

Chapter 258: RULES FOR THE CONTROL OF NOTIFIABLE DISEASES AND CONDITIONS

SUMMARY: These rules govern the reporting of certain diseases, clusters of unusual cases of a disease or outbreaks of a disease, epidemics, and extreme public health emergencies. Amendments were made in order to add new notifiable disease entities to the list of notifiable conditions, to delete some disease entities, and to update existing rules to reflect recent developments in disease investigation and interventions.

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10-144 MAINE CENTER FOR DISEASE CONTROL AND PREVENTION**Chapter 258: RULES FOR THE CONTROL OF NOTIFIABLE DISEASES AND CONDITIONS**

1. DEFINITIONS

- A. **Blood Bank/Blood Center:** A medical facility designed, equipped and staffed to produce, process, store or distribute human whole blood or blood derivatives for transfusion or treatment purposes.
- B. **Carrier:** A person identified as harboring a specific infectious agent and who serves as a potential source of infection.
- C. **Case:** A person infected with a particular infectious agent or having a particular disease as diagnosed by a health care provider.
- D. **Child Care Facility:** Any home, institution or facility licensed by the Department to provide childcare and pursuant to Title 22 M.R.S. Chapter 1673.
- E. **Commissioner:** The Commissioner of the Department of Health and Human Services, State of Maine.
- F. **Communicable Disease:** An illness or condition due to a specific infectious agent or its toxic products which arises through transmission of that agent or its products from a reservoir to a susceptible host.
- G. **Confinement:** Involuntary isolation of a non-compliant individual by judicial order, for a period of time and in such places and under such conditions as to prevent the transmission of the infection to others, to assure that the individual may receive a complete course of treatment, and to limit activities that may place others at risk of acquiring infection.
- H. **Contact:** An individual who has been exposed to an infectious person in a manner, which is likely, given the specific organism involved, to cause infection.
- I. **Correctional Facility:** Penal, jail and/or correctional institution administered by the Department of Corrections, State of Maine, or by a county.
- J. **Department:** The State of Maine, Department of Health and Human Services.
- K. **Director:** Director of the Maine Center for Disease Control and Prevention, Department of Health and Human Services and Maine's Chief Health Officer.
- L. **Division:** The Department of Health and Human Services, Maine Center for Disease Control and Prevention, Division of Infectious Disease.
- M. **Division Director:** The Director of the Division of Infectious Disease.
- N. **Educational Institution:** Any institution, public or private, directed to the education and training of students, including, but not limited to, primary, secondary and post-secondary schools.

- O. **Electronic Laboratory Reporting (ELR):** The automated transmission of laboratory-related data from commercial, public health, hospital, and other labs to state and local public health departments through an electronic health records (EHR) system or a Laboratory Information Management System (LIMS).
- P. **Electronic Laboratory Report Implementation Guide:** A document written by the Maine Center for Disease Control and Prevention's Infectious Disease Epidemiology Program to assist hospital laboratories in connecting with Maine Center for Disease Control and Prevention for the purpose of transmitting electronic laboratory reports on notifiable conditions. Pursuant to 5 M.R.S. §8056 (1)(8), the November 2013 version of the ELR Implementation Guide, and any amendments or updates to it, is hereby incorporated by reference into these rules. This document can be located at the Maine Center for Disease Control and Prevention website: <http://www.maine.gov/hit/public-health/electronic-reporting.shtml>.
- Q. **Emerging Disease or Condition:** Infections or conditions that have newly appeared in a population or have existed but are rapidly increasing in incidence or geographic range.
- R. **Environmental Disease:** Any abnormal condition or disorder aggravated or caused by exposure to an environmental hazard.
- S. **Environmental Hazard:** Chemicals, physical agents and biomechanical stressors and biological toxins that are present in the environment and that have an adverse effect on human health.
- T. **Environmentally Related Health Effects:** Chronic Diseases, birth defects, developmental disabilities and other noninfectious health effects that may be related to exposure to environmental hazards.
- U. **Exposure:** Direct contact or interaction with an environmental, biological hazard, infectious agent or toxic agent affecting or being taken into the body.
- V. **Extreme Public Health Emergency:** A state of emergency declared by the Governor of the State of Maine pursuant to 22 M.R.S. §802(2-A) and 37-B M.R.S. §742 based upon the occurrence or imminent threat of widespread exposure to a highly infectious or toxic agent or environmental hazard that poses an imminent threat of substantial harm to the population of the State.
- W. **Health Care Facility:** Facilities, institutions, or agencies licensed by the Department to provide health care.
- X. **Health Care Provider:** A nurse practitioner, physician or physician assistant licensed by the State of Maine
- Y. **Health Emergency:** Public health threat or emerging disease or condition posing a significant public health threat declared by the Director of the Maine CDC.
- Z. **Health Officer:** A local or municipal health officer appointed either pursuant to 22 M.R.S., Section 451 or who is authorized by the Department to enforce the public health functions of this chapter.
- AA. **Hospital:** A hospital licensed by the Department.
- BB. **Incubation Period:** The period of time that is generally agreed to be the longest time between exposure to an infectious agent and the onset of infection and/or symptoms.
- CC. **Infection Control Preventionist:** Any person designated by a hospital, nursing home, medical clinic or any other health care facility as having responsibility for prevention, detection, reporting, and control of infections within the facility.

