DEPARTMENT OF COMMUNITY HEALTH

BUREAU OF EPIDEMIOLOGY

COMMUNICABLE AND RELATED DISEASES

(By authority conferred on the department of community health by sections 5111 and 9227 of 1978 PA 368 and Executive Reorganization Order Nos.1996-1 and 1997-4, MCL 333.5111, 333.9227, 330.3101, 333.26324 and 333.5114.

R 325.171 Definitions.

Rule 1. (1) As used in these rules:

(a) "Appropriate local health department" means the local health department that has jurisdiction where an individual who has a disease or condition that is required to be reported resides or the local health department of the county in which the service facility is located.

(b) "Code" means 1978 PA 368, MCL 333.1101.

(c) "Communicable" means capable of being transmitted from individual to individual, from animal to individual, or from an inanimate reservoir to an individual.

(d) "Department" means the Michigan department of community health.

(e) "Designated condition" means any condition that is designated in R 325.172 as any of the following:

(i) A serious communicable disease.

(ii) A serious infection.

(iii) A communicable disease.

(iv) An infection.

(v) A noncommunicable disease.

(f) "Director" means the state director of community health or his or her designee.

(g) "Epidemic" means any increase in the number of cases, above the number of expected cases, of any disease, infection, or other condition in a specific time period, area, or demographic segment of the population.

(h) "Local health officer" means the health officer, or designee, in the appropriate local health department.

(i) "Medical and epidemiological information" means any of the following:

(i) Medical histories.

(ii) Results of examinations.

(iii) Findings on laboratory tests.

(iv) Diagnoses.

(v) Treatments employed.

(vi) Outcomes.

(vii) The description and source of suspected causative agents.

(viii) Any other information that is pertinent to an investigation which is requested by the local health department or the department in the course of that investigation.

(j) "Novel influenza" is defined as any strains or subtypes of influenza viruses not included in the current year influenza vaccine formulation.

(k) "Venereal disease" means any of the following:

(i) Syphilis.

(ii) Gonorrhea.

(iii) Chancroid.

(iv) Lymphogranuloma venereum.

(v) Granuloma inguinale.

(2) Unless the context requires otherwise or as further clarified in these

rules, terms defined in the code have the same meanings when used in these rules.

History: 1993 AACS; 1999 AACS; 2009 MR 19, Eff. Oct. 2, 2009.

R 325.172 Designation and classification of diseases and infections.

Rule 2. (1) All of the following conditions are designated as serious communicable diseases:

(a) Acquired immunodeficiency syndrome (AIDS).
(b) Amebiasis.
(c) Anaplasmosis.
(d) Anthrax.
(e) Arboviral Disease (includes West Nile virus, Eastern equine encephalitis, Western Equine Encephalitis, Powossan, St. Louis encephalitis, California-group (Lacrosse encephalitis).
(f) Aseptic (viral) meningitis.
(g) Avian Influenza.
(h) Blastomycosis.
(i) Botulism.
(j) Brucellosis.
(k) Campylobacter enteritis.
(l) Chancroid.
(m) Chickenpox (Varicella).
(n) Chlamydial disease, genital.
(o) Cholera.
(p) Coccidioidomycosis.
(q) Cryptococcosis.
(r) Cryptosporidiosis.
(s) Cyclosporiasis.
(t) Dengue fever.
(u) Diphtheria.
(v) Ehrlichiosis.
(w) Encephalitis, viral.
(x) Escherichia coli, Shiga toxin positive - serotype O157:H7 and others.
(y) Giardiasis.
(z) Glanders.
(aa) Gonorrhea.
(bb) Granuloma inguinale (Donovanosis).
(cc) Haemophilus influenzae disease, meningitis, or epiglottitis.
(dd) Hantavirus pulmonary syndrome.
(ee) Hemolytic Uremic syndrome (HUS), postdiarrheal.
(ff) Hepatitis A.
(gg) Hepatitis B.
(hh) Hepatitis C.
(ii) Hepatitis D.
(jj) Hepatitis E.
(kk) Histoplasmosis.
(ll) Human immunodeficiency virus (HIV).
(mm) Influenza.
(nn) Legionellosis.
(oo) Leprosy.
(pp) Leptospirosis.
(qq) Listeriosis.
(rr) Lyme disease.
(ss) Lymphogranuloma venereum.
(tt) Malaria.
(uu) Measles (Rubeola).
(vv) Meningococcal disease, meningitis, or meningococcemia.
(ww) Meningitis, other bacterial.
(xx) Mumps.
(yy) Orthopox virus (includes smallpox and Monkeypox).
(zz) Pertussis.

