CHAPTER 57

COMMUNICABLE DISEASES

Authority

N.J.S.A. 26:1A–7, 26:1A–15, 26:4–1 et seq., 26:5C–5, 17:23A–13 and 18A:62–15.

Source and Effective Date

R.2000 d.378, effective September 18, 2000. See: 32 N.J.R. 965(a), 32 N.J.R. 3463(a).

Chapter Expiration Date

In accordance with N.J.S.A. 52:14B-5.1c, Chapter 57, Communicable Diseases, expires on March 17, 2006. See: 34 N.J.R. 3945(a).

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, Confinement of Persons With Tuberculosis, 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Isolation of Persons Ill or Infected with a Communicable Disease, and Subchapter 3, Poliomyelitis Vaccine Records, were repealed by R.1990 d.243, effective June 4, 1990.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: Source and Effective Date.

Cross References

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

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SUBCHAPTER 1. REPORTABLE COMMUNICABLE DISEASES

8:57–1.1 Purpose and scope

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

(b) For purposes of research, surveillance, and/or in response to technological developments in disease detection or control, the Commissioner, or his or her designee, is empowered to amend the diseases specified in this subchapter for such periods of time as may be necessary to control disease, in accordance with the Administrative Procedure Act, N.J.S.A. 52:14B–1 et seq.

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.

"Bioterrorism" means premeditated use of biological agents (bacteria, viruses, etc.) to cause death or disease in humans, animals or crops.

"Child care center" means any home or facility required to be licensed by the Department of Human Services which is maintained for the care, development, or supervision of six or more children under six years of age who attend for less than 24 hours a day.

"Commissioner" means the New Jersey Commissioner of Health and Senior Services.

"Communicable disease" means an illness due to a specific infectious agent or its toxic products which arises through transmission of that agent or its products from an infected person, animal, or inanimate reservoir to a susceptible host, either directly or indirectly through an intermediate plant or animal host, vector, or the inanimate environment.

"Department" means the New Jersey Department of Health and Senior Services.

"Electronic reporting" means submission of disease/test reports on diskette, as an e-mail attachment, as an FTP (File Transfer Protocol) file, using a mailbox via an Intranet, or using other technologies. Encryption is a prerequisite for electronic reporting, to protect the confidentiality of the data.

"Ethnicity" means cultural background, as in Hispanic or Latino.

"Health officer" means a holder of a license as health officer issued by the New Jersey Department of Health and Senior Services, pursuant to N.J.S.A. 26:1A–38 et seq., who is employed by a local board of health to function during all working hours of the regularly scheduled work week of the governmental unit to which the local health agency is attached and not regularly employed during the working hours of that scheduled work week in other activities for which he or she receives remuneration.

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

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

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

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

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

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

"Outbreak" means any unusual occurrence of disease or any disease above background or endemic levels. Endemic level refers to the usual prevalence of a given disease within a geographic area. "Suspected outbreak" means an outbreak which appears to meet the definition of an outbreak, but has not yet been confirmed.

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

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

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

"Sexually transmitted disease" means syphilis, gonorrhea, chancroid, lymphogranuloma venereum, granuloma inguinale and chlamydial genital infections.

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

8:57–1.3 Diseases which are immediately reportable

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

1. Anthrax *(Bacillus anthracis)*;
2. Botulism *(Clostridium botulinum);*
3. Brucellosis (*Brucella* spp.);
4. Diphtheria *(Corynebacterium diphtheriae);*
5. *Haemophilus influenzae, invasive disease*;
6. Hantavirus;
7. Hepatitis A, institutional settings;
8. Measles;
9. Meningococcal disease (*Neisseria meningitidis*);
10. Pertussis (whooping cough, *Bordetella pertussis*);
11. Plague *(Yersinia pestis*);
12. Poliomyelitis;
13. Rabies (human illness);
14. Rubella;
15. Smallpox;
16. Tularemia *(Francisella tularensis)*;
17. Viral hemorrhagic fevers, including, but not limited to, Ebola, Lassa, and Marburg viruses;
18. Foodborne intoxications, including, but not limited to, ciguatera, paralytic shellfish poisoning, scombroid, or mushroom poisoning; and

19. Any outbreak or suspected outbreak, including, but not limited to, foodborne, waterborne or nosocomial disease or a suspected act of bioterrorism.

