

CHAPTER 57
COMMUNICABLE DISEASES

Authority

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

Source and Effective Date

R.2003 d.412, effective September 25, 2003.
See: 34 N.J.R. 3945(a), 35 N.J.R. 4883(b).

Chapter Expiration Date

Chapter 57, Communicable Diseases, September 25, 2008.

Chapter Historical Note

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

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

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

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

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

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

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

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

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Disease, Subchapter 3, Poliomyelitis Vaccine Records, and Subchapter 5, New Jersey Influenza Immunization Program, were repealed by R.1990 d.243, effective June 4, 1990.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

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

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

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

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

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

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

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

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

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

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

Chapter 57, Communicable Diseases, was readopted as R.2003 d.412, effective September 25, 2003. See: Source and Effective Date. See, also, section annotations.

Cross References

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

CHAPTER TABLE OF CONTENTS

SUBCHAPTER 1. REPORTABLE COMMUNICABLE DISEASES

- 8:57-1.1 Purpose and scope
- 8:57-1.2 Definitions
- 8:57-1.3 Reportable diseases
- 8:57-1.4 Persons and institutions required to report reportable diseases
- 8:57-1.5 Content of report
- 8:57-1.6 Reporting of positive laboratory results denoting diseases
- 8:57-1.7 Reporting of diseases by health officers
- 8:57-1.8 Health officer investigations
- 8:57-1.9 Isolation and restriction for communicable disease
- 8:57-1.10 Medical examination and specimen submission
- 8:57-1.11 Foodhandlers ill or infected with communicable diseases
- 8:57-1.12 Confidentiality

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
- 8:57-2.2 Reporting HIV Infection
- 8:57-2.3 Reporting children perinatally exposed to HIV
- 8:57-2.4 Reporting AIDS
- 8:57-2.5 Testing procedures
- 8:57-2.6 Exceptions to communicable disease classification of AIDS and HIV
- 8:57-2.7 Access to information
- 8:57-2.8 Failure to comply with reporting requirements

SUBCHAPTER 3. REPORTABLE OCCUPATIONAL AND ENVIRONMENTAL DISEASES, INJURIES AND POISONS

- 8:57-3.1 Reporting of occupational and environmental diseases, injuries and poisonings by hospitals
- 8:57-3.2 Reporting of occupational and environmental diseases, injuries, and poisonings by physicians and advanced practice nurses
- 8:57-3.3 Confidentiality

SUBCHAPTER 4. IMMUNIZATION OF PUPILS IN SCHOOL

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

SUBCHAPTER 5. CONFINEMENT OF PERSONS WITH TUBERCULOSIS

- 8:57-5.1 Purpose and scope
- 8:57-5.2 Definitions
- 8:57-5.3 Reportable events
- 8:57-5.4 Case management and outreach services
- 8:57-5.5 Diagnostic examinations
- 8:57-5.6 Management of TB; outpatient basis
- 8:57-5.7 Grounds for commitment
- 8:57-5.8 Hearing process
- 8:57-5.9 Due process
- 8:57-5.10 Discharge plan
- 8:57-5.11 Commitment facilities
- 8:57-5.12 Procedures for commitment by local health officers
- 8:57-5.13 Annual report
- 8:57-5.14 Confidentiality of records
- 8:57-5.15 Mandatory exclusion from workplace or school
- 8:57-5.16 Penalties for violation of rules

SUBCHAPTER 6. HIGHER EDUCATION IMMUNIZATION

- 8:57-6.1 Applicability
- 8:57-6.2 Exemptions
- 8:57-6.3 Required immunization; measles
- 8:57-6.4 Required immunization; mumps
- 8:57-6.5 Required immunization; rubella
- 8:57-6.6 Required immunization; meningococcal
- 8:57-6.7 Required information: meningococcal disease and meningococcal vaccine
- 8:57-6.8 Institutional responsibility for enforcement
- 8:57-6.9 Provisional admission
- 8:57-6.10 Documents accepted as evidence of immunization
- 8:57-6.11 Medical exemptions
- 8:57-6.12 Religious exemptions

- 8:57-6.13 Institutional records required
- 8:57-6.14 Reports to be submitted to the Department of Health and Senior Services
- 8:57-6.15 Records available for inspection
- 8:57-6.16 Providing immunization
- 8:57-6.17 Reporting requirements
- 8:57-6.18 Modifications in the event of an outbreak

SUBCHAPTER 7. STUDENT HEALTH INSURANCE COVERAGE

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

SUBCHAPTER 8. CHILDHOOD IMMUNIZATION INSURANCE COVERAGE

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

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.

