

**Exhibit A**  
**Hawaii Health Care Providers Disease Reporting Requirements**  
**[March, 2008]**

The diseases described below are declared by the Director of Health to be dangerous to public health and shall be reported to the Department of Health as specified. Restrictions shall be imposed on cases and contacts as indicated in *Hawaii Isolation and Control Requirements, March, 2008*.

Any communicable disease not listed below occurring beyond usual frequency, or of unusual or uncertain etiology, including diseases which might be caused by a genetically engineered organism, shall be reported to the Department of Health (Disease Outbreak Control Division) by telephone. Likewise, all suspected outbreaks of a notifiable disease shall be reported to the Disease Outbreak Control Division by telephone.

If the final diagnosis or provisional diagnosis in the absence of definitive tests for confirmation is a reportable disease and **if the case is not known to have already been reported** to the Department, the physician responsible for the management of that case or the hospital in which the case is being treated shall report that case in accordance with the methods described below. If neither hospital nor physician reports, **both** shall be considered in default of their responsibility to report.

This requirement applies to all settings in which patient care is provided, including passenger ships discharging passengers in Hawaii and all facilities performing medical evaluations, including blood banks.

***Failure to comply with these requirements is a misdemeanor under Hawaii Law.***

***Physicians, laboratory directors, and health care providers to report.*** Every physician or health care provider having a client affected by or suspected of being affected by a disease or condition declared to be communicable or dangerous to the public health by the director of health shall report the incidence or suspected incidence of such disease or condition to the department of health in writing or in the manner specified by the department of health. Every laboratory director having laboratory data regarding an individual affected by or suspected of being affected by a disease or condition declared to be communicable or dangerous to the public health shall report such diseases or conditions to the department of health in writing or in a manner specified by the health department. Every physician, laboratory director, or health care provider who refuses or neglects to give such notice, or make such report, may be fined in an amount not to exceed \$1,000 per violation, to be assessed by the director of health. The director of health is authorized to impose the penalty pursuant to this section.

***§325-2 Hawaii Revised Statutes.***

***Reporting Categories***

**Urgent reports:** Diseases or conditions that are suspicious or presenting with novel symptoms that may or may not be part of a known disease or disease complex, labeled “urgent” shall be reported by telephone as soon as a provisional diagnosis is established. The telephone report shall be followed by a written report submitted by mail or fax within three days to the Disease Outbreak Control Division, Disease Investigation Branch on Oahu, or to the District Health Office on the neighbor islands.

**Confidential:** Infections/diseases which may carry a social stigma are to be reported with **extra precautions** to assure patient confidentiality. Reports are to be submitted within three working days of diagnosis as described below.

**Routine reports:** Diseases labeled “routine” shall be reported by mail, by telephone, or fax to the Disease Outbreak Control Division on Oahu, or to the District Health Offices on the neighbor islands.

**Routine/Enteric (enteric prevention priority):** Diseases labeled “routine - enteric prevention priority” shall be reported by telephone as soon as a working diagnosis is established if the individual case is a **food handler, direct care provider, or pre-school aged child**. Otherwise routine reports may be submitted.

**Outbreak reports:** Any disease shall be reported by telephone when observed to occur clearly in excess of normal expectancy as determined by the healthcare provider or the Director of Health. The telephone report shall be followed by a written report submitted by mail or fax within three days to the Disease Outbreak Control Division on Oahu, or to the District Health Offices on the neighbor islands.

**Upon request:** Disease or condition shall be reported to the Disease Investigation Branch upon request.

**Note: Diseases shown in bold require URGENT action sometimes or always.**

| <i>Disease</i>  | <i>Reporting Category</i> |
|---|---------------------------|
| Acquired Immunodeficiency Syndrome (CDC case definition) <sup>1</sup> | <b>Confidential</b>       |
| <b>Amebiasis</b>  | <b>Routine/Enteric</b>    |
| <b>Angiostrongyliasis</b>   | <b>Upon request</b>       |
| <b>Anthrax</b>  | <b>Urgent</b>             |
| <b>Botulism, food borne</b>   | <b>Urgent</b>             |
| <b>Botulism, wound or infant</b>                                      | Routine                   |
| <b>Brucellosis</b>  | <b>Urgent</b>             |
| <b>Campylobacteriosis</b>   | <b>Routine/Enteric</b>    |
| Chickenpox - varicella (report individual cases)                      | Routine                   |
| Chlamydia ( <i>Chlamydia trachomatis</i> ) <sup>2</sup>               | <b>Confidential</b>       |
| <b>Cholera</b>  | <b>Urgent</b>             |
| Congenital Rubella Syndrome   | <b>Urgent</b>             |
| <b>Cryptosporidiosis</b>  | <b>Routine/Enteric</b>    |

<sup>1</sup> HIV/AIDS shall be reported to the HIV/AIDS Surveillance Program (CONFIDENTIAL), 3627 Kilauea Avenue, Rm. 306, Honolulu, HI 96816; ☎ (808) 733-9010.