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

(c) The report shall include the name, municipality and telephone number of the reporting health care provider, chief executive officer or other person having control or supervision over a hospital or other health care institution, a laboratory director, a superintendent of an institution such as a correctional facility or summer camp, a child care center or preschool director, or a school principal or president of an institution of higher learning; the name of the disease; the name, age, date of birth, gender, race, ethnicity, home address and telephone number of the person who is ill or infected with such disease; the date of onset of illness; and such other information as may be requested by the Department.

(d) A health care provider, a chief executive officer or other person having control or supervision over a hospital or other health care institution, a laboratory director, a superintendent of an institution such as a correctional facility or summer camp, a child care center or preschool director, or a school principal or president of an institution of higher learning may delegate this reporting activity to a staff member, but this delegation does not relieve the health care provider or institutional head of the ultimate reporting responsibility.

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

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

Cross References

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

Statutory References

N.J.S.A. 26:4–15.

Case Notes

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

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

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

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

2. Chlamydia;

3. Gonorrhea;

4. Hemorrhagic colitis;

5. Hepatitis B surface antigen test positive in a pregnant woman;

6. Hepatitis C;

7. Kawasaki disease (mucocutaneous lymph node syndrome);

8. Lyme disease;

9. Measles;

10. Mumps;

11. Pertussis;

12. Rabies, animal bites treated for rabies;

13. Rubella;

14. Syphilis, primary and secondary, and

15. Tuberculosis.

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

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

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

(e) A health care provider who fails to report pursuant to the requirements of this section and N.J.A.C. 8:57–1.3(a) may receive written notification of this failure and a warning. A health care provider who, despite warning, continues to fail to comply with the reporting requirements, shall be subject to a fine pursuant to the provisions of N.J.S.A. 26:4–129. A health care provider whose failure to report is determined by the Department to have significantly hindered public health control measures, shall be subject to other actions, including, but not limited to, notification of the violation to the State Board of Medical Examiners or State Board of Nursing, as the case may be, and/or appropriate hospital medical directors or administrators.

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.
Amended by R.1999 d.305, effective September 7, 1999.
See: 31 N.J.R. 987(b), 31 N.J.R. 2617(a).
Inserted (a)12.

8:57–1.5 Reporting of diseases from hospitals

(a) In addition to the reporting requirements of N.J.A.C. 8:57–1.3, any single case of the following diseases diagnosed in or admitted to a hospital, either confirmed or presumptive, shall be reported by the chief executive officer or other person having control or supervision over the hospital to the local health department, except for congenital syphilis and tuberculosis which shall be reported directly to the Department:

1. Arboviral diseases;
2. Creutzfeld-Jakob disease;
3. Guillain-Barre syndrome;
4. Hemolytic uremic syndrome;
5. Hepatitis C.
6. Kawasaki disease (mucocutaneous lymph node syndrome);
7. Legionnaires' disease, nosocomial;
8. Rabies, animal bites treated for rabies;
9. Rheumatic fever, acute;
10. Rubella, congenital;
11. Syphilis, congenital;
12. Tetanus;
13. Toxic shock syndrome, streptococcal;
14. Trichinosis;
15. Tuberculosis;
16. Viral encephalitis; and
17. Yellow fever.

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

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

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

(e) A chief executive officer or other person having control or supervision over a hospital who fails to report

pursuant to the provisions of this section and N.J.A.C. 8:57–1.3(a) may receive written notification of this failure and a warning. Responsible parties who, despite warning, continue to fail to comply with these reporting requirements, shall be subject to a fine, pursuant to the provisions of N.J.S.A. 26:4–129. A chief executive officer or other person having control or supervision over a hospital whose failure to report is determined by the Department to have significantly hindered public health control measures shall be subject to other actions, including, but not limited to, notification of the violation to the Department's Division of Health Planning and Regulation and any other licensing review organizations.

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

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

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.
Amended by R.1999 d.305, effective September 7, 1999.
See: 31 N.J.R. 987(b), 31 N.J.R. 2617(a).
Inserted (a)16.

