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# Rulemaking Hearing Rule(s) Filing Form

*Rulemaking Hearing Rules are rules filed after and as a result of a rulemaking hearing. TCA Section 4-5-205*

<b>Agency/Board/Commission:</b>	Department of Health
<b>Division:</b>	Communicable and Environmental Disease Services
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**Revision Type (check all that apply):**

- Amendment  
 New  
 Repeal

**Rule(s) Revised (ALL chapters and rules contained in filing must be listed here. If needed, copy and paste additional tables to accommodate multiple chapters. Please enter only ONE Rule Number/Rule Title per row)**

Chapter Number	Chapter Title
1200-14-01	Communicable and Environmental Diseases
Rule Number	Rule Title
1200-14-01-.01	Definition of Terms
1200-14-01-.02	Reportable Diseases
1200-14-01-.03	Physician's Reports
1200-14-01-.04	Health Officer's Report
1200-14-01-.05	Reports of Other Persons
1200-14-01-.15	General Measures for the Effective Control of Reportable Diseases
1200-14-01-.41	Reports of Sexually Transmitted Diseases
1200-14-01-.42	Reports of Blood Lead Levels

Place substance of rules and other info here. Statutory authority must be given for each rule change. For information on formatting rules go to <http://state.tn.us/sos/rules/1360/1360.htm>)

Rules of  
Tennessee Department of Health  
Health Services Administration  
Communicable and Environmental Disease Services

Chapter 1200-14-01  
Communicable and Environmental Diseases

Repeals

The following rules will be repealed in their entirety:

Rule 1200-14-01-.03 Physician's Reports  
Rule 1200-14-01-.04 Health Officer's Report  
Rule 1200-14-01-.05 Reports of Other Persons  
Rule 1200-14-01-.41 Reports of Sexually Transmitted Diseases  
Rule 1200-14-01-.42 Reports of Blood Lead Levels

Amendments

Rule 1200-14-01-.01 Definition of Terms is amended by deleting the rule in its entirety and substituting the following language so that as amended the new language shall read:

- (1) For the purpose of these regulations the terms used herein are defined as follows:
  - (a) Carrier - A person who harbors, or who is reasonably believed by the Commissioner, health officer, or designee to harbor a specific pathogenic organism and who is potentially capable of spreading the organism to others, whether or not there are presently discernible signs and symptoms of the disease.
  - (b) Case – An instance of an individual or group of individuals who have contracted a reportable disease, health disorder or condition under investigation by CEDS.
  - (c) CEDS – Communicable and Environmental Disease Services in the Bureau of Health Services Administration of the Tennessee Department of Health, or its successor agency.
  - (d) Commissioner - Means the Commissioner of the Tennessee Department of Health or a designated representative.
  - (e) Communicable Disease - An illness due to an infectious agent or its toxic products which is transmitted directly or indirectly to a well person from an infected person or animal, or through the agency of an intermediate animal host, vector, or inanimate environment.
  - (f) Contact - Any person or animal known to have been in such association with a person or animal reasonably suspected of being infected with a disease-causing agent as to have had the opportunity of acquiring the infection.
  - (g) Contamination - The presence of a pathogenic agent on a body surface on or in an inanimate article or substance.
  - (h) Cultures or Specimens - Material taken from any source and cultured or otherwise examined for the purpose of determining the presence of an organism or organisms or other evidence of infection or disease.

- (i) Department - All references to the Department in these regulations shall refer to the Tennessee Department of Health.
- (j) Disinfestation - Any physical or chemical-process by which undesired animal forms, especially arthropods or rodents, present upon the person, the clothing, or in the environment of an individual or on domestic animals, may be destroyed upon the person, his clothing, upon the animal or in the environment of the person.
- (k) Epidemic (or Disease Outbreak) - The occurrence in a community or region of one or more cases of illness that is in excess of normal expectancy.
- (l) Event - An occurrence of public health significance and required by the Commissioner to be reported in the List.
- (m) Healthcare Provider – All persons, facilities and entities regulated pursuant to the provisions of Title 63 and 68, including but not limited to medical doctors, chiropractors, dentists, nurses, nurse practitioners, osteopathic physicians, pharmacists, laboratory personnel, veterinarians, dispensing opticians, nursing home administrators, physician assistants, respiratory care practitioners, clinical perfusionists, and midwives.
- (n) Inapparent or Subclinical Infection - A person or animal has an inapparent or subclinical infection when the infectious agent has so mild an effect that even though infection is present and identifiable by laboratory means, it is undetected clinically.
- (o) Incidence - The number of cases of disease, of infection, or other event occurring during a prescribed time period, in relation to the unit of population in which they occur; thus the incidence of tuberculosis expressed as a rate is the number of new cases reported per 100,000 population per year.
- (p) Infectious Agent - A viable pathogen capable of producing infection or disease.
- (q) Infected Person - Infected persons include patients or sick persons, persons with inapparent (or subclinical) infection and carriers.
- (r) Infection - The entry and development or multiplication of a particular pathogen in the body of man or animal.
- (s) Isolation - The separation for the period of communicability of infected persons, or persons reasonably suspected to be infected, from other persons, in such places and under such conditions as will prevent the direct or indirect conveyance of the infectious agent from infected persons to other persons who are susceptible or who may spread the agent to others.
- (t) List – Means the List of Reportable Disease and Reporting Mechanisms as set forth by the Commissioner.
- (u) Local Health Authority - The administrative officer of the local health department appointed by the Commissioner with the duty of executing health programs and enforcing local and Departmental health regulations. If qualified, the health director may be designated also to serve as the health officer.
  - 1. Local Health Director - The administrative officer of the local health department appointed by the Commissioner with the duty of executing

health programs and enforcing local and Departmental health regulations. If qualified, the health director may be designated also to serve as the health officer.

2. Local Health Officer - A licensed doctor of medicine or osteopathy appointed by the Commissioner to provide medical direction and medical enforcement for the local health department.
  3. Local Board of Health - An optional board established by local legislative bodies. The board of health may adopt local rules and regulations to protect the general health and safety of citizens. The board of health has the duty to enforce local and Departmental rules and regulations through the local health director and/or the local health officer.
- (v) Period of Communicability - The time during which an infectious agent may be transmitted from an infected person to others.
- (w) Quarantine - Limitation of freedom of movement or isolation of a person, or preventing or restricting access to premises upon which the person, cause or source of a disease may be found, for a period of time as may be necessary to confirm or establish a diagnosis, to determine the cause or source of a disease, and/or to prevent the spread of a disease. These limitations may be accomplished by placing a person in a health care facility or a supervised living situation, by restricting a person to the person's home, or by establishing some other situation appropriate under the particular circumstances.
- (x) Reportable disease – Any disease which is communicable, contagious, subject to isolation or quarantine, or epidemic, and required by the Commissioner to be reported in the List.
- (y) Reservoir of Infection - Reservoirs of infection are humans, animals, insects, plants, soil, or inanimate organic matter, in which an infectious agent lives and multiplies and depends primarily for survival, reproducing itself in such manner that it can be transmitted to man.
- (z) Source of Infection - The person, animal, object, item, or substance from which an infectious agent passes immediately to a host.
- (aa) Susceptible - A person or animal not known to be immune to a specific disease.
- (bb) Suspect- A person whose medical history and symptoms, examination or diagnostic tests suggest may have or may be developing a reportable disease.

Authority: T.C.A. §68-1-103, 68-1-104, 68-1-201 and 68-5-104.

Rule 1200-14-01-.02 Notifiable Diseases is amended by deleting the rule in its entirety, including its title, and substituting the following language, so that as amended the new language shall read:

1200-14-01-.02 Reportable Diseases

- (1) All healthcare providers and other persons knowing of or suspecting a case, culture, or specimen of a reportable disease or event shall report that occurrence to the Department of Health in the time and manner set forth by the Commissioner in the List.
- (2) The Commissioner shall re-evaluate, update, and post the List at least annually and from

time to time as appropriate. The Commissioner shall post the annual update on or before November 15<sup>th</sup> of each year and this new List shall become effective starting January 1<sup>st</sup> of the following year. If the Commissioner posts an updated List more frequently than on an annual basis, then the updated List will become effective on the date stated in the List. The List shall be available online at the Department of Health's web page and in print.