(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).

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

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

In (a), deleted "age-appropriate" following "at least one", inserted "on or after the first birthday" at the end.

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 the first dose before entering school and 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 and transferring into a New Jersey school at the Grade Six or a higher grade level 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 first dose before entering school, and shall receive a 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) Unvaccinated children 11 through 15 years of age who have not begun or completed the hepatitis B vaccine series, and subject to the Grade Six hepatitis B requirement com-

mencing September 1, 2001, can be given two doses of any hepatitis B vaccine licensed and approved for a two dose regimen to satisfy the hepatitis B requirement.

(h) Unvaccinated children 11 through 15 years of age who have not yet begun or completed the hepatitis B vaccine series, and subject to the Grade Six hepatitis B requirement commencing September 1, 2001, and who are eligible to enter, attend, or transfer into a New Jersey school in provisional status following receipt of the first dose of any hepatitis B vaccine licensed for a two dose regimen shall receive the second and final dose to complete that two dose series no later than six months following the first dose.

(i) Every child born on or before January 1, 1990 entering, attending, or transferring into a New Jersey school in Grades Nine through 12 or in a comparable age level special education program after September 1, 2003, shall have received three doses of a hepatitis B virus containing vaccine, or alternatively any two doses of a hepatitis B containing vaccine licensed and approved for a two-dose regimen administered to children 11 through 15 years of age.

(j) Unvaccinated children born on or before January 1, 1990 entering, attending, or transferring into a New Jersey school in Grades Nine through 12 on or after September 1, 2003 who have not completed the hepatitis B vaccine series are eligible to attend school in provisional status following the receipt of the first dose of any hepatitis B vaccine dose. The child granted provisional status shall receive a 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. If the child is age eligible to receive the two-dose regimen, the second and final dose shall be received no later than six months following the first dose.

(k) Children who present documented laboratory evidence of hepatitis B disease or immunity, constituting a medical exemption, shall not be required to receive hepatitis B vaccine.

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

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

Rewrote the section.

Amended by R.2004 d.272, effective July 19, 2004.

See: 35 N.J.R. 4975(a), 36 N.J.R. 3423(b).

Added a new (i), added (j), and recodified former (i) as (k).

8:57-4.17 Varicella virus vaccine

(a) Every child born on or after January 1, 1998 shall have received one dose of varicella vaccine, or any vaccine combination containing varicella virus, administered on or after the first birthday, 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) Every child 19 months of age or older enrolling in or attending a child care center or preschool facility shall have

received at least one dose of a varicella containing vaccine administered on or after the first birthday.

(c) Every child born on or after January 1, 1998, attending or transferring into a New Jersey school from another state or country, shall have received one dose of a varicella virus containing vaccine.

(d) Children who present either documented laboratory evidence, a physician's statement, or a parental statement of previous varicella disease, shall not be required to receive varicella vaccine.

Repeal and New Rule, R.2003 d.413, effective October 20, 2003.
See: 34 N.J.R. 584(a), 35 N.J.R. 4890(a).
Section was "Providing immunization".

8:57-4.18 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. Varicella vaccine;
11. Other immunizing agents when specifically authorized to do so by the Department of Health and Senior Services.

Recodified from N.J.A.C. 8:57-4.17 and amended by R.2003 d. 413, effective October 20, 2003.
See: 34 N.J.R. 584(a), 35 N.J.R. 4890(a).

In (a), added a new 10, and recodified former 10 as 11. Former N.J.A.C. 8:57-1.18, Emergency powers of the Commissioner, Department of Health and Senior Services, recodified to N.J.A.C. 8:57-1.19.

8:57-4.19 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.

Recodified from N.J.A.C. 8:57-1.18 by R.2003 d. 413, effective October 20, 2003.

See: 35 N.J.R. 584(a), 35 N.J.R. 4890(a).

Former N.J.A.C. 8:57-1.19, Optimal immunization recommendations, recodified to N.J.A.C. 8:57-1.20.

8:57-4.20 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, vaccine doses, and proper spacing between vaccine doses are recommended by the Department in accordance with the guidelines of the American Academy of Pediatrics (AAP) and Advisory Committee on Immunization Practices (ACIP) for optimal protection and additional vaccines or vaccine doses may be administered, although they are not required for school attendance unless otherwise specified in this subchapter.

Recodified from N.J.A.C. 8:57-1.19 by R.2003 d. 413, and amended by R.2003 d.412, effective October 20, 2003.

See: 35 N.J.R. 584(a), 35 N.J.R. 4883(b), 35 N.J.R. 4890(a).

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.