8:57–1.6 Reporting of diseases from laboratories

(a) In addition to the reporting requirements of N.J.A.C. 8:57–1.3, any positive culture, test, or assay result specific for one of the following organisms shall be reported by a laboratory director to the local health department, except that positive results for tuberculosis and sexually transmitted diseases shall be reported directly to the Department:

1. Acid fast bacilli;
2. Antibiotic-resistant organisms (hospital-based laboratories only);
3. *Arboviruses;
4. *Babesia spp.;*
5. **Bacillus anthracis;*
6. **Bordetella pertussis;*
7. *Borrelia burgdorferi;*
8. **Brucella* spp.;
9. *Campylobacter jejuni;*
10. *Chlamydia pneumoniae;*
11. *Chlamydia psittaci;*
12. *Chlamydia trachomatis;*
13. **Clostridium botulinum;*
14. *Clostridium tetani;*
15. **Corynebacterium diphtheriae;*
16. *Coxiella burnetti;*
17. *Cryptosporidium spp.;*
18. *Cyclospora* spp;
19. *Ebola virus;
20. *Entamoeba histolytica;*
21. *Ehrlichia* spp.;
22. *Escherichia coli 0157: H7;*
23. *Foodborne intoxications, including, but not limited to, ciguatera, paralytic shellfish poisoning, scombroid, or mushroom poisoning;
24. **Francisella tularensis;*
25. *Giardia lamblia;*
26. *Hantavirus;
27. *Haemophilus ducreyi;*
28. *Haemophilus* influenzae isolated from cerebrospinal fluid, blood, or needle aspirate;
29. Hepatitis A;
30. Hepatitis B;
31. Hepatitis C;
32. Human papillomavirus;
33. *Lassa virus;
34. *Legionella pneumophila;*
35. *Leptospira interrogans;*
36. *Listeria monocytogenes;*
37. *Marburg virus;
38. Mumps virus;
39. *Mycobacterium, atypical;*
40. *Mycobacterium leprae;*
41. *Mycobacterium tuberculosis;*
42. *Neisseria gonorrhoeae;*

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

44. Plasmodium spp.;

45. Polio virus;

46. *Rabies virus;

47. *Rickettsia* spp.;

48. *Rubella virus;

49. Rubeola virus;

50. *Salmonella spp.;*

51. *Shigella spp.;*

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

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

54. *Treponema pallidum* ;

55. *Trichinella spiralis;*

56. *Vibrio spp.;*

57. *Yersinia enterocolitica;*

58. **Yersinia pestis*; and

59. Antibiotic sensitivity for *M. tuberculosis.*

(b) A laboratory director shall report positive cultures or positive laboratory test results for the microorganisms listed in (a) above within five business days after obtaining a positive result, except that positive cultures or positive laboratory test results for the microorganisms noted by an asterisk (*) shall be reported immediately by telephone to the local health officer and to the Department (609–588–7500 during business hours, 609–392–2020 after business hours, on weekends and holidays). All reports shall be submitted in writing or electronically to the health officer having jurisdiction over the locality in which the patient lives, or, if unknown, to the health officer in whose jurisdiction the health care provider requesting the laboratory examination is located, except that reports of organisms for tuberculosis and sexually transmitted diseases shall be submitted directly to the Department, as specified below.

1. A list of specific tests meeting reporting criteria for the organisms in (a) above shall be made available periodically from the Department.

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

3. For cases of congenital syphilis, the reports shall be submitted directly to the Department, no later than 24 hours after the close of business on the day on which the positive test results were obtained. The report shall be made to the Department by telephone (609) 588–7526 during business hours or (609) 392–2020 after business hours, on weekends and holidays.

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

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

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

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

1. *Escherichia coli 0157: H7*;

2. *Haemophilus influenzae* isolated from cerebrospinal fluid or blood;

3. *Legionella pneumophila;*

4. *Neisseria meningitidis;*

5. *Salmonella spp.;*

6. *Shigella spp.;*

7. *Streptococcus pyogenes* isolated from cerebrospinal fluid or blood;

8. Penicillin-resistant *Streptococcus pneumoniae* isolated from cerebrospinal fluid or blood;

9. Vancomycin-resistant *Enterococcus* spp. isolated from cerebrospinal fluid or blood;

10. Glycopeptide resistant Staphylococcus spp. and Streptococcus spp. isolated from any body site; and

11. Multiple antibiotic resistant bacteria (upon request).

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 of disease outbreaks occurring in institutions and schools

(a) A chief executive officer, superintendent, or other person having control or supervision over any institution such as a sanitarium, nursing home, shelter for the homeless, penal institution, child care center, preschool, school, or college in which an outbreak or suspected outbreak occurs shall immediately report this event by telephone to the health officer having jurisdiction over the locality in which the institution or school is located. If the outbreak occurs in a State institution, the outbreak shall be immediately reported to the Department by telephone (609–588–7500, during business hours; 609–392–2020, after business hours, on weekends and holidays).