(aaa) Plague.
(bbb) Poliomyelitis, paralytic.
(ccc) Psittacosis.
(ddd) Q fever.
(eee) Rabies, human.
(fff) Rickettsial disease.
(ggg) Rocky Mountain spotted fever.
(hhh) Rubella.
(iii) Rubella syndrome, congenital.
(jjj) Salmonellosis.
(kkk) Severe Acute Respiratory Syndrome (SARS).
(lll) Shigellosis.
(mmm) Spongioform encephalopathy (includes Creutzfeldt-Jakob disease).
(nnn) Staphylococcus aureus infections, vancomycin intermediate/resistant VISA/VRSA).
(ooo) Staphylococcus aureus infections methicillin resistant (MRSA) (outbreaks only).
(ppp) Streptococcus pneumoniae infections, sterile sites, susceptible/resistant.
(qqq) Streptococcal infections, Streptococcus pyogenes group A, sterile sites.
(rrr) Syphilis.
(sss) Tetanus.
(ttt) Trachoma.
(uuu) Trichinosis.
(vvv) Tuberculosis.
(www) Tularemia.
(xxx) Typhoid fever.
(yyy) Typhus.
(zzz) Vibriosis.
(aaaa) Viral hemorrhagic fevers, (includes Lassa fever and Congo Crimean hemorrhagic fever).
(bbbb) Yellow fever.
(cccc)Yersinia enteritis.
(dddd) The unusual occurrence, outbreak, or epidemic of any condition, including healthcare-associated infections.
(2) All of the following are designated as serious infections if a laboratory confirms their presence in an individual:
(a) Anaplasma phagocytophilum.
(b) Arbovirus.
(c) Bacillus anthracis.
(d) Bordetella pertussis.
(e) Borrelia burgdorferi.
(f) Brucella species.
(g) Calymmatobacterium granulomatis.
(h) Campylobacter species.
(i) Chlamydophila psittaci.
(j) Chlamydia trachomatis.
(k) Clostridium botulinum.
(l) Clostridium tetani.
(m) Coccidiodes immitis.
(n) Corynebacterium diphtheriae.
(o) Coxiella burnetii.
(p) Cryptococcus neoformans.
(q) Cryptosporidium species.
(r) Cyclospora species.
(s) Dengue Virus.
(t) Ehrlichia species.
(u) Encephalitis (viral).
(v) Entamoeba histolytica.
(w) Escherichia coli, shiga toxin positive - serotype O157:H7 and others.
(x) Francisella tularensis.
(y) Giardia lamblia.

(z) Haemophilus ducreyi.
(aa) Haemophilus influenzae type B, sterile sites or in patients less than 15 years of age.
(bb) Hantavirus.
(cc) Hemorrhagic fever viruses.
(dd) Hepatitis A, IgM.
(ee) Hepatitis B surface antigen.
(ff) HIV (Confirmed positive HIV serology and detection tests; CD4 counts/percents and all viral loads on people already known to be infected).
(gg)Histoplasma capsulatum.
(hh) Influenza virus.
(ii) Legionella species.
(jj) Leptospira species.
(kk) Listeria monocytogenes.
(ll) Meningitis, other bacterial.
(mm) Measles (Rubeola) virus.
(nn) Mumps virus.
(oo) Mycobacterium bovis.
(pp) Mycobacterium leprae.
(qq) Mycobacterium tuberculosis.
(rr) Neisseria gonorrhoeae.
(ss) Neisseria meningitidis.
(tt) Novel influenza.
(uu) Orthopox viruses.
(vv) Plasmodium species.
(ww) Poliovirus.
(xx) Rabies virus.
(yy) Rickettsia ricketsii.
(zz) Rickettsia species.
(aaa) Rubella virus.
(bbb) Salmonella species.
(ccc) SARS coronavirus.
(ddd) Shigella species.
(eee) Spongioform encephalopathy (includes Creutzfeldt-Jakob disease).
(fff) Staphylococcus aureus, vancomycin intermediate/resistant VISA/VRSA.
(ggg) Staphylococcus aureus, methicillin resistant - outbreak only.
(hhh) Streptococcus pneumoniae, sterile sites, susceptible/resistant.
(iii) Streptococcus pyogenes invasive, group A, sterile sites.
(jjj)Treponema pallidum.
(kkk) Trichinella spiralis.
(lll) Varicella virus (Chickenpox).
(mmm) Vibrio species.
(nnn) Yellow fever virus.
(ooo) Yersinia enterocolitica.
(ppp) Yersinia pestis.
(qqq) The unusual occurrence, outbreak, or epidemic of any infection.
(3) All of the following conditions are designated as noncommunicable diseases:
(a) Guillain-Barre syndrome.
(b) Kawasaki disease.
(c) Reye's syndrome.
(d) Rheumatic fever.
(e) Toxic shock syndrome.

History: 1993 AACS; 1999 AACS; 2005 AACS; 2009 MR 19, Eff. Oct. 2, 2009.

R 325.173 Reporting and surveillance requirements.
Rule 3. (1) A physician shall report each case of a serious communicable disease specified in R 325.172, except for human immunodeficiency virus infection and acquired immunodeficiency syndrome, within 24 hours of diagnosis or discovery, to the appropriate health department. Reporting requirements for human immunodeficiency virus infection and acquired

immunodeficiency syndrome are set out in MCL 333.5114 and subrules (12) to (14) of this rule.

(2) A physician shall report the unusual occurrence of any disease, infection, or condition that threatens the health of the public, within 24 hours of diagnosis or discovery, to the appropriate local health department.

(3) A physician shall report noncommunicable diseases specified in R 325.172 within 3 days of diagnosis or discovery, to the appropriate local health department.

(4) A physician may report any disease, infection, or condition that is not included in subrule (1), (2), or (3) of this rule to the appropriate local health department according to the physician's medical judgment.

(5) A laboratory shall report, within 24 hours of discovery, both of the following to the appropriate local health department:

(a) Laboratory evidence of any serious infection specified in R 325.172 except for human immunodeficiency virus which is governed by MCL 333.5114.

(b) Laboratory evidence of any other disease, infection, or condition that is judged by the laboratory director to indicate that the health of the public is threatened. A laboratory in this state that receives or processes specimens to be tested for the listed agents shall report a result confirming presence of a listed agent, even if the testing is not done on-site, for example, the specimen is shipped to an out-of-state reference laboratory for testing.

(6) When a physician or laboratory director suspects the presence of a designated condition, but does not have sufficient information to confirm its presence, the physician or laboratory shall report the designated condition as suspect to the appropriate local health department. Upon confirmation of the designated condition, a physician or laboratory director shall report the condition as confirmed to the appropriate local health department.

