

Chapter HFS 145

CONTROL OF COMMUNICABLE DISEASES

Subchapter I — General Provisions

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Subchapter I — General Provisions

HFS 145.01 Statutory authority. This chapter is promulgated under the authority of ss. 252.02 (4), 252.06 (1), 252.10 (6) (b), 252.11 (1) and (1m), 254.51 (3) and 990.01 (5g), Stats.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; corrections made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; am. Register, March, 2000, No. 531, eff. 4-1-00; **correction made under s. 13.93 (2m) (b) 7., Stats.**

HFS 145.02 Purpose and scope. This chapter establishes a surveillance system for the purpose of controlling the incidence and spread of communicable diseases. This surveillance system consists of timely and effective communicable disease reporting, means of intervention to prevent transmission of communicable diseases, and investigation, prevention and control of outbreaks by local health officers and the department, and in addition provides information otherwise pertinent to understanding the burden of communicable disease on the general population.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; **am. Register, March, 2000, No. 531, eff. 4-1-00.**

HFS 145.03 Definitions. In this chapter:

(1) "Advanced practice nurse prescriber" means an advanced practice nurse, as defined in s. N 8.02 (1), who under s. 441.16 (2), Stats., has been granted a certificate to issue prescription orders.

(2) "Case" means a person determined to have a particular communicable disease on the basis of clinical or laboratory criteria or both.

(3) "Chief medical officer" means the person appointed by the state health officer under s. 250.02 (2), Stats., to provide public health consultation and leadership in the program area of acute and communicable disease and who serves also as state epidemiologist for that program area.

(4) "Communicable disease" means a disease or condition listed in Appendix A of this chapter.

(5) "Control" means to take actions designed to prevent the spread of communicable diseases.

(6) "Conveyance" means any publicly or privately owned vehicle used for providing transportation services.

(7) "Date of onset" means the day on which the case or suspected case experienced the first sign or symptom of the communicable disease.

(8) "Day care center" has the meaning prescribed in s. 48.65, Stats., and includes nursery schools that fit that definition.

(9) "Department" means the department of health and family services.

(10) "Food handler" means a person who handles food utensils or who prepares, processes or serves food or beverages for people other than members of his or her immediate household.

(11) "Health care facility" has the meaning prescribed in s. 155.01 (6), Stats., and includes providers of ambulatory health care.

(12) "HIV" means human immunodeficiency virus.

(13) "Individual case report form" means the form provided by the department for the purpose of reporting communicable diseases.

(14) "Investigation" means a systematic inquiry designed to identify factors which contribute to the occurrence and spread of communicable diseases.

(15) "Laboratory" means any facility certified under 42 USC 263a.

(16) "Local health department" means an agency of local government that takes any of the forms specified in s. 250.01(4), Stats.

(17) "Local health officer" has the meaning prescribed in s. 250.01 (5), Stats., and applies to the person who is designated as the local health officer for the place of residence of a case or suspected case of communicable disease.

(18) "Organized program of infection control" means written and implemented policies and procedures for the purpose of surveillance, investigation, control and prevention of infections in a health care facility.

(19) "Other disease or condition having the potential to affect the health of other persons" means a disease that can be transmitted from one person to another but that is not listed in Appendix A of this chapter and therefore is not reportable under this chapter, although it is listed in *Control of Communicable Diseases Manual*, 16th edition (1995), edited by Abram S. Benenson, and published by the American Public Health Association.

Note: The handbook, *Control of Communicable Diseases Manual*, 16th edition (1995), edited by Abram S. Benenson, is on file in the Department's Division of Public Health, the Revisor of Statutes Bureau and the Secretary of State's Office, and is available for purchase from the American Public Health Association, 1015 Fifteenth St., NW, Washington, D.C., 20005.

(20) "Outbreak" means the occurrence of communicable disease cases, in a particular geographical area of the state, in excess of the expected number of cases.

(21) "Personal care" means the service provided by one person to another person who is not a member of his or her immediate household for the purpose of feeding, bathing, dressing, assisting with personal hygiene, changing diapers, changing bedding and other services involving direct physical contact.

(22) "Physician" means an individual possessing the degree of doctor of medicine or doctor of osteopathy or an equivalent

degree as determined by the medical examining board, and holding a license granted by the board under s. 448.01 (5), Stats.

(23) "Public building" means any privately or publicly owned building which is open to the public.

(24) "Public health intervention" means an action designed to promote and protect the health of the public.

(25) "State epidemiologist" means the person appointed by the state health officer under s. 250.02 (1), Stats., to be the person in charge of communicable disease control for the state who serves also as chief medical officer for the acute and communicable disease program area.

