

CHAPTER 7
COMMUNICABLE DISEASE

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ARTICLE 1 DEFINITIONS

Sec. 7-101 “Carrier” means a person who harbors a specific infectious agent without discernible clinical disease and serves as a potential source of infection.

Sec. 7-102 “Case” means a person who harbors a communicable disease, usually in the presence of discernible clinical disease, symptoms, or signs and may serve as a potential source of infection. Specific case definitions will be as defined in the most recent publication of “Case Conditions Under Public Health Surveillance”, *Morbidity and Mortality Weekly Report, Recommendations and Reports* from the Centers for Disease Control and Prevention (CDC) and are incorporated by reference into this rule.

Sec. 7-103 “Communicable disease” means an illness due to a specific infectious agent or its toxic products that arises through transmission of that agent or its products from an infected person, animal, arthropod, or inanimate reservoir to a susceptible host, either directly or indirectly, through an intermediate plant or animal host, vector, or the inanimate environment.

Sec. 7-104 “Contact” means a person or animal that has been in association with an infected person or animal, or a contaminated environment that is likely to provide an opportunity to acquire the infection.

Sec. 7-105 “Emerging infectious diseases” means disease that may arise suddenly and/or unexpectedly, including disease caused by antibiotic-resistant organisms.

Sec. 7-106 “Health care worker” means a person who provides services whether as an individual health care provider, volunteer, or student at or employee of a health care facility.

Sec. 7-107 “Health Officer” means the Director of Public Health of the Health and Hospital Corporation of Marion County, Indiana, or authorized representative.

Sec. 7-108 “High risk sexual conduct” means unprotected sex with an individual or a group of individuals with multiple partners.

Sec. 7-109 “Latent Tuberculosis Infection” (LTBI) means infection with the tubercle bacillus (the causative agent of tuberculosis) as evidenced by a positive tuberculin skin test but having no evidence of active tuberculosis disease (i.e., clinical, radiological, and/or microbiological).

Sec. 7-110 “Medical laboratory” means an entity that engages in the biological, microbiological, serological, chemical, immunohematological, radioimmunological, hematological, cytological, pathological, or other examination of materials derived from the human body for the detection, diagnosis, prevention, or treatment of any disease, infection, or impairment, or the assessment of human health.

Sec. 7-111 “Outbreak” means cases of disease occurring in a community, region, or particular population at a rate clearly in excess of that which is normally expected.

Sec. 7-112 “Quarantine” means the restriction of the activities or confinement of well persons or animals who have, or may have been exposed to a case of communicable disease during its period of communicability to prevent disease transmission during the incubation period, if infection should occur.

Sec. 7-113 “Restriction of activities” means limitations placed on the activities of persons with disease or infection to prevent transmission of communicable diseases to other individuals.

Sec. 7-114 “Serious and present danger to health” means one (1) or more of the following:

- (A) repeated behavior by a carrier or case that has been demonstrated epidemiologically to transmit, or evidences a careless disregard for the transmission of the disease to others,
- (B) a substantial likelihood that a carrier or case will repeatedly transmit the disease to others as is evidenced by that individual’s past behavior, or by statements of the individual that are credible indicators of the individual’s intention,
- (C) affirmative misrepresentation by a carrier of his or her carrier status prior to engaging in any behavior that has been epidemiologically demonstrated to transmit the disease, or
- (D) failure or refusal to carry out the carrier’s or case’s duty to warn under IC 16-41-7-1.

Sec. 7-115 “Suspect case” means a person whose medical history, signs, and symptoms suggest that this person may be incubating or may be actively infected with some communicable disease.

ARTICLE 2 REPORT OF COMMUNICABLE DISEASE.

Sec. 7-201 Any physician or other health care professional who has knowledge of or diagnoses or treats a communicable disease case, and every superintendent or manager of an extended care facility, hospital, charitable or penal institution, dispensary, military installation, or educational and child-care facility in which there is a communicable disease case shall report such case or suspected case to the Health and Hospital Corporation of Marion County, Division of Public Health, Marion County Health Department, Communicable Disease Control Program, in accordance with Sec. 7-202.

