"Health care provider" means a person who is directly involved in the provision of health care services, such as the clinical diagnosis and prescribing of medications, and when required by State law, the individual has received professional training in the provision of such services and is licensed or certified for such provision. This includes physicians, physician assistants, and nurse practitioners.

"Hospital" means an institution, whether operated for profit or not, which maintains and operates facilities for the diagnosis, treatment, or care of two or more non-related individuals suffering from illness, injury or deformity and where emergency, out-patient, surgical, obstetrical, convalescent, or other medical and nursing care is rendered for periods exceeding 24 hours.

"Local health department" means the board of health of a region or municipality or the boards, bodies, or officers in such region or municipality lawfully exercising any of the powers of a local board of health under the laws governing such region or municipality.

"May" means that the action referred to is discretionary.

"N.J.A.C." means the New Jersey Administrative Code.

"N.J.S.A." means the New Jersey Statutes Annotated.

"Nosocomial infection" means an infection occurring in a patient in a hospital or other health care facility and in whom it was not present or incubating at the time of admission, or the residual of an infection acquired during a previous admission. This term includes infections acquired in the hospital but appearing after discharge, and also such infections among the staff of the facility.

"Outbreak" means any unusual occurrence of disease or any disease above background or endemic levels. Endemic level refers to the usual prevalence of a given disease within a geographic area.

1. "Suspected outbreak" means an outbreak which appears to meet the definition of an outbreak, but has not yet been confirmed.

"Outpatient-based setting" means a setting in which preventive, diagnostic, and treatment services are provided to persons who come to the facility to receive services and depart from that facility the same day. This term includes, but is not limited to, private physicians offices, health maintenance organizations, clinics, public health centers, diagnostic centers, and treatment centers.

"Pediatric surveillance system" means a group of primary care pediatricians and family practice physicians who report weekly or monthly to the Department the number of patient diagnoses made in their practice by disease code.

"School" means any building, structure, or part thereof used for purposes of the education of children between grades kindergarten through 12 whether publicly or privately owned.

"Shall" means that the action referred to is mandatory.

"Venereal disease" means syphilis, gonorrhea, chancroid, lymphogranuloma venereum, and granuloma inguinal.

Amended by R.1990 d.243, effective June 4, 1990.
See: 21 N.J.R. 3897(a), 22 N.J.R. 1766(a).
Text of 1.2, reportable diseases, recodified to 1.3; text of 1.1, Definitions, recodified to 1.2 with reporting officer deleted; exception deleted at "State Department of Health."

8:57–1.3 Diseases which are immediately reportable

(a) The following diseases shall be reported immediately to the health officer:

1. Botulism *(Clostridium botulinum);*
2. Diphtheria *(Corynebacterium diphtheriae);*
3. *Haemophilus influenzae, invasive disease*;
4. Hepatitis A, institutional settings;
5. Measles;
6. Meningococcal disease (*Neisseria meningitidis*);
7. Pertussis (whooping cough, *Bordetella pertussis*);
8. Plague *(Yersinia pestis*);
9. Poliomyelitis;
10. Rabies (human illness);
11. Rubella;
12. Viral hemorrhagic fevers, including, but not limited to, Ebola, Lassa, and Marburg viruses;
13. Foodborne intoxications, including, but not limited to, ciguatera, paralytic shellfish poisoning, scombroid, or mushroom poisoning; and
14. Any foodborne, waterborne, nosocomial, outbreak or suspected outbreak or any outbreak or suspected outbreak of unknown origin.

(b) A health care provider, a chief executive officer or other person having control or supervision over a hospital, a laboratory director, an institutional superintendent, a child care center or preschool director, or a principal having knowledge of any person who is ill or infected with any disease listed in (a) above, or any communicable disease, whether confirmed or presumed, shall immediately report the facts by telephone to the health officer of the jurisdiction wherein the diagnosis is made. Such telephone report shall be followed up by a written or electronic report within 24 hours of the initial report. If the health officer is unavailable, the report shall be made to the Department by telephone (609–588–7500, during business hours; 609–392–2020, after business hours, on weekends and holidays) or by fax (609–588–7431).