Authority: T.C.A. §68-1-103, 68-1-104, 68-1-201, 68-5-101, 68-5-104, 68-5-107, 68-10-112 and 68-29-107.

Rule 1200-14-01-.15 General Measures for the Effective Control of Disease Outbreaks is amended by deleting the title and paragraph (1) in its entirety and substituting the following language, so that as amended the new title and paragraph (1) shall read:

1200-14-01-.15 General Measures for the Effective Control of Reportable Diseases

- (1) The local health officer or the Commissioner or a designated representative of the Commissioner, upon receiving a report of a reportable disease or of a suspected epidemic of disease or of a suspected case of a disease of public health significance or event, shall:
  - (a) Confer with the physician, laboratory, hospital, or person making the report;
  - (b) Collect such specimens for laboratory examination as may be necessary to confirm the diagnosis of the disease and/or to find the source of the infection or the epidemic;
  - (c) Obtain all names and information necessary to identify and contact all persons potentially exposed to the source of the disease outbreak as needed to protect the public health;
  - (d) Make a complete epidemiological investigation to include (but not limited to): review of appropriate medical and laboratory records of affected persons and controls, interviews of affected persons and controls, and recording of the findings on a communicable disease field record; and
  - (e) Establish appropriate control measures which may include examination, treatment, isolation, quarantine, exclusion, disinfection, immunization, disease surveillance, closure of establishment, education, and other measures considered appropriate by medical experts for the protection of the public's health.

Authority: T.C.A. §68-1-103, 68-1-104, 68-1-201 and 68-5-101.

\* If a roll-call vote was necessary, the vote by the Agency on these rulemaking hearing rules was as follows:

Board Member	Aye	No	Abstain	Absent	Signature (if required)

I certify that this is an accurate and complete copy of rulemaking hearing rules, lawfully promulgated and adopted by the Tennessee Department of Health, Health Services Administration Communicable and Environmental Disease Services on 11/16/2009, and is in compliance with the provisions of TCA 4-5-222.

I further certify the following:

Notice of Rulemaking Hearing filed with the Department of State on: 09/21/09

Rulemaking Hearing(s) Conducted on: (add more dates). 11/16/09

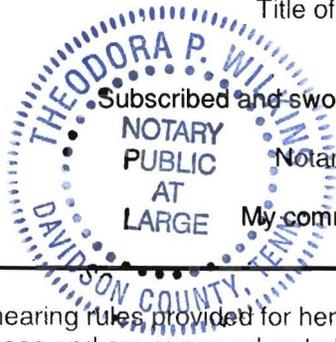
Date: 11/18/09

Signature: Mary Kennedy

Name of Officer: Mary Kennedy

Deputy General Counsel

Title of Officer: Department of Health



Subscribed and sworn to before me on: 11/18/09

Notary Public Signature: Theodora P. Wilkni

My commission expires on: 11/7/2011

All rulemaking hearing rules provided for herein have been examined by the Attorney General and Reporter of the State of Tennessee and are approved as to legality pursuant to the provisions of the Administrative Procedures Act, Tennessee Code Annotated, Title 4, Chapter 5.

Robert E. Cooper, Jr.  
Robert E. Cooper, Jr.  
Attorney General and Reporter  
12-22-09  
Date

**Department of State Use Only**

Filed with the Department of State on: 12/29/09

Effective on: 3/29/10

Tre Hargett  
Tre Hargett  
Secretary of State

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## **Public Hearing Comments**

One copy of a document containing responses to comments made at the public hearing must accompany the filing pursuant to T.C.A. §4-5-222. Agencies shall include only their responses to public hearing comments, which can be summarized. No letters of inquiry from parties questioning the rule will be accepted. When no comments are received at the public hearing, the agency need only draft a memorandum stating such and include it with the Rulemaking Hearing Rule filing. Minutes of the meeting will not be accepted. Transcripts are not acceptable.

(See attached)

**PUBLIC HEARING COMMENTS**

**RULEMAKING HEARING**

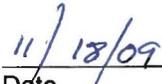
**TENNESSEE DEPARTMENT OF HEALTH  
HEALTH SERVICES ADMINISTRATION  
COMMUNICABLE AND ENVIRONMENTAL DISEASE SERVICES**

**NOVEMBER 17, 2009**

The rulemaking hearing for the Tennessee Department of Health, Health Services Administration, Communicable and Environmental Disease Services was held on November 16, 2009 in the Department of Health Conference Center's Poplar Room on the first floor of the Heritage Place Building in MetroCenter, Nashville, Tennessee. The rulemaking hearing began at 10:05 a.m. and ended at 10:35 a.m. Mary Kennedy, Deputy General Counsel, Department of Health, presided over the meeting.

No members of the public attended the rulemaking hearing. No written or oral comments were received at the rulemaking hearing.

  
\_\_\_\_\_  
Mary Kennedy, Esq.  
Deputy General Counsel  
Department of Health

  
\_\_\_\_\_  
Date

### **Regulatory Flexibility Addendum**

Pursuant to T.C.A. § 4-5-401 through 4-5-404, prior to initiating the rule making process as described in T.C.A. § 4-5-202(a)(3) and T.C.A. § 4-5-202(a), all agencies shall conduct a review of whether a proposed rule or rule affects small businesses.

(If applicable, insert Regulatory Flexibility Addendum here)

### **Economic Impact Statement**

- 1. Name of Board, Committee or Council:** Bureau of Health Services Administration, Communicable and Environmental Diseases Section
- 2. Rulemaking hearing date:** November 16, 2009
- 3. Types of small businesses that will be directly affected by the proposed rules:**  
  
No change from the previous rule. All persons and facilities regulated by the Department of Health pursuant to the provisions of Title 63 and 68.
- 4. Types of small businesses that will bear the cost of the proposed rules:**  
  
Please see the answer to question 3.
- 5. Types of small businesses that will directly benefit from the proposed rules:**  
  
Please see the answer to question 3.
- 6. Description of how small business will be adversely impacted by the proposed rules:**  
  
These rules should not adversely impact the affected parties. Instead, they should simplify reporting by the affected healthcare providers.
- 7. Alternatives to the proposed rule that will accomplish the same objectives but are less burdensome, and why they are not being proposed:**  
  
There are no less burdensome alternatives to the proposed rule. The proposed rule lessens the burden currently in place.
- 8. Comparison of the proposed rule with federal or state counterparts:**  
  
Federal: Nationally reportable diseases are determined by state and territorial epidemiologists in collaboration with federal officials. Legal authority for and implementation of reporting is via state government.  
  
State: The update to Tennessee's rule is consistent with reportable disease rules in many other states.

## Regulatory Flexibility Analysis

- (1) The proposed rules do not overlap, duplicate, or conflict with other federal, state, or local government rules.
- (2) The proposed rules exhibit clarity, conciseness, and lack of ambiguity.
- (3) The proposed rules are not written with special consideration for the flexible compliance and/or requirements because Department has, as its primary mission, the protection of the health, safety and welfare of Tennesseans. However, the proposed rules are written with a goal of avoiding unduly onerous regulations.
- (4) The compliance requirements throughout the proposed rules are as “user-friendly” as possible while still allowing the Division to achieve its mandated mission in protecting the health of Tennesseans. There is sufficient notice between the rulemaking hearing and the final promulgation of rules to allow services and providers to come into compliance with the proposed rules.
- (5) Compliance requirements are not consolidated or simplified for small businesses in the proposed rules for the protection of the health, safety and welfare of Tennesseans.
- (6) The standards required in the proposed rules are very basic and do not necessitate the establishment of performance standards for small businesses.
- (7) There are no unnecessary entry barriers or other effects in the proposed rules that would stifle entrepreneurial activity or curb innovation. The costs of paper reporting will be decreased, but electronic record keeping will be sufficient to protect the health, safety and welfare of Tennesseans.

