

ARTICLE 44:20

COMMUNICABLE DISEASE CONTROL

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CHAPTER 44:20:01

DEFINITIONS AND REPORTABLE DISEASES AND CONDITIONS

Section

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44:20:01:01. Definition of terms. Terms used in this article mean:

- (1) "Animal," any mammal, bird, amphibian, fish, reptile, or arthropod that may be infected or contaminated with an infectious agent;
- (2) "Bioterrorism," any intentional act, threat, or hoax to expose, contaminate, or infect humans or animals with environmental, infectious, poisonous, or toxic agents;
- (3) "Carrier," a person who harbors a specific infectious agent in the absence of discernible clinical disease and serves as a potential source or reservoir of infection for other persons;
- (4) "Case," a person in the population or study group identified as having the particular disease, health disorder, or condition under investigation;
- (5) "CD4 counts," CD4 cells or T-helper cells are blood lymphocytes that fight infection and their count indicates the stage of HIV or AIDS in a patient;
- (6) "Child care setting," any setting outside the home where a child regularly spends more than four hours per week with more than two unrelated children under adult supervision;
- (7) "Communicable condition," the state of being infected with an infectious agent and being able to transmit the agent to another person directly or indirectly;
- (8) "Communicable disease," an illness due to a specific infectious agent or its toxic products that arises through transmission of that agent or its products from an infected person, animal, fomite, or reservoir to a susceptible host, either directly or indirectly through an intermediate plant or animal host, vector, or the inanimate environment;
- (9) "Confirmed case," a case that is classified as confirmed per the Centers for Disease Control and Prevention "Case Definitions for Infectious Conditions under Public Health Surveillance" for that disease as provided by § 44:20:01:05;
- (10) "Contact," a person or animal that has been in such association with an infected person or animal or a contaminated environment as to have had an opportunity to acquire the infection;
- (11) "Contamination," the presence of an infectious agent on a body surface, in or on clothes, bedding, toys, surgical instruments or dressings, or in other inanimate articles or substances including water, milk, and food;
- (12) "Counseling," an exchange of medical and personal information between a physician, health care worker, or public health worker and a person that results in assessment of the person's risk of contracting or transmitting a reportable disease. Counseling includes:
 - (a) Providing information to a person regarding personal behaviors or public health measures necessary to reduce or eliminate risk of contracting or transmitting a reportable disease or condition; and

(b) Determination of the need for testing, treatment, or other medical examination of the person;

(13) "Department," the South Dakota Department of Health;

(14) "Emergency response worker," a fire fighter, law enforcement officer, paramedic, emergency medical technician, or other person, including an employee of a legally organized and recognized volunteer organization, who in the normal course of professional duties, responds to emergencies;

(15) "Epidemic or outbreak," the occurrence in a health care facility, institution, community, or region of an illness or illnesses similar in nature, clearly in excess of normal expectancy, and derived from a common or propagated source;

(16) "Epidemiologically linked case," a case that:

(a) The patient has had contact with a person who either has or had the disease or has been exposed to a point source of infection or contamination; and

(b) Transmission of the agent by the usual modes of transmission is plausible.

A case may be considered epidemiologically linked to a laboratory confirmed case if at least one case in the chain of transmission is laboratory confirmed;

(17) "Exclude from duty," exclusion from work and from similar activities such as health care, food handling, and day care;

(18) "Exposure," contact with an infectious agent that may or may not cause infection;

(19) "Fomite," an inanimate object or substance that serves to transfer infectious agents to humans or animals;

(20) "Food handler," a person who handles food or utensils or who prepares, processes, or serves food for people other than members of the person's immediate household;

(21) "Good samaritan," any person who provides assistance in good faith in the event of an accident or other emergency situation;

(22) "Health care worker," a person, including a student or a trainee, whose activities involve contact with patients or with blood or other body substances from patients in a health care setting;

(23) "Immunization," administration of a substance that is capable of eliciting a specific immune response for the purpose of protecting a susceptible person from communicable disease;

(24) "Incubation period," the time interval between exposure to an infectious agent and appearance of the first sign or symptom of the disease in question;

(25) "Infected person," a person who harbors an infectious agent, who has manifest disease or inapparent infection, and from whom the infectious agent can be naturally acquired;

(26) "Infection," the entry and development or multiplication of an infectious agent in the body of humans or animals;

(27) "Infectious agent," an organism, chiefly a microorganism, or prion capable of producing infection or infectious disease;

(28) "Infectious disease," see "Communicable disease";

(29) "Influenza-associated hospitalization," any symptomatic person admitted to a hospital who has clinically compatible illness and positive laboratory results for influenza virus; including rapid antigen tests;

(30) "Invasive disease," isolation of an organism from a normally sterile site such as blood or cerebrospinal fluid and joint, pleural, or pericardial fluid;

(31) "Isolation," the separation, for the period of communicability, of infected persons or animals from others, in such places and under such conditions as to prevent the direct or indirect conveyance of the infectious agent from infected persons to persons who are susceptible to the infectious agent;

(32) "Laboratory confirmed case," a case that is confirmed by at least one of the laboratory methods listed in the Centers for Disease Prevention and Control "Case Definitions for Infectious Conditions under Public Health Surveillance" as provided by § 44:20:01:05;

(33) "Outbreak," see "Epidemic";

(34) "Period of communicability," the times during which an infectious agent may be transferred directly or indirectly from an infected person to another, from an infected animal to a person, from an infected person to an animal, or animal to animal;