- DD. **Infectious Person:** A person who is diagnosed as having a communicable disease and who, after appropriate medical evaluation or testing, is determined to be a potential source of infection to others, given conditions necessary for transmission of the disease.
- EE. **Intervention:** Public health action taken after receipt and evaluation of information of reported or suspect cases.
- FF. **Invasive:** Isolation of *a specific organism* from a normally sterile site (e.g., blood or cerebrospinal fluid [CSF] or, less commonly, joint, pleural, or pericardial fluid).
- GG. **Investigation:** A systematic inquiry or examination of potential disease-causing agents or disease incidence.
- HH. **Isolation:** The separation, for the period of communicability, of an infectious person or animal from others in places and under conditions to prevent or limit the direct or indirect transmission of the infectious agent to those who are susceptible or who may spread the agent to others.
- II. **Maine CDC:** The Department of Health and Human Services, Maine Center for Disease Control and Prevention.
- JJ. **Medical Laboratory:** Any certified facility, within Maine or out-of-state, that receives, forwards or analyzes specimens of material from the human body, or referred cultures of specimens from the human body.
- KK. **Non-Compliant Person:** An individual diagnosed with, recognized as having, or strongly suspected of having a notifiable disease who does not comply with prescribed care and public health recommendations.
- LL. **Notifiable Disease or Condition:** Any communicable, occupational or environmental disease, the occurrence or suspected occurrence of which is required to be reported to the Department pursuant to Title 22, Chapter 250, Sections 821-825, or these rules.
- MM. **Nurse Practitioner:** An individual who is licensed as a registered professional nurse and approved to practice as an advanced practice registered nurse by the Maine State Board of Nursing.
- NN. **Nursing Home:** A nursing home licensed by the Department.
- OO. **Outbreak or Epidemic:** A situation in which cases of a notifiable disease or condition are observed in excess of what is expected, compared to the usual frequency of the disease or condition in the same area, among a specified population, during a similar period of time. A single case of a disease long absent from a population is also reportable and may require immediate investigation.
- PP. **Pharmacist:** A pharmacist licensed in the State of Maine by the Board of Registration in Pharmacy.
- QQ. **Physician:** A physician registered and licensed in the State of Maine by either the Board of Licensure in Medicine or by the Board of Osteopathic Licensure.
- RR. **Physician Assistant:** A physician assistant licensed in the State of Maine by either the Board of Licensure in Medicine or by the Board of Osteopathic Licensure.
- SS. **Prescribed Care:** Isolation, quarantine, examination, vaccination, medical care or treatment ordered by the Department or a court.

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- TT. **Public Health Laboratory:** The Department of Health and Human Services, Maine Center for Disease Control and Prevention, Health and Environmental Testing Laboratory.
- UU. **Public Health Threat:** Any condition or behavior that can reasonably be expected to place others at significant risk of exposure to a toxic agent or environmental hazard or infection with a notifiable disease or condition.
- VV. **Public Health Worker:** State public health employees or designated contractors of the Maine CDC, including but not limited to, epidemiologists, disease intervention specialists, public health educators, public health nurses, municipal public health officials, or other public health professionals.
- WW. **Quarantine:** The limitation, by the Department, of freedom of movement of individuals or contacts who have been exposed to a communicable disease or condition, for a period of time equal to the longest incubation period of the disease or condition to which they have been exposed, for the purpose of preventing exposure of other individuals.
- XX. **State Epidemiologist:** Chief medical epidemiologist of the State of Maine, as designated by the Director of the Maine Center for Disease Control and Prevention.
- YY. **Surveillance:** The systematic ongoing collection, collation and analysis of data for public health purposes and the timely dissemination of public health information for assessment and public health response as necessary.
- ZZ. **Toxic Agent:** A chemical or physical substance that, under certain circumstances or exposure, may cause harmful effects to living organisms.
- AAA. **Veterinarian:** A person licensed in the State of Maine by the Board of Veterinary Medicine.
- BBB. **Zoonotic Disease:** A disease or condition that may cause serious illness, disability or death, the infectious agent of which may be passed or carried, directly or indirectly, from an animal to a person.

2. NOTIFIABLE DISEASES AND CONDITIONS

The Department may designate any communicable, occupational or environmental disease or condition as a notifiable disease or condition and establish requirements for reporting of diseases and conditions in order to measure the public health impact, to provide immediate intervention as needed, and to limit the potential for the spread of communicable, zoonotic, occupational or environmental diseases and conditions or widespread exposure to a toxic agent or environmental hazard. Maine law requires that health care providers report diseases and conditions deemed to be of public health importance in accordance with these rules. In accordance with 22 M.R.S., sections 801-825, the Department hereby adopts the following rules and procedures providing for a uniform system of reporting, recording and collecting information concerning notifiable diseases and conditions.

A. Who Must Report

All entities hereinafter described who attend a case, suspect case, or death from any of the recognized or strongly suspected diseases or conditions listed in part 2-I of these rules.

1. Health Care Providers

When attending a case or death from any of the diseases or conditions listed in part 2-I, the health care provider shall report to the Department, unless previously reported, the information outlined in part 2-B.

2. Medical Laboratories

All medical laboratories, including blood donor centers/blood banks, must report all diseases, conditions or test results listed in part 2-I, submitted from a Maine health care facility or health care provider, must provide to the Department the results of microbiologic cultures, examinations, immunologic assays for the presence of antigens and antibodies, and any other laboratory tests that are indicative of the presence of any of the diseases or conditions in part 2-I regardless of the clinical significance of the test, and the information specified in part 2-B, as known. The medical laboratory must forward to the Public Health Laboratory all clinical isolates or specimens as specified in part 2-I.

3. Health Care Facilities

Hospitals, nursing homes, medical clinics, or other health care facilities must require that all individual health care providers report as specified in part 2-A, or the health care facility must designate an Infection Control Preventionist or other person as responsible to report to the Department, knowledge of a case, suspect case, carrier, or death from any of the notifiable diseases or conditions in part 2-I and the information specified in part 2-B.

4. Child Care Facilities

Administrators or owners of licensed Child Care Facilities must report any case or suspected case of any of the notifiable diseases or conditions listed in part 2-I and the information specified in part 2-B.

5. Correctional Facilities

Administrators of the Medical Department of a Correctional Facility must report any case or suspected case of any of the notifiable diseases or conditions listed in part 2-I and the information specified in part 2-B.

6. Educational Institutions

Subject to the provisions of 20 U.S.C. § 1232g, administrators or the Medical Department of an Educational Institution must report any case or suspected case of any of the notifiable diseases or conditions listed in part 2-I and the information specified in part 2-B.

7. Health Officers

Local Health Officers shall report any pertinent information related to any case, suspect case, carrier or death from any disease entities or conditions listed in part 2-I and the information specified in part 2-B.

8. Veterinarians and Veterinary Medical Laboratories

In addition to the requirements of sections 2.A.1-7, the Department requires veterinarians and veterinary medical laboratories to report the clinical diagnosis of disease in animals and reports of laboratory tests on animals in the event:

- a. The disease is common to both animals and humans;
- b. The disease may be transmitted directly or indirectly to and between humans and animals;
- c. The persons who are afflicted with the disease are likely to suffer complications, disability, or death as a result;
- d. Investigation-based veterinarian and veterinary medical laboratory reports will assist in the prevention and control of disease among humans; or
- e. Conditions associated with an outbreak, epidemic, potential epidemic or the imminent threat of widespread exposure to a highly infectious or toxic agent or environmental hazard that poses an imminent threat of substantial harm to population of the State.

9. Others

In the event of the declaration of an extreme public health emergency, other entities and individuals may be required to report specific information to the Maine CDC when an Extreme Public Health Emergency or a health emergency has been declared. The professionals who must so report will be specified by the Director of the Maine CDC or the State Epidemiologist after the extreme public health emergency or health emergency has been declared.