## Additional Information Required by Joint Government Operations Committee

All agencies, upon filing a rule, must also submit the following pursuant to TCA 4-5-226(i)(1).

- (A)** A brief summary of the rule and a description of all relevant changes in previous regulations effectuated by such rule;

This rule seeks to move the Department into the 21<sup>st</sup> century with respect to its ability to identify and respond to emerging threats to the public health. It enables the Commissioner to determine those diseases and events of public health significance in response to changes in the public health landscape, and to discontinue unnecessary reporting when a threat has passed. It will permit those required to provide information electronically rather than relying on cumbersome and expensive paper reporting. It eliminates separate reporting requirements for sexually transmitted diseases and blood lead levels and consolidates all reporting requirements into a single list to be updated annually. It also eliminates duplicative provisions regarding reports from physicians, health officers and others, consolidating all reporting requirements into a single document.

- (B)** A citation to and brief description of any federal law or regulation or any state law or regulation mandating promulgation of such rule or establishing guidelines relevant thereto;

T.C.A. §68-1-103, 68-1-104, 68-1-201 and 68-5-101

- (C)** Identification of persons, organizations, corporations or governmental entities most directly affected by this rule, and whether those persons, organizations, corporations or governmental entities urge adoption or rejection of this rule;

All healthcare providers, facilities and entities licensed under Titles 63 and 68 are most directly affected by this rule. Pursuant to the pre-filing feedback the Department has received those persons and organizations are supportive of this change.

- (D)** Identification of any opinions of the attorney general and reporter or any judicial ruling that directly relates to the rule;

No attorney general opinions nor judicial rulings directly relate to this rule

- (E)** An estimate of the probable increase or decrease in state and local government revenues and expenditures, if any, resulting from the promulgation of this rule, and assumptions and reasoning upon which the estimate is based. An agency shall not state that the fiscal impact is minimal if the fiscal impact is more than two percent (2%) of the agency's annual budget or five hundred thousand dollars (\$500,000), whichever is less;

Fiscal impact will be minimal.

- (F)** Identification of the appropriate agency representative or representatives, possessing substantial knowledge and understanding of the rule;

John R. Dunn, DVM, PhD, Communicable and Environmental Disease Section, 1<sup>st</sup> Floor Cordell Hull Building, 425 5<sup>th</sup> Avenue North, Nashville TN 37243 615-741-7247

- (G)** Identification of the appropriate agency representative or representatives who will explain the rule at a scheduled meeting of the committees;

John R. Dunn, DVM, PhD, Communicable and Environmental Disease Section, 1<sup>st</sup> Floor Cordell Hull Building, 425 5<sup>th</sup> Avenue North, Nashville TN 37243 615-741-7247  
Mary Kennedy, Deputy General Counsel, 220 Athens Way, Suite 210, Nashville TN 37243 615-253-4878

- (H)** Office address and telephone number of the agency representative or representatives who will explain the rule at a scheduled meeting of the committees; and

John R. Dunn, DVM, PhD, Communicable and Environmental Disease Section, 1<sup>st</sup> Floor Cordell Hull Building,  
425 5<sup>th</sup> Avenue North, Nashville TN 37243 615-741-7247  
Mary Kennedy, Deputy General Counsel, 220 Athens Way, Suite 210, Nashville TN 37243 615-253-4878

(l) Any additional information relevant to the rule proposed for continuation that the committee requests.

The U.S. Centers for Disease Control has predicted a wave of pandemic influenza. The implementation of this system for reporting disease will improve the speed with which the Department is able to obtain and respond to reports of outbreaks in Tennessee.

**RULES  
OF  
TENNESSEE DEPARTMENT OF HEALTH  
HEALTH SERVICES ADMINISTRATION  
COMMUNICABLE AND ENVIRONMENTAL DISEASE SERVICES**

**CHAPTER 1200-14-1  
COMMUNICABLE AND ENVIRONMENTAL DISEASES**

**TABLE OF CONTENTS**

1200-14-1-.01	Definition of Terms	1200-14-1-.23	Employment as a Foodhandler Restricted in Certain Cases
1200-14-1-.02	<del>Notifiable Reportable</del> Diseases	1200-14-1-.24	Exclusion From School for Special Diseases
<del>1200-14-1-.03</del>	<del>Physician's Reports</del>	1200-14-1-.25	Local Authorities May Make Additional Requirements
<del>1200-14-1-.04</del>	<del>Health Officer's Report</del>	1200-14-1-.26	Obstructing Local Health Officers or Departmental Representatives
<del>1200-14-1-.05</del>	<del>Reports of Other Persons</del>	1200-14-1-.27	Enforcement
1200-14-1-.06	Duties of Physicians	1200-14-1-.28	The Treatment of the Eyes of Newborn Infants
1200-14-1-.07	Repealed	1200-14-1-.29	Immunization Against Certain Diseases Prior to School Attendance in Tennessee
1200-14-1-.08	Tuberculosis Cases Restricted	1200-14-1-.30	Rabies
1200-14-1-.09	Persons Admitted to Hospitals or Nursing Homes Designated to Accept State-Sponsored Tuberculosis Patients	1200-14-1-.31	Public Rabies Vaccination Clinics
1200-14-1-.10	Scope of Payment for Tuberculosis Patients	1200-14-1-.32	Authorized Rabies Vaccine Sources and Types
1200-14-1-.11	Infectious Tuberculosis	1200-14-1-.33	Rabies Vaccination Schedule of Dogs and Cats
1200-14-1-.12	Repealed	1200-14-1-.34	Rabies Vaccination Certificate
1200-14-1-.13	Persons Eligible for In-patient and Out-patient Services	1200-14-1-.35	Turtles, Tortoises, and Terrapins
1200-14-1-.14	Persons with Legal Residence Outside of Tennessee	1200-14-1-.36	Sale of Turtles Prohibited
1200-14-1-.15	<del>General Measures for the Effective Control of Disease Outbreaks</del> General Measures for the Effective Control of Reportable Diseases	1200-14-1-.37	Sale of Turtles for Scientific, Educational, or Food Purposes Exempted
1200-14-1-.16	Minimum Periods of Communicability	1200-14-1-.38	Sale of Turtles outside of Tennessee Exempted
1200-14-1-.17	Confidentiality	1200-14-1-.39	Repeal of the Conflicting Regulations
1200-14-1-.18	Repealed	1200-14-1-.40	Validation and Endorsement of Regulations
1200-14-1-.19	Repealed	<del>1200-14-1-.41</del>	<del>Reports of Sexually Transmitted Diseases</del>
1200-14-1-.20	Concurrent Disinfections	<del>1200-14-1-.42</del>	<del>Reports of Blood Lead Levels</del>
1200-14-1-.21	Terminal Disinfection		
1200-14-1-.22	Sale of Milk and Milk Products Forbidden in Certain Cases		

**1200-14-1-.01 DEFINITION OF TERMS.**

~~(1) For the purpose of these regulations the terms used herein are defined as follows:~~

- ~~(a) Approved Laboratory—A laboratory currently licensed by the Tennessee Department of Health and Environment. Also applies to an out-of-state laboratory currently licensed by an appropriate state of federal regulatory agency.~~
- ~~(b) Blood Lead Test—Any test performed to measure the quantity of lead present in a sample of blood.~~
- ~~(c) Carrier—A person who harbors, or who the Commissioner, health officer, or designee reasonably believes harbors, a specific pathogenic organism and who is potentially capable of spreading the organism to others, whether or not there are presently discernible signs and symptoms of the disease.~~
- ~~(d) Cleaning—The removal from surfaces by scrubbing and washing (as with hot water, combined with soap, detergents, or peroxide, for example) of infectious agents and organic matter on~~

(Rule 1200-14-1-.01, continued)