(35) "Physician," a person who is licensed or approved to practice medicine pursuant to SDCL chapter [36-4](#);

(36) "Prion," an abnormal, transmissible agent that is able to induce abnormal folding of normal cellular prion proteins in the brain, leading to brain damage and the characteristics signs and symptoms of the transmissible spongiform encephalopathies and other progressive neurodegenerative disorders, such as Creutzfeldt-Jakob Disease, Variant Creutzfeldt-Jakob Disease, Gertsmann-Straussler-Scheinker Syndrome, Fatal Familial Insomnia, and Kuru;

(37) "Probable case," a case that is classified as probable for reporting purposes according to the Centers for Disease Control and Prevention "Case Definitions for Infectious Conditions under Public Health Surveillance" for that disease as provided by § 44:20:01:05;

(38) "Public health measure," counseling, immunization, preventive therapy, chemoprophylaxis, environmental sanitation, closure of establishment, exclusion from duty, isolation, quarantine, or other epidemiologically accepted measure imposed on persons or property to reduce morbidity and mortality;

(39) "Public health notice," a written or oral statement from the department issued to a case or carrier who is a health threat to others;

(40) "Public health worker," an employee of a federal, state, tribal, or local public health agency involved in the investigation of a reportable condition, death, or syndrome;

(41) "Quarantine," restriction of the activities of well persons or animals or potentially contaminated items that have been exposed to a communicable disease, during its period of communicability, to prevent disease transmission during the incubation period if infection should occur;

(42) "Reportable disease or condition," a communicable disease, syndrome, or condition declared by the department to be dangerous to public health and reportable in accordance with this article;

(43) "Reservoir of infection," any person, animal, arthropod, plant, soil, substance, or a combination of these in which an infectious agent normally lives and multiplies, on which it depends primarily for survival, and where it reproduces itself in such a manner that it can be transmitted to a susceptible host;

(44) "Standard or universal precautions," an approach to infection control that treats human blood, human body substances, non-intact skin, and mucous membranes as if they are known to be infectious for human immunodeficiency virus, hepatitis B, and other bloodborne pathogens;

(45) "Supportive or presumptive laboratory results," specified laboratory results that are consistent with the diagnosis, yet do not meet the criteria for laboratory confirmation. The term may include laboratory results that are negative for a given organism;

(46) "Suspected case," a case that has not been confirmed but is suggestive of such with current information;

(47) "Tuberculosis latent infection in a high risk person," includes:

- (a) Any foreign-born person who entered the US within the last 5 years;
- (b) Any contact to infectious tuberculosis;
- (c) Any diabetic;
- (d) Any person on renal dialysis;
- (e) Any person on tumor necrosis factor-alpha therapy;
- (f) Any person on immunosuppressive therapies (i.e. high dose steroids);
- (g) Any person with radiographic evidence of prior tuberculosis;
- (h) Any child less than 5 years of age;
- (i) Any person with HIV infection;

- (j) Any organ transplant recipient;
- (k) Any person with silicosis;
- (l) Any person with head and neck cancers;
- (m) Any person with leukemia; and
- (n) Any person with Hodgkin's disease.

(48) "Vaccine adverse event," any clinically significant event that occurs after the administration of any vaccine licensed in the United States;

(49) "Viral loads," a measurement of the number of human immunodeficiency virus (HIV) in the blood.

Source: 20 SDR 69, effective November 17, 1993; 23 SDR 60, effective October 31, 1996; 28 SDR 92, effective December 30, 2001; 30 SDR 89, effective December 7, 2003; 31 SDR 89, effective December 27, 2004; 33 SDR 106, effective December 26, 2006; 38 SDR 8, effective August 1, 2011; 39 SDR 203, effective June 10, 2013.

General Authority: SDCL [34-1-17](#), [34-22-9](#), [34-22-12](#), [34-23-13](#).

Law Implemented: SDCL [34-22-9](#), [34-22-12](#), [34-23-13](#).

44:20:01:02. Diseases declared dangerous. The department declares the communicable diseases and related conditions listed in §§ 44:20:01:03 and 44:20:01:04 to be dangerous to public health.

Source: 20 SDR 69, effective November 17, 1993.

General Authority:SDCL [34-1-17](#), [34-22-9](#), [34-22-12](#).

Law Implemented:SDCL [34-22-9](#), [34-22-12](#).

44:20:01:03. Category I reportable diseases and conditions. Category I reportable diseases and conditions have a potential for epidemic spread or require rapid application of public health measures to prevent a serious threat to public health or safety. Category I reportable diseases and conditions include:

