

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, expires on 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Disease, Subchapter 3, Poliomyelitis Vaccine Records, and Subchapter 5, New Jersey Influenza Immunization Program, were repealed by R.1990 d.243, effective June 4, 1990.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.

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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.

(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.

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

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

In (b), inserted "or other entity requiring HIV testing as part of underwriting process" in the first sentence.

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, INJURIES AND POISONS

8:57-3.1 Reporting of occupational and environmental diseases, injuries 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. 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 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.