

**CHAPTER 33-06-04
CONTROL OF SPECIFIC DISEASES**

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33-06-04-01. Diphtheria.

1. Isolation of patient is to be continued following completion of antibiotic therapy until two cultures, taken at least twenty-four hours apart, from both nose and throat are negative for toxicogenic bacilli.
2. It is not necessary to isolate or treat carriers if cultures are positive for nontoxicogenic bacilli.
3. Exposed persons, household, and close contacts should be examined for signs and symptoms, including nose and throat cultures. All persons with positive toxicogenic bacilli shall be isolated, until two nose and throat cultures are negative after treatment.

General Authority: NDCC 23-01-03

Law Implemented: NDCC 23-01-03

33-06-04-02. Measles. Isolation of patient shall be from diagnosis through fourth day of rash.

General Authority: NDCC 23-01-03

Law Implemented: NDCC 23-01-03

33-06-04-03. Mumps. Isolation of patient shall be from diagnosis until swelling has subsided and all other manifestations have cleared.

General Authority: NDCC 23-01-03

Law Implemented: NDCC 23-01-03

33-06-04-04. Pertussis. Isolation of pertussis patients, particularly from young infants, shall be for three weeks from onset of disease or until cough has stopped, whichever is shorter.

General Authority: NDCC 23-01-03

Law Implemented: NDCC 23-01-03

33-06-04-05. Poliomyelitis. Isolation of patient shall be for seven days in hospital or under medical management.

General Authority: NDCC 23-01-03

Law Implemented: NDCC 23-01-03

33-06-04-06. Rabies.

1. **How reported.** If any physician or veterinarian has knowledge that any person has been bitten or scratched by, or otherwise exposed to a dog, other domestic animal, or a wild mammal, infected or suspected of being infected with rabies, the physician or veterinarian shall report these facts within forty-eight hours to the state department of health. The requirements of this subsection do not apply to dog or cat bites, scratches, or saliva exposure if there is a standing order or agreement with health care providers to report animal bites or possible exposure to rabies to a local law enforcement agency.
2. **Vaccine replacement.** The state health officer, or the health officer's designee, in that person's discretion may provide for the replacement of rabies vaccine and rabies immune globulin used to treat possible exposure to rabies. Any request for rabies vaccine and rabies immune globulin must be in writing, must be signed by the person who received postexposure vaccine or the person's parent or guardian, and must indicate that the person was possibly exposed to rabies, not through the person's own fault or that of the person's parent or guardian, and is financially unable to pay for the vaccine and immune globulin. A person will not be considered financially unable to pay if:
 - a. An insurer or a governmental agency other than the state department of health includes as a covered benefit, or another person is liable for, rabies vaccine or rabies immune globulin;
 - b. The person is eligible for complimentary vaccine or immune globulin from a vaccine manufacturer; or
 - c. The person, or the person's family, has an adjusted gross income of more than one hundred thirty-three percent of the poverty line determined in accordance with 42 U.S.C. 9902(2) applicable to a family of the size involved or assets in excess of those permitted under section 75-02-02.1-26, including the exceptions allowed under section 75-02-02.1-27.

Notwithstanding the limitations of this subsection, the state health officer, or the state health officer's designee, in that person's discretion also may supply rabies vaccine and immune globulin to a person if more than one person in a family requires postexposure treatment or some other hardship would prevent a person from receiving medically necessary treatment.

3. **General scientific guidance.** In the enforcement of the rabies control law, the department, local public health units, local law enforcement agencies, and veterinarians shall apply applicable guidelines set forth in the compendium of animal rabies control and the centers for disease control and prevention advisory committee on immunization practices recommendations for human rabies prevention.

History: Amended effective July 1, 1987; October 1, 1988; May 1, 1989; January 1, 1990; February 1, 2000.

General Authority: NDCC 23-36

Law Implemented: NDCC 23-36

33-06-04-07. Rubella. Isolation of rubella cases of hospital patients only shall be from diagnosis to five days after the appearance of rash. This type of isolation is to prevent infection in nonimmune (susceptible) women during pregnancy and high-risk infants.

General Authority: NDCC 23-01-03

Law Implemented: NDCC 23-01-03

33-06-04-08. Tuberculosis.

1. **Employment of tuberculous patient.** No individual who has tubercle bacilli in their sputum or other bodily discharges shall be allowed to engage in employment where children, students, and medical patients may be exposed, or where food is handled and sold unless the patient has received a certificate or clearance from the local health department or attending physician stating that the patient's employment would not be dangerous to the public's health.
2. **Student tuberculous patient.** No student, who has tuberculosis in a contagious and infectious stage as determined by bacteriological examination or medical evaluation, shall be allowed to attend school until the student is no longer contagious or infectious and has received a certificate or clearance from the local health department or attending physician stating that the student is no longer contagious or infectious and would not constitute a public health danger.
3. **Contacts of active cases.** Any person exposed to an active case of tuberculosis shall be considered as a suspicious case until determined otherwise by a tuberculin test, if previously negative. An x-ray,

laboratory, or medical evaluation is necessary for those individuals with a positive tuberculin test.

4. **Uncooperative patients.** The local health department should be notified immediately if an individual knowingly refuses to accept treatment for contagious or infectious tuberculosis and is endangering the health of others.