(26) "Surveillance" means the systematic collection of data pertaining to the occurrence of specific diseases, the analysis and interpretation of these data and the dissemination of consolidated and processed information to those who need to know.

(27) "Suspected case" means a person thought to have a particular communicable disease on the basis of clinical or laboratory criteria or both.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; am. (2) and (11), Register, February, 1989, No. 398, eff. 3-1-89; correction in (8) and (9) made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; r. and recr. Register, March, 2000, No. 531, eff. 4-1-00.

HFS 145.04 Reports of communicable diseases.

(1) RESPONSIBILITY FOR REPORTING. (a) Any person licensed under ch. 441 or 448, Stats., knowing of or in attendance on a case or suspected case shall notify the local health officer or, if required under Appendix A of this chapter, the state epidemiologist, in the manner prescribed in this section.

(b) Each laboratory shall report the identification or suspected identification of a disease-causing organism or laboratory findings indicating the presence of a communicable disease to the local health officer or, if required under Appendix A of this chapter, to the state epidemiologist.

(c) Each health care facility shall ensure that reports are made to the local health officer or, if required under Appendix A of this chapter, to the state epidemiologist, in the manner specified in sub. (3). When a case is identified or suspected in a health care facility having an organized program of infection control, the person in charge of the infection control program shall ensure that the case or suspected case is reported to the local health officer or, if required under Appendix A of this chapter, to the state epidemiologist, minimizing unnecessary duplication.

(d) Any teacher, principal or nurse serving a school or day care center knowing of a case or suspected case in the school or center shall notify the local health officer or, if required under Appendix A of this chapter, the state epidemiologist, in the manner prescribed in this section.

(e) Any person who knows or suspects that a person has a communicable disease shall report the facts to the local health officer or, if required under Appendix A of this chapter, to the state epidemiologist.

(g) Nothing in this subsection lessens the requirement for confidentiality of HIV test results under s. 252.15, Stats.

(2) CONTENT OF REPORT. (a) Each report under sub. (1) (a) to (d) of a case or suspected case of a communicable disease to the local health officer or the state epidemiologist shall include the name and address of the person reporting and of the attending physician, if any, the diagnosed or suspected disease, the name of the ill or affected individual, that individual's address and telephone number, age or date of birth, race and ethnicity, sex, county of residence, date of onset of the disease, name of parent or guardian if a minor, and other facts the department or local health officer requires for the purposes of surveillance, control and prevention of communicable disease.

(b) Reports may be written or verbal. Written reports shall be on the individual case report form provided by the department and distributed by the local health officer or on a form containing the

information required under par. (a). Reports shall be submitted to the local health officer or, if required under Appendix A of this chapter, to the state epidemiologist.

(c) Reports by laboratories of the identification or suspected identification of a disease-causing organism or laboratory findings indicating the presence of a communicable disease shall be made to the local health officer or, if required under Appendix A of this chapter, to the state epidemiologist. These reports shall include the name of the individual affected or ill, the individual's address, telephone number, county of residence, age or date of birth, the name of the attending physician and the identity or suspected identity of the organism or the laboratory findings.

(d) All information provided under this subsection shall remain confidential except as may be needed for the purposes of investigation, control and prevention of communicable diseases.

(3) URGENCY OF REPORTS. (a) A person, laboratory or health care facility required to report under sub. (1) shall report communicable diseases of urgent public health importance as listed in category I of Appendix A of this chapter to the local health officer immediately upon identification of a case or suspected case. If the local health officer is unavailable, the report shall be made immediately to the state epidemiologist.

(b) A person, laboratory or health care facility required to report under sub. (1) shall report communicable diseases of less urgent public health importance as listed in categories II and III of Appendix A of this chapter to the local health officer or, if required under Appendix A, to the state epidemiologist, by individual case report form or by telephone within 72 hours of the identification of a case or suspected case.

(c) A person, laboratory or health care facility required to report under sub. (1) shall report the total number of cases or suspected cases of the other communicable diseases listed in Appendix A to the local health officer on a weekly basis.

(4) HANDLING OF REPORTS BY THE LOCAL HEALTH OFFICER. (a) The local health officer shall notify the state epidemiologist immediately of any cases or suspected cases reported under sub. (3) (a).

(b) At the close of each week, the local health officer shall notify the state epidemiologist in writing on a form provided by the department of all cases of reported diseases listed in Appendix A.