- (1) Anthrax (*Bacillus anthracis*);
- (2) Botulism (*Clostridium botulinum*);
- (3) Brucellosis (*Brucella spp*);
- (4) Coronavirus respiratory syndromes;
- (5) Diphtheria (*Corynebacterium diphtheriae*);
- (6) Epidemics or outbreaks:
 - (a) Acute upper respiratory illness;
 - (b) Diarrheal disease;
 - (c) Foodborne;
 - (d) Healthcare-associated infections;
 - (e) Illnesses in child care settings;
 - (f) Rash illness;
 - (g) Waterborne;
- (7) *Escherichia coli* Shiga toxin-producing (STEC);
- (8) Measles;
- (9) Meningococcal disease, invasive (*Neisseria meningitidis*);
- (10) Novel strains of Influenza A;
- (11) Orthopoxvirus (*Variola* and non-*Variola* viruses);
- (12) Plague (*Yersinia pestis*);
- (13) Poliomyelitis, paralytic, and non-paralytic;
- (14) Rabies, human and animal;
- (15) Rubella and congenital rubella syndrome;
- (16) Syndromes suggestive of bioterrorism and other public health threats;
- (17) Tuberculosis, active disease (*Mycobacterium tuberculosis* or *Mycobacterium bovis*);
- (18) Tularemia (*Francisella tularensis*);
- (19) Viral hemorrhagic fevers (Crimean-Congo Hemorrhagic Fever virus, Ebola virus, Lassa virus, Lujo virus, Marburg virus, Guanarito virus, Junin virus, Machupo virus, Sabia virus, Chapare virus);
- (20) Yellow fever (flavivirus); and
- (21) Unexplained illnesses or deaths of humans or animals.

Source: 20 SDR 69, effective November 17, 1993; 28 SDR 92, effective December 30, 2001; 29 SDR 87, effective December 22, 2002; 30 SDR 89, effective December 7, 2003; 34 SDR 179, effective December 24, 2007; 38 SDR 8, effective August 1, 2011; 39 SDR 203, effective June 10, 2013; 42 SDR 77, effective November 30, 2015; 50 SDR 12, effective August 8, 2023.

General Authority: SDCL [34-1-17](#), [34-22-9](#), [34-22-12](#).

Law Implemented: SDCL [34-22-9](#), [34-22-12](#).

44:20:01:04. Category II reportable diseases and conditions. Category II reportable diseases and conditions include:

- (1) Acute flaccid myelitis;
- (2) Anaplasmosis (*Anaplasma phagocytophilum*);
- (3) Arboviral encephalitis, meningitis or infection (*Eastern equine*, *Western equine*, *California serogroup*, *St Louis*, *Japanese*, *Powassan*, *West Nile virus*, *Chikungunya*, *Colorado tick fever*, *Zika virus*);
- (4) Babesiosis (*Babesia spp*);
- (5) Campylobacteriosis (*Campylobacter spp.*);
- (6) Chancroid (*Haemophilus ducreyi*);
- (7) Carbon monoxide poisoning;
- (8) Chicken pox/Varicella (*herpesvirus*);
- (9) Chlamydia infections (*Chlamydia trachomatis*);
- (10) Cholera (*Vibrio cholerae*);
- (11) Cryptosporidiosis (*Cryptosporidium parvum*);
- (12) Coccidioidomycosis (*Coccidioides spp*);
- (13) Cyclospora (*Cyclospora cayetanensis*);
- (14) Dengue viral infection (*flaviviruses*);
- (15) Drug resistant organisms:
 - (a) Vancomycin-resistant *Staphylococcus aureus* (VRSA);
 - (b) Carbapenemase-producing organisms;
 - (c) *Candida auris*;
- (16) Ehrlichiosis (*Ehrlichia spp.*);
- (17) Giardiasis (*Giardia lamblia*);
- (18) Gonorrhea (*Neisseria gonorrhoeae*);
- (19) *Haemophilus influenzae*, invasive disease;
- (20) Hantavirus pulmonary syndrome and Hantavirus infection (*Hantaviruses*);
- (21) Hemolytic uremic syndrome;
- (22) Hepatitis, viral types A, B, and C, including all molecular Hepatitis C results;
- (23) Human immunodeficiency virus (HIV) infection; including:
 - (a) AIDS (Stage III infection);
 - (b) CD4 counts in HIV infection persons;
 - (c) HIV viral loads;
 - (d) Pregnancy in HIV-infected females;
 - (e) HIV gene sequencing;
 - (f) HIV antiviral resistance; and
 - (g) Confirmatory results, positive or negative, following a reactive HIV screening test;
- (24) Influenza:
 - (a) Laboratory-confirmed cases;
 - (b) Influenza-associated deaths;
 - (c) Influenza-associated hospitalizations; and
 - (d) Weekly reports of number of rapid antigen influenza positive tests and total number tested;
- (25) Lead, all blood levels;
- (26) Legionellosis (*Legionella spp.*);
- (27) Leprosy/Hansen's disease (*Mycobacterium leprae*);

- (28) Leptospirosis (*Leptospira*);
- (29) Listeriosis (*Listeria monocytogenes*);
- (30) Lyme disease (*Borrelia burgdorferi*);
- (31) Malaria (*Plasmodium spp.*);
- (32) Melioidosis (*Burkholderia pseudomallei*);
- (33) Mumps;
- (34) Pertussis (*Bordetella pertussis*);
- (35) Pesticide-related illness and injury, acute;
- (36) Psittacosis (*Chlamydia psittaci*);
- (37) Q fever (*Coxiella burnetii*);
- (38) Salmonellosis (*Salmonella spp.*);
- (39) Shigellosis (*Shigella spp.*);
- (40) Silicosis;
- (41) Spotted Fever Rickettsiosis (*Rickettsia spp.*);
- (42) *Streptococcus pneumoniae*, invasive;
- (43) Syphilis (*Treponema pallidum*), including primary, secondary, early latent, late latent, neurosyphilis, ocular syphilis, otosyphilis, stillbirth, and congenital;
- (44) Tetanus (*Clostridium tetani*);
- (45) Toxic shock syndrome (Streptococcal and non-Streptococcal);
- (46) Transmissible spongiform encephalopathies, such as Creutzfeldt-Jakob disease;
- (47) Trichinosis (*Trichinella spiralis*);
- (48) Tuberculosis (*Mycobacterium tuberculosis* or *Mycobacterium bovis*): Latent infection in a high risk person;
- (49) Typhoid (*Salmonella typhi*); and
- (50) Vibriosis (Vibrionaceae).

