
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.

**History:** Amended effective July 1, 1987; October 1, 1988; May 1, 1989; January 1, 1990; February 1, 2000; January 1, 2018.

**General Authority:** NDCC 23-36

**Law Implemented:** NDCC 23-36


Repealed effective January 1, 2018.

33-06-04-08. Tuberculosis.

Repealed effective January 1, 2018.

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

Repealed effective January 1, 2018.

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)


Administrative charges by physicians, private or public clinics, and hospitals for the administration of any vaccine obtained from the state department of health through the federal vaccines for children program 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; April 1, 2012.
General Authority: NDCC 23-01-04.2, 28-32-02
Law Implemented: NDCC 23-01-04.2