

Summary of Changes to the Communicable Disease Reporting Rules

MINNESOTA RULES 4605

The Minnesota Department of Health (MDH) recently updated the Communicable Disease Reporting Rules, Minn. Rules Part 4605, to address new and emerging infectious diseases, changes in clinical practice, and help ensure a strong public health system. The new changes went into effect on January 8, 2017.

Changes to current reportable diseases

- **Enteric *Escherichia coli* infection**
Added clarification. All *Escherichia coli* infections are reportable including those causing enteric (or intestinal) symptoms such as diarrhea, abdominal discomfort, nausea, and vomiting.
- **Human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS)**
Removed a requirement. Clinical materials for HIV and AIDS are no longer needed when reporting because of advances in clinical diagnostics.
- **Lyme**
Expanded reporting. Report Lyme disease and other *Borrelia* species in addition to *Borrelia burgdorferi*, which is already reportable. This will allow MDH to continue to maintain and improve its vector-borne surveillance by accurately monitoring the specific tick-borne pathogens circulating in Minnesota resulting in better prevention of Lyme disease.
- **Mumps**
Added requirement. Submit clinical materials to MDH for mumps disease.
- ***Streptococcus pneumoniae***
Added requirement. Report *streptococcus pneumoniae* that is laboratory urine-antigen confirmed. This expands the current reporting requirements of streptococcal disease by adding an additional laboratory confirmation criteria, urine-antigen.
- **Tuberculosis**
Added clarification. All TB cases are reportable including suspected, laboratory confirmed, and clinically diagnosed cases.
- **Varicella and Zoster**
Separated varicella (chickenpox) and zoster (shingles) into two separate disease categories. Although caused by the same virus, the conditions are clinically distinct and the reporting requirements are different.

Diseases added to the reporting requirement

Report the following communicable diseases **immediately** and submit clinical materials:

- Free-living amebic infection (including at least: *Acanthamoeba* spp., *Naegleria Fowleri*, *Balamuthia* spp., *Sappinia* spp.)
- Middle East Respiratory Syndrome (MERS)
- Viral hemorrhagic fever (including, but not limited to, Ebola virus disease and Lassa fever)

Report the following communicable diseases within **one working day**:

- Powassan virus disease (added to Arboviral disease)
- Jamestown Canyon virus disease (added to Arboviral disease)
- Carbapenem-resistant Enterobacteriaceae (CRE) and submit clinical materials
- Chikungunya virus disease
- Zika virus disease

Other changes:

Definitions - Replaced the term “physician” with “health care practitioner.” In 2014, the Minnesota legislature expanded the scopes of practice for a Minnesota licensed physician assistant (PA) and a Minnesota licensed advanced practice registered nurse (APRN). The updated definition aligns with the broadened scope of practice and ensures that these health care providers carry the same responsibility as Minnesota licensed physicians.

Persons Required to Report – Added a requirement that **laboratories** report hepatitis C virus (HCV) and hepatitis B virus (HBV) viral-detection laboratory test results to MDH. Currently, laboratories are only required to report HIV viral-detection laboratory test results. This change ensures individuals are treated appropriately and helps prevent the spread of these diseases.

For more information on reporting infectious diseases in Minnesota, see [Infectious Disease Reporting \(http://www.health.state.mn.us/divs/idepc/dtopics/reportable/index.html\)](http://www.health.state.mn.us/divs/idepc/dtopics/reportable/index.html).

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