Source: 20 SDR 69, effective November 17, 1993; 23 SDR 60, effective October 31, 1996; 28 SDR 92, effective December 30, 2001; 29 SDR 87, effective December 22, 2002; 30 SDR 87, effective December 7, 2003; 31 SDR 89, effective December 27, 2004; 33 SDR 106, effective December 26, 2006; 34 SDR 179, effective December 24, 2007; 38 SDR 8, effective August 1, 2011; 39 SDR 203, effective June 10, 2013; 42 SDR 77, effective November 30, 2015; 42 SDR 173, effective July 1, 2016; 45 SDR 83, effective December 17, 2018; 50 SDR 12, effective August 8, 2023.

General Authority: SDCL [34-1-17](#), [34-22-9](#), [34-22-12](#), [34-23-13](#).

Law Implemented: SDCL [34-22-9](#), [34-22-12](#), [34-23-2](#), [34-23-13](#).

44:20:01:05. Reportable disease and condition case definitions. Except as otherwise provided in this article, the case definitions for reportable diseases and conditions are found on the Centers for Disease Control and Prevention Notifiable Diseases website at www.cdc.gov/osels/ph_surveillance/nndss/casedef/case_definitions.htm.

Source: 20 SDR 69, effective November 17, 1993; 28 SDR 92, effective December 30, 2001; 38 SDR 8, effective August 1, 2011.

General Authority: SDCL [34-1-17](#), [34-22-9](#), [34-22-12](#), [34-23-13](#).

Law Implemented: SDCL [34-22-9](#), [34-22-12](#), [34-23-13](#).

44:20:01:06. Submission of clinical materials required by laboratories. Laboratories must submit isolates or, if an isolate is not available, laboratories must submit material containing the infectious agent to the South Dakota Public Health Laboratory for the following:

- (1) Anthrax (*Bacillus anthracis*);
- (2) Brucellosis (*Brucella spp.*);
- (3) Candidiasis (*Candida auris*);
- (4) Carbapenem-resistant *Enterobacteriaceae*;
- (5) Diphtheria (*Corynebacterium diphtheriae*);
- (6) *Haemophilus influenzae* type b, invasive;
- (7) Novel Influenza A;
- (8) Listeriosis (*Listeria monocytogenes*);
- (9) Meningococcal disease, invasive (*Neisseria meningitidis*);
- (10) Plague (*Yersinia pestis*);
- (11) Salmonellosis (*Salmonella spp.*);
- (12) Shiga toxin-producing *Escherichia coli* (STEC);
- (13) Shigellosis (*Shigella spp.*);
- (14) Smallpox (*Variola*);
- (15) Tuberculosis (*Mycobacterium tuberculosis* and *Mycobacterium bovis*);
- (16) Tularemia (*Francisella tularensis*);
- (17) Typhoid (*Salmonella typhi*); and
- (18) Vancomycin-resistant *Staphylococcus aureus* (VRSA).

Source: 38 SDR 8, effective August 1, 2011; 42 SDR 77, effective November 30, 2015; 45 SDR 83, effective December 17, 2018.

General Authority: SDCL [34-1-17](#), [34-22-9](#), [34-22-12](#).

Law Implemented: SDCL [34-22-9](#), [34-22-12](#).

CHAPTER 44:20:02
REPORTING AND SURVEILLANCE

Section

- [44:20:02:01](#) Reporting by physicians.
 - [44:20:02:02](#) Reporting by hospitals, laboratories, and institutions.
 - [44:20:02:03](#) Persons permitted to report.
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 - [44:20:02:05](#) Contents of reports.
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 - [44:20:02:09](#) Reporting of vaccine adverse events.
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44:20:02:01. Reporting by physicians. A physician attending a person who has been diagnosed with or is suspected of having a reportable disease or condition listed in § 44:20:01:03 or 44:20:01:04 shall report to the department the information required by § 44:20:02:05. A physician may authorize a designee to submit reports of reportable diseases and conditions on persons attended by the physician, but the physician is not relieved of the reporting responsibility. Category I diseases and conditions are reportable immediately by telephone. Category II diseases and conditions are reportable by telephone, mail, courier, facsimile, or electronically within three days after recognition or strong suspicion of disease.

Source: 20 SDR 69, effective November 17, 1993; 29 SDR 87, effective December 22, 2002; 38 SDR 8, effective August 1, 2011.

General Authority: SDCL [34-1-17](#), [34-22-9](#), [34-22-12](#), [34-23-13](#).

Law Implemented: SDCL [34-22-9](#), [34-22-12](#), [34-23-2](#), [34-23-13](#).