B. What to Report

1. Health Care Providers\Medical Laboratories\ Health Care Facilities\Child Care Facilities\Educational Institutions\Correctional Facilities

Reports should contain the following information:

- a. Disease (recognition, strong suspicion, death or positive diagnostic laboratory findings);
- b. Date of the first onset of symptoms;
- c. Patient name;

- d. Patient birth date;
- e. Patient race;
- f. Patient ethnicity;
- g. Patient sex;
- h. Patient residence address, city, county and zip code;
- i. Patient phone number;
- j. Date of report;
- k. Health care provider name, address and phone number;
- l. Name of health care facility (if any);
- m. Name of person reporting;
- n. All diagnostic laboratory findings and dates of tests relevant to the notifiable disease or condition, regardless of clinical significance;
- o. Other information pertinent to the case as requested by the Maine CDC.
- p. When the report is about a non-compliant person or a public health threat, pertinent details of how they are not complying with medical care, public health recommendations, and /or what condition or behavior is putting others at significant risk of exposure to a notifiable disease or condition.

2. **Health Officers**

Any information that is relayed by health care providers, hospital administrators, or persons in charge of public or private institutions.

3. **Veterinarians and Veterinary Medical Laboratories**

- a. Disease or condition (recognition, strong suspicion or death);
- b. Date of first symptoms;
- c. Name of veterinarian/laboratory reporting;
- d. Diagnostic laboratory findings and dates of tests;
- e. Other information pertinent to the case as requested by the Maine CDC.
- f. If animal species, specify.

4. **Others**

Any new information required to be reported in the context of an Extreme Public Health Emergency, or health emergency will be specified at that time by the Director of the Maine CDC or the State Epidemiologist.

C. **When to Report**

Category I (see part 2-I) diseases require immediate reporting. All Category II (see part 2-I) diseases and reports about non-compliant persons or public health threats, require reporting as soon as possible, but no later than forty-eight (48) hours from the diagnosis or positive laboratory test result. When a potential outbreak, including those involving exposure to a communicable disease, toxic agent, environmental hazard, or a potential epidemic is identified, immediate notification to the Maine CDC should be made.

D. **Where to Report**

All reports shall be made to the Maine Center for Disease Control and Prevention. These reports may be made to the Maine CDC by telephone, fax transmission, or electronically through electronic laboratory reporting. Category I reports must be reported by telephone. Written reports may be sent to the Division of Infectious Disease, Maine Center for Disease Control and Prevention, 11 SHS, Augusta, ME 04333-0011. Standard forms for the reporting of notifiable diseases and conditions are currently available upon request for disease reporting, however, other forms of written reports are acceptable.

E. **How to Report**

Category I reports must be reported by telephone. Category II reports may be reported by any mode of communication.

1. A licensed laboratory that sends an average of greater than or equal to 20 records per month (calculated from prior calendar year) to the Maine CDC shall electronically send all reportable disease data to the Maine CDC by January 2016 in accordance with the standards set forth in the Maine CDC's Electronic Laboratory Report Implementation Guide and incorporated by reference. All other licensed laboratories shall report electronically by January 2017.
2. Prior to reporting data electronically, a licensed laboratory shall seek and obtain approval from the Maine CDC for its electronic reporting, in accordance with the Maine CDC's Electronic Laboratory Report Implementation Guide, so that electronic reporting is implemented by January 2016.
3. A licensed laboratory that is required to report data electronically shall have a reporting continuity plan in the event of emergency situations disrupting electronic communications. At least two other alternative methodologies should be incorporated, such as facsimile, mail, or courier service.
4. Electronic reports shall meet the reporting timelines in section C.

F. **Why Report**

Reporting of notifiable diseases and conditions is required by entities listed in Part A under 22 M.R.S., Chapter 250, §802 and §822. The Department has authority to implement rules to establish reporting requirements to require other professionals to report (22 M.R.S., Chapter 250, §802). Failure to report could result in preventable morbidity or mortality. Further penalties as specified under the Department's authority (22 M.R.S., Chapter 250,

§825) could be imposed when delayed or non-reporting leads to extensive public health interventions or investigations that would not otherwise have been necessary.

The primary objectives of disease and condition surveillance are:

1. To determine the incidence and prevalence of notifiable diseases and conditions within the state;
2. To evaluate risks of transmission or exposure;
3. To intervene rapidly when appropriate to control the spread of the disease or limit exposure;
4. When appropriate, to increase understanding of the distribution and determinants of the disease or condition in the state's population; and
5. To assist in the development of targeted education efforts, preventive measures and public policy or legislation.

G. Confidentiality

1. Relationship to Federal Law

The Health Information Portability and Accountability Act of 1996 [P.L. 104-91] and its implementing regulations authorize covered entities to make disclosures of protected health information to public health authorities such as the Maine Center for Disease Control and Prevention for the purpose of preventing or controlling communicable, occupational or environmental disease. See 45 CFR §164.512(b). Moreover, such disclosure is authorized by Maine law, i.e. 22 M.R.S. §1711-C (6) (E) and 5 M.R.S. §19203 (8). Consequently, entities subject to these Rules may disclose individually identifiable health information to the Department for the purpose of disease control and prevention. In addition, reporting is required by Maine statute and these Rules.

2. Release of Information for Public Health Purposes

The name and related information which may identify individuals reported to the Department shall remain confidential and may be released only to other public health and school officials or agencies, for public health purposes, or to the Department for adult or child protection purposes in accordance with 22 M.R.S., Chapters 958-A and 1071. In the event of an actual or threatened epidemic, outbreak or public health threat or emergency, as declared by the Director of the Maine Center for Disease Control and Prevention, or an extreme public health emergency, the information may also be released to private health care providers and health and human services agencies for the purpose of carrying out public health responsibilities of the Department pursuant to these rules and Title 22, Chapter 250. Any other information, not reasonably related to public health responsibilities of the Department, may not be disclosed. By law, no person, official or institution complying with reporting requirements shall be held liable for any civil damage as a result of such act. No person may disclose the results of an HIV test except as permitted in 5 M.R.S., Section 19203. Any person receiving a disclosure of identifying information pursuant to 22 M.R.S. Chapter 250 may not further disclose this information without consent of the infected person, except as necessary and directly related to 22 M.R.S. Chapter 250 and these rules.

3. Releasing of Health Information to the General Public

Data released to the public, the media, or other agencies may not contain potentially identifying information, unless otherwise specified in these rules. All information submitted to the Department pursuant to these rules

which does not contain individually identifiable health information may be disclosed in accordance with 22 M.R.S. §824.