(b) The reports shall include the name, municipality and telephone number of the institution or school; the name of the disease or suspected disease; the number ill; dates of onset; description of symptoms; pertinent medical history and available diagnostic confirmation; and such other information as may be requested by the health officer or the Department.

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

(d) A chief executive officer, superintendent, or other person having control or supervision over an institution in which an outbreak or suspected outbreak occurs who fails to report pursuant to the requirements of this section may receive written notification of this failure and a warning to comply. A responsible party who, despite warning, continues to fail to comply with these reporting requirements, shall be subject to a fine pursuant to the provisions of N.J.S.A. 26:4–129. A responsible party whose failure to report is determined by the Department to have significantly hindered public health control measures shall be subject to other actions, including, but not limited to, notification to the Department's Division of Health Planning and Regulation or Division of Long Term Care Systems, the Department of Human Services, or the Department of Education, as the case may be, and other licensing review organizations as appropriate.

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) A health officer who is notified of any disease outbreak, or of any single case of a disease listed in N.J.A.C. 8:57–1.3(a), shall immediately notify the Department by telephone (609–588–7500, during business hours; 609–392–2020, after business hours, on weekends and holidays).

(b) A health officer who is notified of the existence of diseases pursuant to the provisions of N.J.A.C. 8:57–1.4, 1.5, 1.6, and 1.7 shall, within 24 hours of receipt of the report, forward a written or electronic copy thereof to the Department. If the initial report is incomplete, a health officer shall seek complete information and shall provide all available information to the Department within five working days of receiving the initial report.

(c) A health officer who is notified of any outbreak of disease, or of any single case of a disease listed in N.J.A.C. 8:57–1.3(a), which is not within that health officer's jurisdiction shall immediately notify the health officer 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 affected person is located, as the case may be. If either of the said health agencies are not located in New Jersey, the health officer shall forward this information to the Department by telephone (609–588–7500, during business hours; 609–392–2020, after business hours, on weekends, and holidays).

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

(e) A health officer who fails to report pursuant to the provisions of this section shall receive written notification of this failure and a warning. A health officer who, despite warning, fails to comply with these reporting requirements, shall be subject to a fine pursuant to the provisions of N.J.S.A. 26:4–129. A health officer whose failure to report is determined by the Department to have significantly hindered public health control measures shall be subject to other actions, including notification to the Department's Public Health Licensing and Examination Board and the Public Health Council.

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) A health officer shall, upon receiving a report of an outbreak or suspected outbreak of any communicable disease, or of a case or suspected case of any communicable disease, investigate the facts contained in the report. A health officer shall follow such direction regarding the investigation as may be given by the Department.

(b) The health officer performing investigation set forth in (a) above shall, at a minimum:

1. Determine whether a single case or an outbreak of a reportable disease exists;

2. Ascertain the source and spread of the infection; and

3. Determine and implement appropriate control measures.

(c) The health officer shall immediately relay all available information pertaining to the investigation to the Department by telephone (609–588–7500, during business hours; 609–392–2020, after business hours, on weekends, and holidays).

(d) The Department may require more than one health officer to participate in the investigation. The health officers may include those having 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 of institutions where such persons may be located or receive care; and

4. Other jurisdictions which are determined to be appropriate and necessary by the Department.

8:57–1.10 Isolation and restriction 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 other restrictive measures required by statute or rule to prevent or control disease. If, in the judgment of the health officer or the Department, it is necessary to provide adequate isolation, a health officer or the Department shall promptly remove, or cause to be removed, a person who is ill with a communicable disease to a hospital. Such order shall remain in force until terminated by the health officer or the Department.