44:20:02:02. Reporting by hospitals, laboratories, and institutions. The director, principal manager, or chief executive officer of a hospital, laboratory, or institution who has knowledge that a person employed, attended, or served by the hospital, laboratory, or institution has been diagnosed with or is suspected of being a carrier of any of the reportable diseases or conditions listed in § 44:20:01:03 or 44:20:01:04 shall report to the department the information required by § 44:20:02:05. The director, principal manager, or chief executive officer of a hospital, laboratory, or institution may authorize a designee to submit reports of reportable diseases and conditions, but the director, principal manager, or chief executive officer is not relieved of the reporting responsibility. Category I diseases and conditions are reportable immediately. Category II diseases and conditions are reportable by telephone, mail, courier, or facsimile within three days after recognition or strong suspicion of disease. Reporting of a reportable disease or condition by a hospital, laboratory, or institution is in addition to, and not a substitute for, the reporting by the attending physician in § 44:20:02:01. For purposes of this section, hospitals, laboratories, and institutions include:

- (1) Health care facilities defined in SDCL [34-12-1.1](#);
- (2) Medical laboratories;
- (3) Diagnostic laboratories;
- (4) Blood bank, collection, or storage centers;
- (5) Public and private elementary and secondary schools;
- (6) Public and private universities and colleges;
- (7) Health and correctional institutions operated or regulated by municipal, county, state, or federal governments;
- (8) Funeral establishments and mortuaries;
- (9) Child-care facilities defined in SDCL chapter [26-6](#); and
- (10) Food service, lodging, and campground establishments defined in SDCL [34-18-1](#).

Source: 20 SDR 69, effective November 17, 1993; 28 SDR 92, effective December 30, 2001; 29 SDR 87, effective December 22, 2002; 38 SDR 8, effective August 1, 2011.

General Authority: SDCL [34-1-17](#), [34-22-9](#), [34-22-12](#), [34-23-13](#).

Law Implemented: SDCL [34-22-9](#), [34-22-12](#), [34-23-2](#), [34-23-13](#).

Cross-References:

Employee health and disease control, § 44:02:02:01.

Employee health program, § 44:04:04:06.

44:20:02:03. Persons permitted to report. Any person having knowledge that a person is suspected of having a reportable disease or condition may notify the department and provide all information known concerning the reportable disease or condition of the person.

Source: 20 SDR 69, effective November 17, 1993; 38 SDR 8, effective August 1, 2011.

General Authority: SDCL [34-1-17](#), [34-22-9](#), [34-22-12](#), [34-23-13](#).

Law Implemented: SDCL [34-22-9](#), [34-22-12](#), [34-23-13](#).

44:20:02:04. Voluntary reports of nonreportable communicable diseases and conditions. A person may voluntarily provide information to the department concerning nonreportable communicable diseases or conditions.

Source: 20 SDR 69, effective November 17, 1993; 38 SDR 8, effective August 1, 2011.

General Authority: SDCL [34-1-17](#), [34-22-9](#), [34-22-12](#), [34-23-13](#).

Law Implemented: SDCL [34-22-9](#), [34-22-12](#), [34-23-13](#).

44:20:02:05. Contents of reports. Reportable disease and condition reports made pursuant to this article must include the following or as much of the following as is known to the person making the report:

- (1) The disease or condition diagnosed or suspected;
- (2) The case's or carrier's name, age, date of birth, sex, race, address, and occupation;
- (3) The date of onset or diagnosis of illness and whether the person is hospitalized and, if so, where;
- (4) Any pertinent laboratory results;
- (5) Public health measures given;
- (6) The name and address of the attending physician; and
- (7) The name and telephone number of the person making the report.

If the reportable disease or condition is an epidemic or outbreak, the report must also include the diagnosis or principal symptoms, the approximate number of cases, the place or community within which the cases occurred or are occurring, and the name and telephone number of the reporting physician or person. In addition to the information required by this section, the department may request the attending physician or a designee to complete a surveillance form provided by the department.

Source: 20 SDR 69, effective November 17, 1993; 28 SDR 92, effective December 20, 2001; 38 SDR 8, effective August 1, 2011.

General Authority: SDCL [34-1-17](#), [34-22-9](#), [34-22-12](#), [34-23-13](#).

Law Implemented: SDCL [34-22-9](#), [34-22-12](#), [34-23-13](#).

44:20:02:06. Methods of reporting. A reportable disease or condition, as provided in § [44:20:02:05](#), shall be reported as follows:

- (1) By telephone by dialing 1-800-592-1861 and providing the information to an authorized South Dakota Department of Health representative;
- (2) By mail in a sealed envelope addressed to the South Dakota Department of Health, and marked, Confidential Disease or Condition Report, on the outside of the envelope;
- (3) By courier in a sealed envelope addressed to the South Dakota Department of Health, and marked, Confidential Disease or Condition Report, on the outside of the envelope;
- (4) By facsimile by dialing 605-773-5509;
- (5) By secure, confidential website by submitting the information at sd.gov/diseasereport; or
- (6) By electronic transmission by sending the information to the South Dakota Department of Health secure application server.

Source: 20 SDR 69, effective November 17, 1993; 28 SDR 92, effective December 30, 2001; 30 SDR 89, effective December 7, 2003; 33 SDR 106, effective December 26, 2006; 38 SDR 8, effective August 1, 2011; 45 SDR 83, effective December 17, 2018; 50 SDR 12, effective August 8, 2023.

General Authority: SDCL [34-1-17](#), [34-22-9](#), [34-22-12](#), [34-23-13](#).

Law Implemented: SDCL [34-22-9](#), [34-22-12](#), [34-23-13](#).