<sup>2</sup> Sexually Transmitted Infections other than HIV/AIDS shall be reported to the STD Prevention Program, 3627 Kilauea Avenue, Room 304, Honolulu, HI 96816; ☎ (808) 733-9281.

|  |                 |
|--|-----------------|
| Cyclosporiasis   | Routine         |
| Dengue   | Urgent          |
| Diphtheria   | Urgent          |
| Encephalitis, Meningitis, Arboviral (Alphaviruses [e.g., California Serogroup, Eastern equine, Western Equine, Venezuelan equine, Chikungunya Virus Disease], Flavivirus [Powassan, West Nile, Japanese encephalitis]) | Urgent          |
| Enterococcus, Vancomycin-resistant   | Routine         |
| <i>Escherichia coli</i> O157   | Routine/Enteric |
| Filariasis   | Routine         |
| Fish poisoning (ciguatera, scombroid, or hallucinogenic)   | Urgent          |
| Food borne illness: 2 or more ill persons having eaten:<br>(a) a common food, or (b) at a place in common.   | Urgent          |
| Giardiasis   | Routine/Enteric |
| Glanders   | Urgent          |
| Gonococcal disease ( <i>Neisseria gonorrhoeae</i> ) <sup>3</sup>   | Confidential    |
| <i>Haemophilus influenzae</i> serotype b (meningitis, bacteremia, epiglottitis, pneumonia, or isolation from a normally sterile site).   | Urgent          |
| Hansen's disease <sup>4</sup>  | Confidential    |
| Hantavirus Disease   | Urgent          |
| Hemorrhagic colitis due to <i>E. coli</i> , any strain or serotype   | Routine/Enteric |
| Hepatitis A *Also report liver function tests (AST {SGOT}, ALT {SGPT} ) conducted at the same time for all patients who are HAV IgM positive.  | Urgent          |
| Hepatitis B (acute and chronic) *Also report liver function tests (AST {SGOT}, ALT {SGPT} ) conducted at the same time for all patients who are HBsAg positive.  | Routine         |
| Hepatitis C (acute) *Also report liver function tests (AST {SGOT}, ALT {SGPT} ) conducted at the same time for all patients who are anti-HCV positive.   | Routine         |
| Hepatitis C (chronic) *Also report liver function tests (AST {SGOT}, ALT {SGPT} ) conducted at the same time for all patients who are anti-HCV positive.   | Upon request    |
| Hepatitis E *Also report liver function tests (AST {SGOT}, ALT {SGPT} ) conducted at the same time for all patients who are anti-HCV positive.   | Routine         |

<sup>3</sup> Sexually transmitted infections other than HIV/AIDS shall be reported to the STD Prevention Program, 3627 Kilauea Avenue, Room 304, Honolulu, HI 96816; ☎ (808) 733-9281.

<sup>4</sup> Reports shall be made to the Hansen's Disease Community Program at ☎ (808) 733-9831.

|   |                        |
|---|------------------------|
| Hemolytic uremic syndrome (HUS)   | <b>Routine/Enteric</b> |
| HIV (Human Immunodeficiency Virus) <sup>5</sup>   | <b>Confidential</b>    |
| <b>Influenza</b> (report laboratory confirmed cases and outbreaks)  | <b>Urgent</b>          |
| <b>Influenza-like illness</b>   | Upon Request           |
| <b>Legionellosis</b>  | <b>Urgent</b>          |
| Leptospirosis   | Routine                |
| <b>Listeriosis</b>  | <b>Routine/Enteric</b> |
| Malaria   | Routine                |
| <b>Measles</b> (rubeola)  | <b>Urgent</b>          |
| <b>Melioidosis</b>  | <b>Urgent</b>          |
| <b>Meningococcal Disease</b> (meningitis, meningococemia, or isolation from a normally sterile site)  | <b>Urgent</b>          |
| MRSA (Methicillin-Resistant <i>Staphylococcus aureus</i> )  | Upon Request           |
| Mumps   | Routine                |
| Norovirus (NoV) (report laboratory confirmed cases and outbreaks)   | <b>Routine/Enteric</b> |
| Pelvic Inflammatory Disease (PID) <sup>6</sup>  | <b>Confidential</b>    |
| <b>Pertussis</b>  | <b>Urgent</b>          |
| <b>Plague</b>   | <b>Urgent</b>          |
| Pneumococcal disease (meningitis, bacteremia, or isolation from a normally sterile site)  | Routine                |
| <b>Poliomyelitis</b>  | <b>Urgent</b>          |
| <b>Psittacosis</b>  | <b>Urgent</b>          |
| <b>Q fever</b>  | <b>Urgent</b>          |
| <b>Rabies</b>   | <b>Urgent</b>          |
| <b>Rubella</b> (German measles)   | <b>Urgent</b>          |
| <b>Salmonellosis</b> (other than typhoid)   | <b>Routine/Enteric</b> |
| <b>SARS (Severe Acute Respiratory Syndrome)</b>   | <b>Urgent</b>          |
| <b>Shigellosis</b>  | <b>Routine/Enteric</b> |
| <b>Smallpox</b>   | <b>Urgent</b>          |
| Streptococcal disease, Group A (beta hemolytic, invasive disease including Streptococcal Toxic Shock Syndrome, necrotizing fasciitis, or isolation from a normally sterile site, but not including pharyngitis) | Routine                |
| Syphilis <sup>6</sup>   | <b>Confidential</b>    |

<sup>5</sup> HIV/AIDS shall be reported to the HIV/AIDS Surveillance Program (CONFIDENTIAL), 3627 Kilauea Avenue, Room 306, Honolulu, HI 96816; ☎ (808) 733-9010.