General Authority: NDCC 23-01-03

Law Implemented: NDCC 23-01-03

33-06-04-09. Typhoid fever, paratyphoid fever.

1. **Isolation required.** All cases of typhoid fever and paratyphoid fever shall be isolated in a flyproof room, preferably under hospital conditions of such cases as cannot command adequate sanitary environment and nursing care in their homes.
2. **Period of isolation.** No patient shall be released from isolation until reports of three negative laboratory examinations of both the urine and feces, collected not less than twenty-four hours apart, shall have been returned from the state public health laboratory.
3. **Source of infection.** When a case of typhoid fever or paratyphoid fever is discovered, the state department of health shall immediately proceed to search for the source of infection, missed case, carrier, or convalescent. When the source of infection is discovered, immediate abatement must be instituted.
4. **Laboratory confirmation.** Every physician or health officer having knowledge of a case or suspected case of typhoid fever, paratyphoid fever, or any continued fever not otherwise diagnosed must obtain laboratory confirmation by the usual approved methods, if possible. Report, however, shall be made immediately on a clinical diagnosis.
5. **Control of typhoid carriers.**
 - a. For the purpose of this section, a typhoid carrier is a person who harbors typhoid bacteria and emits them, regularly or intermittently. This condition may or may not follow a recognized attack of typhoid fever. A person continuing to discharge typhoid bacteria following an attack of typhoid fever shall be regarded as a case rather than a carrier, for a period of at least twelve weeks following subsidence of clinical symptoms. After that period the physician may, in the physician's discretion, declare such person to be a carrier.
 - b. The physician, upon the discovery of a typhoid carrier, shall immediately report the fact to the state department of health, giving the full name, age, occupation, and address of such

carrier (together with any other information relative to possible or probable infection of others), and shall also communicate the fact to the carrier personally, or the carrier's guardian, imparting to the carrier detailed information regarding the precautions to be observed in the disposing of the carrier's discharges, in preventing contamination of the carrier's hands, and thus protecting others from infection. This information to the carrier personally shall be confirmed by a written notice to such carrier, giving special and specific instructions as may be required in special circumstances.

Instructions given by the physician shall include directions to wash the hands thoroughly with soap and water immediately after using the toilet.

- c. Bowel or bladder discharges of a carrier living in a location without an approved sewage treatment plant should be deposited in a cesspool, or privy, properly located, of an approved sanitary construction. One of the essentials of a sanitary privy is the flyproof and rodent-proof vault. The interior of the privy should be kept clean and scrubbed with warm water and soap whenever necessary.
- d. No typhoid carrier may engage in any occupation involving the handling of ready-to-eat food and milk, or to work as a food, drink, or milk handler, or to work in or around any place where food or drink is manufactured, packed, stored, deposited, collected, prepared, produced, or sold. It is extremely important that typhoid carriers do not prepare food or drink for anyone except themselves or their immediate families; and especially that they do not supply any food, drink, milk, or milk products to visitors at their homes, or at community or social gatherings of any type. It is recommended, that immediate members of the household should all be immunized against typhoid fever every three years during the time they are continually exposed to a carrier.
- e. No typhoid carrier shall leave the community in which the carrier resides without notification to the state department of health who are to be informed of the carrier's destination, including the carrier's new address.
- f. The state department of health shall visit each typhoid carrier once a year and complete a form prescribed for the purpose.
- g. The release of chronic typhoid carriers may be granted only on the approval of the state health officer after submission of the following evidence:
 - (1) That the gall bladder has been removed.

- (2) That, subsequent to the removal of the gall bladder, each of the three specimens of the duodenal contents, taken at intervals of not less than twenty-four hours, has been examined by the laboratory of the state department of health and found to contain no typhoid bacilli.
- h. The physician may, at the physician's discretion, release chronic typhoid carriers upon other evidence which the physician may consider satisfactory.

General Authority: NDCC 23-01-03

Law Implemented: NDCC 23-01-03

33-06-04-10. Sexually transmitted diseases.

1. Contact tracing is appropriate for the following sexually transmitted diseases:
 - a. Human immunodeficiency virus (HIV) infection;
 - b. Acquired immunodeficiency syndrome (AIDS);
 - c. Chlamydia;
 - d. Gonorrhea;
 - e. Hepatitis B virus (HBV); and
 - f. Syphilis.
2. Individuals infected with a sexually transmitted disease for which contact tracing is appropriate shall disclose information concerning the source of the infection to their attending physician or public health officer.
3. Information obtained pursuant to this section will be used solely for epidemiological purposes.

History: Amended effective January 1, 1990.

General Authority: NDCC 23-01-03

Law Implemented: NDCC 23-07-07(3), 23-07-07(4)

33-06-04-11. Vaccines. Administrative charges by physicians, private or public clinics, and hospitals for the administration of any vaccine and biologicals obtained at no cost from the state department of health for any patient who is not a medicaid recipient are limited to no more than the charges established by the

federal regional fee caps as set forth in 59 Federal Register 50235 (October 3, 1994).

History: Effective January 1, 1990; amended effective December 1, 1993; January 1, 2008.

General Authority: NDCC 23-01-04.2, 28-32-02

Law Implemented: NDCC 23-01-04.2