(7) A health facility infection control committee shall develop policies and procedures to ensure the appropriate reporting of designated conditions by physicians who treat individuals at that facility and by laboratories at that facility.

(8) All of the following individuals may report to the appropriate local health department any designated condition or any other disease, infection, or condition which comes to their professional attention and which poses a threat to the health of the public:

(a) An administrator, epidemiologist, or infection control professional from a health care facility or other institution.

(b) A dentist.

(c) A nurse.

(d) A pharmacist.

(e) A physician's assistant.

(f) A veterinarian.

(g) Any other health care professional.

(9) A primary or secondary school, child daycare center, or camp shall report, within 24 hours of suspecting, both of the following to the appropriate local health department:

(a) The occurrence among those in attendance of any of the serious communicable diseases specified in R 325.172, except for human immunodeficiency virus and acquired immunodeficiency syndrome which are governed by MCL 333.5131.

(b) The unusual occurrence, outbreak, or epidemic among those in attendance of any disease, infection, or condition.

(10) A report shall be directed to the appropriate local health department. A report may be written, oral, or transmitted by electronic media. A report shall be transmitted in a manner prescribed or approved by the appropriate local health department.

(11) Except as provided in subrules (13) and (14) of this rule, a required report by a physician shall contain all of the following information:

(a) The patient's full name.

(b) The patient's residential address, including street, city, village or township, county, and zip code.

(c) The patient's telephone number.

(d) The patient's date of birth, age, sex, race, and ethnic origin.
(e) The name of the disease, infection, or condition reported.
(f) The estimated date of the onset of the disease, infection, or condition, where applicable.
(g) The identity of the reporting person.
(h) Pertinent laboratory results.
(i) Any other information considered by the physician to be related to the health of the public.

(12) Acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV) infection, tuberculosis, and venereal disease shall be reported by completing forms provided by the department.

(13) In addition to reporting requirements under section 5114 of the public health code for acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV) infection, a physician shall report, if available, the ethnicity and country of birth, if known, of the test subject.

(14) Nothing in these rules is intended to limit use or disclosure of information needed by the department or local health department to carry out its responsibilities under the public health code as authorized by, but not limited to, MCL 333.5131.

(15) Viral influenza need only be reported by the number of cases identified during a specified time period or when influenza is suspected to have caused or contributed to mortality in a person aged less than 18 years, or if the infected individual traveled outside of North America within the 2 weeks prior to symptom onset.

(16) A required report by a laboratory shall contain all of the following information, except for human immunodeficiency virus and acquired immunodeficiency syndrome, which are governed by MCL 333.5114:
(a) The patient's full name.
(b) The patient's residential address, including street, city, village or township, county, and zip code.
(c) The patient's telephone number.
(d) The patient's date of birth or age.
(e) The patient's sex.
(f) The specific laboratory test, date performed, and the results.
(g) The name and address of the reporting laboratory.
(h) The name, address, and telephone number of the ordering person.

(17) To the extent that the information is readily available, a report of an unusual occurrence, outbreak, or epidemic of a disease, infection, or other condition shall include all of the following information:
(a) The nature of the confirmed or suspected disease, infection, or condition.
(b) The approximate number of cases.
(c) The approximate illness onset dates.
(d) The location of the outbreak.

(18) Within 24 hours of receiving a report, a local health department shall communicate the report of an individual who has a serious communicable disease specified in R 325.172 or a serious infection specified in R 325.172 to the department and any other Michigan jurisdiction if the individual resides in that other jurisdiction.

(19) Within 3 days of receiving a report, a local health department shall communicate the report of an individual who has a noncommunicable disease specified in R 325.172 to the department and another Michigan jurisdiction if the individual resides in that other jurisdiction.

(20) Within 24 hours of receiving a report that concerns an individual who resides outside of this state, a local health department shall forward the report to the department.

(21) Reports of designated conditions acquired by residents of a local health department's jurisdiction shall be recorded by the local health officer and shall be forwarded to the department in a format specified by the department.

History: 1993 AACS; 2005 AACS; 2009 MR 19, Eff. Oct. 2, 2009.

R 325.174 Investigation of diseases, infections, epidemics, and situations with potential for causing diseases.

Rule 4. (1) The local health department that has jurisdiction where an individual who has a reported condition resides or where an illness or infection is being or may be spread shall initiate an investigation as necessary.

(2) An investigator who presents official identification of the local health department or the department shall promptly be provided with medical and epidemiologic information pertaining to any of the following:

(a) Individuals who have designated conditions or other conditions of public health significance.

(b) Individuals, whether ill or well, who are part of a group in which an unusual occurrence, outbreak, or epidemic has occurred.

(c) Individuals who are not known to have a designated condition but whose medical or epidemiological information is needed for investigation into the cause of the occurrence of the condition.

(d) Individuals who were potentially exposed to a designated condition.

(e) Individuals who have a declared critical health problem pursuant to the provisions of Act No. 312 of the Public Acts of 1978, being S325.71 et seq. of the Michigan Compiled Laws.

(3) Requests for individual medical and epidemiologic information to validate the completeness and accuracy of reporting are specifically authorized. Information released in response to a request made by type of disease, infection, or condition or diagnostic code category may include information about individuals who are not the primary focus of the request if it is not reasonably possible to delete it from the requested information.

(4) A representative of the local health department or the department may obtain human, animal, environmental, or other types of specimens or cause such specimens to be obtained by appropriate means, including venipuncture, in the course of an investigation of a reported disease, infection, or condition.