Note: For purposes of this section, the department's address is:

South Dakota Department of Health
Attn: Infectious Disease Surveillance
615 East 4th Street
Pierre, South Dakota 57501-1700

44:20:02:07. Processing of reports -- Investigation of reports. Upon receipt of a disease or condition report pursuant to this article, the department may investigate the circumstances surrounding the occurrence of the reportable disease or condition to determine the authenticity of the report and to determine what public health measures have been given or should be provided. The department's investigation and actions may include the following:

(1) Confer and coordinate with the physician, hospital, laboratory, institution, or person making the report;

(2) Inspect premises pursuant to SDCL [34-16-5](#);

(3) Recommend the collection of laboratory specimens that may be necessary to confirm the diagnosis of the disease or to determine the source of the infection or epidemic;

(4) Conduct an epidemiological investigation and record the findings on a case, carrier, or epidemic;

(5) Ascertain the source of the infectious agent, identify unreported cases, and evaluate contacts;

(6) Recommend or implement public health measures;

(7) Provide information concerning the reportable disease or condition and its prevention to the case, carrier, contact, or a responsible member of such a person's household or institution to prevent further spread of the disease; and

(8) Forward a report regarding a person residing in another state to the respective state public health authority or to the national Centers for Disease Control and Prevention for the purpose of effective interstate communicable disease control.

Source: 20 SDR 69, effective November 17, 1993; 28 SDR 92, effective December 30, 2001; 38 SDR 8, effective August 1, 2011.

General Authority: SDCL [34-1-17](#), [34-22-9](#), [34-22-12](#), [34-23-13](#).

Law Implemented: SDCL [34-16-5](#), [34-22-1](#), [34-22-9](#), [34-22-12](#), [34-22-12.1](#), [34-23-13](#).

44:20:02:08. Disclosure of reports. The department may disclose or authorize the disclosure of reportable disease and condition information, limited to that necessary to provide medical care to a person or to prevent the further transmission of a reportable disease or condition. The following may receive confidential, pertinent, reportable disease or condition information:

- (1) Physicians and health care workers for whom the information is necessary to proceed with medical treatment;
- (2) Institutions whose employees or clients may pose a risk to the public's health;
- (3) Review panels convened or authorized by the department regarding HIV-infected physicians or health care workers;
- (4) Agencies of the U.S. Public Health Services, including the Centers for Disease Control and Prevention and Indian Health Services, and other local, state, tribal, and territorial health agencies;
- (5) Agencies or persons receiving donated blood, organs, tissues, or body fluids;
- (6) Researchers conducting anonymous epidemiological research;
- (7) Health care workers, emergency response workers, good samaritans, and funeral directors if there has been a potentially significant exposure to the blood or body fluids of a person;
- (8) School officials or administrators of child care settings if there is an exposure affecting children;
- (9) Contacts of infected persons; and
- (10) Health care workers needing tuberculosis information to comply with tuberculosis screening requirements.

Source: 20 SDR 69, effective November 17, 1993; 28 SDR 92, effective December 30, 2001; 38 SDR 8, effective August 1, 2011.

General Authority: SDCL [34-1-17](#), [34-22-9](#), [34-22-12](#), [34-23-13](#).

Law Implemented: SDCL [34-22-9](#), [34-22-12](#), [34-22-12.1](#), [34-23-13](#).

44:20:02:09. Reporting of vaccine adverse events. Any vaccine adverse event shall be reported the same as a Category II reportable disease and condition pursuant to this chapter.

Source: 30 SDR 89, effective December 7, 2003; 38 SDR 8, effective August 1, 2011.

General Authority: SDCL [34-1-17](#), [34-22-9](#).

Law Implemented: SDCL [34-1-17](#), [34-22-9](#).

CHAPTER 44:20:03
CONTROL MEASURES

Section

- [44:20:03:01](#) General measures for control of communicable conditions.
 - [44:20:03:02](#) Principles for devising public health measures not otherwise specified.
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 - [44:20:03:09](#) Control measures for food handlers.
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44:20:03:01. General measures for control of communicable conditions. Except as otherwise provided in this article, the public health measures for communicable diseases and conditions are based on those specified by the "methods of control" or "control measures" section of one of the following: **Control of Communicable Diseases Manual**, 20th edition, American Public Health Association, 2015; **Red Book 2015: Report of the Committee on Infectious Diseases**, 30th edition, American Academy of Pediatrics, 2015; **Sexually Transmitted Diseases Treatment Guidelines**, 2015, Morbidity and Mortality Weekly Report (MMWR), June 5, 2015, 64(RR-3); **Epidemiology and Prevention of Vaccine-Preventable Diseases**, Hamborsky et al., 13th ed. Washington DC, Public Health Foundation, 2015, and, to any extent more recent and equally reliable information is available from the Centers for Disease Control and Prevention (CDC), the department may also include that information as public health measures for communicable diseases and conditions.

Source: 20 SDR 69, effective November 17, 1993; 28 SDR 92, effective December 30, 2001; 30 SDR 89, effective December 7, 2003; 31 SDR 89, effective December 27, 2004; 33 SDR 106, effective December 26, 2006; 34 SDR 179, effective December 24, 2007; 38 SDR 8, effective August 1, 2011; 39 SDR 203, effective June 10, 2013; 42 SDR 77, effective November 30, 2015.

General Authority: SDCL [34-1-17](#), [34-22-9](#), [34-23-13](#).

Law Implemented: SDCL [34-22-9](#), [34-23-13](#).

References: **Control of Communicable Diseases Manual**, 20th Edition, 2015, American Public Health Association. Copies may be obtained from the American Public Health Association, 800 I Street, NW, Washington, DC 20001-3710. Cost: \$55.

