) **CONTENT OF REPORT.** (a) Each report under sub. (1) (a) to (d) of a case or suspected case of a communicable disease to the local health officer or the state epidemiologist shall include the name and address of the person reporting and of the attending physician, if any, the diagnosed or suspected disease, the name of the ill or affected individual, that individual's address and telephone number, age or date of birth, race and ethnicity, sex, county of residence, date of onset of the disease, name of parent or guardian if a minor, and other facts the department or local health officer requires for the purposes of surveillance, control and prevention of communicable disease.

(b) Reports may be written or verbal. Written reports shall be on the individual case report form provided by the department and distributed by the local health officer or on a form containing the information required under par. (a). Reports shall be submitted to the local health officer or, if required under Appendix A of this chapter, to the state epidemiologist.

(c) Reports by laboratories of the identification or suspected identification of a disease-causing organism or laboratory findings indicating the presence of a communicable disease shall be made to the local health officer or, if required under Appendix A of this chapter, to the state epidemiologist. These reports shall include the name of the individual affected or ill, the individual's address, telephone number, county of residence, age or date of birth, the name of the attending physician and the identity or suspected identity of the organism or the laboratory findings.

(d) All information provided under this subsection shall remain confidential except as may be needed for the purposes of investigation, control and prevention of communicable diseases.

(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 I 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.

(b) A person, laboratory or health care facility required to report under sub. (1) shall report communicable diseases of less urgent public health importance as listed in categories II and III of Appendix A of this chapter to the local health officer or, if required under Appendix A, to the state epidemiologist, by individual case report form or by telephone within 72 hours of the identification of a case or suspected case.

(c) A person, laboratory or health care facility required to report under sub. (1) shall report the total number of cases or suspected cases of the other communicable diseases listed in Appendix A to the local health officer on a weekly basis.

(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).

(b) At the close of each week, the local health officer shall notify the state epidemiologist in writing on a form provided by the department of all cases of reported diseases listed in Appendix A.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; am. (1), (2)(a) to (c), (3) (a) and (b), cr. (1m), Register, February, 1989, No. 398, eff. 3-1-89.

**HSS 145.05 Investigation and control of communicable diseases.** (1) The local health officer shall use all reasonable means to confirm in a timely manner any case or suspected case of a communicable disease and shall ascertain so far as possible all sources of infection and exposures to the infection. Follow-up and investigative information shall be completed by the local health officer and reported to the state epidemiologist on forms provided by the department.

(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) of *Control of Communicable Diseases in Man*, 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.

(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*, 14th edition (1985), 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.

(4) The department in cooperation with the local health officer shall institute special disease surveillances, follow-up reports and control measures consistent with contemporary epidemiologic practice in order to study and control any apparent outbreak or unusual occurrence of communicable diseases.

Note: The handbook, *Control of Communicable Diseases in Man*, 14th edition (1985), edited by Abram S. Benenson, is on file in the department's bureau of community health and prevention, the revisor of statutes' office, 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.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; am. (2) and (3), Register, February, 1989, No. 398, eff. 3-1-89.

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HSS 145.06 Special disease control measures. (1) SCHOOLS. Any teacher, principal or nurse serving the school 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 authorizing the action shall ensure that the parents of the child and nurse serving the school 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, unless specified otherwise by the state epidemiologist.

(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*, 14th edition (1985), edited by Abram S. Benenson, and published by the American Public Health Association, unless specified otherwise by the state epidemiologist.

(4) PREVENTION OF OPHTHALMIA NEONATORUM. The attending physician or midwife shall place 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 one centimeter strip of an ophthalmic ointment containing 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.

Note: The handbook, *Control of Communicable Diseases in Man*, 14th edition (1985), edited by Abram S. Benenson, is on file in the department's bureau of community health and prevention, the revisor of statutes' office, 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.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; r. and recr. (4), Register, November, 1984, No. 347, eff. 12-1-84; am. (1) to (3), Register, February, 1989, No. 398, eff. 3-1-89.

## Subchapter II — Tuberculosis

HSS 145.08 Definitions. In this subchapter:

(1) "Commitment" means the process by which a court of record orders the confinement of a person with infectious tuberculosis to a place providing care and isolation.

(2) "Contact" means any individual sharing a closed air environment with an infectious patient for an adequate period of time to allow the probability of infection to occur.

Note: This type of exposure usually includes household members and work or social associates.

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(3) "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 roentgenographic and clinical findings.

(4) "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.

(5) "Noninfectious" means the inability to produce infection or disease in others as demonstrated by asymptomatic status and either adequate chemotherapy having been initiated or absence of acid-fast bacilli in the sputum or bronchial secretions.

(6) "Public health dispensary" means a facility that meets the criteria of s. 149.06, Stats.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84.

**HISS 145.09 Restriction of patients and contacts.** (1) All individuals with infectious tuberculosis or suspected of having infectious tuberculosis, and their contacts, shall exercise all reasonable precautions to prevent the infection of others with whom they may come in contact, in accord with the methods of control for tuberculosis contained in *Control of Communicable Diseases in Man*, 14th edition (1985), edited by Abram S. Benenson, published by the American Public Health Association, unless specified otherwise by the state epidemiologist.