(5) The local health department shall transmit the results of its investigation of a report of an unusual occurrence of illness, outbreak, or epidemic to the department by an immediate informal report that shall be followed by progress reports and a final report. The reports shall be in a format that is acceptable to the department.

History: 1993 AACS.

R 325.175 Procedures for physicians and schools for control of diseases and infections.

Rule 5. (1) A physician or other person who attends to a case of communicable disease shall arrange for appropriate barrier precautions, treatment, or isolation if needed to prevent the spread of infection to other household members, patients, or the community. A physician or other person who seeks information on appropriate precautionary measures may request the local health officer or the department to provide the necessary information. Appropriate isolation or other barrier precautions may be instituted for a case or a suspected case of disease, infection, or other condition by the local health officer or the department as necessary to protect the public health.

(2) When a school official reasonably suspects that a student has a designated condition, except for AIDS, HIV infection, and noncommunicable diseases, the official may exclude the student for a period sufficient to obtain a determination by a physician or local health officer as to the presence of a designated condition. The local health officer may initiate the exclusion from school of a student who has a designated condition. A student may be returned to school when a physician or local health officer indicates that the student does not represent a risk to the other students.

History: 1993 AACS.

R 325.176 Immunizations required of children attending group programs or entering school.

Rule 6. (1) As used in this rule:

(a) "Certificate of immunization" means a medical, health department, school, or personal record which indicates the dates when each dose of a vaccine was given to an individual and which is certified by a health professional or local health department.

(b) "Exemption" means a temporary or permanent waiver of 1 or more of the specific immunization requirements for medical, religious, or other reasons.

(c) "Medical exemption" means a written statement from a physician that a vaccination is medically contraindicated for a particular child for a specified period of time.

(d) "Religious or other exemption" means a written statement which is signed by the parent, guardian, or person in loco parentis of a child, which certifies that immunization is in conflict with religious or other convictions of the signer, and which includes the name and date of birth of the child.

(e) "Vaccine" means an agent for immunization against an infection or disease caused by an infectious agent.

(2) A child who is 2 months through 3 months of age and who is registered in a program of group residence or care shall have received at least all of the following vaccines:

(a) One dose of any appropriate diphtheria vaccine.

(b) One dose of any appropriate tetanus vaccine.

(c) One dose of any appropriate pertussis vaccine.

(d) One dose of any appropriate poliovirus vaccine.

(e) One dose of any appropriate Haemophilus influenzae type B vaccine.

(f) One dose of any appropriate hepatitis B vaccine or a laboratory finding of hepatitis B immunity or disease satisfies this requirement.

(g) One dose of any appropriate pneumococcal conjugate vaccine.

(3) A child who is 4 months through 5 months of age and who is registered in a program of group residence or care shall have received at least all of the following vaccines:

(a) Two doses of any appropriate diphtheria vaccine.

(b) Two doses of any appropriate tetanus vaccine.

(c) Two doses of any appropriate pertussis vaccine.

(d) Two doses of any appropriate poliovirus vaccine.

(e) Two doses of any appropriate Haemophilus influenzae type B vaccine.

(f) Two doses of any appropriate hepatitis B vaccine or a laboratory finding of hepatitis B immunity or disease satisfies this requirement.

(g) Two doses of any appropriate pneumococcal conjugate vaccine.

(4) A child who is 6 months through 15 months of age and who is registered in a program of group residence or care shall have received at least all of the following vaccines:

(a) Three doses of any appropriate diphtheria vaccine.

(b) Three doses of any appropriate tetanus vaccine.

(c) Three doses of any appropriate pertussis vaccine.

(d) Two doses of any appropriate poliovirus vaccine.

(e) Two doses of any appropriate Haemophilus influenzae type B vaccine.

(f) Two doses of any appropriate hepatitis B vaccine or a laboratory finding of hepatitis B immunity or disease satisfies this requirement.

(g) Pneumococcal conjugate vaccine as shown by either of the following:

(i) Three doses of any appropriate pneumococcal conjugate vaccine.

(ii) Receipt of an age appropriate complete series of any appropriate pneumococcal conjugate vaccine.

(5) A child who is 16 months through 18 months of age and who is registered in a program of group residence, care, or camping shall have received at least all of the following vaccines:

(a) Three doses of any appropriate diphtheria vaccine.