<sup>6</sup> Sexually transmitted diseases other than HIV/AIDS shall be reported to the STD Prevention Program, 3627 Kilauea Avenue, Room 304, Honolulu, HI 96816; ☎ (808) 733-9281.

|   |                        |
|---|------------------------|
| Tetanus   | Routine                |
| Toxoplasmosis   | Routine                |
| Trichinosis   | Routine                |
| <b>Tuberculosis</b> <sup>7</sup>  | <b>Urgent</b>          |
| <b>Tularemia</b>  | <b>Urgent</b>          |
| <b>Typhoid Fever</b>  | <b>Urgent</b>          |
| Typhus (louse, flea, mite-borne)  | Routine                |
| <b>Vibriosis</b> (other than <i>cholera</i> )   | <b>Routine/Enteric</b> |
| <b>Viral hemorrhagic fevers (filoviruses [e.g. Ebola, Marburg, and arenaviruses [e.g., Lassa, Machupo])</b> | <b>Urgent</b>          |
| <b>Yellow fever</b>   | <b>Urgent</b>          |
| <b>Yersiniosis</b> (other than plague)  | <b>Routine/Enteric</b> |

Report all Diseases except Tuberculosis, Hansen's Disease, Sexually Transmitted Infections, and HIV/AIDS to the Health Department Office in Your County

#### Oahu

P.O. Box 3378  
Honolulu, HI 96801  
Phone: (808) 586-4586  
FAX: (808) 586-4595

#### Maui

Hawaii Department of Health  
Attention: Epidemiologist  
54 High Street  
Wailuku, Hawaii 96793  
Phone: (808) 984-8213  
FAX: (808) 243-5141

#### Hawaii

P.O. Box 916  
Hilo, HI 96720  
Phone: (808) 933-0912  
FAX: (808) 933-0400

#### Kauai

3040 Umi Street  
Lihue, Hawaii 96766  
Phone: (808) 241-3563  
FAX: (808) 241-3480

Reports of Sexually Transmitted Infections other than HIV/AIDS shall be made to:

#### **The STD Prevention Program**

3627 Kilauea Avenue, Room 304

Honolulu, HI 96816

Telephone: ☎ (808) 733-9281, Facsimile: (808) 733-9291

<sup>7</sup> Tuberculosis shall be reported to the Tuberculosis Control Program at ☎ (808) 832-5731 or by mail to TB Program, 1700 Lanakila Avenue, Honolulu HI 96817, Attn: Registry- CONFIDENTIAL or by Facsimile to (808) 832-5846 Attn: Registry- CONFIDENTIAL. Please call for a copy of the TB report form.

Reports of HIV/AIDS shall be made to:  
**HIV/AIDS Surveillance Program (CONFIDENTIAL)**  
3627 Kilauea Avenue, Rm. 306  
Honolulu, HI 96816  
Telephone: ☎ (808) 733-9010

Reports of Hansen's Disease shall be made to:  
**Hansen's Disease Community Program**  
3650 Maunalei Avenue  
Honolulu, HI 96816  
Telephone: ☎ (808) 733-9831

Reports of Tuberculosis shall be made to:  
**Tuberculosis Control Program**  
by mail to TB Program, 1700 Lanakila Avenue, Honolulu HI 96817  
Attn: Registry- CONFIDENTIAL  
Telephone: ☎ (808) 832-5731  
Facsimile: (808) 832-5846 Attn: Registry- CONFIDENTIAL.  
Please call for a copy of the TB report form.

**Exhibit B**  
Hawaii Laboratory Reporting Requirements  
[March, 2008]

*Physicians, laboratory directors, and health care providers to report.* Every physician or health care provider having a client affected by or suspected of being affected by a disease or condition declared to be communicable or dangerous to the public health by the director of health shall report the incidence or suspected incidence of such disease or condition to the department of health in writing or in the manner specified by the department of health. Every laboratory director having laboratory data regarding an individual affected by or suspected of being affected by a disease or condition declared to be communicable or dangerous to the public health shall report such diseases or conditions to the department of health in writing or in a manner specified by the health department. Every physician, laboratory director, or health care provider who refuses or neglects to give such notice, or make such report, may be fined in an amount not to exceed \$1,000 per violation, to be assessed by the director of health. The director of health is authorized to impose the penalty pursuant to this section.

**§325-2 Hawaii Revised Statutes.**

*Reports are to be made to the Disease Outbreak Control Division on O`ahu or the District Health Office on neighbor islands, except as noted below.*

***Reporting Categories***

1. **URGENT** - Agents labeled URGENT shall be reported by telephone when a laboratory *request* is received.
2. **Immediate** - Positive test results for agents labeled “Immediate” shall be reported by telephone within 24 hours of confirmation, followed by a written notification by mail or fax.
3. **Routine** - Positive test results for agents and tests labeled “Routine” shall be reported within 3 days of confirmation.
4. **Confidential** - Positive test results for agents and tests labeled “Confidential” shall be reported to the appropriate programs within three (3) workings days of confirmation. However, HIV/AIDS and CD4 test results shall be reported by mail, telephone or electronic encryption.
5. **Upon Request** – Test results for agents shall be reported to the Disease Investigation Branch upon request.