4. Liability Protection

Pursuant to 22 M.R.S. §816, any person reporting pursuant to these rules or participating in a related notifiable disease or condition investigation or proceeding, including, but not limited to, any person serving on or assisting a multidisciplinary intervention team or other investigating or treatment team, is immune from civil liability for the act of reporting or participating in the investigation or proceeding in good faith. Good faith does not include instances when a false report is made and the reporting person knows or should know the report is false.

H. Access to Hospital and Provider Records

The Department shall have access to health records containing or related to health information, or abstracts of these records, for the purpose of investigating cases, outbreaks, epidemics, exposures, or potential epidemics or exposures of notifiable conditions and diseases.

I. Notifiable Diseases and Conditions List

While the Maine Center for Disease Control and Prevention encourages the immediate reporting of all notifiable diseases and conditions, this rule has specific requirements for reporting of all diseases or conditions and requirements for laboratory submissions or clinical isolates as shown by the symbols below:

- * Category I Diseases must be reported *immediately*
- ** Category II Diseases must be reported in *48 hours*
- # Directors of laboratories are to submit isolates or clinical specimens for the following, as well as any isolates or clinical specimens as requested by Maine CDC, to the Maine CDC Health and Environmental Testing Laboratory for confirmation, typing and/or antibiotic sensitivity:

Notifiable Diseases and Conditions		
	Disease or Condition	Agent
**	Acquired Immunodeficiency Syndrome (AIDS)	Human Immunodeficiency virus
**	Anaplasmosis	<i>Anaplasma phagocytophilum</i>
*	# Anthrax	<i>Bacillus anthracis</i>
**	Babesiosis	<i>Babesia microti</i>
*	# Botulism	<i>Clostridium botulinum</i>
*	# Brucellosis	<i>Brucella</i> species
**	California Serogroup Viruses	
**	Campylobacteriosis	<i>Campylobacter</i> species
**	Carbapenem-resistant Enterobacteriaceae (CRE) ²	
**	Carbon Monoxide Poisoning ¹	Carbon monoxide
**	Chancroid	<i>Haemophilus ducreyi</i>
**	Chlamydia	<i>Chlamydia trachomatis</i>
**	Chickenpox (Varicella)	Varicella-zoster virus
**	Chikungunya	Chikungunya virus
*	# Coronavirus (Novel and SARS)	Coronavirus
**	Creutzfeldt-Jakob disease, < 55 years of age	Creutzfeldt-Jakob agent
**	Cryptosporidiosis	<i>Cryptosporidium</i> species
**	Cyclosporiasis	<i>Cyclospora</i>
**	Dengue	Dengue Fever Virus
*	# Diphtheria	<i>Corynebacterium diphtheriae</i>
**	# E.coli, Shiga toxin-producing (STEC)	<i>Escherichia coli</i> , Shiga toxin-producing
**	Eastern Equine Encephalitis	Eastern equine encephalitis virus
**	Ehrlichiosis	<i>Ehrlichia</i> species
**	Giardiasis	<i>Giardia</i> species
**	Gonorrhea	<i>Neisseria gonorrhoeae</i>
**	# Haemophilus influenzae, invasive	<i>Haemophilus influenzae</i>
**	Hantavirus, pulmonary and non-pulmonary syndromes	Hantavirus
**	Hemolytic-uremic syndrome (post-diarrheal)	<i>Escherichia coli</i> , Shiga toxin-producing
*	Hepatitis A, B, C, D, E (acute)	Hepatitis A, B, C, D, E viruses
**	Hepatitis B, C, D (chronic)	Hepatitis B, C, D viruses
**	Human Immunodeficiency Virus (HIV) ³	Human Immunodeficiency virus
**	Influenza-associated pediatric death	Influenza virus
*	# Influenza A, Novel	Influenza virus

**		Influenza-associated hospitalizations, laboratory-confirmed	Influenza virus
**		Legionellosis	<i>Legionella</i> species
**		Leptospirosis	<i>Leptospira</i> species
**	#	Listeriosis	<i>Listeria monocytogenes</i>
**		Lyme Disease	<i>Borrelia burgdorferi</i>
**		Malaria	<i>Plasmodium</i> species
*	#	Measles	Rubeola virus
*	#	Meningococcal Disease, invasive	<i>Neisseria meningitidis</i>
*	#	Mumps	Mumps virus
*		Pertussis	<i>Bordetella pertussis</i>
*	#	Plague	<i>Yersinia pestis</i>
*	#	Poliomyelitis	Poliovirus
**		Powassan Virus	Powassan virus
**		Psittacosis	<i>Chlamydia psittaci</i>
*		Q Fever	<i>Coxiella burnetii</i>
*	#	Rabies (human and animal)	Rabies virus
**		Rabies Post-Exposure Prophylaxis	
*	#	Ricin Poisoning	
*	#	Rubella (including congenital)	Rubella virus
**	#	Salmonellosis	<i>Salmonella</i> species
*		Shellfish Poisoning	
**	#	Shigellosis	<i>Shigella</i> species
*	#	Smallpox	Variola virus
**		Spotted Fever Rickettsiosis	<i>Rickettsia rickettsii</i>
**		St. Louis Encephalitis	St. Louis encephalitis virus
**		Staphylococcus aureus, Methicillin-Resistant (MRSA), invasive	<i>Staphylococcus aureus</i>
*	#	Staphylococcus aureus with resistance to Vancomycin (VRSA)	<i>Staphylococcus aureus</i>
**		Streptococcus Group A, invasive	<i>Streptococcus pyogenes</i> (Group A Beta Hemolytic Strep)
**		Streptococcus pneumoniae, invasive	<i>Streptococcus pneumoniae</i>
**		Syphilis	<i>Treponema pallidum</i>
*	#	Tetanus	<i>Clostridium tetani</i>
**		Trichinosis	<i>Trichinella</i> species
*	#	Tuberculosis (active and presumptive)	<i>Mycobacterium tuberculosis</i>
*	#	Tularemia	<i>Francisella tularensis</i>
**	#	Vibrio species, including Cholera	<i>Vibrio</i> species
*		Viral Hemorrhagic Fever	Arenaviruses and others
**		West Nile Virus	West Nile virus
**		Western Equine Encephalitis	Western equine encephalitis virus
**		Yellow Fever	Yellow Fever virus
*		Any case of unusual illness of infectious cause	
*		Any cluster/outbreak of illness with potential public health significance	

- 1 All cases with clinical signs, symptoms or known exposure consistent with diagnosis of carbon monoxide poisoning, and/or: a carboxyhemoglobin (COHb) level equal to or above 5%.