As amended, R.1983 d.67, effective March 7, 1983.
See: 14 N.J.R. 1277(a), 15 N.J.R. 338(b).
Added Pneumocystis carinii Pneumonia and Toxic Shock Syndrome. Also amended Lyme Arthritis to Lyme Disease.
Amended by R.1985 d.363, effective July 15, 1985.
See: 17 N.J.R. 784(a), 17 N.J.R. 1764(a).
Added "Meningitis" to the list of reportable diseases.
Amended by R.1990 d.243, effective June 4, 1990.
See: 21 N.J.R. 3897(a), 22 N.J.R. 1766(a).
Text of 1.3, reporting of diseases by physicians, recodified to 1.4; text on reportable diseases recodified from 1.2 to 1.3; with specified diseases to be reported in writing to the Department by expanded list of professionals; exceptions for specified diseases noted; many revisions to lists in (a) and (b); and new (c) and (e) added.

Cross References

Personal care homes, records documenting contagious diseases contracted by employees as under this section, see N.J.A.C. 8:36–16.4.

Statutory References

N.J.S.A. 26:4–15.

Case Notes

Hospital must take reasonable steps to insure confidentiality of HIV test results and diagnosis of AIDS when physicians are treated at their own hospitals. Estate of Behringer v. Medical Center at Princeton, 249 N.J.Super. 597, 592 A.2d 1251 (L.1991).

8:57–1.4 Reporting of diseases in an outpatient-based setting

(a) In addition to the reporting requirements of N.J.A.C. 8:57–1.3, any single case, either confirmed or presumed, of the following diseases diagnosed in an outpatient-based setting shall be reported by a health care provider to the local health department:

1. An enteric disease, either in a child who attends a day care center or in a foodhandler;

2. Hemorrhagic colitis;

3. Kawasaki disease (mucocutaneous lymph node syndrome);

4. Lyme disease;

5. Measles;

6. Mumps;

7. Pertussis;

8. Rabies, animal bites treated for rabies;

9. Rubella;

10. Syphilis, primary; and

11. Tuberculosis.

(b) A health care provider attending any person who is ill or infected with any disease listed in (a) above shall, within 24 hours of diagnosis, make a report as set forth in (c) below to the health officer of the jurisdiction wherein the diagnosis is made. If the health officer is unavailable, the report shall be made to the Department by telephone (609–588–7500, during business hours; 609–392–2020, after business hours, on weekends and holidays) or by fax (609–588–7431). In cases of venereal diseases and tuberculosis, the reports shall be submitted directly to the Department.

(c) The report shall include the name, municipality and telephone number of the reporting health care provider; the name of the disease; the name, age, date of birth, gender, home address and telephone number of the person ill or infected with such disease; the date of onset of illness; and such other information as may be requested by the Department.

(d) A health care provider may delegate this reporting activity to a staff member, but this delegation does not relieve the health care provider of the ultimate reporting responsibility.

(e) A health care provider who fails to report pursuant to the requirements of this section may receive written notification of this failure and a warning. A health care provider who, despite warning, continues to fail to comply with the reporting requirements, shall be subject to a fine pursuant to the provisions of N.J.S.A. 26:4–129. A health care provider whose failure to report is determined by the Department to have significantly hindered public health control measures, shall be subject to other actions, including, but not limited to, notification of the violation to the State Board of Medical Examiners or State Board of Nursing, as the case may be, and/or appropriate hospital medical directors or administrators.

(f) A health care provider who participates in the Department's Pediatric Surveillance System shall submit data as outlined by the Pediatric Surveillance System. Reports made, maintained, or kept on file pursuant to this section shall not be disclosed with any identifying information.

Amended by R.1990 d.243, effective June 4, 1990.
See: 21 N.J.R. 3897(a), 22 N.J.R. 1766(a).
Text of 1.4, reporting of diseases occurring in institutions, recodified to 1.5, text on reporting of diseases by physicians recodified from 1.3 with reporting requirements changed and (c), (e) and (f) added.