(b) Three doses of any appropriate tetanus vaccine.
(c) Three doses of any appropriate pertussis vaccine.
(d) Two doses of any appropriate poliovirus vaccine.
(e) Haemophilus Influenzae type B vaccine age as shown by either of the following:
(i) Receipt of 1 dose of any appropriate haemophilus influenzae type B vaccine at or after 15 months of age.
(ii) Receipt of a complete series of any appropriate haemophilus influenzae type B vaccine.
(f) One dose of any appropriate live measles vaccine at or after 12 months of age. A laboratory finding of measles immunity satisfies this requirement.
(g) One dose of any appropriate live mumps vaccine at or after 12 months of age. A laboratory finding of mumps immunity satisfies this requirement.
(h) One dose of any appropriate live rubella vaccine at or after 12 months of age. A laboratory finding of rubella immunity satisfies this requirement.
(i) Two doses of any appropriate hepatitis B vaccine or a laboratory finding of hepatitis B immunity or disease satisfies this requirement.
(j) Pneumococcal conjugate vaccine as shown by either of the following:
(i) Four doses of any appropriate pneumococcal conjugate vaccine.
(ii) Receipt of an age appropriate complete series of any appropriate pneumococcal conjugate vaccine.
(6) A child who is 19 months through 4 years of age and who is registered in a program of group residence, care, or camping shall have received at least all of the following vaccines:
(a) Four doses of any appropriate diphtheria vaccine.
(b) Four doses of any appropriate tetanus vaccine.
(c) Four doses of any appropriate pertussis vaccine.
(d) Three doses of any appropriate poliovirus vaccine.
(e) Haemophilus influenzae type B vaccine as shown by either of the following:
(i) Receipt of 1 dose of any appropriate Haemophilus influenzae type B vaccine at or after 15 months of age.
(ii) Receipt of a complete series of any appropriate Haemophilus influenzae type B vaccine.
(f) One dose of any appropriate live measles vaccine at or after 12 months of age. A laboratory finding of measles immunity satisfies this requirement.
(g) One dose of any appropriate live mumps vaccine at or after 12 months of age. A laboratory finding of mumps immunity satisfies this requirement.
(h) One dose of any appropriate live rubella vaccine at or after 12 months of age. A laboratory finding of rubella immunity satisfies this requirement.
(i) Three doses of any appropriate hepatitis B vaccine or a laboratory finding of hepatitis B immunity or disease satisfies this requirement.
(j) Have evidence of varicella immunity as shown by any of the following:
(i) One dose of any appropriate varicella vaccine at or after 12 months of age.
(ii) Laboratory evidence of varicella immunity.
(iii) A parent, guardian, person in loco parentis, or physician statement that the child has had varicella disease.
(k) Effective January 1, 2007, pneumococcal conjugate vaccine as shown by either of the following:
(i) Four doses of any appropriate pneumococcal conjugate vaccine.
(ii) Receipt of an age appropriate complete series of any appropriate pneumococcal conjugate vaccine.
(iii) Receipt of 1 dose of any appropriate pneumococcal conjugate vaccine at or after 24 months of age.
(7) A child who is 5 years of age and who is registered in a program of group residence, care, or camping shall have received at least all of the following vaccines:
(a) Four doses of any appropriate diphtheria vaccine.
(b) Four doses of any appropriate tetanus vaccine.
(c) Four doses of any appropriate pertussis vaccine.
(d) Three doses of any appropriate poliovirus vaccine.
(e) One dose of any appropriate live measles vaccine at or after 12 months

of age. A laboratory finding of measles immunity satisfies this requirement.
(f) One dose of any appropriate live mumps vaccine at or after 12 months of age. A laboratory finding of mumps immunity satisfies this requirement.
(g) One dose of any appropriate live rubella vaccine at or after 12 months of age. A laboratory finding of rubella immunity satisfies this requirement.
(h) Three doses of any appropriate hepatitis B vaccine or a laboratory finding of hepatitis B immunity or disease satisfies this requirement.
(i) Have evidence of varicella immunity as shown by any of the following:
(i) One dose of any appropriate varicella vaccine at or after 12 months of age.
(ii) Laboratory evidence of varicella immunity.
(iii) A parent, guardian, person in loco parentis, or physician statement that the child has had varicella disease.
(8) A child who is 4 years through 6 years of age and who is entering school shall be in compliance with all of the following immunization requirements:
(a) Have received 4 doses of any appropriate diphtheria vaccine and, if a dose was not received on or after the fourth birthday, a booster dose at school entry.
(b) Have received 4 doses of any appropriate tetanus vaccine and, if a dose was not received on or after the fourth birthday, a booster dose at school entry.
(c) Have received 4 doses of any appropriate pertussis vaccine and, if a dose was not received on or after the fourth birthday, a booster dose at school entry.
(d) Have received 4 doses of any appropriate polio vaccine. If dose 3 was administered after the fourth birthday only 3 doses are required.
(e) Have evidence of measles immunity as shown by either of the following:
(i) Two doses of any appropriate live measles vaccine received after the first birthday, not less than 28 days apart.
(ii) Laboratory evidence of measles immunity.
(f) Have evidence of mumps immunity as shown by either of the following:
(i) Two doses of any appropriate live mumps vaccine received after the first birthday, not less than 28 days apart.
(ii) Laboratory evidence of mumps immunity.
(g) Have evidence of rubella immunity as shown by either of the following:
(i) Two doses of any appropriate live rubella vaccine received after the first birthday, at least 28 days apart.
(ii) Laboratory evidence of rubella immunity.
(h) Three doses of any appropriate hepatitis B vaccine or a laboratory finding of hepatitis B immunity or disease satisfies this requirement.
(I) Have evidence of varicella immunity as shown by any of the following:
(i) Beginning January 1, 2010, two doses of any appropriate live varicella vaccine at or after 12 months of age.
(ii) Laboratory evidence of varicella immunity.
(iii) A parent, guardian, person in loco parentis, or physician statement that the child has had varicella disease.
(9) A child who is 7 through 18 years of age and who is entering school or enrolled in grade 6, shall be in compliance with all of the following immunization requirements:
(a) Have received 4 doses of any appropriate diphtheria vaccine - 3 doses if the first dose was received on or after the seventh birthday.
(b) Have received 4 doses of any appropriate tetanus vaccine - 3 doses if the first dose was received on or after the seventh birthday.
(c) Beginning January 1, 2010, have received a dose of Tdap vaccine on or after the 11th birthday if 5 years have lapsed since the last dose of tetanus or diphtheria containing vaccine.
(d) Have received 3 doses of any appropriate poliovirus vaccine.
(e) Have evidence of measles immunity as shown by either of the following:
(i) Two doses of any appropriate live measles vaccine received after the first birthday, not less than 28 days apart.
(ii) Laboratory evidence of measles immunity.
(f) Have evidence of mumps immunity as shown by either of the following:

(i) Two doses of any appropriate live mumps vaccine received after the first birthday, not less than 28 days apart.