**Note: Agents or tests shown in bold require urgent or immediate action.**

| Specimens to be sent to the Department as noted:<br>*Sample of isolate **Blood smear †Aliquot of positive serum<br>(* or †) = Send sample or aliquot upon request only |                   |
|--|-------------------|
| Agent/Test   | Category          |
| <b>Group A Arboviruses (Venezuelan equine, Eastern equine, Western equine, California sergroup, Chikungunya virus)</b>   | <b>URGENT*</b>    |
| <b>Group B Arboviruses (St. Louis, Powassan, West Nile, Japanese encephalitis virus)</b>   | <b>URGENT*</b>    |
| <b>Arenaviruses (Lassa, Junin, Machupo Guanarito)</b>  | <b>URGENT*</b>    |
| <b>Bacillus anthracis</b>  | <b>URGENT*</b>    |
| <b>Bordetella pertussis</b>  | <b>Immediate*</b> |
| <b>Burkholderia mallei</b>   | <b>URGENT*</b>    |
| <b>Burkholderia pseudomallei</b>   | <b>URGENT*</b>    |
| <b>Brucella spp.</b>   | <b>URGENT*</b>    |
| <i>Brugia malayi</i>   | Routine           |
| <i>Brugia timori</i>   | Routine           |
| <i>Campylobacter</i> spp.  | Routine *         |
| CD4 T-lymphocyte count and percent <sup>1</sup>  | Confidential      |
| <b>Chlamydia psittaci</b>  | <b>Immediate</b>  |
| <i>Chlamydia trachomatis</i> , genital <sup>2</sup>  | Confidential      |
| <b>Clostridium botulinum (Foodborne, wound, and infant)</b>  | <b>URGENT*</b>    |
| <b>Clostridium tetani</b>  | Routine           |
| <b>Corynebacterium diphtheriae</b>   | <b>Immediate*</b> |
| <i>Cryptosporidium</i> spp.  | Routine           |
| <b>Cyclosporiasis</b>  | Routine           |
| <b>Coxiella burnetii</b>   | <b>Immediate</b>  |
| <b>Dengue virus</b>  | <b>Immediate</b>  |

<sup>1</sup> Reports shall be made to the HIV/AIDS Surveillance Program (CONFIDENTIAL), 3627 Kilauea Avenue, Rm. 306, Honolulu, HI 96816; telephone: ☎ (808) 733-9010.

<sup>2</sup> Sexually Transmitted Infections other than HIV/AIDS shall be reported to the STD Prevention Program, 3627 Kilauea Avenue, Room 304, Honolulu, HI 96816; telephone: ☎ (808) 733-9281 facsimile (808) 733-9291.

**Specimens to be sent to the Department as noted:**

\*Sample of isolate \*\*Blood smear †Aliquot of positive serum

(\*) or (†) = Send sample or aliquot upon request only

| Agent/Test   | Category             |
|--|----------------------|
| <i>Entamoeba histolytica</i>   | Routine              |
| Enterococcus, Vancomycin-resistant   | Routine (*)          |
| Eosinophilic meningitis  | Upon request         |
| <i>Escherichia coli</i> - shigatoxin producing, including type O157  | Routine*             |
| <b><i>Filoviruses (Ebola, Marburg)</i></b>   | <b>URGENT*</b>       |
| <b><i>Francisella tularensis</i></b>   | <b>URGENT</b>        |
| <i>Giardia lamblia</i>   | Routine              |
| <b><i>Haemophilus influenzae</i></b> (from spinal fluid, blood, lung, or other normally sterile site) <b>Report serotype and antimicrobial resistance if available.</b>  | <b>Immediate*</b>    |
| <b>Hantavirus</b>  | <b>Immediate (†)</b> |
| <b>Hepatitis A virus</b> (IgM positive); <b>Also report liver function tests (AST {SGOT}, ALT {SGPT} ) conducted at the same time.</b>   | <b>Immediate</b>     |
| Hepatitis B virus; (surface antigen positive and/or anti-core IgM antibody positive)<br>Also report liver function tests (AST {SGOT}, ALT {SGPT} ) conducted at the same time for all patients who are HBsAg positive. | Routine              |
| Hepatitis C virus; Also report liver function tests (AST {SGOT}, ALT {SGPT} ) conducted at the same time for all patients who are anti-HCV positive.   | Routine              |
| Hepatitis E virus; Also report liver function tests (AST {SGOT}, ALT {SGPT} ) conducted at the same time for all patients who are anti-HCE positive.   | Routine              |
| HIV (Human Immunodeficiency Virus) and all HIV viral load tests <sup>3</sup>   | Confidential         |
| Influenza virus (Report positive, negative and indeterminate results, and other viral isolates obtained through respiratory culture)   | Routine              |
| <b><i>Legionella pneumophila</i></b>   | <b>Immediate (*)</b> |
| <i>Leptospira interrogans</i> <sup>4</sup>   | Routine <sup>†</sup> |
| <i>Listeria monocytogenes</i>  | Routine*             |
| Liver function tests (AST {SGOT}, ALT {SGPT} ) conducted at the same time on a patient who is HBsAg positive or anti-HCV positive.   | Routine              |
| <b><i>Lyssavirus spp. (Rabies)</i></b>   | <b>URGENT*</b>       |

<sup>3</sup> Reports shall be made to the HIV/AIDS Surveillance Program (CONFIDENTIAL), 3627 Kilauea Avenue, Rm. 306, Honolulu, HI 96816; telephone: ☎ (808) 733-9010.

<sup>4</sup> For *Leptospira interrogans* submit paired serum samples.

**Specimens to be sent to the Department as noted:**

\*Sample of isolate \*\*Blood smear †Aliquot of positive serum  
(\* or †) = Send sample or aliquot upon request only