Sec. 7-202 All cases and suspected cases of the diseases listed below shall include the full name, address, telephone number, age or date of birth, sex, race and ethnicity, date of onset,

diagnosis, and the name, address, and telephone number of the attending physician. Cases reported by identifying data to the Health Officer shall be confidential and shall not be disclosed except by: (1) court order; or (2) upon receipt of a written and signed request of the patient, parent, or legal guardian. Information from such reports will be utilized for epidemiological investigation as warranted and without personal identification for statistical purposes only. Such report shall be made on the official report form prescribed and furnished by the Indiana State Department of Health or by telephone or other instantaneous means of communication.

DANGEROUS COMMUNICABLE DISEASES AND CONDITIONS	
Disease	When to Report (from probable diagnosis)
Acquired immunodeficiency syndrome	See HIV Infection/Disease
Animal bites	Within 24 hours
Anthrax	Immediately
Babesiosis	Within 72 hours
Botulism	Immediately
Brucellosis	Within 72 hours
Campylobacteriosis	Within 72 hours
Chancroid	Within 72 hours
<i>Chlamydia trachomatis</i> , genital infection	Within 72 hours
Cholera	Immediately
Cryptococcosis	Within 72 hours
Cryptosporidiosis	Immediately
Cyclospora	Within 72 hours
Diphtheria	Immediately
Ehrlichiosis	Within 72 hours
Encephalitis, arboviral, Calif, EEE, WEE, SLE, West Nile, VEE	Immediately
<i>Escherichia coli</i> , infection (including <i>E. coli</i> 0157:H7 and other enterohemorrhagic types)	Immediately
Gonorrhea	Within 72 hours
Granuloma inguinale	Within 72 hours
<i>Haemophilus influenzae</i> invasive disease	Immediately
Hansen's disease (leprosy)	Within 72 hours
Hantavirus pulmonary syndrome	Immediately
Hemolytic uremic syndrome, postdiarrheal	Immediately
Hepatitis, viral, Type A	Immediately
Hepatitis, viral, Type B	Within 72 hours
Hepatitis, viral, Type B, pregnant woman (acute and chronic) or perinatally exposed infant	Immediately (when discovered at or close to time of birth)
Hepatitis, viral, Type C	Within 72 hours
Hepatitis, viral, Type Delta	Within 72 hours
Hepatitis, viral, unspecified	Within 72 hours
Histoplasmosis	Within 72 hours
HIV infection/disease	Within 72 hours
HIV infection/disease, pregnant woman or perinatally exposed infant	Immediately (when discovered at or close to time of birth)

Legionellosis	Within 72 hours
Leptospirosis	Within 72 hours
Listeriosis	Immediately
Lyme disease	Within 72 hours
Lymphogranuloma venereum	Within 72 hours
Malaria	Within 72 hours
Measles (rubeola)	Immediately
Meningitis, aseptic	Within 72 hours
Meningococcal disease, invasive	Immediately
Mumps	Within 72 hours
Pertussis	Immediately
Plague	Immediately
Poliomyelitis	Immediately
Psittacosis	Within 72 hours
Q Fever	Immediately
Rabies in humans or animals (confirmed and suspect animal with human exposure)	Immediately
Rabies, postexposure treatment	Within 72 hours
Rocky Mountain spotted fever	Within 72 hours
Rubella (German measles)	Immediately
Rubella congenital syndrome	Immediately
Salmonellosis (other than typhoid fever)	Within 72 hours
Shigellosis	Immediately
<i>Staphylococcus aureus</i> , Vancomycin resistance level of MIC \geq 8 μ g/mL	Immediately
<i>Streptococcus pneumoniae</i> , invasive disease and antimicrobial resistance pattern	Within 72 hours
Streptococcus, Group A, invasive disease	Within 72 hours
Streptococcus, Group B, invasive disease	Within 72 hours
Syphilis	Within 24 hours
Tetanus	Within 72 hours
Toxic shock syndrome (streptococcal or staphylococcal)	Within 72 hours
Trichinosis	Within 72 hours
Tuberculosis cases, suspects, and individuals with LTBI	Within 72 hours
Tularemia	Immediately
Typhoid fever, cases and carriers	Immediately
Typhus, endemic (flea borne) and epidemic (louse borne)	Within 72 hours
Varicella (resulting in hospitalization)	Within 72 hours
Variola (smallpox)	Immediately
Viral hemorrhagic fevers	Immediately
Yellow Fever	Within 72 hours
Yersiniosis	Within 72 hours