(ii) Laboratory evidence of mumps immunity.

(g) Have evidence of rubella immunity as shown by either of the following:

(i) Two doses of any appropriate live rubella vaccine received after the first birthday, not less than 28 days apart.

(ii) Laboratory evidence of rubella immunity.

(h) Receipt of a complete series of any appropriate hepatitis B vaccine or a laboratory finding of hepatitis b immunity or disease satisfies this requirement.

(i) Have evidence of varicella immunity as shown by any of the following:

(i) Beginning January 1, 2010, two doses of any appropriate live varicella vaccine at or after 12 months of age.

(ii) Laboratory evidence of varicella immunity.

(iii) A parent, guardian, person in loco parentis, or physician statement that the child has had varicella disease.

(j) Beginning January 1, 2010, individual 11 years of age or older have received 1 dose of meningococcal conjugate vaccine upon entry into 6th grade.

(10) To satisfy the requirements in subrules (2) to (9) of this rule, each vaccine shall have been administered in accordance with the manufacturer's instructions. A 4-day grace leniency is allowed on the minimum ages and intervals for each vaccine.

(11) If the requirements for immunization cannot be completed due to medical reasons within 4 months of admittance, a child shall be permitted to remain enrolled in a school or group program for a reasonable length of time that is consistent with good medical practice. A statement requesting the enrollment of the child beyond the exclusion date shall be signed by a physician or local health officer and shall certify that the child is in the process of complying with all immunization requirements. This medical exemption shall be filed with the child's school or group program immunization records until it can be replaced with proof that the vaccines for which an exemption was granted have been received. Upon completion of the required immunizations, a parent shall present the school or group program with a certificate of immunization.

(12) When presented with a medical exemption, religious or other exemption, the administrator of a child's school or operator of a child's group program shall recognize the exemption status of the child.

(13) A standard record of the immunizations required by this rule and exemptions shall be maintained by every school for every pupil on forms supplied by the department. When a pupil transfers to another school or school district, the record of immunization, or a true copy of the record, shall be sent to the new school by the original school.

(14) All of the following information shall be provided to fulfill the requirements of section 9209(1) of the code:

(a) A listing, by child, of the number of doses of each vaccine received.

(b) The date of each immunization for each vaccine received in the series.

(c) A listing, by type of exemption granted, of the children who have exemptions.

(15) Not less than 95% of entering students in a school -- less the entering students who have medical, religious, or other exemptions -- shall have received vaccinations as outlined in subrules (8) and (9) of this rule.

(16) A principal of a school or operator of a group program shall make immunization records available for inspection by authorized representatives of the department or the appropriate local health department. The local health officer shall also make public clinic immunization records available to local schools or group programs for the purpose of verifying pupil immunizations.

(17) A requirement for immunization with a specific vaccine may be suspended temporarily at the request of the department director for reasons of inadequate vaccine supply.

History: 1993 AACS; 1994 AACS; 1995 AACS; 1999 AACS; 2006 AACS; 2009 MR 19, Oct. 2, 2009.

R 325.177 Provision of care by local health departments for venereal disease; maintenance of test records after provision of pregnancy care.

Rule 7. (1) As used in this rule, "venereal disease case" means an individual who is diagnosed or treated for venereal disease on the basis of symptoms, signs, or laboratory tests.

(2) A local health department shall provide for the diagnosis, treatment, and case intervention of venereal disease cases within its jurisdiction. Through direct service or referrals, the local health department shall ensure that professional care and case follow-up are provided without regard to race, age, sex, national origin, or income. All of the following services shall be provided for the diagnosis, treatment, and case intervention of venereal disease cases:

(a) Relevant medical history and physical examination.

(b) Diagnostic tests.

(c) Treatment utilizing guidelines provided by the department.

(d) Follow-up examination and testing.

(e) Patient education.

(f) Identification and notification of sexual contacts.

(g) The examination and treatment of sexual contacts and other designated high-risk individuals exposed to venereal disease cases.

(h) The maintenance of records for not less than 5 years after the last reactive test in syphilis cases and for not less than 1 calendar year, not including the present year, for other venereal diseases.

(3) Records of test results that are obtained under section 5123 of the code shall be maintained for not less than 3 calendar years after the termination of pregnancy.

History: 1993 AACS.

R 325.178 State aid for tuberculosis patients.

Rule 8. (1) As used in this rule:

(a) "Form" means a form furnished by the department.

(b) "Hospital" means a hospital or nursing home that is approved by the department for receipt of state aid for tuberculosis patients.

(c) "Tuberculosis patient" means a patient who has laboratory-confirmed or clinically or radiographically suspect tuberculosis.

(2) An official application form that is signed by the patient or the parent or guardian or person in loco parentis, a physician, and the health officer of the jurisdiction in which the patient is found or is domiciled shall be on file in the hospital at the time of admission for each tuberculosis patient in the hospital, except for any of the following patients:

(a) A private paying tuberculosis patient.

(b) A tuberculosis patient who is committed to the hospital by the probate court in accordance with the provisions of sections 5203, 5205, and 5207 of the code.

(c) A tuberculosis patient who is transferred from another hospital in accordance with the provisions of subrule (4) of this rule.

(d) A patient who is admitted for a non-tuberculosis condition and who is later suspected of having, or proven to have, tuberculosis. With respect to this subdivision, the health officer of the jurisdiction in which the tuberculosis patient is domiciled shall be immediately notified and liability for care shall not be incurred until the health officer approves such care by signing a form. The health officer shall not be required to sign the form retroactively, thereby obligating public funds for the care of a tuberculosis patient who was not properly reported in a timely manner.