- 2 Bacteria found to be non-susceptible to any of the following carbapenems: doripenem, meropenem, and imipenem, and resistant to all of the following 3rd generation cephalosporins that were tested: cefotaxime, ceftriaxone, or ceftazidime, or the current definition as updated or amended by the United States Centers for Disease Control and Prevention.
- 3 Human Immunodeficiency Virus (HIV), including:
 - Confirmed, positive antibody tests
 - Viral load tests, all results
 - CD4 lymphocyte counts, all results

The Director of Maine CDC, in consultation with the State Epidemiologist or designee, is authorized to advise through publicly noticed Health Alerts the public health need for the temporary reporting of any disease or condition in the State of Maine in order to study and control any apparent outbreak or unusual occurrence of communicable disease. Such action may occur if: (a) the disease or condition can cause serious morbidity or mortality; and (b) the report of the disease or condition is necessary to monitor, prevent, or control the disease or condition to protect public health.

The Maine CDC shall maintain an advisory in regard to a single disease or condition for not more than 24 consecutive months and shall not issue an advisory for more than three diseases or conditions as temporarily reportable in a calendar year. If a disease or condition is made reportable by permanent rule, then it is excluded from the limit of three temporarily reportable diseases or conditions. Public notice shall be given for temporarily reportable diseases and conditions and will include the planned mechanism for surveillance of the disease or condition, the persons and entities who report, a time frame for reporting, and information regarding the submission of test results and clinical materials from cases and suspected cases to the Maine Center for Disease Control and Prevention Health and Environmental Testing Laboratory.

3. LABORATORY EXAMINATIONS

In keeping with scientific progress, or the needs of specific cases, the Department may specify from time to time those methods which are acceptable for the collection, handling, preservation and examination of specimens for the finding and control of cases of notifiable diseases and conditions. Specimens submitted in order to determine eligibility for release from isolation or quarantine requirements, and also specimens arranged for by a representative of the Department as part of the investigation of a case or outbreak of a notifiable disease or condition, shall be submitted to the Public Health Laboratory or another laboratory specially certified for that purpose by the Public Health Laboratory.

A laboratory so designated shall promptly report to the Department the result of examination of all such specimens, and shall promptly forward to the Public Health Laboratory all positive cultures/serum or suspicious cultures from such specimens for confirmation.

Medical laboratories shall submit isolates of selected organisms to the Public Health Laboratory, as specified in Section 2-I, so that further evaluation of such isolates can be performed.

4. REPORTING OF OUTBREAKS/UNUSUAL ILLNESS OF INFECTIOUS CAUSE

Any case of unusual illness of infectious cause or cluster/outbreak of public health significance or hazard (including suspected or confirmed outbreaks of foodborne, waterborne, respiratory, and exposure to toxic agents or environmental hazards), must be reported immediately by telephone to the Maine CDC.

In the event that the Maine Center for Disease Control and Prevention determines that an outbreak, exposure or unusual disease condition has occurred, it may request providers who care for cases to report specified information to the Maine CDC as set forth in Section 2-B.

5. SYNDROMIC SURVEILLANCE - EMERGENCY DEPARTMENT REPORTING REQUIREMENTS

- A. Purpose: The Maine CDC has determined that a real time surveillance system of hospital emergency department visits will allow for the earliest possible detection of increases in morbidity due to infectious and non-infectious causes. Therefore, timely access to information regarding incidence of disease syndromes, any outbreak or cluster of a disease, and potential exposures to reportable diseases deemed harmful to the public health is critical in protecting the health of the citizens of Maine.
- B. All health care facilities in the State of Maine that operate or maintain an emergency department shall report emergency department visit data to the Maine CDC via Health Level 7 (HL7) messages.
- C. All health care facilities in the State of Maine that operate or maintain an emergency department shall report emergency department visit data to Maine CDC for all visits on a daily basis (visits from 12 am to 11:59 pm) either via static (batched files) or dynamic (real-time) basis and in accordance with the standards set forth in the most recent Federal CDC Public Health Information Network (PHIN) Messaging Guide for Syndromic Surveillance (version 1.9 or any subsequent edition as it becomes available).
- D. Implementation of this reporting will be performed in collaboration with Maine CDC and at the initiative of the health care facility. Prior to sending emergency department visit data electronically, a health care facility shall coordinate with Maine CDC to initiate this process. The health care facility shall implement emergency department visit data reporting by January 2017.

6. DUTIES OF LOCAL HEALTH OFFICERS

It shall be the duty of local health officers to require that all state laws, rules of the Department and local health ordinances be strictly enforced in their respective communities, subject to the direction and supervision of the Department. The local health officer shall receive and examine the nature of complaints made by any of the inhabitants concerning conditions posing a public health threat or a potential public health threat within the limits of his or her jurisdiction.

7. DUTIES OF HEALTH CARE PROVIDERS AND ATTENDANTS

Health care providers and persons attending a case of a notifiable disease or condition shall arrange for such precautionary measures, consistent with the rules of the Department, including examination and isolation of the case when necessary, as are required to prevent the spread of infection to other members of the household or to the community. Proper isolation or other precautionary measures may be instituted by the Department or by the local health officer after consultation with the Department. Notifiable disease or condition cases shall receive immediate treatment according to the most recently established guidelines as promulgated by the appropriate professional organization and as are generally perceived to represent the current standard of care.

Non-compliant persons and public health threats shall be reported to the Department for necessary public health interventions.

8. EXPOSURES THAT CREATE A SIGNIFICANT RISK OF HIV TRANSMISSION

For purposes of 5 M.R.S., Section 19203-C, a significant risk of HIV infection shall be defined as an exposure to any of the following potentially infectious body tissues or body fluids: blood, semen, vaginal fluid, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, or amniotic fluid, which results from:

- A. Sexual intercourse, including vaginal, oral or anal contact;
- B. Mucous membrane contact (splash to the eye or mouth);
- C. Parenteral inoculation (needle stick or cut); or
- D. Cutaneous exposure involving large amounts or prolonged contact on nonintact skin.

9. IMMUNIZATION

Title 22 M.R.S., Sections 1061-1063, gives the Department power to offer immunization to the public for protection in case of an epidemic or threatened epidemic as ordered by the Commissioner. Section 1063 states, in part:

As provided by law, no person who works as a volunteer in a public immunization program set up by the Department, without expectation or receipt of monetary compensation for any aspect of such program, shall be liable:

- (1) for damages or injuries alleged to have been sustained by a person immunized under the program; nor
- (2) for damages for the death of a person immunized under the program, unless it is established that the injuries or the death were caused willfully, wantonly, recklessly or by gross negligence of the volunteer.