Sec. 7-203 Reporting of HIV infection/disease shall include classification as defined in the CDC's most recent publication of "Classification System for HIV Infection and Expanded Surveillance Case Definition for AIDS among Adolescents and Adults", *Morbidity and Mortality*

Weekly Report, Recommendations and Reports. Reporting of HIV infection/disease in children less than thirteen (13) years of age shall include classification as defined in the CDC's most recent publication of "Classification System for Human Immunodeficiency Virus Infection in Children Less Than 13 Years of Age" *Morbidity and Mortality Weekly Report, Recommendations and Reports*. Supplemental reports shall be provided by the physician when an individual's classification changes. The CD4+ T-lymphocyte count and percentage, or viral load count, or both, shall be included with initial and supplemental reports.

Sec. 7-204 Outbreaks of the following shall be reported immediately upon suspicion:

- (1) any disease required to be reported under this section;
- (2) diarrhea;
- (3) diarrhea of the newborn (in hospitals or other institutions);
- (4) foodborne or waterborne diseases in addition to those specified by name in this rule;
- (5) streptococcal illnesses;
- (6) conjunctivitis;
- (7) impetigo;
- (8) nosocomial disease within hospitals and health care facilities;
- (9) influenza-like illness;
- (10) acute respiratory illness;
- (11) multilobar pneumonia, etiology unknown;
- (12) rash illness;
- (13) non-specific meningitis/encephalitis illness;
- (14) jaundice;
- (15) unusual cutaneous lesions;
- (16) unexplained septicemia, paralysis, or death;
- (17) unusual occurrence of disease; and
- (18) any disease or illness that could be considered the result of a terrorist act.

Sec. 7-205 The Health Officer may declare an emergency to include mandatory reporting of emerging infectious diseases. Reports shall include the information specified in section Sec. 7-202 of this rule.

ARTICLE 3 LABORATORY REPORT OF COMMUNICABLE DISEASE

Sec. 7-301 Each director, or the director's representative, of a medical laboratory in which examination of any specimen derived from the human body yields microscopic, bacteriologic, immunologic, serologic, or other presumptive or confirmatory evidence of infection by any of the organisms or agents listed in Sec. 7-202 of this rule shall report such findings and any other epidemiologically necessary information requested. HIV serologic results of tests performed anonymously in conjunction with the operation of a counseling and testing site shall not be identified by name of patient, but by a numeric identifier code. For the appropriate method to report such results, see Sec. 7-302.

Sec. 7-302 (A) The report shall, at a minimum, include the following:

- (1) name of the test, dates of specimen collection and of final results, results of test performed, the laboratory's normal limits for that test, and the laboratory's interpretation of the test results;
- (2) name of person and date of birth or age from whom specimen was obtained;

- (2) name, address and telephone number of attending physician, hospital, clinic or other specimen submitter; and
 - (4) name, address, and telephone number of the laboratory performing the test.
- (B) If testing a specimen identified by numeric code produces results that are required to be reported under this rule, the laboratory shall submit a report that includes the following:
- (1) numeric identifier code, date, and results of tests performed;
 - (2) name and address of attending physician, hospital, clinic, or other; and
 - (3) name and address of the laboratory performing the test.

Sec. 7-303 Laboratory findings demonstrating evidence of the infections, diseases, or conditions listed below shall be reported in accordance with the timeframes noted in Sec. 7-202.