8:57–1.5 Reporting of diseases from hospitals

(a) In addition to the reporting requirements of N.J.A.C. 8:57–1.3, any single case, either confirmed or presumptive, of the following diseases, diagnosed in or admitted to, a hospital shall be reported by the chief executive officer or other person having control or supervision over the hospital to the health officer having jurisdiction over the locality in which the hospital is located:

1. Anthrax;

2. Arboviral diseases;

3. Creutzfeld–Jakob disease;

4. Guillain–Barre syndrome;

5. Hemolytic uremic syndrome;

6. Kawasaki disease (mucocutaneous lymph node syndrome);

7. Legionnaires' disease, nosocomial;

8. Rabies, animal bites treated for rabies;

9. Rheumatic fever, acute;

10. Rubella, congenital;

11. Tetanus;

12. Toxic shock syndrome, streptococcal;

13. Trichinosis;

14. Tuberculosis; and

15. Yellow fever.

(b) The chief executive officer or any other person having control or supervision over a hospital with a person who is ill or infected with any of the diseases listed in (a) above shall, within 24 hours of diagnosis, make a written report as set forth in (c), below, to the health officer of the jurisdiction in which the hospital is located. If the health officer is unavailable, the report shall be made to the Department by telephone (609–588–7500, during business hours; 609–392–2020, after business hours, on weekends and holidays) or by fax (609–588–7431). In cases of tuberculosis, the report shall be submitted directly to the Department.

(c) The report shall include the name, municipality, and telephone number of the hospital; the name of the disease; the name, age, date of birth, gender, home address and telephone number of the person who is ill or infected with such disease; the date of onset of illness; and such other information as may be requested by the Department.

(d) A chief executive officer or other person having control or supervision over the hospital may delegate these reporting activities to a staff member, but this delegation does not relieve a chief executive officer or other person having control over the hospital of the ultimate reporting responsibility.

(e) A chief executive officer or other person having control or supervision over a hospital who fails to report pursuant to the provisions of this section may receive written notification of this failure and a warning. Responsible parties who, despite warning, continue to fail to comply with these reporting requirements, shall be subject to a fine, pursuant to the provisions of N.J.S.A. 26:4–129. A chief executive officer or other person having control or supervision over a hospital whose failure to report is determined by the Department to have significantly hindered public health control measures shall be subject to other actions, including, but not limited to, notification of the violation to the Department's Division of Health Facilities Evaluation and any other licensing review organizations.

(f) Notwithstanding the provisions of this rule, a chief executive officer or any other person having control or supervision over a hospital in which an outbreak or suspected outbreak occurs shall make a report as set forth in (c) above to the health officer of the jurisdiction in which the hospital is located. If the health officer is unavailable, the report shall be made to the Department by telephone (609–588–7500, during business hours; 609–392–2020, after business hours, on weekends and holidays) or by fax (609–588–7431).

(g) A chief executive officer or any other person having control or supervision over a hospital shall, within 31 calendar days of the end of each month, submit data regarding specific microorganisms occurring during that month within the hospital to the Department, utilizing the Epidemiology Surveillance Form. Reports made, maintained, or kept on file pursuant to this section shall not be public records.

(h) Effective July 1, 1995, pediatric intensive care units shall, on a weekly basis, report cases of organ failure of presumed communicable or undetermined etiology to the Department. The report may be made to the Department by telephone (609–588–7500, during business hours; 609–392–2020, after business hours, on weekends and holidays) or by fax (609–588–7431). Reports made, maintained, or kept on file pursuant to this subsection shall not be disclosed with any identifying information.

(i) Effective July 1, 1996, medical intensive care units shall, on a weekly basis, report cases of organ failure of presumed communicable or undetermined etiology to the Department. The reports may be made to the Department by telephone (609–588–7500, during business hours; 609–392–2020, after business hours, on weekends and holidays) or by fax (609–588–7431). Reports made, maintained, or kept on file pursuant to this subsection shall not be disclosed with any identifying information.

Amended by R.1990 d.243, effective June 4, 1990.
See: 21 N.J.R. 3897(a), 22 N.J.R. 1766(a).
Text of 1.5, reporting of diseases occurring in schools, recodified to 1.6, text on reporting of diseases occurring in institutions recodified from 1.4 with the addition of homeless shelter, STD and tuberculosis requirements; and new text at (d) through (g). Provisions of (e) operative January 1, 1991.