- ~~which and in which infectious agents may find favorable conditions for prolonging life and virulence.~~
- (e) ~~Commissioner~~—All references to the Commissioner in these regulations shall refer to the Commissioner of the Tennessee Department of Health or his designated representative.
- (f) ~~Communicable Disease~~—An illness due to an infectious agent or its toxic products which is transmitted directly or indirectly to a well person from an infected person or animal, or through the agency of an intermediate animal host, vector, or inanimate environment.
- (g) ~~Contact~~—Any person or animal known to have been in such association with a person or animal reasonably suspected of being infected with a disease-causing agent as to have had the opportunity of acquiring the infection.
- (h) ~~Contamination~~—The presence of a pathogenic agent on a body surface on or in an inanimate article or substance.
- (i) ~~Cultures or Specimens~~—Material taken from any source and cultured or otherwise examined for the purpose of determining the presence of an organism or organisms or other evidence of infection or disease.
- (j) ~~Department~~—All references to the Department in these regulations shall refer to the Tennessee Department of Health.
- (k) ~~Disinfection~~—The destruction of pathogenic agents by chemical or physical means directly applied.
1. ~~Concurrent disinfection is the application of disinfection as soon as possible after the discharge of infectious material from the body of an infected person, or after the soiling of articles with such infectious discharges, all personal contact with such discharges or articles being prevented prior to such disinfection.~~
  2. ~~Terminal disinfection indicates the process of rendering the personal clothing and immediate physical environment of the patient free from the possibility of conveying the infection to others, after the patient has been removed, or has ceased to be a source of infection, or after isolation practices have been discontinued.~~
- (l) ~~Disinfestation~~—Any physical or chemical process by which undesired animal forms, especially arthropods or rodents, present upon the person, the clothing, or in the environment of an individual or on domestic animals, may be destroyed upon the person, his clothing, upon the animal or in the environment of the person.
- (m) ~~Epidemic (or Disease Outbreak)~~—The occurrence in a community or region of one or more cases of illness that is in excess of normal expectancy.
- (n) ~~Foodborne Disease Outbreak~~—An epidemic caused by ingestion of food containing harmful substances such as microorganisms, toxins, chemicals, etc.
- (o) ~~Fumigation~~—Any process by which the destruction of animal forms, especially arthropods and rodents, is accomplished by the use of gaseous agents.
- (p) ~~Immune Person~~—A person who possesses specific protective antibodies or cellular immunity as a result of previous infection or immunization, or is so conditioned by such previous specific

(Rule 1200-14-1-.01, continued)

~~experience as to respond adequately with production of antibodies sufficient in either instance to protect from illness following exposure to the etiologic agent of the disease.~~

- ~~(q) Inapparent or Subclinical Infection—A person or animal has an inapparent or subclinical infection when the infectious agent has so mild an effect that even though infection be present and identifiable by laboratory means, it is undetected clinically.~~
- ~~(r) Incidence—The number of cases of disease, of infection, or other event occurring during a prescribed time period, in relation to the unit of population in which they occur; thus the incidence of tuberculosis expressed as a rate is the number of new cases reported per 100,000 population per year.~~
- ~~(s) Incubation Period—The interval which elapses between the time of entrance of the infectious agent into the body and the appearance of the first signs or symptoms of the disease.~~
- ~~(t) Infectious Agent—A viable pathogen capable of producing infection or disease.~~
- ~~(u) Infected Person—Infected persons include patients or sick persons, persons with inapparent (or subclinical) infection and carriers.~~
- ~~(v) Infection—The entry and development or multiplication of a particular pathogen in the body of man or animal.~~
- ~~(w) Insecticide—Any chemical substance used for the destruction of arthropods, whether applied as powder, liquid, atomized liquid, aerosol, or as a paint spray with residual action.~~
- ~~(x) Isolation—The separation for the period of communicability of infected persons, or persons reasonably suspected to be infected, from other persons, in such places and under such conditions as will prevent the direct or indirect conveyance of the infectious agent from infected persons to other persons who are susceptible or who may spread the agent to others.~~
- ~~(y) Lead Poisoned—Lead poisoned is defined as a blood lead level of 10 ug/dL or greater or a level greater than the most current level designated as the level of concern for blood lead by the U. S. Centers for Disease Control and Prevention (CDC).~~
- ~~(z) Local Health Authority—The administrative officer of the local health department appointed by the Commissioner with the duty of executing health programs and enforcing local and Departmental health regulations. If qualified, the health director may be designated also to serve as the health officer.
  - ~~1. Local Health Director—The administrative officer of the local health department appointed by the Commissioner with the duty of executing health programs and enforcing local and Departmental health regulations. If qualified, the health director may be designated also to serve as the health officer.~~
  - ~~2. Local Health Officer—A licensed doctor of medicine or osteopathy appointed by the Commissioner to provide medical direction and medical enforcement for the local health department.~~
  - ~~3. Local Board of Health—An optional board established by local legislative bodies. The board of health may adopt local rules and regulations to protect the general health and safety of citizens. The board of health has the duty to enforce local and Departmental rules and regulations through the local health director and/or the local health officer.~~~~

(Rule 1200-14-1-.01, continued)

- ~~(aa) — Medically Indigent Person — A person is considered to be medically indigent when such person can demonstrate to the Commissioner that he or the person legally liable for his support is unable to pay in whole or in part the charge for medical care without materially affecting their economic support or obligations or responsibilities to dependents. In making this determination, the Commissioner may require a written statement to this effect from the patient's physician, and the Commissioner may consider recommendations from a county screening committee established for the purpose of making such recommendations to the Commissioner, or a written report from a case worker of the Department of Human Services, or a social worker.~~
- ~~(bb) — Period of Communicability — The time during which an infectious agent may be transmitted from an infected person to others~~
- ~~(cc) — Personal Hygiene — Personal hygiene includes:~~
- ~~1. — Keeping the body clean by sufficiently frequent soap and water baths.~~
  - ~~2. — Washing hands in soap and water immediately after elimination from bowels or bladder and always before eating.~~
  - ~~3. — Keeping hands and unclean articles, or articles that have been used for toilet purposes by others, away from the mouth, nose, eyes, ears, genitalia, and wounds.~~
  - ~~4. — Avoiding the use of common or unclean eating, drinking or toilet articles of any kind, such as cutlery and crockery, drinking cups, towels, handkerchiefs, combs, hairbrushes, and pipes.~~
  - ~~5. — Avoiding exposure of persons to spray from the nose and mouth as in coughing, sneezing, laughing, or talking.~~
  - ~~6. — Washing hands thoroughly after handling any patient or his belongings.~~
- ~~(dd) — Prevalence — The number of cases of disease, of infected persons, or of persons with some other attribute, present at a particular time and in relation to the size of the population from which drawn; thus the prevalence of tuberculosis is commonly expressed as the number of active cases (all forms, old and new) existing at a designated time per 100,000 cases.~~
- ~~(ee) — Quarantine — Limitation of freedom of movement or isolation of a person, or preventing or restricting access to premises upon which the person, cause or source of a disease may be found, for a period of time as may be necessary to confirm or establish a diagnosis, to determine the cause or source of a disease, and/or to prevent the spread of a disease. These limitations may be accomplished by placing a person in a health care facility or a supervised living situation, by restricting a person to the person's home, or by establishing some other situation appropriate under the particular circumstances.~~
- ~~(ff) — Reservoir of Infection — Reservoirs of infection are man, animals, insects, plants, soil, or inanimate organic matter, in which an infectious agent lives and multiplies and depends primarily for survival, reproducing itself in such manner that it can be transmitted to man.~~
- ~~(gg) — Sexually Transmitted Disease — A disease or infection that may be transmitted sexually, although this may not be the exclusive mode of transmission.~~
- ~~(hh) — Source of Infection — The person, animal, object, item, or substance from which an infectious agent passes immediately to a host.~~

(Rule 1200-14-1-.01, continued)

- ~~(ii) — Susceptible — A person or animal not known to be immune to a specific disease~~
- ~~(jj) — Suspect — A person whose medical history and symptoms suggest that he may have or be developing some communicable disease.~~
- ~~(kk) — Transmission of Infection — Modes of transmission are the mechanisms by which an infectious agent is transported from reservoir to susceptible human host. They are:
 
  - 1. — Contact:
    - ~~(i) — Direct Contact: Actual touching of the infected person or animal or other reservoir of infection, as in kissing, sexual intercourse or other contiguous personal association.~~
    - ~~(ii) — Indirect Contact: Touching of contaminated objects such as toys, handkerchiefs, soiled clothing, bedding, surgical instruments, and dressings, with subsequent hand to mouth transfer; less commonly, transfer to abraded or intact skin or mucous membrane.~~
    - ~~(iii) — Droplet Spread: The projection onto the conjunctivae and the face or into the nose or mouth of the spray emanating from an infected person during sneezing, coughing, singing, or talking.~~
  - 2. — Vehicle: Water, food, milk, biological products to include serum and plasma, or any substance or article serving as an intermediate means by which the disease-causing agent is transported from a reservoir and introduced into a susceptible host through ingestion, through inoculation or by deposit on skin or mucous membrane.
  - 3. — Vector: Arthropods or other invertebrates which transmit infection by inoculation into or through the skin or mucous membrane by biting, or by deposit of infective materials on the skin or on food or other objects.
  - 4. — Air Borne:
    - ~~(i) — Droplet nuclei: The inhalation of the small residues which result from evaporation of droplets and remain suspended in air or enclosed spaces for relatively long periods of time.~~
    - ~~(ii) — Dust: The inhalation or setting on body surfaces of coarser particles which may arise from contaminated floors, clothes, bedding or soil, and ordinarily remain suspended in the air for relatively short periods of time.~~~~
- ~~(ll) — Waterborne Disease Outbreak — An epidemic caused by ingestion of water containing harmful substances, such as microorganisms, toxins, chemicals, etc.~~

(1) For the purpose of these regulations the terms used herein are defined as follows:

- (a) Carrier - A person who harbors, or who is reasonably believed by the Commissioner, health officer, or designee to harbor a specific pathogenic organism and who is potentially capable of spreading the organism to others, whether or not there are presently discernible signs and symptoms of the disease.
- (b) Case – An instance of an individual or group of individuals who have contracted a reportable disease, health disorder or condition under investigation by CEDS.

(Rule 1200-14-1-.01, continued)

- (c) CEDS – Communicable and Environmental Disease Services in the Bureau of Health Service Administration of the Tennessee Department of Health, or its successor agency.
- (d) Commissioner - Means the Commissioner of the Tennessee Department of Health or a designated representative.
- (e) Communicable Disease - An illness due to an infectious agent or its toxic products which is transmitted directly or indirectly to a well person from an infected person or animal, or through the agency of an intermediate animal host, vector, or inanimate environment.
- (f) Contact - Any person or animal known to have been in such association with a person or animal reasonably suspected of being infected with a disease-causing agent as to have had the opportunity of acquiring the infection.
- (g) Contamination - The presence of a pathogenic agent on a body surface on or in an inanimate article or substance.
- (h) Cultures or Specimens - Material taken from any source and cultured or otherwise examined for the purpose of determining the presence of an organism or organisms or other evidence of infection or disease.
- (i) Department - All references to the Department in these regulations shall refer to the Tennessee Department of Health.
- (j) Disinfestation - Any physical or chemical-process by which undesired animal forms, especially arthropods or rodents, present upon the person, the clothing, or in the environment of an individual or on domestic animals, may be destroyed upon the person, his clothing, upon the animal or in the environment of the person.
- (k) Epidemic (or Disease Outbreak) - The occurrence in a community or region of one or more cases of illness that is in excess of normal expectancy.
- (l) Event - An occurrence of public health significance and required by the Commissioner to be reported in the List.
- (m) Healthcare Provider – All persons, facilities and entities regulated pursuant to the provisions of Title 63 and 68, including but not limited to medical doctors, chiropractors, dentists, nurses, nurse practitioners, osteopathic physicians, pharmacists, laboratory personnel, veterinarians, dispensing opticians, nursing home administrators, physician assistants, respiratory care practitioners, clinical perfusionists, and midwives.
- (n) Inapparent or Subclinical Infection - A person or animal has an inapparent or subclinical infection when the infectious agent has so mild an effect that even though infection is present and identifiable by laboratory means, it is undetected clinically.
- (o) Incidence - The number of cases of disease, of infection, or other event occurring during a prescribed time period, in relation to the unit of population in which they occur; thus the incidence of tuberculosis expressed as a rate is the number of new cases reported per 100,000 population per year.
- (p) Infectious Agent - A viable pathogen capable of producing infection or disease.

(Rule 1200-14-1-.01, continued)

- (q) Infected Person - Infected persons include patients or sick persons, persons with inapparent (or subclinical) infection and carriers.
- (r) Infection - The entry and development or multiplication of a particular pathogen in the body of man or animal.
- (s) Isolation - The separation for the period of communicability of infected persons, or persons reasonably suspected to be infected, from other persons, in such places and under such conditions as will prevent the direct or indirect conveyance of the infectious agent from infected persons to other persons who are susceptible or who may spread the agent to others.
- (t) List – Means the List of Reportable Disease and Reporting Mechanisms as set forth by the Commissioner.
- (u) Local Health Authority - The administrative officer of the local health department appointed by the Commissioner with the duty of executing health programs and enforcing local and Departmental health regulations. If qualified, the health director may be designated also to serve as the health officer.
  - 1. Local Health Director - The administrative officer of the local health department appointed by the Commissioner with the duty of executing health programs and enforcing local and Departmental health regulations. If qualified, the health director may be designated also to serve as the health officer.
  - 2. Local Health Officer - A licensed doctor of medicine or osteopathy appointed by the Commissioner to provide medical direction and medical enforcement for the local health department.
  - 3. Local Board of Health - An optional board established by local legislative bodies. The board of health may adopt local rules and regulations to protect the general health and safety of citizens. The board of health has the duty to enforce local and Departmental rules and regulations through the local health director and/or the local health officer.
- (v) Period of Communicability - The time during which an infectious agent may be transmitted from an infected person to others
- (w) Quarantine - Limitation of freedom of movement or isolation of a person, or preventing or restricting access to premises upon which the person, cause or source of a disease may be found, for a period of time as may be necessary to confirm or establish a diagnosis, to determine the cause or source of a disease, and/or to prevent the spread of a disease. These limitations may be accomplished by placing a person in a health care facility or a supervised living situation, by restricting a person to the person's home, or by establishing some other situation appropriate under the particular circumstances.
- (x) Reportable disease – Any disease which is communicable, contagious, subject to isolation or quarantine, or epidemic, and required by the Commissioner to be reported in the List.
- (y) Reservoir of Infection - Reservoirs of infection are humans, animals, insects, plants, soil, or inanimate organic matter, in which an infectious agent lives and multiplies and depends primarily for survival, reproducing itself in such manner that it can be transmitted to man.

(Rule 1200-14-1-.01, continued)

- (z) Source of Infection - The person, animal, object, item, or substance from which an infectious agent passes immediately to a host.
- (aa) Susceptible - A person or animal not known to be immune to a specific disease.
- (bb) Suspect- A person whose medical history and symptoms, examination or diagnostic tests suggest may have or may be developing a reportable disease

*Authority:* T.C.A. §§68-1-103, 68-1-104, 68-1-201 and 68-5-104. T.C.A. §§4-5-202, 68-1-103, 68-1-104, 68-1-201, and 68-5-104. *Administrative History:* Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 14, 1977; effective May 16, 1977. Amendment filed April 20, 1987; effective June 4, 1987. Amendment filed July 10, 1995; effective November 28, 1995. Amendment filed March 30, 2004; effective July 29, 2004.