Red Book 2012: Report of the Committee on Infectious Diseases, 30th Edition, 2015, American Academy of Pediatrics. Copies may be obtained from the American Academy of Pediatrics, 141 Northwest Point Boulevard, Elk Grove Village, IL 60007-1098. Cost: \$150.

Sexually Transmitted Diseases Treatment Guidelines, 2015, MMWR, June 5, 2015, 64(RR-3), CDC, U.S. Department of Health and Human Services, Atlanta, Georgia 30333. Copies may be obtained from www.cdc.gov/std/tg2015/tg-2015-print.pdf.

CDC, **Epidemiology and Prevention of Vaccine-Preventable Diseases**. Atkinson et al., 13th ed. Washington DC, Public Health Foundation, 2015. Copies may be obtained from the Public Health Foundation at 877-252-1200, cost \$40, or downloaded at www.cdc.gov/vaccines/pubs/pinkbook/index.html#chapters.

44:20:03:02. Principles for devising public health measures not otherwise specified. In devising public health measures for reportable diseases and conditions for which a specific public health measure is not otherwise provided by this article, the department shall use the following principles that can be reasonably expected to decrease the risk of transmission:

(1) For airborne diseases, physical isolation for the period of communicability;

(2) For fecal-orally transmitted diseases, exclusion from situations in which transmission can be reasonably expected to occur, such as work as a food handler, attendance at or work in a child care facility, health care facility, or institution, for the period of communicability;

(3) For sexually transmitted or bloodborne diseases, prohibition of donation of blood, tissue, organs, or semen; needle sharing; and sexual contact in a manner likely to result in transmission for the period of communicability; and

(4) Each health care worker must comply with standard precautions for the prevention of the transmission of bloodborne pathogens.

Source: 20 SDR 69, effective November 17, 1993; 28 SDR 92, effective December 30, 2001; 31 SDR 89, effective December 27, 2004; 38 SDR 8, effective August 1, 2011.

General Authority: SDCL [34-1-17](#), [34-22-9](#), [34-23-13](#).

Law Implemented: SDCL [34-22-9](#), [34-23-13](#).

44:20:03:03. Health threat to others defined. For purposes of this article, a "health threat to others" or a "threat to the public health" exists if a case or carrier demonstrates an inability or unwillingness to refrain from conduct that places others at risk of exposure to a reportable disease, condition, or infectious agent. It may include one or more of the following:

(1) Behavior by a case or carrier that has been demonstrated epidemiologically to transmit a disease, condition, or infectious agent to others or that evidences a careless disregard for the transmission of the disease, condition, or infectious agent to others;

(2) A substantial likelihood that a case or carrier will transmit a disease, condition, or infectious agent to others as evidenced by a case's or carrier's past behavior or by statements of a case or carrier that are credible indicators of a case's or carrier's intention; or

(3) Affirmative misrepresentation by a person of the person's status as a case or carrier prior to engaging in a behavior that has been demonstrated epidemiologically to transmit the disease, condition, or infectious agent.

Source: 20 SDR 69, effective November 17, 1993; 28 SDR 92, effective December 30, 2001; 38 SDR 8, effective August 8, 2011.

General Authority: SDCL [34-1-17](#), [34-22-9](#), [34-23-13](#).

Law Implemented: SDCL [34-22-9](#), [34-23-13](#).

44:20:03:04. Application of public health measures to persons. The department may instruct a case or carrier of a reportable disease or condition regarding public health measures for preventing the spread of the disease or condition and of the necessity for treatment until cured, non-infectious, or free from the infection. If the department knows or has reason to believe, because of medical or epidemiological information, that a person has a reportable disease or condition and is a health threat to others, it may issue a public health notice directing the person to take one or more of the following actions:

(1) To be examined or tested to determine whether the person has the disease in an infectious stage;

(2) To report to a physician, health care worker, or authorized department representative for counseling on the disease and for information on how to avoid infecting others;

(3) To receive treatment until cured or non-infectious and to follow measures for preventing reinfection;

(4) To cease from specified conduct which endangers the health of others; or

(5) To cooperate with the department in implementation of recommended public health measures.

The department may use restrictive public health measures only if other measures to protect the public health have failed, including efforts to obtain the voluntary cooperation of the person who may be the subject of such measures. The department shall apply public health measures as necessary to achieve the desired purpose of protecting the public health, using the least intrusive measures first.

Source: 20 SDR 69, effective November 17, 1993; 28 SDR 92, effective December 30, 2001; 38 SDR 8, effective August 1, 2011.

General Authority: SDCL [34-1-17](#), [34-22-9](#), [34-23-13](#).

Law Implemented: SDCL [34-22-9](#), [34-22-24](#), [34-23-13](#).

44:20:03:05. Form and duration of public health notice. The department shall issue a public health notice pursuant to §§ 44:20:03:04, 44:20:03:07, and 44:20:03:10 in writing or, in urgent circumstances, as an oral statement followed within three days by a written statement and shall deliver the notice personally or by registered or certified mail to a person who is of legal age or to a person's parent or legal guardian if the person is not of legal age, except as otherwise provided in SDCL [34-23-15](#) to [34-23-18](#), inclusive. The notice is not effective after the person or animal is no longer infected with a reportable disease or condition or, in the case of a suspected disease, after the longest usual incubation period. In cases involving a fomite or an animal, the notice is effective until there is no threat to the public health.