| Agent/Test  | Category          |
|---|-------------------|
| <b>Measles/Rubeola (IgM)</b>  | <b>Immediate†</b> |
| Mumps (IgM)   | Routine (†)       |
| <i>Mycobacterium tuberculosis</i> <sup>5</sup>  | <b>Immediate</b>  |
| <i>Mycobacterium leprae</i> (AFB) positive biopsies and smears <sup>6</sup>   | Routine           |
| <i>Neisseria gonorrhoeae</i> (including identification of resistant strains) <sup>7</sup>   | Confidential *    |
| <i>Neisseria meningitidis</i> (from spinal fluid, blood, lung, or other normally sterile site)<br><b>report antimicrobial susceptibility</b>  | <b>Immediate*</b> |
| <i>Norovirus (NoV) PCR positive</i>   | Routine           |
| <i>Plasmodium</i> spp.  | Routine**         |
| <b>Poliovirus</b>   | <b>Immediate*</b> |
| <i>Respiratory Syncytial Virus</i> (RSV) {Report positive and negative results, and other viral isolates obtained through respiratory culture }                                       | Routine           |
| <i>Rickettsia typhi</i>   | Routine†          |
| <b>Rubella (IgM)</b>  | <b>Immediate†</b> |
| <i>Salmonella</i> spp. (including <i>typhi</i> )  | <b>Urgent*</b>    |
| <b>SARS-Associated Coronavirus (SARS-CoV)</b>   | <b>Urgent</b>     |
| <i>Shigella</i> spp.  | <b>Urgent*</b>    |
| <i>Staphylococcus aureus, Methicillin-Resistant (MRSA)</i>  | Routine           |
| <i>Staphylococcus aureus, Vancomycin-intermediate, (VISA)</i>   | Routine           |
| <b>Vancomycin-resistant, Staphylococcus aureus (VRSA)</b>   | <b>Urgent</b>     |
| <i>Streptococcus pyogenes</i> , Group A (beta hemolytic, invasive disease including Streptococcal Toxic Shock Syndrome or other normally sterile site, but not including pharyngitis) | Routine (*)       |

<sup>5</sup> Tuberculosis shall be reported to the Tuberculosis Control Program at ☎ (808) 832-5731 or by mail to TB Program, 1700 Lanakila Avenue, Honolulu HI 96817, Attn: Registry- CONFIDENTIAL or by FAX to (808) 832-5846 Attn: Registry- CONFIDENTIAL. Please call for a copy of the TB report form.

<sup>6</sup> Reports shall be made to the Hansen's Disease Community Program at ☎ (808)733-9831.

<sup>7</sup> Sexually Transmitted Infections other than HIV/AIDS shall be reported to the STD Prevention Program, 3627 Kilauea Avenue, Room 304, Honolulu, HI 96816; telephone: ☎ (808) 733-9281.

**Specimens to be sent to the Department as noted:**

\*Sample of isolate \*\*Blood smear †Aliquot of positive serum  
(\* or †) = Send sample or aliquot upon request only

| Agent/Test  | Category       |
|---|----------------|
| <i>Streptococcus pneumoniae</i> isolated from a normally sterile site, report antimicrobial susceptibility. | Routine        |
| <i>Toxoplasma gondii</i>  | Routine        |
| <i>Treponema pallidum</i> <sup>7</sup>  | Confidential † |
| <i>Trichinella spiralis</i>   | Routine        |
| Varicella (IgM)   | Routine (†)    |
| <b>Variola virus</b>  | <b>URGENT</b>  |
| <b><i>Vibrio cholerae</i></b>   | <b>URGENT*</b> |
| <i>Vibrio spp. (other than cholerae)</i>  | Routine*       |
| <b><i>West Nile Virus IgM</i></b>   | <b>URGENT*</b> |
| <i>Wuchereria bancrofti</i>   | Routine        |
| <b>Yellow fever virus</b>   | <b>URGENT*</b> |
| <i>Yersinia pestis</i>  | <b>URGENT*</b> |
| <i>Yersinia spp. (other than pestis)</i>  | Routine*       |

Report all Diseases except Tuberculosis, Hansen's Disease, Sexually Transmitted Infections, HIV/AIDS, CD4, and HIV viral load to the Department of Health Office in your County.

**Oahu**

P.O. Box 3378  
Honolulu, HI 96801  
Phone: (808) 586-4586  
FAX: (808) 586-4595

**Hawaii**

P.O. Box 916  
Hilo, HI 96720  
Phone: (808) 933-0912  
FAX: (808) 933-0400

**Maui**

Hawaii Department of Health  
54 High Street  
Wailuku, Hawaii 96793  
Phone: (808) 984-8213  
FAX: (808) 243-5141

**Kauai**

3040 Umi Street  
Lihue, Hawaii 96766  
Phone: (808) 241-3563  
FAX: (808) 241-3480

Reports of Sexually Transmitted Infections other than HIV/AIDS shall be made to:

**The STD Prevention Program**

3627 Kilauea Avenue, Room 304

Honolulu, HI 96816

Telephone: ☎ (808) 733-9281, Facsimile: (808) 733-9291

Reports of HIV/AIDS shall be made to:

**HIV/AIDS Surveillance Program (CONFIDENTIAL)**

3627 Kilauea Avenue, Rm. 306

Honolulu, HI 96816

Telephone: ☎ (808) 733-9010

Reports of Hansens's Disease shall be made to:

**Hansen's Disease Community Program**

3650 Maunalei Avenue

Honolulu, HI 96816

Telephone: ☎ (808) 733-9831

Reports of Tuberculosis shall be made to:

**Tuberculosis Control Program**

by mail to TB Program, 1700 Lanakila Avenue, Honolulu HI 96817

Attn: Registry- CONFIDENTIAL

Telephone: ☎ (808) 832-5731

Facsimile: (808) 832-5846 Attn: Registry- CONFIDENTIAL

Please call for a copy of the TB report form.