(3) A hospital admission report form shall be sent to the department within 4 days after the admission of a tuberculosis patient, including a private tuberculosis patient. A resident of the state at large may be admitted to an approved tuberculosis hospital in accordance with the

procedure set forth in this rule. An application form for care as a state-at-large tuberculosis patient shall be completed and submitted to the department as soon as possible after admission.

(4) The administrator of a hospital shall send a hospital discharge report form to the department within 4 days after the transfer, discharge, or death of a tuberculosis patient, including a private tuberculosis patient. When the day of discharge can be anticipated, the administrator of the hospital shall notify the local health officer of the jurisdiction in which the tuberculosis patient plans to live of the probable date of discharge. When a tuberculosis patient leaves the hospital against medical advice, the administrator shall, within 24 hours thereafter, notify both the local health officer of the county responsible for the tuberculosis patient's hospital care and the local health officer of the jurisdiction to which the tuberculosis patient is believed to have gone. State and county financial responsibility for a tuberculosis patient who is admitted as a tuberculosis case or suspect case shall terminate as of the date the patient is found to not have tuberculosis.

(5) Voucher forms shall be sent to the department for reporting individual county charge tuberculosis patients who are treated in accordance with the law. The report shall contain all of the following information:

(a) The name of each patient.

(b) The county to which the voucher is payable.

(c) The beginning and ending dates of the period of time covered by the report.

(d) The amount of subsidy calculated at the rate established by law. Subsidy will be paid from the day of admission or clinical suspicion, but not for the day of discharge. The original copy of the voucher shall be forwarded to the county clerk or clerk of the board of auditors of the county that is to receive the subsidy payments. The clerk, after affixing his or her signature, shall send the original to the department.

(6) When a decision of the state family independence agency as to the county of domicile has been rendered in accordance with the provisions of section 5303 of the code and the county determined to be responsible fails to adhere thereto, payments shall not be made to that county for the care of tuberculosis patients in any hospital until payment for the cases in question has been made.

(7) Voucher forms for state-at-large tuberculosis patients shall be processed the same as county vouchers, except that instead of the county treasurer, the payee will be the hospital where care is received. Payment will be made at the medicaid interim cost charge percentage rate for each hospital that was in effect at the time of admission. Payments will be cost-settled in conjunction with the department’s medicaid program. Each hospital shall provide a copy of an audit report covering the time periods for which reimbursement was made. In addition, hospitals shall notify the department of any audit adjustments related to tuberculosis reimbursements. Payment will not be made for hospitalization until the application form has been received and approved by the department. If an individual is readmitted to a hospital, a second application form shall be sent to the department for each subsequent admission of a nonveteran state-at-large tuberculosis patient. It is not necessary to submit a second form for a tuberculosis patient whose care has been previously authorized as care for a state-at-large tuberculosis patient on the basis of his or her having been honorably discharged from the military service of the United States. A voucher shall bear the certification of the director of patient accounts that any future collections from another source shall be credited to the department. If subsequent investigation shows that a tuberculosis patient authorized and paid for as a state-at-large tuberculosis patient was a legal responsibility of a county in this state, the proper adjustment to the state-at-large account shall be made immediately by the hospital. Further state-at-large payments will not be made to the hospital until the adjustment has been made.

(8) Payments for outpatient services for state-at-large tuberculosis patients will not be made until a properly completed case report form and an

approved state-at-large application form are on file with the department. To secure payment for services and drugs, the payee shall submit a form, on a quarterly basis, listing the names of tuberculosis patients served, the type of service, and the cost. Costs shall be based on the latest fee schedule provided by the department.

(9) Failure to comply with any requirement of these rules or of the code is grounds for withholding state payments to the county or the hospital failing to comply.

History: 1993 AACS; 1999 AACS.

R325.179 Submission of tuberculosis laboratory specimens and test results.

Rule 9. (1) For the purpose of this rule, "preliminary result" includes, but is not limited to, results from nucleic acid amplification tests, nucleic acid or other genetic probe tests, chromatographic or other such tests that may be performed prior to final culture identification of a clinical specimen.

(2) A laboratory that initially receives any clinical specimen which yields Mycobacterium tuberculosis complex, or yields a preliminary result indicative of Mycobacterium tuberculosis complex, is responsible for ensuring that the following are submitted:

(a) All preliminary results and any interpretation of those results to the appropriate local health department.

(b) The first Mycobacterium tuberculosis complex isolate, or subculture thereof, from the patient being tested for tuberculosis, to the department.

(c) Any Mycobacterium tuberculosis complex isolate, or subculture thereof, from a follow-up specimen, collected 90 days or more after the collection of the first Mycobacterium tuberculosis complex positive specimen.

History: 1993 AACS; 2009 MR 19, Eff. Oct. 2, 2009.

R 325.179a. Submission of other designated conditions specimens.

Rule 9a. (1) A laboratory shall submit to the department the first isolate or subculture thereof, or specimen where appropriate, from the patient being tested, any of the following:

(a) Specimens suspected to contain and suspect isolates of any of the following:

(i) Bacillus anthracis.

(ii) Brucella species.

(iii) Burkholderia pseudomallei.

(iv) Burkholderia mallei.

(v) Clostridridium botulinum.

(vi) Coxiella burnetii.

(vii) Francisella tularensis.

(viii) Orthopox viruses (including smallpox and monkey pox).

(ix) Yersinia pestis.

(b) Specimens that contain and isolates any of the following:

(i) Corynebacterium diphtheriae.

(ii) Escherichia coli 0157:H7 and all other shiga toxin positive serotypes.