(2) No person with infectious tuberculosis or reasonably believed to be suffering from that disease may be permitted to attend any public gathering, including but not limited to school, nursery school or day care center, or return to work, until noninfectious.

(3) If an individual with infectious tuberculosis terminates treatment against medical advice, is noncompliant with the treatment plan, or leaves a hospital against the advice of a physician, the individual shall be reported to the local health officer and the department and may be isolated or committed as provided in sub. (4), if the local health officer or the department decides that isolation is necessary in order to protect others from becoming infected.

(4) Any individual with infectious tuberculosis, diagnosed by a physician, may be isolated or committed for care by the local health officer or by the department.

(5) If the administrative officer, where the person is isolated or committed, has good cause to believe that the person may leave without a court order, the officer may use any legal means to restrain the person from leaving. The administrative officer may segregate any person who is committed.

(6) The local health officer or delegated individual shall visit all individuals isolated or committed for tuberculosis at least once every 7 days to ascertain that the isolation or commitment is being maintained.

Note: The handbook, *Control of Communicable Diseases in Man*, 14th edition (1985), edited by Abram S. Benenson, is on file in the department's bureau of community health and prevention, the revisor of statutes' office, and the secretary of state's office, and is available for purchase, Register, October, 1991, No. 430

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chase from the American Public Health Association, 1015 Fifteenth St., NW, Washington, D.C. 20005.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; am. (1), Register, February, 1989, No. 398, eff. 3-1-89.

**HSS 145.10 Discharge from isolation or commitment.** The local health officer or the department shall authorize the release of an individual from isolation or shall petition a court to order the release of an individual from commitment if:

- (1) An adequate course of chemotherapy has been initiated;
- (2) Sputum or bronchial secretions are free of acid-fast bacilli or the number of acid-fast bacilli present is declining;
- (3) Specific arrangements have been made for post-isolation or post-commitment care; and
- (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.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84.

**HSS 145.11 Limitations of care in public health dispensaries.** (1) Newly diagnosed patients with tuberculosis disease may be approved for public health dispensary care for one year following the completion of chemotherapy.

(2) Infected patients receiving tuberculosis preventive treatment shall be discharged after completion of appropriate chemoprophylactic therapy.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84.

### Subchapter III — Sexually Transmitted Disease

**HSS 145.12 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.

(2) "Contact" means a person who had sexual intercourse with a case 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) "Sexually transmitted diseases" mean 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) "Source" means the person epidemiologic evidence indicates to be the origin of infection.

(5) "Suspect" means a person who meets the criteria in s. HSS 145.16.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84.

**HSS 145.13 Case reporting.** Any administrator of a health care institution, state correctional institution or local facility subject to ch. DOC

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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. Where the services of an attending physician are available in an institution, the physician shall report as described in s. HSS 145.04 (1) (a). The administrator shall ensure that this reporting requirement is fulfilled.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; correction made under s. 13.93 (2m) (b) 7, Stats., Register, October, 1991, No. 430.

**HSS 145.14 Reporting of cases delinquent in treatment.** Whenever any person with a sexually transmitted disease fails to return to the physician who has treated that person within the time directed, the physician shall report the person, by name and address, to the local health officer and the department, as delinquent in treatment.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84.

**HSS 145.15 Determination of sources and contacts.** Physicians accepting cases for treatment shall determine the probable source of infection and any other contacts, and shall attempt to diagnose and treat those persons, or shall request that the local health officer or the department do so.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84.

**HSS 145.16 Criteria for determination of suspects.** Any person falling into one or more of the following categories is designated as a suspect:

- (1) Persons identified as sexual contacts of a sexually transmitted disease case;
- (2) Persons having positive laboratory or clinical findings of sexually transmitted disease; and
- (3) Persons in whom epidemiologic evidence indicates a sexually transmitted disease may exist.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84.

**HSS 145.17 Examination of suspects.** Local health officers shall require the examination of suspects. The examination shall include a physical examination and appropriate laboratory and clinical tests.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84.

**HSS 145.18 Commitment of suspects.** If, following the order of a local health officer or the department, a suspect refuses or neglects examination or treatment, a local health officer or the department shall file a petition with a court to have the person committed to a health care facility for examination, treatment or observation.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84.

**HSS 145.19 Treatment of minors.** A physician 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 shall incur no civil liability solely by reason of the lack of consent of the minor's parent or guardian, as stated in s. 143.07 (1m), Stats.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84.  
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**HSS 145.20 Treatment guidelines.** Nationally recognized guidelines, including the "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.

**Note:** The referenced publication is on file in the department's bureau of community health and prevention, the revisor of statutes' office, and the secretary of state's office, and is available from the U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Center for Prevention Services, Venereal Disease Control Division, Atlanta, Georgia 30333 (HHS Publication Number (CDC) 82-8017).

**History:** Cr. Register, April, 1984, No. 340, eff. 5-1-84.