**Exhibit C**  
**Hawaii Isolation and Control Requirements**  
**[March, 2008]**

*Any person informed by the department, a private physician, or hospital that he or she has or is suspected of having a communicable disease for which isolation is required, shall remain isolated in the manner prescribed by the department of health. Isolation shall include exclusion from school and workplace, and restriction from food handling and direct care occupations. It is the responsibility of the principal or director in charge of a school to prohibit any student diagnosed or suspected of having a communicable disease for which isolation is required from attending school until the expiration of the prescribed period of isolation. Parents, guardians, custodians or any other person in loco parentis shall not permit any child diagnosed or suspected of having a communicable disease for which isolation is required to attend school or to be present at any public gatherings until the expiration of the prescribed period of isolation. No person diagnosed or suspected of having a communicable disease for which isolation is required shall engage in any employment in which transmission of disease is likely to occur until expiration of the prescribed period of isolation. Every health care provider shall report immediately to the department any violation of such isolation directive.*

The diseases described below are declared by the Director of Health to be a threat to the public health. Restrictions shall be imposed on cases, suspected cases, and contacts of cases to the degree and for the duration indicated below.

Medical management and disease intervention activities described below are recommended for AIDS, Chlamydia, food and water borne diseases, gonococcal disease, hepatitis B acute and chronic, hepatitis C acute and chronic, HIV, pelvic inflammatory disease, syphilis and tuberculosis. Health care providers are required to make these recommendations to cases, suspected cases and contacts.

**Note: See page 4 for definitions of key terms**

| <b>Disease</b>   | <b>For Cases and Suspected Cases</b>  | <b>For Contacts</b>   |
|--|---|---|
| AIDS (Acquired Immunodeficiency Syndrome, CDC case definition) | For Cases: Counseling, interview, standard precautions.<br>For Suspected Cases: Counseling, testing, interview. | Counseling, testing, and interview of sexual and needle-sharing partners. |
| Amebiasis  | Restrict from food handling and direct care occupations until chemotherapy is completed.                        | None  |
| Anthrax  | None  | None  |
| Botulism, foodborne  | None  | None  |
| Botulism, infant   | None  | None  |
| Brucellosis  | None  | None  |
| Campylobacteriosis   | Restrict from food handling and direct care occupations until asymptomatic.                                     | None  |

| <b>Disease</b>   | <b>For Cases and Suspected Cases</b>  | <b>For Contacts</b>  |
|--|---|--|
| Chickenpox (varicella)   | Non-hospitalized persons: restrict from school, work, or other public places including hotel lobbies, restaurants and airplanes until vesicles become dry or crusted (usually 5-7 days).<br>Hospitalized persons: airborne and contact precautions until vesicles become dry or crusted (usually 5-7 days).                     | None   |
| Chlamydia ( <i>Chlamydia trachomatis</i> )   | For Cases: Treatment, counseling and interview.<br>For Suspected Cases: Testing, counseling and interview. Hepatitis B immunization.  | Surveillance, testing, and chemoprophylaxis of sexual contacts.  |
| Cholera  | Restrict from foodhandling until asymptomatic.  | None   |
| Congenital Rubella Syndrome  | None  | None   |
| Cryptosporidiosis  | Restrict from food handling and direct care occupations until asymptomatic.   | None   |
| Cyclosporiasis   | Restrict from food handling and direct care occupations until chemotherapy is completed.  | None   |
| Dengue   | None  | None   |
| Diphtheria   | Droplet precautions for pharyngeal diphtheria, contact precautions for cutaneous diphtheria; Maintain isolation until two cultures from both throat and nose (skin lesions in cutaneous diphtheria) taken 24 hours apart, and not less than 24 hours after cessation of antimicrobial therapy, fail to show diphtheria bacilli. | Exclude from occupations involving food handling or close association with children until proven culture negative. |
| <u>Encephalitis, Meningitis, Arboviral</u> (e.g., California Serogroup, Eastern equine, Western Equine, St. Louis, West Nile, Powassan, Chikungunya Virus Disease) | None  | None   |
| Enterococcus, vancomycin-resistant   | None  | None   |
| <i>Escherichia coli</i> O157:H7 or other <i>E. coli</i> shigatoxin produced hemorrhagic colitis  | Restrict from food handling, direct care occupations and school until asymptomatic and stool culture negative.  | None   |
| Filariasis   | None  | None   |
| Fish poisoning (ciguatera, scombroid or hallucinogenic)  | None  | None   |
| Foodborne illness (2 or more ill persons eating either a common food or at a place in common)  | Restriction from food handling and direct care occupations may be required; refer to specific agent.  | Restriction from food handling and direct care occupations may be required; Refer to specific agent.               |
| Giardiasis   | None  | None   |
| Gonococcal disease ( <i>Neisseria gonorrhoeae</i> )  | For Cases: Treatment, counseling, and interview.<br>For Suspected Cases: Testing, counseling and interview. Hepatitis B immunization.   | Surveillance, testing and chemoprophylaxis of sexual contacts.   |