Mass immunization clinics may be offered by the Department for protection in case of an epidemic or threatened epidemic.

10. DUTIES OF THE DEPARTMENT FOR DISEASE INVESTIGATION AND INTERVENTION

- A. The Maine CDC's Division of Infectious Disease shall routinely make current information available to practicing health care providers regarding the distribution of notifiable diseases and conditions in Maine and the prevention and control of notifiable conditions. In addition, the Division shall use all reasonable means to:
 - Confirm, in a timely manner, any case or suspected case of a notifiable disease or condition;
 - Ascertain, so far as possible, all sources of infection and exposures to the infection;
 - Identify exposures to environmental hazards;
 - Institute control measures for notifiable diseases and conditions consistent with the currently accepted standards as found in the *Control of Communicable Diseases Manual 20th Edition*, published in 2015, or any subsequent edition, which is the official report of the American Public Health Association, unless specified otherwise by the State Epidemiologist. Copies of the manual may be obtained from the American Public Health Association, 800 I Street NW, Washington, DC 20001-3710;
 - Determine whether isolation and/or quarantine measures may be necessary.
- B. The scope and extent of the duties for disease investigation and intervention may vary depending upon the circumstances of the cases, falling into one of four (4) broad categories:

- Routine cases
- Non-compliant persons
- Outbreaks or epidemics
- Extreme public health emergencies.

C. Routine Case Investigation and Intervention

1. Provider and Public Health

All persons diagnosed with notifiable diseases and conditions, or who have recently been exposed to such conditions or diseases, shall be instructed by the health care provider in regard to precautions to be taken to prevent spread of the condition or disease. The Division shall make current information available to practicing health care providers regarding the prevention and control of notifiable conditions or diseases. The Division shall be available to consult with health care providers regarding appropriate treatment and notification.

2. Interviews

In order to assure rapid and timely implementation of control measures, including contact notification and referral services, the Division may interview all persons either treated for or recently exposed to notifiable conditions or diseases, their health providers, and such other persons as the Division determines may have relevant information relating to the onset or contraction of such conditions or diseases at the direction of the Director of the Maine CDC, the Division Director or the State Epidemiologist. Cases of notifiable diseases or conditions, as determined by the Director of the Maine CDC, the Division Director, State Epidemiologist, or designee, may require further interview:

- a. when specific public health disease intervention strategies are required;
- b. when the case is part of an ongoing cluster of outbreak disease or exposure to toxic agents or environmental hazards investigation; or
- c. when the epidemiology of the disease or condition is not clearly understood or defined.

When practical, the Division shall contact and inform the health care provider of plans to interview the case in order to foster communication and collaboration in disease control efforts.

3. Interventions

Public health workers will recommend or take actions that they deem necessary to implement interventions with each case and that are consistent with currently accepted standards as found for the notifiable condition or disease in the 20th Edition published in 2015 of *Control of Communicable Diseases Manual*, or any subsequent edition, published by the American Public Health Association, unless specified otherwise by the State Epidemiologist. Copies of the manual may be obtained from the American Public Health Association, 800 I Street NW, Washington, DC 20001-3710.

D. Non-Compliant Persons and Public Health Threats

1. Background

Nothing in any of these rules shall be construed to deny persons the right to rely solely upon exercise of their moral, philosophical, religious or other personal reasons to prevent or cure disease, if that reliance is based upon sincere religious or conscientious objection to standard treatment and/or public health interventions and if alternative public health measures, even if more restrictive, are available to address the public health threat posed by the infectiousness. If such persons endanger the public through their infectiousness or through their behaviors while infected, the Department may use public health disease control methods, up to and including involuntary confinement, isolation and medical treatment, as necessary to protect the public, as authorized by 22 M.R.S., sections 807 *et seq.* and in these rules.

2. Treatment

Treatment of those persons who have either contracted or been exposed to a notifiable disease or condition and pose a public health threat, may be imposed on an involuntary basis pursuant to 22 M.R.S. §810 and §812 in the event such persons refuse appropriate countermeasures or public health interventions as indicated above in C. 3 or conduct themselves in a manner which constitutes a public health threat. Persons who have either contracted or been exposed to notifiable diseases and conditions who knowingly expose others to the danger thereof, are to be considered as acting in a manner that is a public health threat. These persons are considered non-compliant.

Either the Department, acting through its Commissioner, or his or her designee, the Governor, or a court of competent jurisdiction may subject a non-compliant person to involuntary medical treatment and other public health measures, in accordance with applicable law.

Treatment shall be in accord with the most current treatment recommendations/standards of care for the notifiable disease or condition. In imposing treatment and related public health disease control measures on an individual, the least restrictive measures shall be utilized to assure effective medical treatment of the disease or condition and to limit the spread of the notifiable disease or condition or other infectious disease, which pose a threat to public health. The Department shall adopt step-wise medical treatment and public health disease control strategies as described in this rule whenever practical and as long as doing so does not unreasonably increase the threat to the public health.

3. Investigation

The process of requiring investigation and related public health disease control measures shall be initiated when a complaint is made to the Director of the Division of Infectious Disease by a person with sufficient reason and evidence to believe that a person who has either contracted or been exposed to notifiable diseases or conditions and is engaged in behavior likely to transmit that condition. Anonymous complaints or complaints based only on second-hand information will be investigated at the discretion of the Division Director or designee in consultation with the State Epidemiologist and/or knowledgeable public health program managers or staff. A report made by a health care provider or other reporter of a non-compliant person or a public health threat may be considered a complaint.

Each complaint shall, whenever possible, identify the reporter and the subject of the complaint, be signed by the individual making the complaint, and must include:

- a. Locating information for the individual making the complaint;

- b. Locating information for the individual against whom the complaint is made; and
- c. Specific allegations of non-compliant behavior

Investigations shall be conducted in a systematic fashion utilizing appropriate public health workers from the Division with expertise in the notifiable disease or condition. They shall be conducted under the direction of the Division Director and concluded within fifteen (15) working days of the complaint being received.

Each investigation shall establish and document whether the alleged non-compliant person is infected with the notifiable disease or condition and whether the alleged non-compliant person is engaging in behavior that exposes others to infection with the notifiable disease or condition. If the public health worker is unable to establish that the person is infected or that the alleged behavior exposing others to infection is occurring, the investigation shall cease immediately and records pertaining to it shall be delivered to the Division Director, who shall retain them and have them destroyed at the end of three (3) years.

If there is credible evidence to substantiate the allegation of infection or exposure and non-compliance, the public health worker shall make all reasonable attempts to locate the subject of the complaint to conduct a personal interview to assess the individual's current understanding of the exposure to infection with the notifiable disease or condition, its treatment, and the behaviors that are placing others at risk of infection. The interview shall establish and document whether the person:

- a. Knows that (s)he is infected or has been exposed;
- b. Has received appropriate education and counseling about the infection or exposure;
- c. Understands the modes of transmission of the notifiable disease or condition and methods to prevent transmission; and
- d. Is engaging in non-compliant behavior or is a public health threat.

The complete documentation of the investigation, findings and recommendations shall be given to the Division Director.

4. **Other Step-Wise Interventions**

For each complaint that results in a substantiated case of non-compliance or a public health threat and where recommendations approved by the Division Director do not resolve the issues, the Division Director shall establish a Standing Committee which (s)he shall chair for the coordination of step-wise measures. The Standing Committee shall include as many as possible of the following:

- The person's health care provider;
- Professional staff from other health or social service agencies serving the non-compliant person;
- A representative from the Office of the Attorney General;
- The Director of the Maine Center for Disease Control and Prevention or designee;
- The Division Director
- The public health worker investigating the case;
- The State Epidemiologist or designee; and
- The Division program manager with expertise in the particular notifiable disease or condition.

The step-wise measures, which may be imposed, include:

- a. Face-to-face counseling by a public health educator, epidemiologist, public health nurse, disease intervention specialist or other public health professional regarding the infected individual's notifiable disease or condition, its cause and treatment and the necessity for disease control measures.
- b. Recommended measures individualized into a documented plan for the infected individual, including such supported services as:
 - 1) direct observation of the individual taking required medications on a daily basis;
 - 2) transportation to treatment facilities;
 - 3) individual or group supportive counseling or therapy; and
 - 4) financial support for shelter and food for the duration of medical treatment.
- c. A Cease and Desist Order, signed by the Commissioner, directing the infected individual to comply with medical treatment and specifying public health disease control measures to be followed.
- d. The Standing Committee may, at its discretion, not seek a Department Cease and Desist Order and instead directly request the Office of the Attorney General to pursue court procedures under 22 M.R.S., Chapter 250.

In taking the step of seeking confinement, isolation, quarantine and treatment, the Standing Committee should base its actions on one or more of the following factors:

1. whether, based on laboratory tests or clinical signs and symptoms, the individual has a great likelihood of active disease that is extremely contagious;
 2. the risk of infecting others, taking into consideration the individual's housing and employment situation;
- e. Court-Ordered Confinement, Quarantine, Isolation and Treatment

Upon receipt of information that a Cease and Desist Order has been violated, the Department may contact the Office of the Attorney General to pursue a civil fine and/or injunctive relief pursuant to 22 M.R.S., Section 804(2), or civil commitment or other relief under 22 M.R.S., Sections 810 or 812.

E. Investigation and Intervention of Outbreaks or Epidemics

1. Control Measures

In the event of an outbreak or epidemic of a notifiable disease or condition or of a potential epidemic, the Department shall institute public health disease control measures consistent with national standards as published in the 20th Edition published in 2015 *Control of Communicable Diseases Manual*, or any subsequent edition, published by the American Public Health Association. Copies of the manual may be obtained from the American Public Health Association, 800 I Street NW, Washington, DC 20001-3710. Individuals who are alleged to be non-compliant with these public health disease control measures or prescribed medical treatment shall be treated in the manner prescribed in Section 10-D (above) as expeditiously as possible.

2. **Common Source of an Outbreak or Epidemic**

Any public or private enterprise, utility, lodging area, food market, or other entity which provides food or water which is likely to be or has been determined by either laboratory or epidemiological methods to be a source of outbreak or epidemic may be ordered by the Department to end the use or distribution of said food or water until the source of contamination is found and corrected and the food or water has been proven safe for consumption.

3. **Vaccine-Preventable Outbreaks or Epidemics**

In the event of an outbreak or epidemic or of a potential epidemic of a vaccine-preventable disease in a licensed child care facility or a school, the Department shall recommend the superintendent of that district or the administrator of the child care facility exclude all children from school or the center who have not already experienced the illness or who are not immunized against the epidemic disease. If an epidemic of a vaccine-preventable disease in a child care center or school district continues in spite of exclusion of unimmunized children, or if such exclusion is not possible, the Department itself may dismiss school in that district or exclude susceptible pupils, as authorized in 22 M.R.S., Section 806.

11. **EXTREME PUBLIC HEALTH EMERGENCY: DEFINITION AND CONTROL MEASURES**

A. **Applicability**

The rules specified in this Section shall only be applicable in the event of a declared extreme public health emergency and only then for the duration of the declared extreme public health emergency.

B. **Reporting Requirements**

In addition to those individuals and entities required to report notifiable diseases and conditions on a routine basis as outlined in Section 2, others may be required to report specific information as specified by the State Epidemiologist or the Director of the Maine Center for Disease Control and Prevention pursuant to Title 22 M.R.S. §820(1)(A).

C. **Control Measures**

In the event of a declared extreme public health emergency, the Department shall take all necessary steps to institute medical treatment and public health control measures for the benefit of the population that either has been exposed to or is at significant risk of exposure to, a notifiable disease or condition or other highly infectious or toxic agent or environmental hazard that poses an imminent threat of substantial harm to the population of Maine.

These measures shall be consistent with the national standards for the infectious agent as established by the 20th Edition published in 2015 *Control of Communicable Diseases Manual*, or any subsequent edition, published by the American Public Health Association. Copies of the manual may be obtained from the American Public Health Association, 800 I Street NW, Washington, DC 20001-3710. In addition to exercising the powers and responsibilities granted the Department pursuant to Title 22, Section 820, the Department may undertake the following public health measures during a period of declared extreme public health emergency:

1. Management of Persons

For the duration of the declared extreme public health emergency, the Department shall assure that all necessary steps are taken to protect the public health and safety, including:

