



Indiana State Department of Health

Summary of Major Changes to Communicable Disease Reporting Rule, 410 IAC 1-2.3 Current as of 12/16/2015

Revision will repeal 410 IAC 1-2.3 and replace as 410 IAC 1-2.5

- The following terms were added:
 - Approval
 - Confirmed foodborne disease outbreak
 - Daycare worker
 - Directly observed therapy (DOT)
 - Disease Intervention Specialist (DIS)
 - Expedited Partner Therapy (EPT)
 - Food establishment
 - Health practitioner
 - Highly susceptible population
 - Interferon gamma release assay
 - Latent tuberculosis infection or LTBI
 - Mantoux tuberculin skin test (TST)
 - Multiple drug-resistant tuberculosis or MDR tuberculosis
 - Partner services
 - Person in charge
 - Postsecondary facility
 - Prophylaxis
 - Ready-to-eat food
 - Regulatory authority
 - Residential institution
 - Restrict
 - State designated districts
 - Sterile site
 - Tuberculosis disease

- The following terms were deleted:
 - Contact tracing
 - Contaminated sharp (was repealed in 2008)
 - Decontamination (was repealed in 2008)
 - Intervention or prevention activities
 - Pandemic influenza activity
 - Serious and present danger to health (was repealed in 2008)

- “Food handler” became “food employee” in the terms.

- Reporting Requirements for Physicians and Hospital Administrators AND Laboratory Reporting Requirements

- HIV now reported to the State in accordance with IC 16-41-2-3 (410 IAC 1-2.5-75(b)) instead of the local health department.
- Added following to list of dangerous communicable diseases and conditions in 410 IAC 1-2.5-75:
 - Anaplasmosis
 - Arboviral disease
 - Carbapenemase-producing carbapenem-resistant enterobacteriaceae (CP-CRE)
 - Chikungunya virus
 - Coccidioidomycosis
 - Cysticercosis (Neurocysticercosis)
 - Dengue
 - Eastern equine encephalitis Japanese encephalitis
 - La Cross encephalitis
 - Latent tuberculosis infection
 - Novel influenza A
 - Powassan virus infection
 - Salmonellosis antimicrobial susceptibility testing
 - St. Louis encephalitis (SLE)
 - *Taenia solium* infection
 - Varicella-zoster virus infection
 - West Nile virus
 - Western equine encephalitis
- Diseases no longer reportable: *Streptococcus* Group B Invasive Disease
- Isolate submission changes:
 - Now required:
 - Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE)
 - *Shigella* species
 - *Vibrio cholerae*
 - *Vibrio* species (other than toxigenic *Vibrio cholerae*)
 - No longer required: *Nocardia*
 - Submission requirement has been expanded to include specimen submission for the following organisms detected using a non-culture based method:
 - Shiga toxin-producing *E. coli* (STEC)
 - *Salmonella* species
 - *Shigella* species
 - *Vibrio cholera*
 - *Vibrio* species (other than toxigenic *Vibrio cholerae*)
- Laboratory result reporting timelines have changed to match the timelines for disease reporting.
 - Time requirements for reporting have changed for invasive *Haemophilus influenzae*, mumps, and pertussis. All are now reportable within 24 hours.
- Disease Specific Control Measures:
 - Animal Bites: language was added to 410 IAC 1-2.5-80(a)(4)(D) to clarify that ANY rabies vector species (including bats, skunks, raccoons, foxes, and other wild carnivores) must be euthanized and tested for rabies after a human bite, even if the animal is being kept as a pet and/or permitted by the Indiana Department of Natural Resources.

Authorization to make exceptions to this section is granted to the local health officer and/or the State Veterinarian. Other language has been added and/or amended in the animal bites section for clarification.

- The arboviral diseases (dengue, chikungunya, EEE, SLE, WEE, West Nile virus, California serogroup viruses, and Powassan virus) are still reportable, but they are now listed separately on the reportable disease list as well as under the general term “arboviral disease” in the control measures section.
 - Added control measures for carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE); coccidioidomycosis; cysticercosis; latent tuberculosis infection (LTBI); novel influenza A; taeniasis.
 - Food employee sections for Hepatitis A, Shiga toxin-producing *E. coli* (STEC), Salmonellosis, Shigellosis, and Typhoid Fever have been aligned with the Retail Food Establishment Sanitation Requirements 410 IAC 7-24 proposed revisions.
 - Measles school exclusion process has changed: Anyone who gets a first or second dose of MMR as part of an outbreak control program can return *immediately* to school as long as all persons without documented proof of immunity have been excluded.
 - Measles and mumps health care facility exclusions: All exposed employees without proof of immunity must be excluded from day 5-25 (for measles) and day 9-25 (for mumps) after exposure, regardless of if vaccination or IG was given after exposure.
 - Salmonellosis, non-typhoidal now excludes *Salmonella* serotypes Paratyphi A, B (tartrate negative), and C in addition to *Salmonella* Typhi.
 - Shigellosis changes:
 - Daycare & school attendees diagnosed with shigellosis may now return to school after a certain time frame even if they did not receive antibiotic treatment or submit negative stool samples.
 - Daycare & school attendees, healthcare workers, and daycare workers diagnosed with shigellosis now only need one negative stool sample to remove exclusions of attending daycare, school, or work.
 - Typhoid fever now include paratyphoid fever (*Salmonella* serotypes Paratyphi A, B (tartrate negative), or C).
 - Varicella: laboratory testing requirements for “break-through” and hospitalized cases have been updated. Outbreak control measures are also updated.
- Updated incorporation by reference documents to include latest versions of documents.

For more information, contact the ISDH Epidemiology Resource Center at 317-233-7125.