| Disease   | For Cases and Suspected Cases  | For Contacts   |
|---|--|--|
| <i>Haemophilus influenzae</i> (meningitis, bacteremia, epiglottitis, pneumonia, or isolation from a normally sterile site) <b>Report serotype if available.</b> | Droplet precautions until 24 hours after the start of effective antibiotic therapy.  | None   |
| Hansen's disease  | For Cases: Treatment, counseling and contact investigation.<br>For Suspected Cases: Periodic re-screenings.  | None   |
| Hantavirus Disease  | None   | None   |
| Hepatitis A   | Restrict from food handling and direct care occupations for first two weeks of illness, but no more than 1 week after jaundice. For preschool children restrict from daycare for 10 days after diagnosis. {viral excretion up to 6 months among infants and children } | Restrict from food handling until laboratory tests confirm contact is free of HAV infection. |
| Hepatitis B (acute)   | For Cases: Counseling, standard precautions, and hepatitis A immunization.<br>For Suspected Cases with no immunity against hepatitis B: Testing, post-exposure prophylaxis, counseling, standard precautions, and hepatitis A immunization.                            | Surveillance, testing, counseling, and post-exposure prophylaxis.                            |
| Hepatitis C (acute)   | For Cases: Counseling, standard precautions, and hepatitis B immunization series.<br>For Suspected Cases: Testing, counseling, standard precautions.   | Surveillance, testing and counseling.  |
| Hepatitis C (chronic)   | For Cases: Counseling, standard precautions, referral for care, and hepatitis A and B immunization series.<br>For Suspected Cases: Testing, counseling, and standard precautions.  | Surveillance, testing and counseling.  |
| Hepatitis E   | Restrict from food handling and direct care occupations for first two weeks of illness, but no more than 1 week after jaundice. For preschool children restrict from daycare for 10 days after diagnosis.  | Restrict from food handling until laboratory tests confirm contact is free of HAV infection. |
| Hemolytic uremic syndrome   | Restriction may be required; refer to specific agent.  | None   |
| HIV   | For Cases: Counseling, interview, standard precautions, and referral for care. Hepatitis A & B vaccination.<br>For Suspected Cases: Counseling, testing, and interview.  | Testing, counseling and interview of sexual and needle-sharing partners.                     |
| Influenza, outbreak   | Hospitalized persons: droplet precautions for 5 days.<br>Pandemic influenza: Incubation to be determined by current recommendations.   | None   |
| Legionellosis   | None   | None   |

| <b>Disease</b>  | <b>For Cases and Suspected Cases</b>   | <b>For Contacts</b>  |
|---|--|--|
| Leptospirosis   | None   | None   |
| Listeriosis   | None   | None   |
| Malaria   | None   | None   |
| Measles (rubeola)   | Non-hospitalized persons: restrict from school, work, or other public places including hotel lobbies, restaurants and airplanes for 4 full days after appearance of the rash.<br>Hospitalized patients: airborne precautions until 4 full days after appearance of the rash.   | Exclude susceptible contacts from school, workplace and other group settings from the 7th through the 18th day after exposure.   |
| Meningococcal disease (meningitis, meningococemia, or isolation from a normally sterile from a normally sterile site. | Droplet precautions until 24 hours after the start of effective antibiotic therapy.  | None   |
| Methicillin-Resistant <i>Staphylococcus aureus</i>  | Hospitalized persons: contact precautions.   | None   |
| Mumps   | Non-hospitalized persons: restrict from school, work, or other public places including hotel lobbies, restaurants and airplanes for 9 days after onset of swelling or parotitis.<br>Hospitalized patients: droplet precautions until 9 days from onset of swelling or parotitis.   | Exclude susceptible contacts from school, workplace and other group settings from the 12th through the 25th day after exposure.  |
| Norovirus   | Restrict from food handling and direct care occupations until asymptomatic.  | None   |
| Pelvic Inflammatory Disease (PID)   | For Cases: Treatment, counseling, and interview.<br>For Suspected Cases: Medical examination and testing, treatment, counseling, and interview.<br>Hepatitis B immunization.   | Surveillance, testing, counseling, and interview, chemoprophylaxis of sexual contacts.   |
| Pertussis   | Non-hospitalized persons: restrict from school, work, or other public places including hotel lobbies, restaurants and airplanes until 5 days of a minimum 14-day course of antibiotics has been completed or until 3 weeks after the onset of paroxysmal cough.<br>Hospitalized persons: droplet precautions until 5 days of a minimum 14-day course of antibiotics has been completed or until 3 weeks after the onset of paroxysmal cough. | Exclude household and other close contacts from school, workplace and other group settings until completion of 5 days of a minimum 14-day course of antibiotics or for 14 days from last exposure. |
| Plague  | Droplet precautions for pneumonic plague until completion of 3 full days of appropriate antibiotic therapy with a favorable clinical response.   | None   |
| Pneumococcal pneumonia  | None   | None   |
| Poliomyelitis   | None   | None   |
| Psittacosis   | None   | None   |
| Rabies  | Contact precautions for respiratory secretions for duration of illness.  | None   |

| Disease   | For Cases and Suspected Cases  | For Contacts   |
|---|--|--|
| Rubella   | <p>Non-hospitalized persons: restrict from school, work, or other public places including hotel lobbies, restaurants and airplanes for 7 days after appearance of the rash.</p> <p>Hospitalized patients: droplet precautions until 7 days after appearance of rash.</p>   | <p>Exclude susceptible contacts from school, workplace and other group settings from the 14th through the 23rd day after exposure.</p> |
| Salmonellosis (other than typhoid)  | <p>Restrict from food handling and direct care occupations until 2 consecutive stool cultures, collected greater than or equal to 24 hours apart, and not less than 48 hours after cessation of antimicrobial therapy, are negative for <i>Salmonella</i>.</p>   | <p>Restrict from foodhandling and direct care occupations until stool is known to be culture negative.</p>                             |
| Severe Acute Respiratory Syndrome (SARS)  | <p>Non-hospitalized persons: Limit activities outside the home except as necessary for medical care. For example, do not go to work, school, or public areas. If patient must leave the home, wear a mask, if tolerated. Do not use public transportation.</p> <p>Ensure appropriate follow-up and care of exposed close contacts of SARS patients in home isolation.</p> <p>Hospitalized patients: instructing patient and the persons who accompany them to: 1) inform healthcare personnel of symptoms of a respiratory infection when they first register for care, and 2) practice <a href="#">respiratory hygiene/cough etiquette</a></p> <p>Healthcare workers should practice droplet precautions.</p> <p>Hospitalized patients: Contact the Department of Health for additional guidance.</p> | <p><u>Contact the Department of Health for additional guidance.</u></p>  |
| Shigellosis   | <p>Restrict from food handling and direct care occupations until 2 consecutive stool samples or rectal swabs collected greater than or equal to 24 hours apart, and not less than 48 hours after cessation of antimicrobial therapy are negative for <i>Shigella</i>.</p>  | <p>Restrict from foodhandling and direct care occupations until stool is known to be culture negative.</p>                             |
| Smallpox (variola virus)  | <p>Identify and isolate cases</p>  | <p>Contact the Department of Health for additional guidance.</p>   |
| Streptococcal disease, Group A (beta hemolytic, invasive disease not including pharyngitis) | <p>Exclude from foodhandling until 48 hours after the start of effective antibiotic therapy.</p>   | <p>None</p>  |
| Syphilis  | <p>For Cases: Treatment, counseling, and interview.</p> <p>For Suspected Cases: Medical examination and other STD &amp; HIV testing, hepatitis B immunization, testing, treatment, counseling, and interview.</p>  | <p>Surveillance, testing, counseling, interview, and treatment of sexual contacts.</p>   |
| Tetanus   | <p>None</p>  | <p>None</p>  |
| Toxoplasmosis   | <p>None</p>  | <p>None</p>  |
| Trichinosis   | <p>None</p>  | <p>None</p>  |