**1200-14-1-.02 NOTIFIABLE REPORTABLE DISEASES.**

(1) ~~The following diseases and conditions are declared to be communicable and/or dangerous to the public and are to be reported to the local health officer or local health department by all physicians, laboratories, and other persons knowing of or suspecting a case in accordance with the provision of the statutes and regulations governing the control of communicable diseases in Tennessee.~~

- (a) ~~Acquired Immundeficiency Syndrome (AIDS)‡~~
- (b) ~~Anthrax\*\*~~
- (c) ~~Botulism~~
  - 1. ~~Foodborne\*\*~~
  - 2. ~~Wound \*~~
  - 3. ~~Infant~~
- (d) ~~Brucellosis \*\*~~
- (e) ~~Campylobacteriosis~~
- (f) ~~Chaneroid~~
- (g) ~~Chlamydia trachomatis~~
- (h) ~~Cholera~~
- (i) ~~Cyclospora~~
- (j) ~~Cryptosporidiosis~~
- (k) ~~Diphtheria\*~~
- (l) ~~Disease Outbreaks\*~~
  - 1. ~~Foodborne~~
  - 2. ~~Waterborne~~
  - 3. ~~Unusual occurrence or cluster of all other diseases or syndromes~~
- (m) ~~Ehrlichiosis~~
- (n) ~~Encephalitis, Arboviral\*~~
  - 1. ~~California/LaCrosse Serogroup~~
  - 2. ~~Eastern Equine~~
  - 3. ~~St. Louis~~
  - 4. ~~Venezuelan Equine\*\*~~
  - 5. ~~Western Equine~~
- (o) ~~Escherichia coli 0157:H7~~
- (p) ~~Giardiasis (acute)~~
- (q) ~~Gonorrhea~~
- (r) ~~Group A Streptococcal Invasive Disease \*~~
- (s) ~~Group B Streptococcal Invasive Disease \*~~
- (t) ~~Guillain-Barre Syndrome~~
- (u) ~~Haemophilus Influenzae Invasive Disease\*~~
- (v) ~~Hantavirus Disease\*~~
- (w) ~~Hemolytic Uremic Syndrome (HUS)~~
- (x) ~~Hepatitis, Viral~~
  - 1. ~~Type A (acute) \*~~
  - 2. ~~Type B (acute)~~
  - 3. ~~BsAg positive pregnant female~~
  - 4. ~~Type C (Acute)~~
- (y) ~~Human Immunodeficiency Virus (HIV)‡~~
- (z) ~~Influenza number of cases (weekly)~~
- (aa) ~~Lead Levels (blood)±~~
- (bb) ~~Legionellosis~~
- (cc) ~~Leprosy (Hansen Disease)~~
- (dd) ~~Listeriosis\*~~
- (ee) ~~Lyme Disease~~
- (ff) ~~Malaria~~
- (gg) ~~Measles\*~~

(Rule 1200-14-1-.02, continued)

- ~~(hh) — Meningococcal Disease\*~~
- ~~(ii) — Meningitis — Other Bacterial\*~~
- ~~(jj) — Mumps\*~~
- ~~(kk) — Pertussis (Whooping Cough)\*~~
- ~~(ll) — Plague \*\*~~
- ~~(mm) — Poliomyelitis\*~~
- ~~(nn) — Prion disease (Creutzfeldt Jakob Disease, variant CJD, other)~~
- ~~(oo) — Psittacosis~~
- ~~(pp) — Q Fever\*\*~~
- ~~(qq) — Rabies~~
  - ~~1. — Human\*~~
  - ~~2. — Animal~~
- ~~(rr) — Ricin Poisoning \*\*~~
- ~~(ss) — Rocky Mountain Spotted Fever~~
- ~~(tt) — Rubella and Congenital Rubella Syndrome\*~~
- ~~(uu) — Salmonellosis~~
  - ~~1. — Typhoid Fever\*~~
  - ~~2. — Other forms~~
- ~~(vv) — Severe Acute Respiratory Syndrome associated coronavirus (SARS-CoV) disease\*~~
- ~~(ww) — Shiga-like Toxin positive stool~~
- ~~(xx) — Shigellosis~~
- ~~(yy) — Smallpox \*\*~~
- ~~(zz) — Staphylococcus aureus~~
  - ~~1. — Methicillin resistant Invasive Disease~~
  - ~~2. — Vancomycin non-sensitive — all forms~~
  - ~~3. — Staphylococcal Enterotoxin B Pulmonary Poisoning\*\*~~
- ~~(aaa) — Streptococcus pneumoniae Invasive Disease~~
  - ~~1. — Penicillin resistant~~
  - ~~2. — Penicillin sensitive~~
- ~~(bbb) — Syphilis~~
- ~~(ccc) — Tetanus~~
- ~~(ddd) — Toxic Shock Syndrome~~
  - ~~1. — Staphylococcal~~
  - ~~2. — Streptococcal~~
- ~~(eee) — Trichinosis~~
- ~~(fff) — Active Tuberculosis, all forms\*~~
- ~~(ggg) — Tularemia\*\*~~
- ~~(hhh) — Vancomycin Resistant Enterococci (VRE) Invasive Disease~~
- ~~(iii) — Varicella deaths~~
- ~~(jjj) — Vibrio infections~~
- ~~(kkk) — Viral Hemorrhagic Fever \*\*~~
- ~~(lll) — West Nile virus infections\*~~
- ~~(mmm) — Yellow Fever~~
- ~~(nnn) — Yersiniosis~~

\* — Immediate telephonic reporting required followed by a written report

\*\* — Possible bioterrorism indicator; Immediate telephonic reporting required followed by a written report.

‡ — Requires special confidential reporting to designated health department personnel

† — Laboratories required to report all blood lead test results and physicians required to report patient information from results  $\geq 10$  ug/dl in accordance with 1200-14-1-.42.

- (1) All healthcare providers and other persons knowing of or suspecting a case, culture, or specimen of a reportable disease or event shall report that occurrence to the Department of Health in the time and manner set forth by the Commissioner in the List.

(Rule 1200-14-1-.02, continued)

- (2) The Commissioner shall re-evaluate, update, and post the List at least annually and from time to time as appropriate. The Commissioner shall post the annual update on or before November 15<sup>th</sup> of each year and this new List shall become effective starting January 1<sup>st</sup> of the following year. If the Commissioner posts an updated List more frequently than on an annual basis, then the updated List will become effective on the date stated in the List. The List shall be available online at the Department of Health's web page and in print.

**Authority:** T.C.A. §§68-1-103, 68-1-104, 68-1-201, 68-5-101, 68-5-104, 68-5-107, 68-10-112 and 68-29-107. T.C.A. §§4-5-202, 68-1-103, 68-1-104, 68-1-201, 68-5-104, and 68-5-104(a). **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987. Amendment filed July 10, 1995; effective November 28, 1995. Amendment filed December 19, 1998; effective April 30, 1998. Amendment filed March 31, 2000; effective June 14, 2000. Amendment filed August 29, 2003; effective December 29, 2003. Amendment filed March 30, 2004; effective July 29, 2004. Amendment to rule 1200-14-1-.02 filed July 30, 2004; effective November 26, 2004.

### **1200-14-1-.03 PHYSICIAN'S REPORTS.**

- (1) ~~Whenever any physician examines or treats any person known or suspected by him to be affected with any of the diseases or conditions declared to be notifiable by these regulations, he shall give notice of such disease as follows: For diseases for which immediate telephone reporting is required, he shall telephone as soon as possible and no later than twelve hours, to the local health department in the county, district or region in which such physician practices or to the Tennessee Department of Health giving the name, age, sex, race, and address of the patient and the name of the known or suspected disease or conditions.~~
- (2) ~~For all of the diseases and conditions listed (including those for which telephonic communication is required), written notification using forms provided by the Department or other suitable means shall be made each week to the local health department in the county, district, or region in which the physician practices or to the Tennessee Department of Health giving the name, age, sex, race and address of the patient and the name of the known or suspected disease or condition. Influenza shall be reported weekly only by number of cases.~~
- (3) ~~For diseases for which a confidential report is required, the person reporting must enclose the information in an opaque envelope for mailing and must not use a post card reporting method.~~

**Authority:** T.C.A. §68-5-104(a). **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987. Amendment filed March 31, 2000; effective June 14, 2000.