- (1) Arboviruses
 - (including, but not limited to St. Louis, California group, Eastern equine, Venezuelan equine, Western equine, West Nile, Japanese B, Yellow fever)
- (2) *Babesia* species
- (3) *Bacillus anthracis*
- (4) *Bordetella pertussis*
- (5) *Borrelia burgdorferi*
- (6) *Brucella* species
- (7) *Calymmatobacterium granulomatis*
- (8) *Campylobacter* species
- (9) *Chlamydia psittaci*
- (10) *Chlamydia trachomatis*
- (11) *Clostridium botulinum*
- (12) *Clostridium perfringens*
- (13) *Clostridium tetani*
- (14) *Corynebacterium diphtheria*
- (15) *Coxiella burneti*
- (16) *Cryptococcus neoformans*
- (17) *Cryptosporidium parvum*
- (18) *Cyclospora cayetanensis*
- (19) *Ehrlichia chaffeensis*
- (20) *Ehrlichia phagocytophila*
- (21) Enteroviruses (coxsackie, echo, polio)
- (22) *Escherichia coli* infection (including *E. coli* 0157:H7 and other enterohemorrhagic types)
- (23) *Francisella tularensis*
- (24) *Haemophilus ducreyi*
- (25) *Haemophilus influenzae*, invasive disease
- (26) Hantavirus
- (27) Hepatitis viruses
 - (A) anti-HAV IgM;
 - (B) HBsAg or HBeAg or anti-HBc IgM;
 - (C) RIBA or RNA or Anti-HCV, or any combination
 - (D) Delta.
- (28) *Histoplasmosis capsulatum*

- (29) HIV and related retroviruses
- (30) Influenza
- (31) Kaposi's sarcoma (biopsies)
- (32) *Legionella* species
- (33) *Leptospira* species
- (34) *Listeria monocytogenes*
- (35) Measles virus
- (36) Mumps virus
- (37) *Mycobacterium tuberculosis*
- (38) *Neisseria gonorrhoeae*
- (39) *Neisseria meningitidis*, invasive
- (41) *Plasmodium* species
- (42) *Pneumocystis carinii*
- (43) Rabies virus (animal or human)
- (44) *Rickettsia* species
- (45) Rubella virus
- (46) *Salmonella* species
- (47) *Shigella* species and antimicrobial resistance pattern
- (48) *Staphylococcus aureus*, Vancomycin resistance equal to or greater than 8 g/mL
- (49) *Streptococcus pneumoniae*, invasive disease, and antimicrobial resistance pattern
- (50) Streptococcus Group A (*Streptococcus pyogenes*), invasive disease
- (51) Streptococcus Group B, invasive disease
- (52) *Treponema pallidum*
- (53) *Trichinella spiralis*
- (54) *Vibrio* species
- (55) *Yersinia* species (including *pestis*, *enterocolitica*, and *pseudotuberculosis*)

Sec. 7-304 A laboratory may report by electronic data transfer, telephone, or other confidential means of communication. In lieu of electronic data transfer or reporting by telephone, a laboratory may submit a legible copy of the laboratory report, provided that the information specified in Section 7-302 (B) appears thereon.

Sec. 7-305 Laboratories holding Clinical Laboratory Improvement Act (CLIA) Certificates of Compliance or Accreditation, issued from the Centers for Medicare and Medicaid Services, will provide to the Health and Hospital Corporation of Marion County, Division of Public Health, Marion County Health Department, Communicable Disease Control Program, a copy of the CLIA certificate and the subspecialty list.

ARTICLE 4 CONFIDENTIALITY OF MEDICAL AND EPIDEMIOLOGICAL INFORMATION

Sec. 7-401 All information obtained pursuant to this chapter, whether from patient records or other sources, is confidential, as specified by IC 16-41-8-1(a). Any person responsible for recording, reporting, or maintaining information required to be reported who recklessly, knowingly, or intentionally discloses or fails to protect medical or epidemiological information

classified as confidential under this section commits a class A misdemeanor as specified by IC 16-41-8-1(b).

Sec. 7-402 Any employee who violates this section is subject to discharge or other disciplinary action under the personnel policies of the Health and Hospital Corporation of Marion County.

Sec. 7-403 Release shall be made of the medical records concerning an individual to the individual or to a person authorized in writing by the individual to receive the medical records.

Sec. 7-404 An individual may voluntarily disclose information about his or her own communicable disease.

ARTICLE 5 DISEASE CONTROL AND PREVENTION MEASURES

Sec. 7-501 Upon receipt of a report of a communicable disease case, it shall be the duty of the Health Officer to institute reasonable measures for the protection of other persons from infection by such afflicted person.

Sec. 7-502 The Health Officer may establish quarantine of well individuals and may do what is reasonable and necessary for the prevention and suppression of disease.

