

**General Summary of the Changes to the Communicable Disease Rules,  
Effective October 2, 2009 – Attachment to letter dated 10/16/2009**

R 325.171 Definitions

Rule 1.

**Added** (j) “Novel influenza” is defined as any strains or subtypes of influenza viruses not included in the current year influenza vaccine formulation.

R 325.172 Designation and classification of diseases and infections.

Rule 2. (1) All of the following conditions are designated as serious communicable diseases:

**Added** (c) Anaplasmosis,

**Added** Western Equine Encephalitis and Powassan under the (e) Arboviral Disease heading

**Added** (ii) Hepatitis D

**Added** (jj) Hepatitis E

**Removed** Hepatitis, viral non A, B, C

(2) All of the following are designated as serious infections if a laboratory confirms their presence in an individual:

**Added** (a) Anaplasma phagocytophilum.

**Removed** Avian Influenza virus (now covered under Novel Influenza)

(aa) Haemophilus influenzae type B, **Added** sterile sites or in patients less than 15 years of age.

**Added** (tt) Novel influenza

(lll) **Added** Vibrio species **Removed** Vibrio cholera Serovar 01

R 325.173 Reporting and surveillance requirements.

Rule 3

**Added** (13) In addition to reporting requirements under section 5114 of the public health code for acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV) infection, a physician shall report, if available, the ethnicity and country of birth, if known, of the test subject.

**Added** (14) Nothing in these rules is intended to limit use or disclosure of information needed by the department or local health department to carry out its responsibilities under the public health code as authorized by, but not limited to, MCL 333.5131.

(15) Viral influenza need only be reported by the number of cases identified during a specified time period **Added - or when influenza is suspected to have caused or contributed to mortality in a person aged less than 18 years, or if the infected individual traveled outside of North America within the 2 weeks prior to symptom onset.**

**Added language in BOLD**

R325.179 Submission of tuberculosis laboratory specimens **and test results.**

Rule 9. (1) **For the purpose of this rule, “preliminary result” includes, but is not limited to, results from nucleic acid amplification tests, nucleic acid or other genetic probe tests, chromatographic or other such tests that may be performed prior to final culture identification of a clinical specimen.**

(2) A laboratory that initially receives any clinical specimen which yields Mycobacterium tuberculosis complex, or yields a preliminary result indicative of Mycobacterium tuberculosis complex, is responsible for ensuring that the following are submitted:

(a) **All preliminary results and any interpretation of those results to the appropriate local health department.**

(b) The first Mycobacterium tuberculosis complex isolate, or subculture thereof, from the patient being tested for tuberculosis, to the department.

(c) Any Mycobacterium tuberculosis **complex** isolate, or subculture thereof, from a follow-up specimen, collected 90 days or more after the collection of the first Mycobacterium tuberculosis **complex** positive specimen.

**R 325.179a. Submission of other designated conditions specimens.**

**Rule 9a. (1) A laboratory shall submit to the department the first isolate or subculture thereof, or specimen where appropriate, from the patient being tested, any of the following:**

**(a) Specimens suspected to contain and suspect isolates of any of the following:**

**(i) Bacillus anthracis.**

**(ii) Brucella species.**

**(iii) Burkholderia pseudomallei.**

**(iv) Burkholderia mallei.**

**(v) Clostridium botulinum.**

**(vi) Coxiella burnetii.**

**(vii) Francisella tularensis.**

**(viii) Orthopox viruses (including smallpox and monkey pox).**

**(ix) Yersinia pestis.**

**(b) Specimens that contain and isolates any of the following:**

**(i) Corynebacterium diphtheriae.**

**(ii) Escherichia coli 0157:H7 and all other shiga toxin positive serotypes.**

**(iii) Haemophilus influenzae (only if isolate collected from a normally sterile site or if patient is less than 15 years of age).**

**(iv) Listeria monocytogenes.**

**(v) Neisseria meningitidis (only if isolate collected from a normally sterile site)**

**(vi) Novel influenza.**

**(vii) Salmonella species including Typhi.**

**(viii) Severe Acute Respiratory Syndrome (SARS) coronavirus.**

**(ix) Shigella species.**

**(x) Staphylococcus aureus (only vancomycin intermediate and resistant).**

**(xi) Vibrio cholera.**

**(xii) Vibrio parahaemolyticus.**

**(xii) Vibrio vulnificus.**

**R 325.179b. Submission of HIV laboratory specimens.**

**Rule 9b. (1) A laboratory that receives any clinical specimen which yields results indicative of infection with human immunodeficiency virus (HIV) is responsible for ensuring that specimens are submitted to the department or to a laboratory designated by the department.**

**These specimens include any of the following:**

**(a) Remnant specimens from all positive western blot (WB) or immunofluorescent antibody (IFA) confirmed tests.**

**(b) Remnant specimens from viral detection or quantitation tests upon request by the department within 3 months from specimen collection date, if available.**

**(c) Remnant specimens from multiple reactive rapid enzyme immunoassay (EIA) tests that together constitute an HIV diagnosis.**

R 325.180 Procedures for control of rabies; disposition of rabid animals.

Rule 10.

**(7) Upon request by the department or local health department, any person who has information regarding the identity, whereabouts, or vaccination status of an animal that has bitten an individual or otherwise potentially exposed an individual to rabies, or information about the owner of the animal, shall provide information about the animal or the animal's owner to the department or local health department.**