Source: 20 SDR 69, effective November 17, 1993; 23 SDR 60, effective October 31, 1996; 38 SDR 8, effective August 1, 2011.

General Authority: SDCL [34-1-17](#), [34-22-9](#), [34-23-13](#).

Law Implemented: SDCL [34-22-9](#), [34-23-13](#).

44:20:03:06. Imminent health threat to others -- Petition to circuit court. If the department has determined by medical or epidemiological information that a person has a reportable disease or condition and is an imminent health threat to others, the department may petition the circuit court for a temporary restraining order pursuant to SDCL chapter [15-6](#) to enforce public health measures.

Source: 20 SDR 69, effective November 17, 1993; 38 SDR 8, effective August 1, 2011.

General Authority: SDCL [34-1-17](#), [34-22-9](#), [34-23-13](#).

Law Implemented: SDCL [34-1-28](#), [34-22-9](#), [34-22-14](#), [34-23-13](#).

44:20:03:07. Application of public health measures to fomites. The department may instruct a person owning or in possession of a fomite known or suspected to be contaminated with an infectious agent in public health measures for preventing infection and spread of disease and of necessity for decontamination. If the department knows or has reason to believe, because of testing or epidemiological information, that a fomite is contaminated with an infectious agent and is a threat to the public health, it may issue a public health notice directing the person owning or in possession of the fomite to take one or more of the following actions:

(1) To examine or test the fomite to determine whether it is contaminated with an infectious agent capable of causing human disease;

(2) To report to an authorized department representative for counseling on methods for preventing infection and methods of decontamination;

(3) To cease from specific activities involving the contaminated fomite which endangers the health of others; or

(4) To cooperate with the department in implementation of recommended public health measures.

Source: 20 SDR 69, effective November 17, 1993; 28 SDR 92, effective December 30, 2001.

General Authority:SDCL [34-1-17](#), [34-22-9](#).

Law Implemented:SDCL [34-22-9](#).

44:20:03:08. Contact referral and notification. The department may contact a person known to be infected with a reportable disease or condition and encourage the person to refer to the department for counseling, testing, or other medical examination any other person with whom the infected person has had contact or has exposed in a manner that has been demonstrated epidemiologically to transmit the reportable disease or condition. The department may contact any person named pursuant to this section for the purpose of counseling the person and encouraging the person to submit to testing or other medical examination. The department shall conduct such contacts in a manner that protects the confidentiality of the person to the extent possible.

Source: 20 SDR 69, effective November 17, 1993; 38 SDR 8, effective August 1, 2011.

General Authority: SDCL [34-1-17](#), [34-22-9](#), [34-22-12](#), [34-23-13](#).

Law Implemented: SDCL [34-22-9](#), [34-22-12](#), [34-22-12.1](#), [34-23-2](#), [34-23-13](#).

44:20:03:09. Control measures for food handlers. A food handler who is infected with a reportable disease or condition that can be transmitted by foods may not, during the period of communicability, engage in the production, preparation, manufacture, packaging, storage, sale, distribution, or transportation of food products intended for human consumption. Unless another cause is determined, the following symptoms indicate suspected infection with a reportable disease or condition that can be transmitted by food: diarrhea, vomiting, open skin sores, boils, fever, dark urine, or jaundice. If a food handler is determined or suspected to be infected with a reportable disease or condition that can be transmitted by foods, the department may require one or more of the following public health measures:

- (1) The immediate exclusion of the food handler from the production, preparation, manufacture, packaging, storage, sale, distribution, or transportation of food;
- (2) The immediate exclusion of the suspect food from distribution, consumption, or unauthorized disposal; or
- (3) Medical examination and laboratory testing of the food handler and work associates.

The owner or operator of the food producing, processing, or service establishment or the employer of the food handler, is responsible for ensuring compliance with this section.

Source: 20 SDR 69, effective November 17, 1993; 28 SDR 92, effective December 30, 2001; 38 SDR 8, effective August 1, 2011.

General Authority: SDCL [34-1-17](#), [34-5-15](#), [34-22-9](#).

Law Implemented: SDCL [34-5-11.1](#), [34-22-9](#).

44:20:03:10. Application of public health measures to animals. The department may instruct a person who owns or is in possession of an animal known or suspected to be a carrier of an infectious agent in public health measures for preventing infection and spread of disease. If the department knows or has reason to believe, because of testing or epidemiological information, that an animal is infected with an infectious agent and is a threat to the public health, it may issue a public health notice directing the person who owns or is in possession of the animal to take one or more of the following actions:

- (1) To examine or test the animal to determine whether it is infected with an infectious agent capable of causing human disease;
- (2) To report to an authorized department representative for counseling on methods for preventing transmission of the infectious agent;
- (3) To confine or quarantine the animal for the duration of the incubation period or contagious period;
- (4) To destroy the animal or provide treatment until it is cured or free from the infection and to follow measures for preventing reinfection;
- (5) To cease from specific activities involving the infected animal that endanger the health of others;
- (6) To cooperate with the department in implementation of reasonable public health measures.

Source: 23 SDR 60, effective October 31, 1996; 28 SDR 92, effective December 30, 2001.

General Authority:SDCL [34-1-17](#), [34-22-9](#).

Law Implemented:SDCL [34-22-9](#).

CHAPTER 44:20:04

UNIVERSAL PRECAUTIONS

(Repealed. 31 SDR 89, effective December 27, 2004)