- a. Identification of exposed persons, using all reasonable means to confirm in a timely manner any case or suspected case or a notifiable disease or condition and shall ascertain, so far as possible, all sources of infection and exposures to the infection.
- b. Tracking and follow-up of persons who are infected or exposed, consistent with the standards referenced above or those established for the declared extreme public health emergency by the Director of the Maine Center for Disease Control and Prevention or designee.
- c. Mandatory medical examination of infected or exposed persons, making or causing all needed examinations, including laboratory testing.
- d. Mandatory medical treatment, including vaccination or treatment with such medications as are warranted by the standards established above.
- e. Isolation of cases and quarantine of exposed individuals, as indicated, concurrent and terminal disinfection, or modified forms of these procedures as may be necessary. Standards for isolation and quarantine shall be the same as those specified in these rules under Section 10, Duties of the Department for Disease Investigation and Intervention, D. Non-Compliant Persons and Public Health Threats, (4) Other Step-Wise Interventions, and E. Investigation and Intervention of Outbreaks or Epidemics, and Section 11 (C. 2) Isolation and Quarantine.
- f. Individuals who do not comply voluntarily with these public health disease control measures or prescribed medical treatments and who are deemed by the Department to be exposed to or at serious risk of transmitting a notifiable disease or condition that poses a serious and imminent risk to public health and safety, shall be taken into custody and prescribed care consistent with these standards or standards established by the *Control of Communicable Diseases Manual 20th Edition*, published in 2015, or any subsequent edition, which is the official report of the American Public Health Association. Copies of the manual may be obtained from the American Public Health Association, 800 I Street NW, Washington, DC 20001-3710.
- g. A person is exempt from such prescribed care if alternative public health measures are available, even if those measures are more restrictive, and if:
 - a. the person demonstrates a sincere religious or conscientious objection to the care; or
 - b. the person is at known risk of serious adverse medical reaction to the care.

2. Isolation and Quarantine

- a. Isolation and quarantine must:
 - i. Be implemented through the least restrictive means necessary to prevent the spread of an infectious or possibly infectious disease to others and may include confinement to private homes, facilities and public premises;
 - ii. Provide that isolated individuals be confined separately from quarantined individuals;

- iii. Include regular monitoring to determine if the individual or group of individuals continues to require isolation or quarantine;
 - iv. Require that, if a quarantined individual subsequently becomes infected or is reasonably believed to have become infected with the infectious disease of concern, that individual shall immediately be removed from quarantine and put in isolation;
 - v. Require that the premises used for quarantine and isolation shall be maintained in a safe and hygienic manner, be designed to minimize the likelihood of further transmission of infection or other harms to individuals quarantined or isolated and not be situated in a physically remote location;
 - vi. To the extent possible without jeopardizing the public health, family members and members of households shall be kept together, and guardians shall stay with their minor wards;
 - vii. Be immediately terminated when an individual no longer poses a substantial risk of transmitting an infectious or possibly infectious disease or condition to others;
 - viii. Provide for meeting the basic living needs of individuals who are isolated or quarantined, including provision of competent medical care, adequate food, clothing, shelter and means of communication between those in isolation or quarantine and those outside these settings;
 - ix. Provide accommodation of non-English speaking individuals, and to the extent possible, for the practice of cultural and religious beliefs;
 - x. Provide access to legal services, counseling and other social services; and
 - xi. Provide to the extent possible without jeopardizing the public health, all access to a means of work or financial support.
- b. The Department may authorize physicians, health care workers and others access to individuals in isolation or quarantine as necessary to meet the needs of isolated or quarantined individuals. An individual entering isolation or quarantine premises with or without authorization from the Department may be isolated or quarantined where needed to protect the public health.

3. Control of Property

To the extent authorized by the Governor in accordance with his or her authority pursuant to 37-B M.R.S., Chapter 13, and in conformity with the process for obtaining or acquiring property or taking other necessary action to abate, clean up or mitigate whatever danger was presented by the declared extreme public health emergency pursuant to 37-B M.R.S., Chapter 13, and only for the duration of the declared extreme public health emergency, the Department shall assure that necessary steps are taken to protect the public health and safety by exercising the following powers as necessary:

- a. **Accessing Suspicious Premises:** Any agent of the Department may enter any building, vessel or conveyance to inspect it and remove from it any person, animal or material affected or appearing to be affected by a notifiable disease or condition.
- b. **Closure of Facilities:** The Department may close schools and forbid public gatherings in schools, places of worship and all other places in order to control spread of notifiable diseases or conditions.

- c. **Temporary Use of Health Care Facilities and Ability to Transfer Patients:** The Department may provide those sick with a notifiable disease or condition with medical aid and temporary hospital accommodation, taking control of the facilities deemed needed and transferring patients as deemed necessary.
 - d. **Temporary Use of Hotel and Motel Rooms and Other Facilities:** The Department may provide those sick with a notifiable disease or condition or those exposed to a notifiable disease or condition with shelter and care, including the distribution of medications, medical examinations and vaccination clinics, in hotels, motels and other facilities as deemed necessary and may procure needed facilities for these purposes during the extreme public health emergency.
 - e. **Procurement of Medicines and Vaccines, Supplies and Equipment:** The Department may procure, store or distribute antitoxins, serums, vaccines, immunizing agents, antibiotics and other pharmaceutical agents or medical supplies that the Department determines are advisable to control the extreme public health emergency.
 - f. **Decontamination of Buildings:** The Department may issue orders for the quarantine and disinfection of localities and things infected or suspected of being infected by a notifiable disease or condition, and for the sanitary care of jails, state prisons, mental health institutions, schools, hotels, motels, health facilities, public buildings and other premises deemed necessary to control the extreme public health emergency.
 - g. **Seizure and Destruction of Contaminated Articles:** The Department may take and destroy private property, including animals, for the purpose of controlling the extreme public health emergency.
 - h. **Disposal of Human and Animal Remains:** The Department may issue orders regarding the safe disposal of human and animal remains for the purpose of controlling the extreme public health emergency.
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STATUTORY AUTHORITY: These Rules for the Control of Notifiable Diseases are promulgated under the Authority of Title 22 M.R.S. Section 42 (1), Chapter 250 and 5 M.R.S., Chapter 501.

EFFECTIVE DATE:

June, 1976 - filed with Secretary of State January 25, 1980

AMENDED:

September 4, 1984

February 4, 1989

EFFECTIVE DATE (ELECTRONIC CONVERSION):

May 5, 1996

AMENDED:

September 3, 1996

June 1, 1999

NON-SUBSTANTIVE CORRECTION:

March 12, 2000 - attachment added at the request of the Department

REPEALED AND REPLACED:

October 21, 2003 - filing 2003-361, no attachment with this version

April 4, 2008 – filing 2008-130, accompanied by David L. Heymann, ed., *Control of Communicable Diseases Manual* (An Official Report of the American Public Health Association), 18th ed. (2004)

AMENDED:

September 8, 2015 – filing 2015-166