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

(c) The Department or health officer, if authorized by local ordinance or by the Department, 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) A person who is responsible for the care, custody, or control of a person who is 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 specimen submission

(a) The Department or a health officer may order a person who is suspected of being ill or infected with a reportable or communicable disease, or who has been exposed to a reportable or communicable disease, to submit to physical examination, X-ray studies, laboratory studies, and such other diagnostic procedures as deemed necessary to determine whether or not such person is communicable to others or is a carrier of disease.

(b) Any person who is ordered to submit to examination and/or to submit specimens under (a) above shall comply with the order.

(c) Specimens obtained under the authority of this chapter and under provisions of this rule shall be submitted to a laboratory which is approved by the Department for 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) A person who is ill or infected with a communicable disease which may be transmitted through food may, based on the type of organism, job function of the person, and the virulence of the disease, be prohibited by a health officer or the Department from working in any occupation that manufactures, processes, stores, prepares, or serves food for public consumption. A person who resides in, boards at, lodges in, or visits a household where that person may come in contact with any person who is ill or infected with a communicable disease which may be transmitted through food may be prohibited by the health officer or the Department from working in any occupation that manufactures, processes, stores, prepares, or serves food for public consumption.

(b) A person who is employed in any establishment where food is manufactured, processed, stored, prepared, or served for public consumption may be required by a health officer or the Department, 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) A health officer or the Department may prohibit the sale or distribution of food which:

1. Has been prepared by a person who is 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.

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

8:57–2.1 Applicability; definition of AIDS, HIV infection, perinatal HIV exposure, 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 laboratory results showing the presence of antibodies to HIV, or results from laboratory tests conducted to measure the quantitative presence of HIV RNA (viral load tests), such as quantitative PCR tests. The Commissioner, Department of Health and Senior Services shall determine the laboratory tests or test results which indicate infection with HIV for the purpose of these rules. Any such determination shall take effect automatically, without modifying the definition of laboratory results indicative of infection with HIV.

(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.

(e) A child who is perinatally exposed to HIV is a child born to a woman who is known to be HIV infected at the time of delivery, either through HIV testing prior to or during her pregnancy, or who has been diagnosed as HIV infected through other medical evidence. A child may also be determined to be perinatally exposed through testing at or following birth.

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, or ordering a test resulting in the diagnosis of HIV, shall, within 24 hours of receipt of a laboratory report indicating such a condition, or within 24 hours of making a diagnosis of HIV infection or AIDS, report in writing such condition directly to the Department of Health and Senior Services on forms supplied by the Department of Health and Senior Services. 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 Department of Health and Senior Services. 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 Department of Health and Senior Services as being infected with HIV. The Department of Health and Senior Services may also collect additional information on persons previously reported, for either audit or epidemiological purposes.

(b) The person having control or supervision over any institution such as a hospital, sanitarium, nursing home, penal institution, clinic, blood bank, insurance company 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 Department of Health and Senior Services on forms supplied by the Department of Health and Senior Services. 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 Department of Health and Senior Services. 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 Department of Health and Senior Services 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 reporting responsibility. The Department of Health and Senior Services may also collect additional information on persons previously reported, for either audit or epidemiological purposes.

(c) Every clinical laboratory shall, within five working days of completion of a quantitative PCR (viral load) test, regardless of test result, or any other laboratory test which has results indicative of infection with HIV, report in writing such results to the Department of Health and Senior Services. The report shall include the name and address of the clinical laboratory, the name and address of the submitter of the laboratory specimen, the date of the test, and the name, address, gender, and date of birth of the person from whom the laboratory specimen was obtained, or a 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 Department of Health and Senior Services 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 children perinatally exposed to HIV

(a) Every physician attending a child known to be perinatally exposed to HIV, or ordering a test resulting in the diagnosis of perinatally exposed to HIV, shall, within 24 hours of receipt of a laboratory report indicating such a condition report in writing such condition directly to the Department of Health and Senior Services on forms supplied by the Department of Health and Senior Services. The report shall include the information as in N.J.A.C. 8:57–2.2(a), and such other information as may be required by the Department of Health and Senior Services. A physician shall not report the child perinatally exposed to HIV if the physician is aware that the person having control or supervision of an institution named in (b) below is reporting that child as being infected with HIV, or if the physician is aware that the child has previously been reported to the Department of Health and Senior Services as being perinatally exposed to HIV. The Department of Health and Senior Services may also collect additional information on children previously reported, for either audit or epidemiological purposes.

