

CHAPTER 57
COMMUNICABLE DISEASES

Authority

N.J.S.A. 17:23A-13; 18A:61D-1 et seq., particularly 18A:61D-6, 18A:62-15, 15.1 and 15.2; 26:1A-7; 26:1A-15; 26:2-137.1; 26:4-1 et seq., particularly 26:4-2 and 26:4-70; 26:5C-1 et seq., particularly 26:5C-6 and 26:5C-20; and 30:9-57.

Source and Effective Date

R.2009 d.107, effective March 10, 2009.
See: 40 N.J.R. 1962(a), 41 N.J.R. 1419(a).

Chapter Expiration Date

Chapter 57, Communicable Diseases, expires on March 10, 2014.

Chapter Historical Note

Chapter 57, Communicable Diseases, was adopted and became effective prior to September 1, 1969.

Subchapter 4, Immunization of Pupils in School, was adopted as R.1975 d.121, effective May 16, 1975. See: 7 N.J.R. 154(a), 7 N.J.R. 264(a).

Subchapter 5, New Jersey Influenza Immunization Program, was adopted as R.1976 d.315, effective October 8, 1976. See: 8 N.J.R. 513(a).

Pursuant to Executive Order No. 66(1978), Subchapter 1, Reportable Communicable Diseases, was readopted as R.1980 d.498, effective November 12, 1980. See: 12 N.J.R. 577(e), 13 N.J.R. 13(b).

Pursuant to Executive Order No. 66(1978), Subchapter 4, Immunization of Pupils in School, was readopted as R.1983 d.311, effective July 18, 1983. See: 15 N.J.R. 781(a), 15 N.J.R. 1253(a).

Pursuant to Executive Order No. 66(1978), Subchapter 1, Reportable Communicable Diseases, was readopted as R.1985 d.363, effective June 18, 1985. See: 17 N.J.R. 784(a), 17 N.J.R. 1764(a).

Subchapter 6, Cancer Registry, was adopted as R.1986 d.277, effective June 16, 1986. See: 17 N.J.R. 2836(b), 18 N.J.R. 1283(a).

Subchapter 6, Cancer Registry, was recodified as N.J.A.C. 8:57A by R.1990 d.242, effective May 21, 1990. See: 21 N.J.R. 3909(a), 22 N.J.R. 1596(a).

Pursuant to Executive Order No. 66(1978), Chapter 57, Communicable Diseases, was readopted as R.1990 d.243, effective April 20, 1990, and Subchapter 2, Isolation of Persons Ill or Infected with a Communicable Disease, Subchapter 3, Poliomyelitis Vaccine Records, and Subchapter 5, New Jersey Influenza Immunization Program, were repealed by R.1990 d.243, effective June 4, 1990. See: 21 N.J.R. 3897(a), 22 N.J.R. 1766(a).

Subchapter 2, Reporting of Acquired Immunodeficiency Syndrome and Infection with Human Immunodeficiency Virus, was adopted as new rules by R.1990 d.244, effective May 21, 1990, operative June 4, 1990. See: 21 N.J.R. 3905(a), 22 N.J.R. 1592(a).

Subchapter 3, Reportable Occupational and Environmental Diseases and Poisons, was adopted as new rules by R.1990 d.245, effective May 21, 1990, operative June 4, 1990. See: 21 N.J.R. 3907(a), 22 N.J.R. 1595(a).

Pursuant to Executive Order No. 66(1978), Chapter 57, Communicable Diseases, was readopted as R.1995 d.240, effective April 12, 1995. See: 27 N.J.R. 420(a), 27 N.J.R. 1987(a).

Subchapter 1, Reportable Communicable Diseases, was repealed and Subchapter 1, Reportable Communicable Diseases, was adopted as new rules by R.1995 d.277, effective June 5, 1995. See: 27 N.J.R. 420(a), 27 N.J.R. 2216(a).

Subchapter 6, Higher Education Immunization, was adopted as emergency new rules by R.1995 d.518, effective August 21, 1995, to expire October 20, 1995. See: 27 N.J.R. 3631(a). The concurrent proposal of Subchapter 6 was adopted as R.1995 d.587, effective October 20, 1995, with changes effective November 20, 1995. See: 27 N.J.R. 3631(a), 27 N.J.R. 4701(a).

Subchapter 5, Confinement of Persons with Tuberculosis, was adopted as new rules by R.1996 d.130, effective March 18, 1996. See: 27 N.J.R. 3657(a), 28 N.J.R. 1507(a).

Subchapter 7, Student Health Insurance Coverage, was adopted as R.1997 d.347, effective August 18, 1997. See: 29 N.J.R. 2261(a), 29 N.J.R. 3727(a).

Subchapter 8, Childhood Immunization Insurance Coverage, was adopted as R.1998 d.434, effective August 17, 1998. See: 30 N.J.R. 44(a), 30 N.J.R. 3101(a).

Pursuant to Executive Order No. 66(1978), Chapter 57, Communicable Diseases, expired on April 12, 2000.

Chapter 57, Communicable Diseases, was adopted as new rules by R.2000 d.378, effective September 18, 2000. See: 32 N.J.R. 965(a), 32 N.J.R. 3463(a).

Chapter 57, Communicable Diseases, was readopted as R.2003 d.412, effective September 25, 2003. See: 34 N.J.R. 3945(a), 35 N.J.R. 4883(b).

Chapter 57, Communicable Diseases, was readopted as R.2009 d.107, effective March 10, 2009. As a part of R.2009 d.107, Subchapter 3, Reportable Occupational and Environmental Diseases, Injuries and Poisons, was repealed in part and recodified in part to Chapter 58; and Subchapter 5, Confinement of Persons with Tuberculosis, was renamed Management of Tuberculosis, effective April 6, 2009. See: Source and Effective Date. See, also, section annotations.

Cross References

Blind and visually impaired services case management of clients with communicable diseases, see N.J.A.C. 10:91-5.7.

CHAPTER TABLE OF CONTENTS

SUBCHAPTER 1. REPORTABLE COMMUNICABLE DISEASES

- 8:57-1.1 Purpose and scope
- 8:57-1.2 Incorporated documents
- 8:57-1.3 Definitions
- 8:57-1.4 Health care provider and administrator reporting of reportable communicable diseases
- 8:57-1.5 Reportable communicable diseases
- 8:57-1.6 Method of reporting and content of report
- 8:57-1.7 Reporting of positive laboratory results denoting diseases
- 8:57-1.8 (Reserved)
- 8:57-1.9 Reporting of diseases by health officers
- 8:57-1.10 Health officer investigations
- 8:57-1.11 Isolation and quarantine for communicable disease
- 8:57-1.12 Medical examination and specimen submission
- 8:57-1.13 Foodhandlers ill or infected with communicable diseases
- 8:57-1.14 Confidentiality
- 8:57-1.15 Enforcement

APPENDIX A

APPENDIX B

SUBCHAPTER 2. REPORTING OF ACQUIRED IMMUNODEFICIENCY SYNDROME AND INFECTION WITH HUMAN IMMUNODEFICIENCY VIRUS

- 8:57-2.1 Purpose and scope
- 8:57-2.2 Incorporated documents
- 8:57-2.3 Definitions
- 8:57-2.4 Reporting HIV Infection for health care providers and responsible parties
- 8:57-2.5 Reporting HIV infection for clinical laboratories
- 8:57-2.6 Reporting children perinatally exposed to HIV
- 8:57-2.7 Reporting AIDS for health care providers and responsible parties
- 8:57-2.8 Reporting AIDS for Clinical Laboratories
- 8:57-2.9 Testing procedures
- 8:57-2.10 Specimen submissions
- 8:57-2.11 Access to information
- 8:57-2.12 Failure to comply with reporting requirements

APPENDIX A

APPENDIX B

APPENDIX C

APPENDIX D

APPENDIX E

APPENDIX F

APPENDIX G

SUBCHAPTER 3. (RESERVED)

SUBCHAPTER 4. IMMUNIZATION OF PUPILS IN SCHOOL

- 8:57-4.1 Applicability
- 8:57-4.2 Proof of immunization
- 8:57-4.3 Medical exemptions
- 8:57-4.4 Religious exemptions
- 8:57-4.5 Provisional admission
- 8:57-4.6 Documents accepted as evidence of immunization
- 8:57-4.7 Records required
- 8:57-4.8 Reports to be sent to Department of Health and Senior Services
- 8:57-4.9 Records available for inspection
- 8:57-4.10 Diphtheria and tetanus toxoids and pertussis vaccine
- 8:57-4.11 Poliovirus vaccine
- 8:57-4.12 Measles virus vaccine
- 8:57-4.13 Rubella vaccine
- 8:57-4.14 Mumps vaccine
- 8:57-4.15 Haemophilus influenzae type b (Hib) conjugate vaccine
- 8:57-4.16 Hepatitis B virus vaccine
- 8:57-4.17 Varicella virus vaccine
- 8:57-4.18 Pneumococcal conjugate vaccine
- 8:57-4.19 Influenza vaccine
- 8:57-4.20 Meningococcal vaccine
- 8:57-4.21 Providing immunization
- 8:57-4.22 Emergency powers of the Commissioner, Department of Health and Senior Services
- 8:57-4.23 Optimal immunization recommendations
- 8:57-4.24 Penalties

APPENDIX

SUBCHAPTER 5. MANAGEMENT OF TUBERCULOSIS

- 8:57-5.1 Purpose and scope
- 8:57-5.2 Incorporated documents
- 8:57-5.3 Definitions
- 8:57-5.4 Reporting requirements
- 8:57-5.5 Hospital discharge
- 8:57-5.6 Health officer responsibilities
- 8:57-5.7 Notification of precautions to protect the public health

- 8:57-5.8 Diagnostic evaluations
- 8:57-5.9 Directly Observed Therapy
- 8:57-5.10 Management of non-adherent patients requiring a diagnostic evaluation or DOT
- 8:57-5.11 Management of non-adherent patients through a health officer order for isolation
- 8:57-5.12 Management of non-adherent patients through health officer order for temporary commitment
- 8:57-5.13 Grounds for commitment
- 8:57-5.14 Hearing process
- 8:57-5.15 Due process
- 8:57-5.16 Annual report
- 8:57-5.17 Confidentiality of information
- 8:57-5.18 Penalties for violation of rules

APPENDIX A

APPENDIX B

SUBCHAPTER 6. HIGHER EDUCATION IMMUNIZATION

- 8:57-6.1 Purpose and scope
- 8:57-6.2 Incorporated documents
- 8:57-6.3 Definitions
- 8:57-6.4 Exemptions
- 8:57-6.5 Required immunization; measles
- 8:57-6.6 Required immunization; mumps
- 8:57-6.7 Required immunization; rubella
- 8:57-6.8 Required immunization; meningococcal
- 8:57-6.9 Required immunization; hepatitis B
- 8:57-6.10 Required information: Meningococcal disease and meningococcal vaccine
- 8:57-6.11 Institutional responsibility for enforcement
- 8:57-6.12 Provisional admission
- 8:57-6.13 Documents accepted as evidence of immunization
- 8:57-6.14 Medical exemptions
- 8:57-6.15 Religious exemptions
- 8:57-6.16 Institutional records required
- 8:57-6.17 Reports to be submitted to the Department
- 8:57-6.18 Records available for inspection
- 8:57-6.19 Providing immunization
- 8:57-6.20 Reporting requirements
- 8:57-6.21 Modifications in the event of an outbreak or vaccine shortage

APPENDIX

SUBCHAPTER 7. STUDENT HEALTH INSURANCE COVERAGE

- 8:57-7.1 Purpose and scope
- 8:57-7.2 Coverage
- 8:57-7.3 Documentation of coverage
- 8:57-7.4 Availability of coverage
- 8:57-7.5 Inspection of records

SUBCHAPTER 8. CHILDHOOD IMMUNIZATION INSURANCE COVERAGE

- 8:57-8.1 Purpose and scope
- 8:57-8.2 Incorporated documents
- 8:57-8.3 Definitions
- 8:57-8.4 Immunizations that must be covered
- 8:57-8.5 Penalties

SUBCHAPTER 1. REPORTABLE COMMUNICABLE DISEASES

8:57-1.1 Purpose and scope

- (a) The rules are designed to promote the identification and reporting of specified communicable diseases so that

Neisseria meningitidis;

Salmonella spp.;

Shigella spp.; and

Vancomycin-intermediate *Staphylococcus aureus* (VISA) and vancomycin-resistant *Staphylococcus aureus* (VRSA) from any body site.

(f) A clinical laboratory director shall submit all initial Tuberculosis isolates to the Public Health and Environmental Laboratories or a designated entity for the purpose of universal genotyping.

(g) A clinical laboratory director for a clinical laboratory, operated by or located within a hospital licensed under N.J.A.C. 8:43G, performing culture and sensitivity testing on isolates from human specimens shall annually report a cumulative summary of the names of the species identified, the number of isolates tested per species, the names of antimicrobial agents tested and the percentage of microorganisms susceptible to the antimicrobial agents tested in the manner described below:

1. Submit the data in the format of antibiograms as defined by Analysis and Presentation of Cumulative Antimicrobial Susceptibility Test Data, Approved Guideline – Second Edition (M39-A2);

2. Include only data from the first unique isolate from each patient;

3. Exclude duplicate cultures when compiling these antibiograms; and

4. Send the antibiograms for the preceding year to the Communicable Disease Service, New Jersey Department of Health and Senior Services, PO Box 369, Trenton, NJ 08625-0369 by July 1 of the following year (for example, data for January 1, 2006 through December 31, 2006 is due on July 1, 2007).

(h) A clinical laboratory director who sends a laboratory specimen to a referral laboratory for testing shall be responsible for:

1. Reporting to the Department any test result on that specimen as required under (a) and (b) above; and

2. Submitting to the Department any culture isolate from that specimen as required under (g) above.

i. A clinical laboratory director may delegate the reporting and specimen submission requirements in this subsection to the referral laboratory, but this delegation does not relieve the clinical laboratory director of the ultimate reporting and submitting responsibility.

Amended by R.1990 d.243, effective June 4, 1990.

See: 21 N.J.R. 3897(a), 22 N.J.R. 1766(a).

Text on reporting of diseases by health officers recodified to 1.8; text on reporting of diseases occurring in schools recodified from 1.5 with notification requirements changed at (a) and new (c) and (d) added.

Administrative Correction in (a): delete “in writing”.

See: 22 N.J.R. 2709(a).

Amended by R.2003 d.412, effective October 20, 2003.

See: 34 N.J.R. 3945(a), 35 N.J.R. 4883(b).

Rewrote the section.

Recodified from N.J.A.C. 8:57-1.6 and amended by R.2009 d.107, effective April 6, 2009.

See: 40 N.J.R. 1962(a), 41 N.J.R. 1419(a).

Rewrote the section. Former N.J.A.C. 8:57-1.7, Reporting of diseases by health officers, recodified to N.J.A.C. 8:57-1.9.

8:57-1.8 (Reserved)

Recodified to N.J.A.C. 8:57-1.10 by R.2009 d.107, effective April 6, 2009.

See: 40 N.J.R. 1962(a), 41 N.J.R. 1419(a).

Section was “Health officer investigations”.

8:57-1.9 Reporting of diseases by health officers

(a) A health officer who is notified of the existence of any disease or illness listed in N.J.A.C. 8:57-1.5(a) or laboratory report listed in N.J.A.C. 8:57-1.7(a) shall immediately notify the Department by telephone to 609-588-7500, between 8:00 A.M. and 5:00 P.M. on non-holiday weekdays or to 609-392-2020 during all other days and hours.

(b) A health officer who is notified of the existence of any disease or illness listed in N.J.A.C. 8:57-1.5 or laboratory report listed in N.J.A.C. 8:57-1.7 shall, within 24 hours of receipt of the report, forward the information to the Department via electronic reporting.

1. If the initial report is incomplete, the health officer shall seek complete information and shall provide all available information to the Department within five working days of receiving the initial report.

2. The health officer may substitute reporting by mail upon approval of the Department for equipment failure or other circumstances, which prevent electronic communications with the Department.

(c) A health officer who is notified of the existence of any disease or illness listed in N.J.A.C. 8:57-1.5 or laboratory report listed in N.J.A.C. 8:57-1.7, which is not within that health officer’s jurisdiction shall immediately notify the health officer in whose jurisdiction the disease or illness is believed to have been contracted and the health officer in whose jurisdiction the home address of the ill or affected person is located.

1. If either of the above health jurisdictions are not located in New Jersey, the health officer shall forward this information to the Department by telephone to 609-588-7500, between 8:00 A.M. and 5:00 P.M. on non-holiday weekdays or to 609-392-2020 during all other days and hours.

(d) A health officer may delegate reporting requirements to a staff member, but this delegation shall not relieve the health officer of the ultimate reporting responsibility.

New Rule, R.1990 d.243, effective June 4, 1990, operative September 1, 1990 (provisions of (a), (c), (d), (f) and (g) only).

See: 21 N.J.R. 3897(a), 22 N.J.R. 1766(a).

Amended by R.1990 d.243, effective June 4, 1990.

See: 21 N.J.R. 3897(a), 22 N.J.R. 1766(a).

Text on isolation and restriction for communicable diseases recodified to 1.10; text on reporting of diseases by health officers recodified from 1.6 with reporting requirements added at (a) and new (d) and (e) added.

Recodified from N.J.A.C. 8:57-1.8 and amended by R.2003 d. 412, effective October 20, 2003.

See: 34 N.J.R. 3945(a), 35 N.J.R. 4883(b).

Former N.J.A.C. 8:57-1.7, Reporting of disease outbreaks occurring in institutions and schools, repealed. Amended NJAC reference.

Recodified from N.J.A.C. 8:57-1.7 and amended by R.2009 d.107, effective April 6, 2009.

See: 40 N.J.R. 1962(a), 41 N.J.R. 1419(a).

Rewrote the section. Former N.J.A.C. 8:57-1.9, Isolation and restrictions for communicable disease, recodified to N.J.A.C. 8:57-1.11.

8:57-1.10 Health officer investigations

(a) A health officer, upon receiving a report of a reportable communicable disease or outbreak, shall investigate the facts contained in the report.

1. The health officer may use the Control of Communicable Diseases Manual, 18th Edition, which provides guidelines for the characteristics and control of communicable diseases.

i. The Control of Communicable Disease Manual, 18th Edition, edited by David L. Heymann, M.D., is available from the American Public Health Association, 800 I Street NW, Washington, DC, 20001, telephone (202) 777-2742.

(b) A health officer shall follow direction given by the Department regarding the investigation set forth in (a) above.

(c) The health officer performing the investigation set forth in (a) above shall:

1. Determine whether a single case or an outbreak of a reportable communicable disease exists;
2. Ascertain the source and spread of the illness; and
3. Determine and implement appropriate control measures.

(d) Upon determining that a single case of an immediately reportable communicable disease or an outbreak of a reportable communicable disease exists, the health officer shall immediately relay all available information pertaining to the investigation to the Department by telephone to 609-588-7500 between 8:00 A.M. and 5:00 P.M. on non-holiday weekdays or to 609-392-2020 during all other days and hours.

1. The health officer shall follow telephone reports of immediately reportable communicable diseases and outbreaks with electronic reporting within 24 hours.
2. Reports of investigations of other reportable communicable diseases shall be submitted via electronic reporting,

except that sexually transmitted diseases and tuberculosis reports shall be submitted in writing.

(e) The Department may require more than one health officer to participate in the investigation, including the health officers who have jurisdiction over:

1. The location of suspected transmission of disease;
2. Areas of residence or occupation of person(s) believed to be ill or infected;
3. Sites where such persons may be located or receiving care; and
4. Other jurisdictions, which the Department determines are appropriate and necessary.

(f) If the Department determines that an outbreak is occurring in more than one jurisdiction, the Department shall coordinate the investigation, in conjunction with the affected health departments, and the Centers for Disease Control and Prevention, as needed.

(g) The health officer shall submit a summary report to the Department within 30 days of the completion of each outbreak investigation, and to all physicians who reported cases of illness connected with that outbreak.

1. The report shall include, but not be limited to, a summary of findings, actions taken to control disease, and recommendations to affected parties.

(h) Health officers shall establish quarantine, test and transport procedures for pet birds infected with, or exposed to, avian chlamydiosis in the manner set forth at N.J.A.C. 8:23-1.4.

(i) The Commissioner shall exercise his or her jurisdiction, responsibility and authority during a public health emergency pursuant to N.J.S.A. 26:13-3(c).

Amended by R.1990 d.243, effective June 4, 1990.

See: 21 N.J.R. 3897(a), 22 N.J.R. 1766(a).

Text on isolation and restriction for communicable diseases recodified to 1.10; text on reporting of diseases by health officers recodified from 1.6 with reporting requirements added at (a) and new (d) and (e) added. Recodified from N.J.A.C. 8:57-1.9 and amended by R.2003 d. 412, effective October 20, 2003.

See: 34 N.J.R. 3945(a), 35 N.J.R. 4883(b).

Rewrote (c); added (e). Former N.J.A.C. 8:57-1.8, Reporting of diseases by health officers, recodified to N.J.A.C. 8:58-1.7.

Recodified from N.J.A.C. 8:57-1.8 and amended by R.2009 d.107, effective April 6, 2009.

See: 40 N.J.R. 1962(a), 41 N.J.R. 1419(a).

Rewrote the section. Former N.J.A.C. 8:57-1.10, Medical examination and specimen submission, recodified to N.J.A.C. 8:57-1.12.

8:57-1.11 Isolation and quarantine for communicable disease

(a) A health officer or the Department, upon receiving a report of a communicable disease, shall, by written order, establish such isolation or quarantine measures as medically