Sec. 7-503 The Health Officer may place restrictions upon the movement of infected individuals (cases or carriers) as may be necessary to prevent the spread of disease.

Sec. 7-504 No one except the Health Officer, or the State Health Commissioner, shall terminate said quarantine or restriction of activities, and this shall not be done until the diseased person has become non-infectious, as determined through clinical examination and all necessary laboratory tests.

Sec. 7-505 The Health Officer may forbid public gatherings when considered necessary to prevent and stop the spread of disease.

Sec. 7-506 The Health Officer shall make an attempt to seek cooperation of cases, carriers, contacts, or suspect cases to implement the least restrictive, but medically necessary, procedures to protect the public's health. Those procedures may include, but not be limited to:

- (A) participate in a designated education, counseling, or treatment program;
- (B) undergo confirmatory testing;
- (C) undergo medically accepted tests, examinations or treatments (preventive or therapeutic) that are consistent with standard medical practice as necessary to make the case or carrier noninfectious;
- (D) notify or appear before designated health officials for verification of disease status at periodic times;
- (E) cease and desist conduct that constitutes a health threat to others;
- (F) notify or identify individuals who may have been exposed to the communicable disease;
- (G) be monitored by an electronic monitoring device to prevent activities that constitute a health threat to others;
- (H) live part-time or full-time in a supervised setting;
- (I) be confined to an appropriate hospital, home, apartment, or other institutional

- facility or residential setting; or
- (J) comply with any combination of the remedies under this subdivision considered appropriate by the Health Officer.

In addition, the Health Officer will ensure that individuals diagnosed with HIV/AIDS or hepatitis B are informed of their duty to warn or cause to be warned by a third party past, present and future sexual and needle sharing partners. The warning must include the individual's disease status and the need to seek health care such as counseling and testing.

Sec. 7-507 With respect to all persons who, either on behalf of themselves or their minor children or wards, rely in good faith upon spiritual means or prayer to prevent or cure disease or suffering, the following provisions shall apply:

Nothing in the provisions of this ordinance shall have the effect of requiring or giving said Health Officer, or any other person the right to compel any such person, minor child or ward to go to or be confined in any hospital or any other medical institution, unless no other suitable place for quarantine or restriction of activities of such person, child or ward can be secured; nor to compel any such person, child or ward to submit to any immunization or treatment (preventive or therapeutic); nor shall any such person, child or ward be compelled to submit to any medical test or examination except in the case of statutory requirement, and except in the case of diseases and/or conditions which may present a danger to the health of the public should such person, child, or ward be infectious without signs or symptoms of disease.

Sec. 7-508 Nothing contained in this Section, however, shall be construed to abridge the powers of the Health Officer or State Health Commissioner to establish quarantine or restriction of activities, as provided by law, for the purpose of preventing the spread of communicable disease.

- Sec. 7-509 (A) In addition to the powers otherwise set forth in these articles, in order to ascertain the source of infection and reduce the spread of the same, the Health Officer shall have full power and authority to inspect, or cause to be inspected any commercial building, structure or premises, or any part thereof, which may be a site of high-risk sexual conduct. Any such location shall hereinafter be referred to as a "hazardous site."
- (B) In the event the Health Officer determines there exists a hazardous site, the Health Officer shall declare the same a public health hazard and public health nuisance and order either:
- (1) abatement thereof, which shall be enforced by mandatory or prohibitory injunction in a court of competent jurisdiction; or
 - (2) the closure of the site until the hazard is eradicated.
- (C) The actions taken by the Health Officer hereunder relating to commercial property shall conform to procedures provided in Article 5, Chapter 19, Minimum Standards for the Prevention of Communicable Disease Transmission.

ARTICLE 6 PENALTY

Sec. 7-601 The doing of any prohibited act, or the omission of any required act, governed by this ordinance is declared to be violation of this ordinance. Any person guilty of a violation

hereof shall, upon conviction, be fined in an amount not to exceed one thousand dollars (\$1,000.00).

Sec. 7-602 In addition to any fine levied under this ordinance, The Health and Hospital Corporation of Marion County may enjoin any violation of this ordinance by proceeding in any court of competent jurisdiction seeking to abate the public health nuisance or violation of this ordinance.

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