(b) The person having control or supervision over any institution such as a hospital, sanitarium, nursing home, penal institution, clinic, blood bank, insurance company or facility for HIV counseling and testing in which a child is determined to be perinatally exposed to HIV shall, within 24 hours of receipt of a laboratory report or other medical evidence indicating such a condition, report in writing such condition directly to the Department of Health and Senior Services on forms supplied by the Department of Health and Senior Services. The report shall include the information as in N.J.A.C. 8:57–2.2(a), and such other information as may be required by the Department of Health and Senior Services. The person having control or supervision of the institution shall not report a child perinatally exposed to HIV if it is known that a physician is reporting the child or that the child has previously been reported to the Department of Health and Senior Services as being perinatally exposed to 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 reporting responsibility. The Department of Health and Senior Services may also collect additional information on children previously reported, for either audit or epidemiological purposes.

8:57–2.4 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 Department of Health and Senior Services on forms supplied by the Department of Health and Senior Services. 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 Department of Health and Senior Services. 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 Department of Health and Senior Services may also collect additional information on persons previously reported, for either audit or epidemiological purposes.

(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 Department of Health and Senior Services on forms provided by the Department of Health and Senior Services. 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 Department of Health and Senior Services. 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. The Department of Health and Senior Services may also collect additional information on persons previously reported, for either audit or epidemiological purposes.

(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 and Prevention as criteria for defining AIDS, report in writing or electronically such results to the Department of Health and Senior Services. The report shall include the name and address of the clinical laboratory, the name and address of the submitter of the laboratory specimen, the date of the test, and the name, address, gender, and date of birth of the person from whom the laboratory specimen was obtained, or a 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 Department of Health and Senior Services 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.

8:57–2.5 Testing procedures

No physician or institution may direct a person to 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 Commissioner, Department of Health and Senior Services 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 Department of Health and Senior Services.

8:57–2.6 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.

8:57–2.7 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 Department of Health and Senior Services for public health purposes.

8:57–2.8 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 fines, as allowed by N.J.S.A. 26:4–129. In addition, those whose failure to report is determined by the Department of Health and Senior Services 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 Department of Health and Senior Services to have significantly hindered public health control measures, shall be subject to other actions, including notification of the Department of Health and Senior Services, Division of Health Planning and Regulation, 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 Department of Health and Senior Services to have significantly hindered public health control measures, shall be subject to other actions, including notification of the State Clinical Laboratory Improvement Services.

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 report such disease or poisoning to the Department of Health and Senior Services. The routine mechanism for reporting shall be electronic hospital discharge data reported to the Department under N.J.S.A. A:26 2H–1 et seq. and N.J.A.C. 8:31B–2. At the discretion of the Department, the Department may require paper reporting of one or more of the listed reportable diagnoses within 30 days of discharge following written notification of hospitals. 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; and
8. Bronchitis, Pneumonitis, inflammation both acute and chronic and acute pulmonary edema due to fumes and vapors, ICD codes 506.0, 506.1, 506.2, 506.3, 506.4, and 506. 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.

alcohol (excluding alcoholic beverages and alcoholism)	ICD 980; E860.1–.9
petroleum products	ICD 981; E862 (E862.0–.9)
solvents other than petroleum based	ICD 982 (982.0–.9); E862 (E862.0–.9)
corrosive aromatics and caustic alkalis	ICD 983 (983.0–.9); E864 (864.0–.4)
lead and its compounds	ICD 984; E866 (E866.0)
other metals	ICD 985 (985.0–.9); E866 (E866.1.4)
carbon monoxide	ICD 986; E867, E868 (E868.0–.9)
other gases, fumes, or vapors	ICD 987 (987.0–.9); E869 (E869.0–.9)
other substances	ICD 989 (989.0–.9) E861 (E861.0–.9), E863 (E863.0–.9) E866 (E866.0–.9)

(d) When requested by the Department in writing, the report required by (a) above shall state, on forms supplied by the Department of Health and Senior Services, 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 Department of Health and Senior Services.