8:57–1.6 Reporting of diseases from laboratories

(a) In addition to the reporting requirements of N.J.A.C. 8:57–1.3, any positive culture, test, or assay result specific for one of the following organisms shall be reported by a laboratory director to the health officer:

1. Acid fast bacilli;
2. Antibiotic-resistant organisms (hospital-based laboratories only);
3. Arboviruses;
4. *Babesia spp.;*
5. *Bacillus anthracis;*
6. *Bordetella pertussis;*
7. *Borrelia burgdorferi;*
8. *Brucella spp.;*
9. *Campylobacter jejuni;*
10. *Chlamydia pneumoniae;*
11. *Chlamydia psittaci;*
12. *Chlamydia trachomatis;*
13. *Clostridium botulinum;*
14. *Clostridium tetani;*
15. *Corynebacterium diphtheriae;*
16. *Cryptosporidium spp.;*
17. Ebola virus;
18. *Entamoeba histolytica;*
19. *Ehrlichia canis;*
20. *Escherichia coli 0157: H7;*
21. Foodborne intoxications, including, but not limited to, ciguatera, paralytic shellfish poisoning, scombroid, or mushroom poisoning;
22. *Francisella tularensis;*

23. *Giardia lamblia;*

24. Hanta virus;

25. *Haemophilus ducreyi;*

26. *Haemophilus influenzae isolated from cerebrospinal fluid, blood, needle aspirate, or sputum;*

27. Hepatitis A;

28. Hepatitis B;

29. Hepatitis C;

30. Human papillomavirus;

31. Lassa virus;

32. *Legionella pneumophila;*

33. *Leptospira interrogans;*

34. *Listeria monocytogenes;*

35. Marburg virus;

36. Mumps virus;

37. *Mycobacterium, atypical;*

38. *Mycobacterium leprae;*

39. *Mycobacterium tuberculosis;*

40. *Neisseria gonorrhoeae;*

41. *Neisseria meningitidis* isolated from cerebrospinal fluid, blood, needle aspirate, or any other normally sterile site;

42. Plasmodium spp.;

43. Polio virus;

44. Rabies virus;

45. *Rickettsia spp.* including *Coxiella burnetii* and *Rickettsia rickettsii*;

46. Rubella virus;

47. Rubeola virus;

48. *Salmonella spp.;*

49. *Shigella spp.;*

50. *Streptococcus pyogenes*, Group A, isolated from cerebrospinal fluid or blood;

51. *Streptococcus agalactiae*, Group B, perinatal isolated from cerebrospinal fluid or blood;

52. *Treponema pallidum* (syphilis);

53. *Trichinella spiralis;*

54. *Vibrio spp.;*

55. *Yersinia enterocolitica;*

56. *Yersinia pestis; and*

57. Antibiotic sensitivity for *M. tuberculosis.*

(b) A laboratory director shall report positive cultures or positive laboratory test results for the microorganisms listed in (a) above within five business days after obtaining a positive result. The reports shall be submitted in writing to the health officer having jurisdiction over the locality in which the health care provider requesting the laboratory examination is located.

1. Specific testing procedures for the organisms in (a) above shall be made available periodically from the Department.

2. In cases of venereal diseases, tuberculosis, and *Chlamydia trachomatis*, the reports shall be submitted directly to the Department, no later than 72 hours after the close of business on the day on which the positive cultures or positive test results were obtained.

(c) The report shall contain, at a minimum, the reporting laboratory's name, address, and telephone number; the name, age, sex, and address of the person tested; the test performed; the date of testing; the test results; and the health care provider's name and address.

(d) A laboratory director may delegate reporting and specimen submission activities, as delineated in (g) below, to a staff member, but this delegation does not relieve a laboratory director of the ultimate reporting responsibility.

(e) A laboratory director who fails to fulfill the reporting requirements and the specimen submission requirements of this section may receive written notification of this failure and a warning to comply. A laboratory director who, despite warning, continues to fail to comply with these reporting requirements, shall be subject to a fine pursuant to the provisions of N.J.S.A. 26:4–129. A laboratory director whose failure to report is determined by the Department to have significantly hindered public health control measures shall be subject to other actions, including, but not limited to, reporting such failure to the Department's Clinical Laboratory Improvement Services.

(f) Notwithstanding the provisions of this section, laboratory results indicative or suggestive of the existence of an outbreak of disease, or of any single case of a disease listed in N.J.A.C. 8:57–1.3(a), shall be immediately reported by telephone to the health officer in whose jurisdiction the case is located. A follow-up written report shall be submitted within five business days after the initial report. If the health officer is unavailable, the report shall be made to the Department by telephone (609–588–7500, during business hours; 609–392–2020, after business hours, on weekends and holidays) or by fax (609–588–7431).

(g) A laboratory director shall submit, to the State Department of Health, Division of Public Health and Environmental Laboratories, John Fitch Plaza, Market and Warren Streets, Trenton, NJ 08625–0361, for further testing, all microbiologic cultures obtained from human or food specimens of the following organisms: