CHAPTER 57

COMMUNICABLE DISEASES

Authority

N.J.S.A. 26:1A–7, 26:4–1, and 26:5C–5 et seq.

Source and Effective Date

R.1995 d.240, effective April 12, 1995.
See: 27 N.J.R. 420(a), 27 N.J.R. 1987(a).

Executive Order 66(1978) Expiration Date

Chapter 57, Communicable Diseases, expires April 12, 2000.

Chapter Historical Note

All provisions of this chapter became effective prior to September 1, 1969. Revisions became effective May 20, 1984 as R.1984 d.121. See: 6 N.J.R. 140(a), 6 N.J.R. 241(c). Subchapter 4 became effective May 16, 1975 as R.1975 d.121. See: 7 N.J.R. 154(a), 7 N.J.R. 264(a). Subchapter 5 became effective October 8, 1976 as R.1976 d.315. See: 8 N.J.R. 513(a). Further revisions became effective December 13, 1977 as R.1977 d.467. See: 10 N.J.R. 12(a). Further amendments became effective July 24, 1978 as R.1978 d.244. See: 10 N.J.R. 246(b), 10 N.J.R. 334(a). Further amendments became effective September 1, 1979 as R.1979 d.244. See: 10 N.J.R. 246(b), 10 N.J.R. 334(a). Further amendments became effective October 1, 1978 as R.1978 d.293. See: 10 N.J.R. 146(a), 10 N.J.R. 358(b). Subchapter 1 was readopted effective November 12, 1980 as R.1980 d.498. See: 12 N.J.R. 577(e), 13 N.J.R. 13(b). Further amendments became effective January 4, 1982 as R.1981 d.502. See: 13 N.J.R. 738(a), 14 N.J.R. 45(c). Subchapter 4 was readopted pursuant to Executive Order No. 66(1978) effective July 18, 1983 as R.1983 d.311. See: 15 N.J.R. 781(a), 15 N.J.R. 1253(a). Emergency amendments became effective January 22, 1985 as R.1985 d.40. See: 17 N.J.R. 483(a) to 4.16. N.J.A.C. 8:57–4.16 was readopted effective March 25, 1985 as R.1985 d.195. See: 17 N.J.R. 483(a), 17 N.J.R. 955(a). Further amendments became effective June 3, 1985 as R.1985 d.264. See: 17 N.J.R. 483(a), 17 N.J.R. 1414(a). Subchapter 1 was readopted pursuant to Executive Order No. 66(1978) as R.1985 d.363, effective June 18, 1985 (amendments effective July 15, 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 was recodified as Chapter 57A, Cancer Registry, 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 was readopted as R.1990 d.243, effective April 20, 1990. As a part of R.1990 d.243, Subchapter 2, Isolation of Persons Ill or Infected with a Communicable Disease, and Subchapter 3, Poliomyelitis Vaccine Records, were repealed, 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 R.1990 d.244, and Subchapter 3, Reportable Occupational and Environmental Diseases and Poisons, was adopted as R.1990 d.245, effective May 21, 1990 (operative June 4, 1990). See: 21 N.J.R. 3905(a), 22 N.J.R. 1592(a); 21 N.J.R. 3907(a), 22 N.J.R. 1595(a).

Pursuant to Executive Order No. 66(1978), Chapter 57 was readopted as R.1995 d.240. See: Source and Effective Date.

Cross References

Blind and visually impaired services case management of clients with communicable diseases, see N.J.A.C. 10:91–5.9.

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SUBCHAPTERS 5 THROUGH 6. (RESERVED)

SUBCHAPTER 1. REPORTABLE COMMUNICABLE DISEASES

8:57–1.1 Purpose and scope

The purpose of this subchapter is to expedite the reporting of certain diseases or outbreaks of disease so that appropriate action can be undertaken to protect the public health. The latest edition of the American Public Health Association's publication, "Control of Communicable Diseases in Man", should be used as a reference providing guidelines for the characteristics and control of communicable disease unless other guidelines are issued by the State Department of Health.

Amended by R.1990 d.243, effective June 4, 1990.
See: 21 N.J.R. 3897(a), 22 N.J.R. 1766(a).
Purpose and scope text separated from Foreword; balance of Foreword deleted.

8:57–1.2 Definitions

The following words and terms, as used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise.

"Health officer" means a licensed health officer or his or her designee.

"State Department of Health" means a duly authorized representative of the State Department of Health.

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 Reportable diseases

(a) Any single case of the following diseases is declared to be reportable in writing for purposes of this subchapter. All diseases listed herein are to be reported, by physicians, institutional superintendents, principals, laboratory supervisors and health officers, in the manner prescribed by N.J.A.C. 8:57–1.4, 1.5, 1.6, 1.7 and 1.8, except for the manner of reporting specifically noted for AIDS and HIV infection, cancers, environmental diseases, occupational diseases and poisonings. For the reporting of AIDS and HIV infection, see N.J.A.C. 8:57–2.1.

Amebiasis (Entamoeba histolytica)
Anthrax (Bacillus anthracis)
Botulism (Clostridium botulinum)
Brucellosis (Brucella spp.)
Campylobacter jejuni Disease
Cancer, see N.J.A.C. 8:57A
Cholera (Vibrio cholerae)
Creutzfeldt–Jakob Disease
Diphtheria (Corynebacterium diphtheriae)
Encephalitis, Arboviral
Environmental Diseases, see N.J.A.C. 8:57–3.1 and 3.2
Foodborne Intoxications,
    including (but not limited to) Ciguatera, Paralytic Shellfish Poisoning, Scombroid, Mushroom Poisoning
Giardiasis (Giardia lamblia)
Hansen's Disease (Leprosy, Mycobacterium leprae)
Haemophilus influenzae, Invasive Disease (e.g. Meningitis, Sepsis)
Hemorrhagic Colitis (Escherichia coli 0157:H7, other or unknown etiology)
Hemolytic Uremic Syndrome
Hepatitis, Viral:
    Type A
    Type B
    Non–A, Non–B
Kawasaki Disease (Mucocutaneous Lymph Node Syndrome)
Legionella pneumophila Pneumonia (Legionnaire's Disease)
Leptospirosis (Leptospira interrogans)
Listeriosis (Listeria monocytogenes, Invasive Disease, for example Meningitis, Sepsis)
Lyme Disease (Borrelia burgdorferi)
Malaria (Plasmodium spp)
Measles (Rubeola)
Meningococcal Invasive Disease (Neisseria meningitidis, for example Meningitis, Sepsis)
Mumps
Occupational Diseases, see N.J.A.C. 8:57–3.1 and 3.2
Pertussis (Whooping Cough, Bordetella pertussis)
Plague (Yersinia pestis)
Poisonings, see N.J.A.C. 8:57–3.1 and 8:57–3.2
Poliomyelitis
Psittacosis (Chlamydia psittaci)
Rabies, Human Illness
Rabies, Animal Bites Treated for Rabies
Rheumatic Fever, Acute
Rickettsial Diseases, including
    Q Fever (Coxiella burnetii)
    Rocky Mountain Spotted Fever (Rickettsia rickettsii)
Rubella (German Measles), including Congenital Rubella Syndrome
Salmonellosis
Sexually Transmitted (Venereal) Diseases
    Chancroid (Haemophilus ducreyi)
    Chlamydia trachomatis, including (but not limited to) Lymphogranuloma Venereum, and Infant Disease, for example Pneumonia, Conjunctivitis
    Gonorrhea (Neisseria gonorrhoeae including Ophthalmia Neonatorum)

Granuloma Inguinale
Syphilis (Treponema pallidum), including Congenital
Shigellosis
Smallpox (Variola)
Streptococcus agalactiae, Group B, Perinatal Invasive Disease (for example Meningitis, Sepsis)
Tetanus (Clostridium tetani)
Trichinosis (Trichinella spiralis)
Tuberculosis (Mycobacterium tuberculosis, M. africanum, and M. bovis)
Tularemia (Francisella tularensis)
Typhoid Fever (Salmonella typhi)
Viral Hemorrhagic Fevers,
including (but not limited to) Ebola, Lassa, Marburg
Yellow Fever
Yersinia enterocolitica Disease

(b) In addition to the aforementioned reporting responsibilities, the following diseases are declared to be reportable immediately by telephone by physicians, institutional superintendents, principals, laboratory supervisors, and health officers in the manner described in N.J.A.C. 8:57–1.4, 1.5, 1.6, 1.7 and 1.8.

1. Disease outbreaks, including:
Foodborne/Waterborne
Nosocomial
Other/Unknown

2. Single cases or suspected cases of:
Botulism (Clostridium botulinum)
Creutzfeldt–Jakob Disease
Diphtheria (Corynebacterium diphtheriae)
Encephalitis, Arboviral
Haemophilus influenzae, Invasive Disease
Hepatitis A, Institutional Settings
Measles (Rubeola)
Meningococcal Invasive Disease (Neisseria Meningitidis)
Pertussis (Whooping Cough, Bordatella pertussis)
Plague (Yersinia pestis)
Poliomyelitis
Rabies (Human Illness)
Rubella
Smallpox (Variola)
Viral Hemorrhagic Fevers,
including (but not limited to) Ebola, Lassa, Marburg

(c) In addition to the aforementioned reporting responsibilities, any single case of the following disease is required to be reported by laboratory supervisors in the manner described in N.J.A.C. 8:57–1.7(b): Atypical Mycobacterioses.

(d) For purposes of research, surveillance and in response to technological developments in disease control, the State Commissioner of Health, or a person designated to act for the Commissioner, is empowered to amend the list of diseases as set forth in this chapter for such periods of time as may be necessary to control disease.

(e) In addition, any single case of the diseases identified in N.J.A.C. 8:57–2.1, AIDS infection with HIV, 8:57–3, Occupational and Environmental Diseases and Poisonings, and 8:57A, Cancer, shall be reported in the manner described in N.J.A.C. 8:57–2.1, 8:57–3 and 8:57A.

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 by physicians

(a) Every physician attending any person ill with or infected with any of the diseases listed in N.J.A.C. 8:57–1.3(a) shall, within 24 hours after such disease has been diagnosed, report in writing such disease to the health officer of the jurisdiction wherein the diagnosis is made, excepting cases of sexually transmitted (venereal) diseases and tuberculosis, which are to be reported directly to the State Department of Health.

(b) The report shall include the name, municipality and telephone number of the reporting physician; the name of the disease; the name, age, date of birth, gender, race, occupation, current location, home address and telephone number of the person ill or infected with such disease; the date of onset of illness, pertinent medical history and diagnostic confirmation; and such other information as may be requested by the State Department of Health.

(c) Physicians having knowledge of any outbreak of any disease shall immediately report the facts by telephone to the health officer specified in (a) above.

(d) Diagnosed or suspected cases of the diseases listed in N.J.A.C. 8:57–1.2(b) shall be reported by telephone immediately by the attending physician to the health officer specified in (a) above. Such telephone report shall be followed by a written report as required in (a) above.

(e) The physician may delegate this reporting activity to a member of the staff, but this delegation does not relieve the physician of the ultimate reporting responsibility, even if the patient has been hospitalized or has had laboratory reports submitted.

(f) Physicians failing to fulfill the aforementioned reporting obligations may receive written notification of this failure. Physicians failing to meet these reporting requirements, despite warning, shall be subject to fine, as allowed by statute. In addition, those whose failure to report is determined by the State Department of Health to have significantly hindered public health control measures, shall be subject to other actions, including notification of the Board of Medical Examiners of the State Department of Law and Public Safety, and appropriate hospital medical directors or administrators.

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 occurring in institutions

(a) The superintendent or other person having control or supervision over any non-State institution such as a hospital, sanitarium, nursing home, emergency shelter for the homeless, or penal institution in which any person is ill or infected with any of the diseases listed in N.J.A.C. 8:57–1.3(a) shall, within 24 hours after such disease has been diagnosed, report in writing such disease to the health officer having jurisdiction over the territory in which such institution is located, excepting cases of sexually transmitted (venereal) disease and tuberculosis, which are to be reported directly to the State Department of Health.

(b) The superintendent or other person having control or supervision over any State institution such as a hospital, sanitarium, nursing home, emergency shelter for the homeless, or penal institution in which any person is ill or infected with any of the communicable diseases listed in N.J.A.C. 8:57–1.3 shall, within 24 hours after such disease has been diagnosed, submit a report in writing of this fact to the State Department of Health.

(c) The reports required by (a) and (b) above shall state the name of the disease; the name, age, date of birth, gender, race, occupation, current location, home address and telephone number of the person ill or infected with such disease; the date upon which he or she was received for care or treatment; the name, location and telephone number of the reporting institution; the name, municipality and telephone number of the attending physician; the date of onset of illness, pertinent medical history and diagnostic confirmation; and such other information as may be required by the State Department of Health.

(d) Any outbreak of disease, or any single case of a disease listed in N.J.A.C. 8:57–1.3(b), shall be immediately reported by telephone as well as by written report to the health officer, except in the case of disease occurring in State institutions, which shall be immediately reported by telephone as well as by written report to the State Department of Health.

(e) Beginning on January 1, 1991, the superintendent of any acute care hospital shall, within 31 days of the end of each month, submit data regarding specific microorganisms occurring in that month within that institution to the State Department of Health, as outlined in the Epidemiology Surveillance Form (available from the State Department of Health). Reports made, maintained or kept on file pursuant to this section shall not be deemed to be public records.

(f) The superintendent may delegate these reporting activities to a member of the staff, but this delegation does not relieve the superintendent of the ultimate reporting responsibility.

(g) Superintendents failing to fulfill the aforementioned reporting obligations may receive written notification of this failure. Superintendents failing to meet these reporting requirements, despite warning, shall be subject to fine, as allowed by N.J.S.A. 26:4–129. In addition, those whose failure to report is determined by the State Department of Health to have significantly hindered public health control measures, shall be subject to other actions, including notification of the State Department of Health, Division of Health Facilities Evaluation, other appropriate licensing review organizations, and other appropriate agencies.

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 occurring in schools

(a) The principal, or other person in charge of any public, private, parochial, or other school, college, child care center shall report the suspected presence of any diseases listed in N.J.A.C. 8:57–1.3(a) within 24 hours to the local health officer, except in the case of sexually transmitted diseases and tuberculosis, which are to be reported directly to the State Department of Health. Such report should contain the name of the suspected disease as well as the name, age, date of birth, gender, race, home address and telephone number of the person ill or infected with such disease; the name, municipality and telephone number of the attending physician; and such other information as may be required by the State Department of Health. Any unusual absenteeism thought to be due to disease shall also be reported.

(b) Any outbreak of any disease, or any single case of a disease listed in N.J.A.C. 8:57–1.3(b), shall be immediately reported by telephone as well as by written report to the health officer.

(c) The principal may delegate this reporting activity to a member of the staff, but this delegation does not relieve the principal of the ultimate reporting responsibility.

(d) Principals failing to fulfill the aforementioned reporting obligations may receive written notification of this failure. Principals failing to meet these reporting requirements, despite warning, shall be subject to fine, as allowed by N.J.S.A. 26:4–129. In addition, those whose failure to report is determined by the State Department of Health to have significantly hindered public health control measures, shall be subject to other actions, including notification of the State Departments of Education, Higher Education, or Human Services (Division of Youth and Family Services), or other appropriate accreditation review organizations.

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).

8:57–1.7 Reporting results of laboratory examinations and submission of specimens to the State Department of Health, Division of Public Health and Environmental Laboratories

(a) All laboratory supervisors shall report in writing results of laboratory examinations of specimens indicating or suggesting the existence of a reportable disease to the physician or veterinarian submitting the specimen, and to the health officer having jurisdiction over the territory in which this physician or veterinarian is located, except in the case of sexually transmitted (venereal) diseases and tuberculosis, which are to be reported directly to the State Department of Health. Reports to health officers shall be made not later than five working days after the close of business on the day on which the results were obtained. Reports of sexually transmitted (venereal) diseases and tuberculosis to the State Department of Health shall be made not later than 72 hours after the close of business on the day on which the results were obtained.

(b) Laboratory results indicating or suggesting any single case of the disease listed in N.J.A.C. 8:57–1.3(c) shall be reported directly to the State Department not later than 72 hours after the close of business on the day on which the results were obtained.

(c) The reports required by N.J.A.C. 8:57–1.7(a) and (b) shall contain at least the result of the laboratory examination, the type of specimen tested, the specific test used, the name and age of the patient, the name and address of the submitting physician, veterinarian, or institutional representative, and the date the examination was performed.

(d) Laboratory results indicating or suggesting 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(b) shall be immediately reported to the aforementioned health officer by telephone. Such telephone report shall be followed by a written report as required in N.J.A.C. 8:57–1.7(a).

(e) All laboratories shall submit to the State Department of Health, Division of Public Health and Environmental Laboratories, for further testing, all microbiologic cultures of the following organisms, obtained from human or food specimens:

1. Legionella spp.;
2. Neisseria meningitidis; and
3. Salmonella spp.

(f) The laboratory supervisor may delegate reporting and specimen submission activities to a member of the staff, but this delegation does not relieve the laboratory supervisor of the ultimate reporting responsibility.

(g) Laboratory supervisors failing to fulfill the aforementioned reporting and specimen submission obligations may receive written notification of this failure. Supervisors failing to meet these requirements, despite warning, shall be subject to fine as allowed by N.J.S.A. 26:4–129. In addition, those whose failure to report is determined by the State Department of Health to have significantly hindered public health control measures, shall be subject to other actions, including notification to the State Clinical Laboratory Improvement Services.

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).

8:57–1.8 Reporting of diseases by health officers

(a) Health officers who receive complete reports of diseases required under N.J.A.C. 8:57–1.4, 1.5, 1.6 and 1.7 (submitted by physicians, institutions, schools or laboratories) shall send a copy thereof to the State Department of Health within 24 hours of receipt of the report. If the initial report received is incomplete, the health officer shall seek complete information, and shall provide all available information to the State Department of Health within five working days of receiving the initial report, specifying that a complete report is pending.

(b) Health officers who receive reports of any outbreak of disease, or of any single case of a disease listed in N.J.A.C. 8:57–1.3(b) shall transmit the report immediately by telephone to the State Department of Health.

(c) The health officer who receives a report of any outbreak of disease, or of any single case of a disease listed in N.J.A.C. 8:57–1.3 shall immediately forward the facts contained therein together with such related information as he or she may have available to the health officer of the local health agency where the disease was believed to have been contracted and the health officer of the local health agency wherein the home address of the ill or infected person is situated. If either of the said health agencies is not located in New Jersey, the health officer shall forward this information to the State Department of Health.

(d) The health officer may delegate reporting activities to a member of the staff, but this delegation does not relieve the health officer of the ultimate reporting responsibility.

(e) Health officers failing to fulfill the aforementioned reporting obligations may receive written notification of this failure. Health officers failing to meet these reporting requirements, despite warning, shall be subject to fine, as allowed by N.J.S.A. 26:4–129. In addition, those whose failure to report is determined by the State Department of Health to have significantly hindered public health control measures, shall be subject to other actions, including notification to the Public Health Licensing and Examination Board of the State Department of Health.

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.

8:57–1.9 Health officer investigations

A health officer shall, upon receiving a report of an outbreak of disease, or of a case or suspected case of a reportable disease, cause an investigation to be made following such direction as may be given by the State Department of Health, for the purposes of determining whether an outbreak or a case of reportable disease exists; ascertaining the source and spread of the infection; and determining and implementing appropriate control measures. The health officer shall immediately relay all available information pertaining to the investigation to the State Department of Health. The specific health officer or health officers participating in such investigations may include those having jurisdiction over locations of suspected transmission of disease, areas of residence or occupation of persons believed infected, sites of institutions where such persons may be located or receive care, and other jurisdictions determined appropriate by the State Department of Health.

8:57–1.10 Isolation and restriction for communicable disease

(a) A health officer or the State Department of Health, upon receiving a report of a communicable disease, shall by written order establish such isolation, or other restrictive measures required by law or regulation or as may be necessary to prevent or control disease. If it is necessary in the judgment of the health officer or the State Department of Health in order to provide adequate isolation, a health officer or the State Department of Health shall promptly remove, or cause to be removed, a person ill with a communicable disease to a hospital. Such order shall remain in force until terminated by the health officer or the State Department of Health.

(b) A health officer or the State Department of Health may restrict the individuals permitted to come in contact with or visit a person hospitalized or isolated under authority of this section.

(c) A health officer, if authorized by the State Department of Health or local board of health regulations, or the State Department of Health, may by written order restrict any person who has been exposed to a communicable disease, under conditions he or she may specify; providing such period of restriction shall not exceed the period of incubation of the disease.

(d) Persons responsible for the care, custody, or control of persons ill or infected with a communicable disease shall take all measures necessary to prevent transmission of the disease to other persons.

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 medical examination and submission of specimens recodified to 1.11; text on health officer investigations recodified to 1.9 with further specification of investigation requirements.

8:57–1.11 Medical examination and submission of specimens

(a) The State Department of Health or a health officer may order a person suspected of being ill or infected with a reportable or communicable disease, or exposed to a reportable or communicable disease, to submit to physical examination and/or to submit specimens of blood, bodily discharges or other specimens to determine whether or not such person is infectious to others or is a carrier of disease.

(b) A person ordered to submit to examination and/or to submit specimens under the provisions of (a) above, shall comply with said order.

(c) Specimens obtained under the authority of this regulation shall be submitted to a laboratory approved by the State Department of Health for the examination of such specimens.

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 ill or infected foodhandlers recodified to 1.12; on medical examination and submission of specimens recodified from 1.9.

8:57–1.12 Foodhandlers ill or infected with communicable diseases

(a) Persons ill or infected with a communicable disease which may be transmitted through food may be prohibited by the health officer or the State Department of Health from working in any occupation that manufactures, processes, stores, prepares, or serves food for public consumption. Persons who reside, board, lodge, or visit in a household where they may come in contact with any person ill or infected with a communicable disease which may be transmitted through food may be prohibited by the health officer or the State Department of Health from working in any occupation that manufactures, processes, stores, prepares, or serves food for public consumption.

(b) Persons employed in any establishment where food is manufactured, processed, stored, prepared, or served for public consumption may be required by the health officer or the State Department of Health, if a communicable disease is suspected, to submit to a physical examination and/or submit specimens of blood, bodily discharges or other specimens for the purpose of ascertaining whether or not they are ill or infected with a communicable disease.

(c) The health officer or the State Department of Health may prohibit the sale or distribution of food which:

1. Has been prepared by a person ill or infected with a communicable disease which may be transmitted through food; or

2. Is considered to be a possible vehicle for spread of disease.

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 ill or infected foodhandlers recodified from 1.11.

8:57–1.13 Inoculation with living microbiological agents

The inoculation of human beings with living microbiological agents, other than those agents approved by the Bureau of Biologics of the United States Food and Drug Administration, is hereby prohibited unless permission is granted by the State Department of Health in writing for the use of the same.

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 reportable occupational and environmental diseases and poisons repealed; text on inoculation with living microbial agents recodified from 1.12.

8:57–1.14 (Reserved)

New Rule, R.1985 d.518, effective October 21, 1985.
See: 17 N.J.R. 1831(a), 17 N.J.R. 2554(b).
Repealed by R.1990 d.243, effective June 4, 1990.
See: 21 N.J.R. 3897(a), 22 N.J.R. 1766(a).

8:57–1.15 (Reserved)

New Rule R.1986 d.408, effective October 6, 1986.
See: 18 N.J.R. 1512(a), 18 N.J.R. 2011(a).
Repealed by R.1990 d.243, effective June 4, 1990.
See: 21 N.J.R. 3897(a), 22 N.J.R. 1766(a).

8:57–1.16 through 8:57–1.18 (Reserved)

8:57–1.19 Reporting bladder cancer

Pursuant to chapter 266 of the Public Laws of 1977, the person in charge of any laboratory, which upon examination of pathologic specimens diagnoses the existence of cancer of the bladder in a patient, shall report that fact to the State Department of Health by telephone within 72 hours of the time of diagnosis. The reports shall include such patient identifying information as shall be required by the State Department of Health. This reporting requirement is meant to apply only to patients for whom no previous diagnosis of bladder cancer has ever been made.

As amended, R.1977 d.467, eff. December 13, 1977.
See: 10 N.J.R. 12(a).

8:57–1.20 Cancer registry

(a) Cases of cancer and other tumorous and precancerous diseases, which shall be specified in a listing to be supplied by the Commissioner of Health and which are initially diagnosed after the effective date of these regulations, shall be reported to the State Department of Health.

(b) The administrative officer of every health care facility shall be responsible for reporting to the State Department of Health every case of cancer or other specified tumorous and precancerous disease when it is initially diagnosed or first admitted to that facility. A report shall also be given for each subsequent primary cancer diagnosed in an individual.

(c) Every physician and dentist shall report to the State Department of Health on initial diagnosis each case of cancer or other specified tumorous and precancerous disease not referred to or previously diagnosed in a health care facility in the State of New Jersey.

(d) The director of every independent clinical laboratory shall report to the State Department of Health results of examination of tissue specimen and/or hematology examinations indicating the existence of cancer or other specified tumorous and precancerous disease, not previously reported from that laboratory.

(e) The information to be reported shall be provided upon forms supplied by the State Department of Health. A hospital tumor registry abstract form may be used, provided that information required by the State Commissioner of Health is recorded therein according to standardized definitions utilized by the State Department of Health.

(f) A copy of the pathology tissue report and/or hematology report shall be required in cases confirmed by laboratory analysis.

(g) All case reports shall be sent within six months of the date of diagnosis or within three months of the date of discharge from the reporting facility, whichever is sooner.

(h) Every health care facility and independent clinical laboratory shall allow representatives of the State Department of Health to obtain information from all medical pathological, and other pertinent records and logs related to cancer cases, as necessary for fulfilling the functions of the cancer registry program.

(i) Every health care facility and independent clinical laboratory shall allow access to provide necessary information on specified cancer patients and other patients specified by characteristics for research studies related to cancer prevention and control conducted by the State Department of Health and which have been approved by the State

Commissioner of Health after appropriate review for assuring protection of human subjects. This shall include patients who came under the care of the health care facility prior to the effective date of the regulations.

(j) These regulations do not in any way change the obligation to report bladder cancer in the manner required by N.J.A.C. 8:57–1.19 for the time period specified in that regulation.

R.1978 d.293, eff. October 1, 1978.
See: 10 N.J.R. 246(a), 10 N.J.R. 358(b).

Case Notes

Reimbursement for tumor registry expense allowed in budget review; hospital not required to maintain own registry, but must report cases to Department for inclusion in its registry. In re: Millville Hospital, 6 N.J.A.R. 456 (1980), aff'd Dkt. No. A–3189–79 (App.Div.1982).

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

8:57–2.1 Applicability; definition of AIDS, HIV infection and CD4 count

(a) The provisions of this subchapter are applicable to cases of Acquired Immunodeficiency Syndrome (AIDS) and infection with human immunodeficiency virus (HIV). The provisions of N.J.A.C. 8:57–1 shall not apply to any case of AIDS or infection with HIV.

(b) Laboratory results indicative of infection with HIV shall mean laboratory results showing the presence of HIV or components of HIV, or of laboratory results showing the presence of antibodies to HIV. The State Commissioner of Health shall determine the laboratory test results which indicate infection with HIV for the purpose of these rules.

(c) Acquired immunodeficiency syndrome (AIDS) means a condition affecting a person who has a reliably diagnosed disease that meets the criteria for AIDS specified by the Centers for Disease Control of the United States Public Health Services.

(d) A CD4 count means a count of lymphocytes containing the CD4 epitope as determined by the results of lymphocyte phenotyping. An absolute CD4 count means the number of lymphocytes containing the CD4 epitope per cubic millimeter. A relative CD4 count means the number of such cells expressed as a percentage of total lymphocytes.

Amended by R.1992 d.215, effective May 18, 1992.
See: 23 N.J.R. 3735(a), 24 N.J.R. 1891(b).
AIDS definition based on CD4 count designated by CDC.

8:57–2.2 Reporting HIV infection

(a) Every physician attending a person found to be infected with HIV shall, within 24 hours of receipt of a laboratory report indicating such a condition, report in writing such condition directly to the State Department of Health on forms supplied by the State Department of Health. The report shall include the name and address of the reporting physician, the name, address, gender, race and birth date of the person found to be infected with HIV, the date the specimen tested for HIV was obtained, and such other information as may be required by the State Department of Health. A physician shall not report a person infected with HIV if the physician is aware that the person having control or supervision of an institution named in (b) below is reporting that person as being infected with HIV, or if the physician is aware that the person has previously been reported to the State Department of Health as being infected with HIV.

(b) The person having control or supervision over any institution, such as a hospital, sanitarium, nursing home, penal institution, clinic, blood bank, or facility for HIV counseling and testing in which any person is determined to be infected with HIV shall, within 24 hours of receipt of a laboratory report indicating such a condition, report in writing such condition directly to the State Department of Health on forms supplied by the State Department of Health. The report shall state the name, address, gender, race, and birth date of the person found to be infected with HIV, the date the specimen tested for HIV was obtained, the name of the attending physician, the name and address of the institution, and such other information as may be required by the State Department of Health. The person having control or supervision of the institution shall not report a person infected with HIV if it is known that a physician is reporting the person or that the person has previously been reported to the State Department of Health as being infected with HIV. The person having control or supervision of the institution may delegate this reporting activity to a member of the staff, but this delegation does not relieve the controlling or supervising person of the ultimate report responsibility.

(c) Every clinical laboratory shall, within five working days of completion of a laboratory test which has results indicative of infection with HIV, report in writing such results to the State Department of Health. The report shall include the name and address of the clinical laboratory, the name and address of the submitter of the laboratory specimen, any identifying information the laboratory may have on the person from whom the laboratory specimen was obtained, including the unique code if a code is the only information identifying the person from whom the laboratory specimen was obtained, and other epidemiological information as may be required by the State Department of Health on a general or a case-by-case basis. Only specimens sent to the laboratory from physicians' offices in New Jersey or from institutions in New Jersey should be reported.

Amended by R.1991 d.516, effective October 21, 1991.
See: 23 N.J.R. 2089(a), 23 N.J.R. 3138(b).
Reporting of HIV results with identifiers required.
Amended by R.1992 d.215, effective May 18, 1992.
See: 23 N.J.R. 3735(a), 24 N.J.R. 1891(b).
Clinical labs to report results indicative of HIV within five working days.

8:57–2.3 Reporting AIDS

(a) Every physician attending any person ill with AIDS shall, within 24 hours of the time AIDS is diagnosed, report in writing such condition directly to the State Department of Health on forms supplied by the State Department of Health. The report shall include the name and address of the reporting physician, the name, address, gender, race, and birth date of the person ill with AIDS, the date of onset of the illness meeting the criteria for the diagnosis of AIDS, and such other information as may be required by the State Department of Health. Such report should be made whether or not the patient previously had been reported as having HIV infection. The report of AIDS will be deemed to also be a report of HIV infection.

(b) The person having control or supervision over any institution, such as a hospital, sanitarium, nursing home, penal institution, or clinic, in which a person is ill with AIDS shall, within 24 hours of the time AIDS is diagnosed, report such condition in writing directly to the State Department of Health on forms provided by the State Department of Health. The report shall state the name, address, gender, race and birth date of the person ill with AIDS, the date of onset of the illness meeting the criteria for the diagnosis of AIDS, the name of the attending physician, the name and address of the institution, and such other information as may be required by the State Department of Health. Such report should be made whether or not the patient previously had been reported as having HIV infection. The report of AIDS will be deemed to also be a report of HIV infection. The person having control or supervision of the institution may delegate this reporting responsibility to a member of the staff, but this delegation does not relieve the controlling or supervising person of the ultimate reporting responsibility.

(c) Every clinical laboratory shall, within five working days of completion of a CD4 count which has absolute or relative results below a level specified by the Centers for Disease Control as criteria for defining AIDS, report in writing such results to the State Department of Health. The report shall include the name and address of the clinical laboratory, the name and address of the submitter of the laboratory specimen, identifying information the laboratory may have on the person from whom the laboratory specimen was obtained, including the unique code if a code is the only information identifying the person from whom the laboratory specimen was obtained, and other epidemiological information as may be required by the State Department of Health on a general or a case-by-case basis. Only specimens sent to the laboratory from physicians' offices in New Jersey or from institutions in New Jersey should be reported.

Amended by R.1992 d.215, effective May 18, 1992.
See: 23 N.J.R. 3735(a), 24 N.J.R. 1891(b).
Clinical labs to report results below a CDC-specified CD4 level within five working days.

8:57–2.4 Testing procedures

No physician or institution may direct a person be tested for HIV, a component of HIV, or antibodies to HIV, unless the name and address of the person whose specimen is being tested is known and recorded by the physician or institution, except that the State Commissioner of Health may designate facilities which are permitted to test for antibodies to HIV without obtaining the name and address of the person being tested. The name and address of a person requesting testing without giving his or her name and address at such a designated facility are not required to be reported to the State Department of Health.

Amended by R.1991 d.516, effective October 21, 1991.
See: 23 N.J.R. 2089(a), 23 N.J.R. 3138(b).
Exception to reporting of HIV results with identifiers provided for State-designated testing facilities.

8:57–2.5 Exceptions to communicable disease classification of AIDS and HIV

(a) AIDS or HIV infection shall not be considered a communicable disease for purposes of admission to, attendance in, or transportation in any of the following:

1. Nursing homes and other health care facilities;
2. Rooming and boarding homes, and shelters for the homeless;
3. Ambulances and other public conveyances; and
4. Educational facilities.

8:57–2.6 Access to information

As provided by N.J.S.A. 26:4–2 and 26:5C–5 through 14, the information reported to the Department shall not be subject to public inspection, but shall be subject to access only by the State Department of Health for public health purposes.

Amended by R.1991 d.516, effective October 21, 1991.
See: 23 N.J.R. 2089(a), 23 N.J.R. 3138(b).
Stylistic changes.

8:57–2.7 Failure to comply with reporting requirements

(a) Physicians failing to fulfill the reporting requirements of this subchapter may receive written notification of this failure. Physicians failing to meet these reporting requirements, despite warning, shall be subject to a fine, as allowed by N.J.S.A. 26:4–129. In addition, those whose failure to report is determined by the State Department of Health to have significantly hindered public health control measures shall be subject to other actions, including notification of the

Board of Medical Examiners of the State Department of Law and Public Safety, and appropriate hospital medical directors or administrators.

(b) The person having control or supervision over any institution, who fails to fulfill the aforementioned reporting obligations, may receive written notification of this failure. Superintendents failing to meet these reporting requirements, despite warning, shall be subject to a fine, as allowed by N.J.S.A. 26:4–129. In addition, those whose failure to report is determined by the State Department of Health to have significantly hindered public health control measures, shall be subject to other actions, including notification of the State Department of Health, Division of Health Facilities Evaluation, other appropriate licensing review organizations, and other appropriate agencies.

(c) Laboratory supervisors failing to fulfill the aforementioned reporting obligations may receive written notification of this failure. Supervisors failing to meet these requirements, despite warning, shall be subject to fines as allowed by N.J.S.A. 26:4–129. In addition, those whose failure to report is determined by the State Department of Health to have significantly hindered public health control measures, shall be subject to other actions, including notification to the State Clinical Laboratory Improvement Services.

Amended by R.1991 d.516, effective October 21, 1991.
See: 23 N.J.R. 2089(a), 23 N.J.R. 3138(b).
Requirement to submit specimens corrected.

SUBCHAPTER 3. REPORTABLE OCCUPATIONAL AND ENVIRONMENTAL DISEASES AND POISONS

8:57–3.1 Reporting of occupational and environmental diseases and poisonings by hospitals

(a) The chief administrator or other persons having control or supervision over any hospital in which any person has been diagnosed with any of the diseases or poisonings listed in (b) and (c) below shall, within 30 days after discharge, report such disease or poisoning to the State Department of Health and to the health officer having jurisdiction over the territory in which such hospital is located. Health officers who receive reports of diseases or poisonings required under (b) and (c) below shall send a copy thereof to the health officer having jurisdiction over the territory in which such person resides within seven days of receipt of the report. The disease or poisoning shall be considered diagnosed if it is listed as a primary or secondary diagnosis on the discharge summary.

(b) The following diseases are declared to be reportable to the parties specified in (a) above for purposes of this section. All diseases listed herein coded according to the 9th ICD revision are to be reported in the manner prescribed by (d) below:

1. Extrinsic allergic alveolites, ICD code 495, 495.0, 495.1, 495.2, 495.3, 495.4, 495.5, 495.6, 495.7, 495.8, 495.9;
2. Coal workers pneumoconiosis, ICD code 500;
3. Asbestosis, ICD code 501;
4. Silicosis, ICD code 502;
5. Pneumoconiosis, other dust inorganic, ICD code 503;
6. Pneumonopathy due to organic dust, ICD code 504;
7. Pneumoconiosis, unspecified, ICD code 505;
8. Bronchitis, Pneumonitis, inflammation both acute and chronic and acute pulmonary edema due to fumes and vapors, ICD code 506.0, 506.1, 506.2, 506.3, 506.4, and 506.9; and
9. Respiratory conditions due to unspecified external agents, ICD codes 508.8 and 508.9.

(c) Poisoning due to the following and not the result of a suicidal attempt shall also be reported to the parties specified in (a) above in the manner prescribed by (d) below.

petroleum products	ICD 981
benzene	ICD 982.0
carbon tetrachloride	ICD 982.1
carbon disulfide	ICD 982.2
chlorinated hydrocarbons	ICD 982.3
nitroglycol	ICD 982.4
non-petroleum-based solvents	ICD 982.8
corrosive aromatics	ICD 983.0
acids	ICD 983.1
alkalies	ICD 983.2
caustic unspecified	ICD 983.9
inorganic lead	ICD 984.0
organic lead	ICD 984.1
mercury	ICD 985.0
arsenic	ICD 985.1
manganese	ICD 985.2
beryllium	ICD 985.3
antimony	ICD 985.4
cadmium	ICD 985.5
chromium	ICD 985.6
other specified metals	ICD 985.8
unspecified metals	ICD 985.9
petroleum gases	ICD 987.0
other hydrocarbon gas	ICD 987.1
nitrogen oxides	ICD 987.2
sulfur dioxide	ICD 987.3
freon	ICD 987.4
chlorine	ICD 987.6
hydrogen cyanide	ICD 987.7
other gases	ICD 987.8
unspecified gas, fume, vapor	ICD 987.9
hydrogen cyanide	ICD 989.0
pesticides	ICD 989.2, 989.3 and 989.4

(d) The report required by (a) above shall state on forms supplied by the State Department of Health the name and current ICD code of the disease or poisoning and shall indicate whether this condition was a primary or secondary diagnosis. The following information on the person diagnosed with such disease or poisoning shall also be furnished: name, home address, medical record number, year of birth, sex, race, name and address of employer. The report shall also include the name of the attending physician, the reporting hospital, the date of discharge and such other information as may be required by the State Department of Health.

8:57–3.2 Reporting of occupational and environmental diseases and injuries by physicians

(a) The physician attending any person who is ill or diagnosed with any of the diseases or injuries listed in (b) below shall, within 30 days after such condition has been diagnosed or treated, report such condition to the State Department of Health.

(b) The following diseases and injuries are declared to be reportable to the State Department of Health for purposes of this section. All conditions listed herein are to be reported in the manner prescribed by (c) below:

1. Asbestosis;
2. Silicosis;
3. Pneumoconiosis, other and unspecified;
4. Occupational asthma;
5. Extrinsic Allergic Alveolitis;
6. Lead toxicity, adult (defined as blood lead ≥ 25 micrograms per deciliter; urine lead ≥ 80 micrograms per liter);
7. Arsenic toxicity, adult (defined as blood arsenic ≥ .07 micrograms per milliliter; urine arsenic ≥ 100 micrograms per liter;
8. Mercury toxicity, adult (defined as blood mercury ≥ 2.8 micrograms per deciliter; urine mercury ≥ 20 micrograms per liter);
9. Cadmium toxicity, adult (defined as blood cadmium ≥ five micrograms per liter of whole blood; urine cadmium ≥ three micrograms per gram creatinine);
10. Pesticide toxicity;
11. Work-related injuries in children (under age 18); and
12. Work-related fatal injuries.

(c) The report required by (a) above shall state the name of the disease or injury and the name of the reporting physician. The following information on the person ill or diagnosed with such condition shall also be furnished: name, year of birth, sex, home address, telephone number, name and address of employer at the time of exposure or injury, and the date of onset of illness or injury. Additional information may be required by the Department after receipt of a specific report.

Amended by R.1993 d.569, effective November 15, 1993.
See: 25 N.J.R. 2186(a), 25 N.J.R. 5164(b).

SUBCHAPTER 4. IMMUNIZATION OF PUPILS IN SCHOOL

8:57–4.1 Applicability

This subchapter shall apply to all children attending any public or private school, child care center, nursery school, preschool or kindergarten in New Jersey.

Amended by R.1990 d.243, effective June 4, 1990 (operative September 1, 1991).
See: 21 N.J.R. 3897(a), 22 N.J.R. 1766(a).
Preschool added.
Amended by R.1995 d.201, effective April 3, 1995.
See: 27 N.J.R. 270(a), 27 N.J.R. 1417(a).

8:57–4.2 Proof of immunization

A principal, director or other person in charge of a school, preschool, or child care facility shall not knowingly admit or retain any child whose parent or guardian has not submitted acceptable evidence of the child's immunization, according to the schedules specified in this subchapter. Exemptions to this requirement are identified at N.J.A.C. 8:57–4.3 and 4.4.

Amended by R.1990 d.243, effective June 4, 1990 (operative September 1, 1991).
See: 21 N.J.R. 3897(a), 22 N.J.R. 1766(a).
Preschool added.
Amended by R.1995 d.201, effective April 3, 1995.
See: 27 N.J.R. 270(a), 27 N.J.R. 1417(a).

8:57–4.3 Medical exemptions

(a) A child shall not be required to have any specific immunization(s) which are medically contraindicated.

(b) A written statement submitted to the school, preschool, or child care center from a physician licensed to practice medicine or osteopathy in any jurisdiction of the United States indicating that an immunization is medically contraindicated for a specific period of time, and the reason(s) for the medical contraindication, based upon valid medical reasons as enumerated by the Advisory Committee on Immunization Practices (ACIP) of the United States Public Health Service or the American Academy of Pediatrics (AAP) guidelines, will exempt a pupil from the specific immunization requirement for the stated period of time.

1. The guidelines identified in (b) above are available as follows:

i. Advisory Committee on Immunization Practices, U.S. Public Health Service, Centers for Disease Control and Prevention, Atlanta, GA 30333; and

ii. American Academy of Pediatrics, Committee on Infectious Diseases, PO Box 927, Elk Grove, IL 60009–0927.

(c) The physician's statement shall be retained as part of the child's immunization record and shall be reviewed annually by the school, preschool, or child care facility. When the child's medical condition permits immunization, this exemption shall thereupon terminate and the child shall be required to obtain the immunization(s) from which he or she has been exempted.

(d) Those children with medical exemptions to receiving specific immunizations may be excluded from the school, preschool, or child care facility during a vaccine-preventable disease outbreak or threatened outbreak as determined by the State Commissioner of Health or his or her designee.

(e) As provided by N.J.S.A. 26:4–6, "Any body having control of a school may, on account of the prevalence of any communicable disease, or to prevent the spread of communicable diseases, prohibit the attendance of any teacher or pupil of any school under their control and specify the time during which the teacher or scholar shall remain away from school." The State Department of Health shall provide guidance to the school of the appropriateness of any such prohibition. All schools are required to comply with the provisions of N.J.A.C. 8:61–1.1 regarding attendance at school by pupils or adults infected by Human Immunodeficiency Virus (HIV).

Amended by R.1995 d.201, effective April 3, 1995.
See: 27 N.J.R. 270(a), 27 N.J.R. 1417(a).

8:57–4.4 Religious exemptions

(a) A child shall be exempted from mandatory immunization if the parent or guardian objects thereto in a written statement submitted to the school, preschool, or child care center, signed by the parent or guardian, explaining how the administration of immunizing agents conflicts with the pupil's exercise of bona fide religious tenets or practices. General philosophical or moral objection to immunization shall not be sufficient for an exemption on religious grounds.

(b) This statement will be kept by the school, preschool, or child care center as part of the child's immunization record.

(c) Those children with religious exemptions from receiving immunizing agents may be excluded from the school, preschool, or child care center during a vaccine-preventable disease outbreak or threatened outbreak as determined by the State Commissioner of Health or his or her designee.

(d) As provided by N.J.S.A. 26:4–6, "Any body having control of a school may, on account of the prevalence of any communicable disease, or to prevent the spread of communicable diseases, prohibit the attendance of any teacher or pupil of any school under their control and specify the time during which the teacher or scholar shall remain away from school." The State Department of Health shall provide guidance to the school on the appropriateness of any such prohibition. All schools are required to comply with the provisions of N.J.A.C. 8:61–1.1 regarding attendance at school by pupils or adults infected by Human Immunodeficiency Virus (HIV).

(e) Those children enrolled in school, preschool, or child care centers before September 1, 1991, and who have previously been granted a religious exemption, shall not be required to reapply for a new religious exemption under N.J.A.C. 8:57–4.4(a).

Amended by R.1990 d.243, effective June 4, 1990 (operative September 1, 1991).
See: 21 N.J.R. 3897(a), 22 N.J.R. 1766(a).
Title changed; explanation required in (a); new (d) and (e) added.
Amended by R.1995 d.201, effective April 3, 1995.
See: 27 N.J.R. 270(a), 27 N.J.R. 1417(a).

8:57–4.5 Provisional admission

(a) A child may be admitted to a school, preschool, or child care center on a provisional basis if a physician or health department can document that at least one dose of each required age-appropriate vaccine(s) or antigen(s) has been administered and that the pupil is in the process of receiving the remaining immunization(s).

(b) Provisional admission for children under age five shall be granted in compliance with the specific requirements set forth in N.J.A.C. 8:57–4.10 through 4.15 for a period of time consistent with the current Advisory Committee on Immunization Practices (ACIP) of the United States Public Health Service or the American Academy of Pediatrics (AAP) immunization schedule, but shall not exceed 17 months for completion of all immunization requirements.

(c) Provisional admission for children five years of age or older shall be granted in compliance with the specific requirements set forth in N.J.A.C. 8:57–4.10 through 4.14 for a period of time consistent with the current Advisory Committee on Immunization Practices (ACIP) of the United States Public Health Service or the American Academy of Pediatricians (AAP) immunization schedule, but shall not exceed one year for completion of all immunization requirements.

(d) Provisional status shall only be granted one time to children entering or transferring into schools, preschools, or child care centers in New Jersey. Information on this status shall be sent by the original school, preschool, or child care center to the new school, preschool, or child care center pursuant to N.J.A.C. 8:57–4.7(b).

(e) Those children transferring into a New Jersey school, preschool, or child care center from out-of-State or out-of-country may be allowed a 30–day grace period in order to obtain past immunization documentation before provisional status shall begin.

(f) The school, preschool, or child care center shall ensure that the required vaccine/antigens are being received on schedule. If at the end of the provisional admission period, the child has not completed the required immunizations, the administrative head of the school, preschool or child care center shall exclude the child from continued school attendance until appropriate documentation has been presented.

(g) Those children in provisional status may be temporarily excluded from the school, preschool, or child care center during a vaccine-preventable disease outbreak or threatened outbreak as determined by the State Commissioner of Health or his or her designee.

As amended, R.1981 d.502, effective January 4, 1982.
See: 13 N.J.R. 738(a), 14 N.J.R. 45(c).
(b): Reference to N.J.A.C. 8:57–4.15 added.
Amended by R.1990 d.243, effective June 4, 1990 (operative September 1, 1991).
See: 21 N.J.R. 3897(a), 22 N.J.R. 1766(a).
Text at (a) revised; text at (b) deleted and new text added at (b) through (g).
Amended by R.1995 d.201, effective April 3, 1995.
See: 27 N.J.R. 270(a), 27 N.J.R. 1417(a).

8:57–4.6 Documents accepted as evidence of immunization

(a) The following documents shall be accepted as evidence of a child's immunization history provided that the type of immunization and the date when each immunization was administered is listed:

1. An official school record from any school, preschool, or child care center indicating compliance with the immunization requirements of this subchapter; or

2. A record from any public health department indicating compliance with the immunization requirements of this subchapter; or

3. A certificate signed by a physician licensed to practice medicine or osteopathy in any jurisdiction of the United States indicating compliance with the immunization requirements of this subchapter.

(b) All immunization records submitted by a parent or guardian in a language other than English shall be accompanied by a translation sufficient to determine compliance with the immunization requirements of this subchapter.

Amended by R.1990 d.243, effective June 4, 1990 (operative September 1, 1991).
See: 21 N.J.R. 3897(a), 22 N.J.R. 1766(a).
Preschool added at (a)1; (a)4 deleted; (b) added.
Amended by R.1995 d.201, effective April 3, 1995.
See: 27 N.J.R. 270(a), 27 N.J.R. 1417(a).

8:57–4.7 Records required

(a) Every school, preschool, or child care center shall maintain an official State of New Jersey School Immunization Record for every pupil. This record shall include the date of each immunization and shall be separated from the child's other medical records for purpose of immunization record audit.

(b) If a child withdraws, is promoted, or transfers to another school, preschool, or child care center, the immunization record, or a certified copy thereof, along with statements pertaining to religious or medical exemptions and laboratory evidence of immunity, shall be sent to the new school by the original school or shall be given to the parent or guardian upon request, within 24 hours of such a request.

(c) When a child graduates from secondary school, this record, or a certified copy thereof, shall be sent to an institution of higher education or may be given to the parent or guardian upon request.

(d) Each child's official New Jersey School Immunization Record, or a certified copy thereof, shall be retained by every secondary school for a minimum of four years after the pupil has left the school. Every elementary school, preschool, or child care center shall retain an immunization record, or a copy thereof, for a minimum of one year after the child has left the school.

(e) Any computer-generated document or list developed by a school, preschool, or child care center shall be considered a supplement to, and not a replacement of, the official New Jersey School Immunization Record.

Amended by R.1990 d.243, effective June 4, 1990 (operative September 1, 1991).
See: 21 N.J.R. 3897(a), 22 N.J.R. 1766(a).
Preschool added; text at (b) deleted; record to go to new school within 24 hours; new (c), (d) and (e) added.
Amended by R.1995 d.201, effective April 3, 1995.
See: 27 N.J.R. 270(a), 27 N.J.R. 1417(a).

8:57–4.8 Reports to be sent to State Department of Health

(a) A report of the immunization status of the pupils in every school, preschool, or child care center shall be sent each year to the State Department of Health by the principal, director, or other person in charge of the school, preschool, or child care center.

(b) The form for the annual immunization status report shall be provided by the State Department of Health.

(c) This report shall be submitted by December 1 of the respective academic year after a review of all appropriate immunization records.

(d) A copy of this report shall be sent to the local board of health in whose jurisdiction the school, preschool, or child care center is located.

(e) Those schools, preschools, and child care centers not submitting the annual report by December 1 will be considered delinquent. A delinquency involving schools, preschools, and child care centers may be referred to the New Jersey State Department of Education or the New Jersey State Department of Human Services, as appropriate based on the length of time delinquent, number of times delinquent, and efforts made toward compliance. The local health department will also be notified of the delinquency.

As amended, R.1978 d.244, effective July 24, 1978.
See: 10 N.J.R. 246(b), 10 N.J.R. 334(a).
Amended by R.1990 d.243, effective June 4, 1990 (operative September 1, 1991).
See: 21 N.J.R. 3897(a), 22 N.J.R. 1766(a).
Preschool added; new (e) added.
Amended by R.1995 d.201, effective April 3, 1995.
See: 27 N.J.R. 270(a), 27 N.J.R. 1417(a).

8:57–4.9 Records available for inspection

Each school, preschool, and child care center shall maintain records of their children's immunization status. Upon 24 hour notice, these records shall be made available for inspection by authorized representatives of the State Department of Health or the local board of health in whose jurisdiction the school or child care center is located.

Amended by R.1990 d.243, effective June 4, 1990 (operative September 1, 1991).
See: 21 N.J.R. 3897(a), 22 N.J.R. 1766(a).
Preschool and 24 hour requirement added.
Amended by R.1995 d.201, effective April 3, 1995.
See: 27 N.J.R. 270(a), 27 N.J.R. 1417(a).

8:57–4.10 Diphtheria and tetanus toxoids and pertussis vaccine

(a) Every child born on or after January 1, 1986 shall have received a minimum of four doses of diphtheria and tetanus toxoids and pertussis vaccine (DTP), or any vaccine combination containing DTP, such as DTP/Hib, one dose of which shall have been given on or after the child's fourth birthday.

(b) Those children enrolled in child care centers who are too young to meet this requirement, shall be in compliance with this section if they are appropriately immunized for their age as recommended by the Advisory Committee on Immunization Practices (ACIP) of the United States Public Health Service.

(c) Pediatric diphtheria-tetanus toxoid (DT) shall be accepted in lieu of DTP or DTaP for children under age seven if a physician's written medical contraindication to further pertussis vaccine has been presented as specified at N.J.A.C. 8:57–4.3.

(d) Diphtheria, tetanus, and acellular pertussis vaccine (DTaP) for children under age seven shall be accepted in lieu of DTP vaccine for the fourth or fifth dose in the DTP series, if given on or after 15 months of age.

(e) Children seven years of age and older who have not completed this requirement shall receive tetanus and diphtheria toxoids (adult Td) instead of DTP. Any appropriately spaced combination of three doses of DTP, DTaP, DT, or Td in a child over age seven shall be acceptable as adequate immunization for this vaccine series.

(f) The requirement to receive a school entry booster dose of DTP after the child's fourth birthday shall not apply to children while enrolled in child care centers.

(g) Those children born on or after January 1, 1986, who have received a total of five or more doses of DTP and DTaP shall have satisfied the DTP requirement.

As amended, R.1981 d.503, effective January 4, 1982.
See: 13 N.J.R. 738(a), 14 N.J.R. 45(c).
"Seventh" birthday was "sixth".
Amended by R.1990 d.243, effective June 4, 1990 (operative September 1, 1991).
See: 21 N.J.R. 3897(a), 22 N.J.R. 1766(a).
DTP schedule updated; new (b), (c) and (d) added.
Amended by R.1995 d.201, effective April 3, 1995.
See: 27 N.J.R. 270(a), 27 N.J.R. 1417(a).

Case Notes

Risk-modified market-share liability not adopted in DPT action. Shackil v. Lederle Laboratories, a div. of American Cyanamid Co., 116 N.J. 155, 561 A.2d 511 (1989).

Adequacy of warning left to jury. Niemiera by Niemiera v. Schneider, 114 N.J. 550, 555 A.2d 1112 (1989).

Learned intermediary doctrine relieved manufacturer of vaccine of duty to warn parents of child who suffered disabling convulsive episode which left him brain damaged. Niemiera by Niemiera v. Schneider, 114 N.J. 550, 555 A.2d 1112 (1989).

8:57–4.11 Poliovirus vaccine

(a) Every child born on or after January 1, 1986 shall have received at least three doses of live, trivalent, oral poliovirus vaccine (OPV), or inactivated poliovirus vaccine (IPV) if medically appropriate, either separately or in combination, one dose of which shall have been given on or after the child's fourth birthday.

(b) Those children enrolled in child care centers who are too young to meet this requirement, shall be considered to be in compliance with this section if they are appropriately immunized for their age as recommended by the Advisory Committee on Immunization Practices (ACIP) of the United States Public Health Service.

(c) Any child 18 years of age or older shall not be required to receive poliovirus vaccine.

(d) For children seven years of age and older, any appropriately spaced combination of three doses of OPV or IPV shall satisfy the poliovirus vaccine requirement.

(e) The requirement to receive a school entry dose of OPV or IPV after the child's fourth birthday shall not apply to children while enrolled in child care centers.

As amended, R.1978 d.244, effective July 24, 1978.
See: 10 N.J.R. 246(b), 10 N.J.R. 334(a).
Amended by R.1990 d.243, effective June 4, 1990 (operative September 1, 1991).
See: 21 N.J.R. 3897(a), 22 N.J.R. 1766(a).
Vaccine requirements updated at (a) and (c); text deleted from (b) and new text added at (b), (d), (e) and (f).
Amended by R.1995 d.201, effective April 3, 1995.
See: 27 N.J.R. 270(a), 27 N.J.R. 1417(a).

8:57–4.12 Measles virus vaccine

(a) Every child born on or after January 1, 1990 shall have received two doses of a live measles-containing vaccine, or any vaccine combination containing live measles vaccine, such as the preferred measles, mumps, rubella (MMR) vaccine, prior to school entrance for the first time into Kindergarten, Grade One, or a comparable age entry level special education program with an unassigned grade. The first dose shall have been administered on or after the child's first birthday, and the second dose shall have been administered no less than one month after the first dose.

(b) Those children younger than 15 months of age who are enrolled in a preschool or child care center, shall be considered to be in compliance with this section until reaching the age of 15 months, which is the medically recommended age for receiving the first measles immunization.

(c) Children born before January 1, 1990 shall have received one dose of live measles vaccine or any measles-containing combination vaccine on or after their first birthday.

(d) Children born on or after January 1, 1990 and enrolling in school (Kindergarten or Grade One) for the first time after September 1, 1995, with no documented doses of measles vaccine, shall receive the second dose of measles or another measles-containing combination vaccine, no sooner than one month and no later than two months after receiving the first dose.

(e) Children who present documented laboratory evidence of measles immunity shall not be required to receive measles vaccine.

(f) Those children enrolled in school, preschool, or child care centers before September 1, 1991 who have a current immunization record with physician diagnosed and documented measles disease shall not be required to receive the first or second dose of measles vaccine.

As amended, R.1981 d.502, effective January 4, 1982 (except (c)).
See: 13 N.J.R. 738(a), 14 N.J.R. 45(c).
(c): "as certified ... immunity" added; (c)1 added.
Amended by R.1990 d.243, effective June 4, 1990 (operative September 1, 1991).
See: 21 N.J.R. 3897(a), 22 N.J.R. 1766(a).
Text deleted rule and new text added.
Amended by R.1995 d.201, effective April 3, 1995.
See: 27 N.J.R. 270(a), 27 N.J.R. 1417(a).

8:57–4.13 Rubella vaccine

(a) Every child shall have received one dose of live rubella virus vaccine, or any vaccine combination containing live rubella virus vaccine, administered on or after the child's first birthday.

(b) Those children younger than 15 months of age who are enrolled in a preschool or child care center, shall be considered to be in compliance with this section until reaching the age of 15 months, which is the medically recommended age for routine rubella immunization.

(c) Rubella virus vaccine shall not be required of children who present documented laboratory evidence of rubella immunity.

As amended, R.1981 d.502, effective January 4, 1982 (except (b)).
See: 13 N.J.R. 738(a), 14 N.J.R. 45(c).
(b): "who present ... immunity" substituted for "after the twelfth birthday"; (b)1 added.
Amended by R.1990 d.243, effective June 4, 1990 (operative September 1, 1991).
See: 21 N.J.R. 3897(a), 22 N.J.R. 1766(a).
Text added at (a); new (b) and old (b) moved to (c) with text added; (b)1 deleted.
Amended by R.1995 d.201, effective April 3, 1995.
See: 27 N.J.R. 270(a), 27 N.J.R. 1417(a).
Administrative Correction.
See: 27 N.J.R. 1801(a).

8:57–4.14 Mumps vaccine

(a) Every child shall have received one dose of live mumps virus vaccine, or any vaccine combination containing live mumps virus vaccine, administered on or after the child's first birthday.

(b) Those children younger than 15 months of age who are enrolled in a preschool or child care center shall be considered to be in compliance with this section until reaching the age of 15 months, which is the medically recommended age for routine mumps immunization.

(c) Children enrolled in school, preschool, or child care centers before September 1, 1995 and who previously provided written certification from the diagnosing physician that the pupil had mumps disease shall not be required to receive mumps vaccine.

(d) Children who present documented laboratory evidence of mumps immunity shall not be required to receive mumps vaccine.

New Rule R.1990 d.243, effective June 4, 1990 (operative September 1, 1991).
See: 21 N.J.R. 3897(a), 22 N.J.R. 1766(a).
Text on providing immunizations recodified to 4.15 and new rule added on mumps vaccine.
Amended by R.1995 d.201, effective April 3, 1995.
See: 27 N.J.R. 270(a), 27 N.J.R. 1417(a).

8:57–4.15 Haemophilus influenzae type b (Hib) conjugate vaccine

(a) Every child from 12 months to 59 months of age enrolling in any child care center or preschool facility after September 1, 1995, shall have received at least one age-appropriate dose of a separate or a combination Hib conjugate vaccine.

(b) Every child from two months to 11 months of age enrolling in a child care center after September 1, 1995 shall have received a minimum of two age-appropriate doses of a separate or a combination Hib conjugate vaccine, or fewer as appropriate for the child's age.

New Rule, R.1995 d.201, effective April 3, 1995.
See: 27 N.J.R. 270(a), 27 N.J.R. 1417(a).

8:57–4.16 Providing immunization

(a) A board of education and/or a local board of health may provide at public expense, the necessary equipment, materials and services for immunizing children with the following immunizing agents, either singly or in combination:

1. Diphtheria toxoid;
2. Pertussis vaccine;
3. Tetanus toxoid;
4. Measles virus vaccine, live, attenuated;
5. Rubella virus vaccine, live;
6. Poliovirus vaccine;
7. Mumps virus vaccine, live;
8. Haemophilus influenzae type B conjugate vaccine;
9. Other immunizing agents when specifically authorized to do so by the State Department of Health.

As amended, R.1978 d.244, effective July 24, 1978.
See: 10 N.J.R. 246(b), 10 N.J.R. 334(a).
Amended by R.1990 d.243, effective June 4, 1990 (operative September 1, 1991).
See: 21 N.J.R. 3897(a), 22 N.J.R. 1766(a).
Text on mumps vaccine deleted; text on providing immunizations recodified from 4.14.
Annotations under old 4.15 Mumps vaccine are as follows:
R.1978 d.244, filed July 24, 1978, effective September 1, 1979.
See: 10 N.J.R. 246(b), 10 N.J.R. 334(a).
As amended, R.1981 d.502, effective January 4, 1982.
See: 13 N.J.R. 738(a), 14 N.J.R. 45(c).
Repealed rule concerning effective date of September 1, 1975 and recodified mumps vaccine from 8:57–4.16.
Amended by R.1985 d.264, effective June 3, 1985.
See: 17 N.J.R. 358(a), 17 N.J.R. 1414(a).
Text amended from "six years of age or younger" to "January 1, 1973".
Repealed by R.1990 d.243, effective June 4, 1990 (operative September 1, 1991).
See: 21 N.J.R. 3897(a), 22 N.J.R. 1766(a).
Text was Mumps vaccine.
Amended by R.1995 d.201, effective April 3, 1995.
See: 27 N.J.R. 270(a), 27 N.J.R. 1417(a).

8:57–4.17 Emergency powers of the State Commissioner of Health

(a) In the event that the State Commissioner of Health or his or her designee determines either that an outbreak or threatened outbreak of disease or other public health immunization emergency exists, the Commissioner or his or her designee may issue either additional immunization requirements to control the outbreak or threat of an outbreak or modify immunization requirements to meet the emergency.

(b) All children failing to meet these additional requirements shall be excluded from a school, preschool, or child care center until the outbreak or threatened outbreak is over.

(c) These requirements or amendments to the requirements shall remain in effect until such time as the State Commissioner of Health or his or her designee determines that an outbreak or a threatened outbreak no longer exists or the emergency is declared over, or for three months after the declaration of the emergency, whichever one comes first. The State Commissioner of Health or his or her designee may redeclare a state of emergency if the emergency has not ended.

R.1981 d.502, effective January 4, 1982.
See: 13 N.J.R. 738(a), 14 N.J.R. 45(c).
New Rule. Old 4.16 recodified to 4.15.
Emergency amendments, R.1985 d.40 effective January 22, 1985 (expires March 22, 1985).
See: 17 N.J.R. 483(a).
Substantially amended.
Readopted, R.1985 d.195, effective March 25, 1985.
See: 17 N.J.R. 483(a), 17 N.J.R. 955(a).
Readoption of emergency amendment. Executive Order 66(1978) expiration date July 18, 1988.
Amended by R.1990 d.243, effective June 4, 1990.
See: 21 N.J.R. 3897(a), 22 N.J.R. 1766(a).
Exclusion requirements clarified.
Amended by R.1995 d.201, effective April 3, 1995.
See: 27 N.J.R. 270(a), 27 N.J.R. 1417(a).

8:57–4.18 Optimal immunization recommendations

The specific vaccines and the number of doses required under this subchapter are intended to establish the minimum vaccine requirements for child care center, preschool, or school entry and attendance in New Jersey. Additional vaccines or vaccine doses are recommended by the State Department of Health, in accordance with the guidelines of the American Academy of Pediatrics (AAP) and the Advisory Committee on Immunization Practices (ACIP) for optimal immunization protection and may be administered, although they are not required for school attendance.

New Rule, R.1990 d.243, effective June 4, 1990.
See: 21 N.J.R. 3897(a), 22 N.J.R. 1766(a).
Amended by R.1995 d.201, effective April 3, 1995.
See: 27 N.J.R. 270(a), 27 N.J.R. 1417(a).

SUBCHAPTERS 5 THROUGH 6. (RESERVED)