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 Department of Health and Senior Services.

(b) The following diseases and injuries are declared to be reportable to the Department of Health and Senior Services 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);

12. Work-related fatal injuries; and

13. Occupational dermatitis.

(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 or a certified registered nurse practitioner 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 or certified registered nurse practitioner'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 Commissioner, Department of Health and Senior Services 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 Department of Health and Senior Services 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) Religious affiliated schools or child care centers shall have the authority to withhold or grant a religious exemption from the required immunization for pupils entering or attending their institutions without challenge by any secular health authority.

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

(d) 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 Commissioner, Department of Health and Senior Services 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 Department of Health and Senior Services 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).

(f) 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, certified registered nurse practitioner, 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 and 4.16 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 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 Commissioner, Department of Health and Senior Services 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 or a certified registered nurse practitioner 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 Department of Health and Senior Services

(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 Department of Health and Senior Services 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 Department of Health and Senior Services.

(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 shall be considered delinquent. A delinquency involving schools, preschools, and child care centers may be referred to the New Jersey Department of Education or the New Jersey 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 Department of Health and Senior Services 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 less than seven years of age 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 or DTaP, 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) Diphtheria, tetanus, and acellular pertussis vaccine (DTaP) for children under age seven is preferred and shall be accepted in lieu of DTP vaccine.

(d) 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.

(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 or DTaP after the child's fourth birthday shall not apply to children while enrolled in child care centers, preschool or pre-kindergarten classes or programs.

(g) Those children less than seven years of age who have received a total of five or more doses of DTP or DTaP shall have also 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 less than seven years of age shall have received at least three doses of live, trivalent, oral poliovirus vaccine (OPV), or inactivated poliovirus vaccine (IPV) either separately or in combination, one dose of which shall have been given on or after the child's fourth birthday or, alternatively, any appropriately spaced combination of four doses.

(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 person 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, preschool or pre-kindergarten classes or programs.

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) Every child born after January 1, 1990 attending or transferring into a New Jersey school from another state or country shall have received two doses of a live measles containing vaccine.

(c) 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.

(d) 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.

(e) 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.

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

(g) 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 or attending any child care center or preschool facility 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 or attending a child care center 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 Hepatitis B virus vaccine

(a) Every child born on or after January 1, 1996 shall have received three doses of hepatitis B vaccine, or any vaccine combination containing hepatitis B virus, prior to school entrance for the first time into a Kindergarten, Grade 1, or a comparable age entry level special education program with an unassigned grade.

(b) Children born on or after January 1, 1996, attending or transferring into a New Jersey school from another state or another country, shall have received three doses of hepatitis B vaccine.

(c) Children born on or after January 1, 1996, attending or transferring into a New Jersey school (Kindergarten and Grade 1) for the first time after September 1, 2001, with no documented doses of hepatitis B vaccine, shall receive a second dose of a hepatitis B containing vaccine, no later than three months after receiving the first dose and shall receive the third dose no later than 12 months following the first dose.

(d) Every child born on or after January 1, 1990 and entering Grade 6, or a comparable age level special education program with an unassigned grade, on or after September 1, 2001 shall have received three doses of hepatitis B vaccine, or any vaccine combination containing hepatitis B virus.

(e) Children born on or after January 1, 1990, attending or transferring into a New Jersey school from another state or country on or after September 1, 2001, shall have received three doses of hepatitis B vaccine.

(f) Children born on or after January 1, 1990, attending or transferring into a New Jersey School from another state or country on or after September 1, 2001 with no documented doses of hepatitis B vaccine, shall receive the second dose of hepatitis B containing vaccine no later than three months after receiving the first dose and shall receive the third dose no later than 12 months following the first dose.

(g) Children who present documented laboratory evidence or a physician's written certification of hepatitis B disease, constituting a medical exemption, shall not be required to receive hepatitis B vaccine.

8:57–4.17 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. Hepatitis B vaccine;
10. Other immunizing agents when specifically authorized to do so by the Department of Health and Senior Services.

8:57–4.18 Emergency powers of the Commissioner, Department of Health and Senior Services

(a) In the event that the Commissioner, Department of Health and Senior Services 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 Commissioner, Department of Health and Senior Services 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 Commissioner, Department of Health and Senior Services or his or her designee may redeclare a state of emergency if the emergency has not ended.