### **1200-14-1-.04 HEALTH OFFICER'S REPORT.**

- (1) ~~No later than the last working day of each week, all local health departments shall mail to the Department any reports of notifiable diseases received during the week.~~
- (2) ~~Whenever a case or suspected case of a disease for which a telephone report is required and whenever a cluster or suspected cluster of a waterborne, foodborne, industry related, or other disease occurs, the local health department shall immediately report by telephone such information to the Tennessee Department of Health, Division of Communicable and Environmental Disease Services. The report shall contain the facts and circumstances related to such illnesses and conditions.~~
- (3) ~~Local health departments shall report to the Regional or State Health Department changes of address of patients with active tuberculosis or AIDS on forms distributed by the Department.~~

~~*Authority:* T.C.A. §68-5-104(a). *Administrative History:* Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987. Amendment filed March 31, 2000; effective June 14, 2000.~~

#### ~~1200-14-1-.05 REPORTS OF OTHER PERSONS.~~

- ~~(1) Sections .02 and .03 are hereby made applicable to all of the following named persons who are to notify immediately the responsible local health department or the Tennessee Department of Health of the existence of any known or suspected communicable disease as herein specified.~~
  - ~~(a) Administrators of Hospitals: Regulations .02 and .03 are hereby made applicable to administrators of hospitals in reference to the reporting of notifiable diseases seen in outpatient departments or hospitalized therein. Administrators of hospitals shall be equally responsible for the report of these diseases as the attending physician. Established procedures shall provide completeness of reporting while minimizing duplication.~~
  - ~~(b) Administrators of Clinics: Including primary care, free standing, "free", and community based. Regulations .02 and .03 are hereby made applicable to administrators of such clinics in reference to the reporting of notifiable diseases seen in their clinics. Administrators of such clinics shall be equally responsible for the report of these diseases as the attending physician.~~
  - ~~(c) Principals and Teachers: Principals and teachers of public and private schools must report all known or suspected cases of communicable diseases occurring among pupils and staff.~~
  - ~~(d) Summer Camps: The owner or manager of summer camps must report immediately any case or suspected case of communicable disease occurring among campers.~~
  - ~~(e) Institutions, Jails, and Prisons: The managing officers of all public and private institutions, jails, and prisons must report all cases or suspected cases of communicable diseases.~~
  - ~~(f) Home deliveries: Any person assisting with a home delivery must report within six hours of discovery any cases of inflamed eyes in babies whom they have attended.~~
  - ~~(g) Diagnostic Laboratory Directors: Diagnostic Laboratory Directors have the same responsibility as physicians in regard to reporting notifiable disease by telephone and in writing. Diseases listed in section .02 are notifiable whenever the result of a laboratory test identifies the organism or shows the recent presence of the organism responsible for the disease or when the results require further investigation to determine the presence or absence of the suspect disease. Such directors shall keep records that shall be available to laboratory licensing inspectors showing that this provision of these regulations is carried out.~~

~~*Authority:* T.C.A. §68-5-104(a). *Administrative History:* Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987.~~

#### ~~1200-14-1-.06 DUTIES OF PHYSICIANS.~~

- ~~(1) It shall be the duty of the attending physician, immediately upon discovering a case or suspected case of communicable disease to inform the head of the household and appropriate healthcare facility personnel of this fact and to instruct these persons of such isolation of the patient and concurrent disinfection as may be necessary to prevent spread of the infection. It shall be the duty of persons so informed to comply with such instructions unless otherwise instructed by the local health officer or his authorized agent. Provided, this regulation shall be construed to mean that only a physician, or other person/or persons duly authorized by applicable state law, has the authority to establish quarantine, or isolation, or remove established quarantine or isolation restrictions for communicable diseases.~~

- (2) It shall be the duty of physicians to comply with disease control measures established by the Department to contain and control disease outbreaks that threaten the public health.

**Authority:** §§4-5-202, 68-1-103, 68-1-104, 68-1-201, and 68-5-104. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 14, 1977; effective May 16, 1977. Amendment filed April 20, 1987; effective June 4, 1987. Amendment filed March 30, 2004; effective July 29, 2004.

**1200-14-1-.11 INFECTIOUS TUBERCULOSIS.**

Patients are considered infectious as long as the specific causative organisms are discharged unless the patient has been on anti-tuberculous drugs for a sufficient length of time to be considered non-infectious by the attending physicians.

*Authority:* T.C.A. §68-9-104. *Administrative History:* Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987.

**1200-14-1-.12 REPEALED.**

*Authority:* T.C.A. §68-9-104. *Administrative History:* Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Repeal filed April 20, 1987; effective June 4, 1987.

**1200-14-1-.13 PERSONS ELIGIBLE FOR IN-PATIENT AND OUT-PATIENT SERVICES.**

Those persons with or suspected of having infectious tuberculosis now living in Tennessee are considered residents of Tennessee and are, therefore, eligible for services under this program.

*Authority:* T.C.A. §68-9-104(a). *Administrative History:* Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987.

**1200-14-1-.14 PERSONS WITH LEGAL RESIDENCE OUTSIDE OF TENNESSEE.**

Those persons with a legal residency outside the State of Tennessee and known to have infectious tuberculosis may be admitted temporarily to an approved hospital and receive other tuberculosis services to protect the public health of the citizens of the State of Tennessee.

*Authority:* T.C.A. §68-9-104(a). *Administrative History:* Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977.

**1200-14-1-.15 ~~GENERAL MEASURES FOR THE EFFECTIVE CONTROL OF DISEASE OUTBREAKS.~~**  
 General Measures for the Effective Control of Reportable Diseases

- ~~(1) It shall be the duty of the local health officer or the Commissioner or his designated representative, on receiving a report of a communicable disease, or of a suspected epidemic of disease or of a suspected case of a disease of public health significance to:~~
- ~~(a) Confer with the physician, laboratory, hospital, or person making the report;~~
  - ~~(b) Collect such specimens for laboratory examination as may be necessary to confirm the diagnosis of the disease and/or to find the source of the infection or the epidemic;~~
  - ~~(c) Obtain all names and information necessary to identify and contact all persons potentially exposed to the source of the disease outbreak as needed to protect the public health;~~
  - ~~(d) Make a complete epidemiological investigation to include (but not limited to): review of appropriate medical and laboratory records of affected persons and controls, interviews of affected persons and controls, and recording of the findings on a communicable disease field record; and~~
  - ~~(e) Establish appropriate control measures which may include examination, treatment, isolation, quarantine, exclusion, disinfection, immunization, disease surveillance, closure of establishment, education, and other measures considered appropriate by medical experts for the protection of the public's health.~~

(Rule 1200-14-1-.15, continued)

- (1) The local health officer or the Commissioner or a designated representative of the Commissioner, upon receiving a report of a reportable disease or of a suspected epidemic of disease or of a suspected case of a disease of public health significance or event, shall:
  - (a) Confer with the physician, laboratory, hospital, or person making the report;
  - (b) Collect such specimens for laboratory examination as may be necessary to confirm the diagnosis of the disease and/or to find the source of the infection or the epidemic;
  - (c) Obtain all names and information necessary to identify and contact all persons potentially exposed to the source of the disease outbreak as needed to protect the public health;
  - (d) Make a complete epidemiological investigation to include (but not limited to): review of appropriate medical and laboratory records of affected persons and controls, interviews of affected persons and controls, and recording of the findings on a communicable disease field record; and
  - (e) Establish appropriate control measures which may include examination, treatment, isolation, quarantine, exclusion, disinfection, immunization, disease surveillance, closure of establishment, education, and other measures considered appropriate by medical experts for the protection of the public's health.
- (2) Medical and relevant non-medical records and information shall be made available when requested, for inspection and copying of, by a duly authorized representative of the Department while in the course of investigating a disease under these regulations. The original records shall not be removed from the facility and any information obtained shall be treated as confidential and sensitive.
- (3) For the purpose of this section, appropriate medical experts shall mean the latest edition of the Report of the Committee on Infectious Diseases of the American Academy of Pediatrics or the Control of Communicable Diseases Manual by the American Public Health Association (latest edition). Consideration will also be given to recommendations of the Advisory Committee on Immunization Practices (ACIP) and other current recommendations issued by the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. Additionally, information provided directly from the Department by the Division of Communicable Disease Control or the Division of Tuberculosis Control shall be considered appropriate control measures for the protection of public health and may be used instead of the other cited references.
- (4) Access to information necessary for the effective control of diseases: In the event an entity or person does not cooperate with the local health officer, Commissioner, or his designated representative by providing records or other information necessary to carry out the purposes of these Rules and/or 1200-14-4 et seq., the local health officer, the Commissioner or his designated representative may petition the General Sessions Court where the person or entity resides, is found, or is located to obtain a court order requiring disclosure of such information. Such petition shall set forth the specific underlying facts and/or circumstances that demonstrate the information sought is necessary to carry out the purposes of these Rules and/or 1200-14-4-.01 et seq.

**Authority:** T.C.A. §§68-1-103, 68-1-104, 68-1-201 and 68-5-101. -T.C.A. §§4-5-202, 68-1-103, 68-1-104, 68-1-201, and 68-5-104. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987. Amendment filed March 30, 2004; effective July 29, 2004.

#### 1200-14-1-.16 MINIMUM PERIODS OF COMMUNICABILITY.

(Rule 1200-14-1-.36, continued)

*Authority:* T.C.A. §§49-1769, 53-607, 53-621, 53-905, 53-102 and 53-1109. *Administrative History:* Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977.

**1200-14-1-.37 SALE OF TURTLES FOR SCIENTIFIC, EDUCATIONAL, OR FOOD PURPOSES EXEMPTED.**

Rule 1200-14-1-.36 does not apply to the sale of turtles to institutions for scientific or educational purposes, nor to the sale of turtles for food purposes.

*Authority:* T.C.A. §§49-1769, 53-607, 53-621, 53-905, 53-1023 and 53-1109. *Administrative History:* Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977.

**1200-14-1-.38 SALE OF TURTLES OUTSIDE OF TENNESSEE EXEMPTED.**

Wholesale establishments in Tennessee dealing in the sale of turtles shall not be prohibited from selling turtles to other wholesale or retail establishments outside of the State of Tennessee.

*Authority:* T.C.A. §§49-1769, 53-607, 53-621, 53-905, 53-102 and 53-1109. *Administrative History:* Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977.

**1200-14-1-.39 REPEAL OF THE CONFLICTING REGULATIONS.**

All rules, regulations, and by-law of the State Department of Public Health previously adopted which are in conflict with the provisions of these regulations are hereby repealed.

*Authority:* T.C.A. §§49-1769, 53-607, 53-621, 53-905, 53-1023 and 53-1109. *Administrative History:* Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977.

**1200-14-1-.40 VALIDATION AND ENDORSEMENT OF REGULATIONS.**

If for any reason regulation or part of a regulation shall be held to be unconstitutional or invalid, then that fact shall not invalidate any other part of these regulations, but the same shall be enforced without reference to the part so held to be invalid.

*Authority:* T.C.A. §§49-1769, 53-607, 53-621, 53-905, 53-1023 and 53-1109. *Administrative History:* Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977.

**~~1200-14-1-.41 REPORTS OF SEXUALLY TRANSMITTED DISEASES.~~**

~~(1) The following diseases are declared to be sexually transmitted diseases and, upon their diagnosis or treatment, are subject to reporting requirements as designated in T.C.A. 68-10-101.~~

~~(a) Acquired Immune Deficiency Syndrome (AIDS)~~

~~(b) Gonorrhea~~

~~(c) Syphilis (by stage)~~

~~(d) Chlamydia trachomatis~~

~~(e) Human Immunodeficiency Virus (HIV)~~

~~(f) Hepatitis B Virus (HBV)~~

(Rule 1200-14-1-.41, continued)

~~<sup>1</sup>Confidential (opaque envelope) report required~~

- ~~(2) All information and reports concerning persons infected with sexually transmitted diseases shall be confidential and shall be inaccessible to the public.~~
- ~~(3) In accordance with T.C.A. §37-1-403, any physician or other person diagnosing or treating venereal herpes or any of these reportable sexually transmitted diseases in a child 13 years of age or younger should make a confidential written report of the case to the Department.~~

~~*Authority:* T.C.A. §§4-5-202, 37-1-403(G), 68-1-103, 68-1-106, 68-10-101, 68-10-112, 68-10-113, and 68-29-107.~~~~*Administrative History:* Original Rule filed April 20, 1987; effective June 4, 1987. Amendment filed December 16, 1991; effective January 30, 1992. Amendment filed March 31, 2000; effective June 14, 2000.~~**1200-14-1-.42 REPORTS OF BLOOD LEAD LEVELS.**

- ~~(1) All laboratories that run blood lead tests for Tennessee residents, including approved laboratories and all laboratories certified by the U. S. Department of Health and Human Services in accordance with the provisions of the Clinical Laboratory Improvement Amendment of 1988 (CLIA), shall report the following information to the Tennessee Department of Health, Division of Environmental Epidemiology for each blood lead level test run in the laboratory. Additional data elements may be required to insure that all elements recommended by the CDC to be included in the priority data set for lead are reported by the laboratories.~~

~~Name of Patient~~~~Address of Patient (Street Address plus City, State, Zip Code and County of Residence)~~~~Date of Birth of Patient~~~~Sex of Patient~~~~Race of Patient~~~~Measured Blood Lead Level~~~~Name of Referring Physician~~~~Date Sample was Drawn~~~~Date Sample was Analyzed by Lab~~~~Date Results were Reported to Physician~~

- ~~(2) The medical director of all laboratories required to report blood lead tests will designate one staff member as the contact person for the Department of Health. This contact person will be responsible for reporting the required blood lead data to the department. Any change in the contact person shall be reported in writing to the Department within one week of the effective date of the change.~~
- ~~(3) Reports shall be filed monthly and shall be provided to the Department no later than 15 days following the end of the month. For example, reports for the month of January shall be provided to the Department on or before February 15.~~
- ~~(4) The Department shall prescribe the form of the information reported by the laboratories. Reports may be provided on Department compatible electronic media, on computer generated reports in a format approved by the Department, or on the blood lead level report form provided by the Department.~~
- ~~(5) It shall be the responsibility of the medical director of the laboratory to insure that the reports are provided to the State in accordance with the schedule in these regulations.~~
- ~~(6) It shall be the duty of any physician who has received a blood lead result with a level of 10 ug/dL (or the most current level of concern for blood lead prescribed by CDC) to provide the following information to the Tennessee Department of Health about the patient with a blood lead level of 10~~

(Rule 1200-14-1-.42, continued)

~~ug/dL or greater. This information shall be provided within one week of receipt of the test results from the laboratory.~~

~~Name of Patient~~

~~Address of Patient (Street Address plus City, State, Zip Code and County of Residence)~~

~~Date of Birth of Patient~~

~~Sex of Patient~~

~~Race of Patient~~

~~Measured Blood Lead Level~~

~~Name of Reporting Physician~~

~~Date Sample was Drawn~~

~~Date Sample was Analyzed by Lab~~

~~Date Results were Received by Physician~~

~~Ethnic Origin of Child~~

~~Sample Type~~

~~Test Reason~~

~~Payment Source for the Test~~

~~Was Patient Chelated~~

~~Type of Chelation~~

~~Suspected Source of Lead Exposure~~

~~Referral for Address Investigation~~

~~(7) If the physician fails to report the data for a patient that has been reported to the department by the laboratory that ran the blood lead test, the Department shall request the information for the specific patient from the referring physician and the physician shall provide the requested data to the Department.~~

~~(8) The Department shall provide definitions of each data element and the appropriate range of responses and shall prescribe the form and content of the lead data to be provided by physicians.~~

~~**Authority:** T.C.A. §§4-5-202, 68-1-103 and 68-1-104. **Administrative History:** Original rule filed July 10, 1995; effective November 28, 1995.~~