| Disease  | For Cases and Suspected Cases  | For Contacts  |
|--|--|---|
| Tuberculosis   | Restrict patients from: School, workplace, and other congregate settings (e.g., nursing homes, homeless shelters, correctional facilities, etc.).<br><br>Hospitalized patients: Follow airborne precautions and place in respiratory isolation.<br><br>Discontinue restrictions, precautions, and respiratory isolation <i>only</i> when the TB patient meets <i>all</i> of the following criteria: <ul style="list-style-type: none"> <li>• Patient has demonstrated negative AFB smear results from 3 consecutive sputum specimens. Sputum specimens may be collected either over 3 consecutive mornings or Q8 hours x 3 (at least 1 early morning sputum sample is recommended).</li> <li>• Patient is taking effective and adequate therapy per 2003 ATS/CDC/IDSA Treatment of Tuberculosis guidelines, preferably by directly observed therapy (DOT).</li> <li>• Patient has demonstrated clinical improvement to therapy.</li> </ul> | None  |
| Typhoid Fever  | Restrict from food handling and direct care occupations until 3 consecutive negative stool cultures are obtained from stools collected greater than or equal to 24 hours apart, and not less than 48 hours after cessation of antimicrobial therapy, and not earlier than 1 month after onset.   | Restrict from food handling and direct care occupations until 2 consecutive negative stool cultures are obtained from stools collected greater than or equal to 24 hours apart. |
| Typhus (louse, flea, mite-borne)   | None   | None  |
| Vibriosis (other than <i>cholerae</i> )  | Restrict from food handling until asymptomatic.  | None  |
| Viral hemorrhagic fevers (filoviruses [e.g., Ebola, Marburg] and arenaviruses [e.g., Lassa Machupo]) | Strict isolation during the acute febrile period. Respiratory protection desirable along with other barrier methods.   | None  |
| West Nile Virus  | None   | None  |
| Yellow fever   | None   | None  |
| Yersiniosis (other than plague)  | Restrict from food handling and direct care occupations until asymptomatic.  | None  |

**DEFINITIONS:**

**Contact** - a person who has been in such an association with an infected person or animal or a contaminated environment as to have had an opportunity to acquire the infection.

**Airborne precautions** - measures intended to prevent transmission of infection by airborne droplet particles containing microorganisms that remain suspended in the air and that can be widely dispersed by air currents. In addition to standard precautions, a private, negative air pressure isolation room is indicated; however,

patients infected with the same organism may share the same isolation room. Respiratory protection should be worn by all susceptible persons entering the isolation room. Patient transport should be minimized.

**Contact precautions** - measures intended to prevent infection by microorganisms transmitted via direct contact with a patient or by indirect contact with environmental surfaces or patient-care items in the patient's environment. In addition to standard precautions, a private room is indicated, but patients infected with the same organism may share a room. Masks are indicated for those in close contact with the patient; gowns should be worn if soiling is likely; gloves are indicated if touching potentially infectious surfaces.

**Direct care occupations** - any occupational activity that has the potential to result in the transmission of infectious microorganisms from a care-giver to persons receiving care. Direct care occupations include persons engaged in providing care to children, patients, the elderly, or infirm.

**Droplet precautions** - measures intended to prevent infection by microorganisms transmitted via relatively large droplets that can be generated by a patient while coughing, sneezing, and talking. In addition to standard precautions, a private room is indicated, but patients infected with the same organism may share a room. Masks are indicated for those in contact with the patient. Gowns and gloves are not required.

**Foodhandling** - any contact with food, beverages, or materials and/or items used in their preparation that has the potential to result in the transmission of infectious microorganisms via ingestion of the food and/or beverage. Examples of foodhandling include (but are not limited to) transporting food or food containers, preparation or service of food, and contact with utensils or food associated equipment.

**Standard precautions** - measures intended to prevent transmission of infectious microorganisms that should be employed with all patients receiving care, regardless of their diagnosis or presumed infection status. In general terms these measures include handwashing with appropriate soap after each contact with potentially infectious materials, between patients and when indicated, between different sites on the same patient; wearing gloves when touching blood, body fluids, secretions, excretions, and contaminated items; wearing masks and eye protection for patient care activities likely to generate splashes; wearing gowns for patient care activities that are likely to generate splashes or sprays in order to protect skin, clothing and mucous membranes; appropriate handling and disinfection of patient care equipment; and routine implementation of environmental cleaning and disinfection procedures.