8:57–4.19 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 Department of Health and Senior Services, 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.

SUBCHAPTER 5. CONFINEMENT OF PERSONS WITH TUBERCULOSIS

8:57–5.1 Purpose and scope

(a) The purpose of these rules is to control the spread of tuberculosis, particularly new forms of multiple drug resistant TB (MDR–TB), by maximizing the use of currently available and highly effective treatments.

(b) These rules apply to persons who have active TB disease or who are suspected of having active TB disease by a health care provider or local health officer, as well as those persons identified either as contacts to a person(s) with active or suspected active TB disease or those with TB infection when active TB has not been ruled out.

(c) Local health officers are primarily responsible for implementation of these rules. Physicians and other providers of health care services, including, but not limited to, managed care organizations, hospital administrators and emergency medical technicians, also have responsibilities under these rules.

(d) Local health officers in areas where the person frequents or receives care may take any action authorized under these rules if the local health officer determines that they are necessary for the health of the person or the public. Such local health officers shall notify the local health officer with primary responsibility, within 72 hours, of any actions taken under these rules.

(e) The guiding principles underlying the implementation of these rules are:

1. To protect the public from the spread of active TB disease; and

2. To treat persons with active TB or suspected TB in the least restrictive environment.

8:57–5.2 Definitions

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

"Acid-fast bacilli (AFB)" means organisms that remain stained after being washed in acid solution, may be detected using a microscope, and are then reported as a positive AFB. TB should be considered a possibility when AFB are present on a stained smear, which indicates the likelihood of infectiousness in a TB patient.

"Active TB" means that:

1. A person has a positive smear for acid-fast bacilli (AFB) or culture identified as Mycobacterium tuberculosis (M.tb) or M.tb complex taken from a pulmonary source such as sputum, bronchioalveolar lavage, gastric aspirate, lung tissue, etc. as well as other tissue of the respiratory tract such as the larynx or epiglottis, and the person has not completed a prescribed course of medication for tuberculosis according to the latest American Thoracic Society (ATS) and Centers For Disease Control and Prevention (CDC) guidelines; or

2. A specimen collected from a non-pulmonary site indicating the likelihood (acid-fast bacilli or granulomas present) or confirmation of tuberculosis disease by culture (M.tb or M.tb complex), and there is clinical evidence or clinical suspicion of pulmonary tuberculosis disease, and the person has not completed an appropriate prescribed course of medication for tuberculosis; or

3. In those cases where smears and/or cultures are unobtainable or are negative, the radiographic and clinical findings as well as epidemiological evidence are sufficient to highly suspect a medical diagnosis of pulmonary tuberculosis for which treatment is recommended.

"Appointment keeping rate" means the number of kept appointments divided by the number of scheduled appointments.

"Clinically suspected active TB" means a condition in which the person presents a substantial likelihood, as determined by a health care provider, of having active tuberculosis that is infectious, based upon epidemiologic evidence, clinical evidence, x-ray readings, or laboratory test results.

"Close contact" means a person, as identified by a health care provider or his or her designee or by an agent of the State or local health department, who shares common living, recreational, working, transportation or other areas with a person with active tuberculosis such that the frequency of exposure and/or proximity of those contacts to the case may cause transmission of tuberculosis.

"Commissioner" means the Commissioner of the Department of Health and Senior Services or his or her designee.

"Compliance" means that a person takes 80 percent or more of his or her prescribed TB medication. The term "compliance" is equivalent to the term "adherence," a term often used by the Centers for Disease Control and Prevention.

"Designated commitment facility or unit" means a health care facility selected by the Commissioner, Department of Health and Senior Services to provide one or more of the following when involuntary commitment is required under these rules: space for involuntary commitment; space and clinical program for involuntary examination and treatment; and/or space and clinical program for commitment and facilities for hearings under this subchapter.

"Directly observed therapy (DOT)" means a methodology for ensuring compliance with medication directions in which a health care provider or trained designee witnesses the person ingesting his or her prescribed medications.

"Health care provider" means a person who is directly involved in the clinical diagnosis of and the prescribing of medication for individuals. These individuals would include physicians, nurses, nurse practitioners, clinical nurse specialists, and/or physicians assistants.