(iii) Haemophilus influenzae (only if isolate collected from a normally sterile site or if patient is less than 15 years of age).

(iv) Listeria monocytogenes.

(v) Neisseria meningtidis (only if isolate collected from a normally sterile site)

(vi) Novel influenza.

(vii) Salmonella species including Typhi.

(viii) Severe Acute Respiratory Syndrome (SARS) coronavirus.

(ix) Shigella species.

(x) Staphylococcus aureus (only vancomycin intermediate and resistant).

(xi) Vibrio cholera.

(xii) Vibrio paphemolyticus.

(xii) Vibrio vulnificus.

History: 2009 MR 19, Eff. Oct. 2, 2009.

R 325.179b. Submission of HIV laboratory specimens.

Rule 9b. (1) A laboratory that receives any clinical specimen which yields results indicative of infection with human immunodeficiency virus (HIV) is responsible for ensuring that specimens are submitted to the department or to a laboratory designated by the department. These specimens include any of the following:

(a) Remnant specimens from all positive western blot (WB) or immunofluorescent antibody (IFA) confirmed tests.

(b) Remnant specimens from viral detection or quantitation tests upon request by the department within 3 months from specimen collection date, if available.

(c) Remnant specimens from multiple reactive rapid enzyme immunoassay (EIA) tests that together constitute an HIV diagnosis.

History: 2009 MR 19, Eff. Oct. 2, 2009.

R 325.180 Procedures for control of rabies; disposition of rabid animals.

Rule 10. (1) For the purposes of this rule, animals that are subject to rabies testing are any nonhuman mammals, except for rabbits or hares and rodents other than woodchucks.

(2) As used in this rule, "owner" means a person who has a right of property ownership of an animal, who keeps or harbors an animal, who has custody of an animal, or who permits an animal to remain on or about any premises occupied by the person.

(3) Any laboratory in this state that conducts examinations of animals for rabies shall report all of the following data to the department within 7 days after examination:

(a) Species of animal.

(b) Name and address of the owner of the animal.

(c) Name and address of the person who submits the specimen.

(d) Name and address of the individuals who have been exposed to the animal or the name and address of the owner of the pet that has been exposed to the animal.

(e) Date and results of the examination.

(4) A physician who performs a postmortem on the body of an individual who died of rabies or who was suspected of dying of rabies shall immediately submit nonpreserved portions of the hippocampus major and spinal cord to the department for rabies examination. A history of the case shall accompany the specimens.

(5) An animal that has bitten an individual or otherwise potentially exposed an individual to rabies shall be handled pursuant to the provisions of the publication entitled "Compendium of Animal Rabies Control, 2008" issued by the national association of state public health veterinarians (NASPHV). The provisions of the publication entitled "Compendium of Animal Rabies Control, 2008" are adopted by reference in these rules. Copies of this publication may be obtained from the State Public Health Veterinarian, Communicable Disease Epidemiology Division, Bureau of Epidemiology, Michigan Department of Community Health, 201 Townsend Street, 5th Floor, Lansing, Michigan 48909 at no cost as of the time of adoption of these rules.

(6) Any person who has knowledge of an animal bite where rabies is suspected shall, within 24 hours of the biting incident, report the bite to the appropriate local health department and to the local health department where the bite occurred. The report shall include all of the following information:

(a) Animal species inflicting the bite.

(b) Animal owner's name, address, and telephone number.

(c) Vaccination status of the animal.

(d) Date and location of the biting incident.

(e) Name, address, and telephone number of the individual bitten.
(f) Site of the bite on the body.
(g) Name of the reporter of the bite.
(7) Upon request by the department or local health department, any person who has information regarding the identity, whereabouts, or vaccination status of an animal that that has bitten an individual or otherwise potentially exposed an individual to rabies, or information about the owner of the animal, shall provide information about the animal or the animal's owner to the department or local health department.

History: 1993 AACS; 1999 AACS; 2009 MR 19, Eff. Oct. 2, 2009.

R 325.181 Confidentiality of reports, records, and data pertaining to testing, diagnosis, care, treatment, reporting and research.
Rule 11. (1) This rule applies to the designated conditions, except for human immunodeficiency virus (HIV) infection and acquired immunodeficiency syndrome (AIDS).
(2) Medical and epidemiological information which identifies an individual and which is gathered in connection with an investigation is confidential and is not open to public inspection without the individual's consent or the consent of the individual's guardian, unless public inspection is necessary to protect the public health as determined by a local health officer or the director.
(3) Medical and epidemiological information that is released to a legislative body shall not contain information that identifies a specific individual.

History: 1993 AACS.

R 325.199 Rescissions.
Rule 99. (1) R 325.763 to R 325.773, R 325.775, R 325.781 to 325.784, R 325.786, R 325.801 to R 325.818, R 325.820 to R 325.898, and R 325.901 of the Michigan Administrative Code, appearing on pages 1763 to 1775 of the 1979 Michigan Administrative Code, are rescinded.
(2) R 325.3401 to R 325.3409 of the Michigan Administrative Code, appearing on pages 284 to 286 of the 1981 Annual Supplement to the 1979 Michigan Administrative Code, are rescinded.
(3) R 325.3501 to R 325.3513 of the Michigan Administrative Code, appearing on pages 2012 to 2015 of the 1979 Michigan Administrative Code and page 286 of the 1981 Annual Supplement to the Code, are rescinded.
(4) R 325.9001 to R 325.9011 of the Michigan Administrative Code, appearing on pages 290 to 292 of the 1981 Annual Supplement to the 1979 Michigan Administrative Code and pages 195 to 197 of the 1984 Annual Supplement to the Code, are rescinded.

History: 1993 AACS.