(c) Local health departments serving jurisdictions within the same county may, in conjunction with the department, establish a combined reporting system to expedite the reporting process.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; am. (1), (2) (a) to (c), (3) (a) and (b), cr. (1m), Register, February, 1989, No. 398, eff. 3-1-89; correction in (1m) made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; **renum. and am. (1m) to be (1) (g), am. (3) (a), (4) (a) and cr. (4) (c), Register, March, 2000, No. 531, eff. 4-1-00.**

HFS 145.05 Investigation and control of communicable diseases. (1) The local health officer shall use all reasonable means to confirm in a timely manner any case or suspected case of a communicable disease and shall ascertain so far as possible all sources of infection and exposures to the infection. Follow-up and investigative information shall be completed by the local health officer and reported to the state epidemiologist on forms provided by the department.

(2) Local health officers shall follow the methods of control set out in section 9 under each communicable disease listed in the 16th edition (1995) of *Control of Communicable Diseases Manual*, edited by Abram S. Benenson, published by the American Public Health Association, unless specified otherwise by the state epidemiologist. Specific medical treatment shall be prescribed by a physician or an advanced practice nurse prescriber.

(3) Any person licensed under ch. 441 or 448, Stats., attending a person with a communicable disease shall instruct the person in the applicable methods of control contained in *Control of Communicable Diseases Manual*, 16th edition (1995), edited by Abram

S. Benenson, published by the American Public Health Association, unless specified otherwise by the state epidemiologist, and shall cooperate with the local health officer and the department in their investigation and control procedures.

(4) The department in cooperation with the local health officer shall institute special disease surveillances, follow-up reports and control measures consistent with contemporary epidemiologic practice in order to study and control any apparent outbreak or unusual occurrence of communicable diseases.

Note: The handbook, *Control of Communicable Diseases Manual*, 16th edition (1995), edited by Abram S. Benenson, is on file in the Department's Division of Public Health, the Revisor of Statutes Bureau and the Secretary of State's Office, and is available for purchase from the American Public Health Association, 1015 Fifteenth St., NW, Washington, DC 20005.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; am. (2) and (3), Register, February, 1989, No. 398, eff. 3-1-89; am. (2) and (3), Register, March, 2000, No. 531, eff. 4-1-00.

HFS 145.06 General statement of powers for control of communicable disease. (1) **APPLICABILITY.** The general powers under this section apply to all communicable diseases listed in Appendix A of this chapter and any other infectious disease which the chief medical officer deems poses a threat to the citizens of the state.

(2) **PERSONS WHOSE SUBSTANTIATED CONDITION POSES A THREAT TO OTHERS.** A person may be considered to have a contagious medical condition which poses a threat to others if that person has been medically diagnosed as having any communicable disease and exhibits any of the following:

(a) A behavior which has been demonstrated epidemiologically to transmit the disease to others or which evidences a careless disregard for the transmission of the disease to others.

(b) Past behavior that evidences a substantial likelihood that the person will transmit the disease to others or statements of the person that are credible indicators of the person's intent to transmit the disease to others.

(c) Refusal to complete a medically directed regimen of examination and treatment necessary to render the disease noncontagious.

(d) A demonstrated inability to complete a medically directed regimen of examination and treatment necessary to render the disease noncontagious, as evidenced by any of the following:

1. A diminished capacity by reason of use of mood-altering chemicals, including alcohol.

2. A diagnosis as having significantly below average intellectual functioning.

3. An organic disorder of the brain or a psychiatric disorder of thought, mood, perception, orientation or memory.

4. Being a minor, or having a guardian appointed under ch. 880, Stats., following documentation by a court that the person is incompetent.

(e) Misrepresentation by the person of substantial facts regarding the person's medical history or behavior, which can be demonstrated epidemiologically to increase the threat of transmission of disease.

(f) Any other willful act or pattern of acts or omission or course of conduct by the person which can be demonstrated epidemiologically to increase the threat of transmission of disease to others.

(3) **PERSONS WHOSE SUSPECTED CONDITION POSES A THREAT TO OTHERS.** A person may be suspected of harboring a contagious medical condition which poses a threat to others if that person exhibits any of the factors noted in sub. (2) and, in addition, demonstrates any of the following without medical evidence which refutes it:

(a) Has been linked epidemiologically to exposure to a known case of communicable disease.

(b) Has clinical laboratory findings indicative of a communicable disease.

(c) Exhibits symptoms that are medically consistent with the presence of a communicable disease.

(4) **AUTHORITY TO CONTROL COMMUNICABLE DISEASES.** When it comes to the attention of an official empowered under s. 250.02 (1), 250.04 (1) or 252.02 (4) and (6), Stats., or under s. 252.03 (1) and (2), Stats., that a person is known to have or is suspected of having a contagious medical condition which poses a threat to others, the official may direct that person to comply with any of the following, singly or in combination, as appropriate:

(a) Participate in a designated program of education or counseling.

(b) Participate in a defined program of treatment for the known or suspected condition.

(c) Undergo examination and tests necessary to identify a disease, monitor its status or evaluate the effects of treatment on it.

(d) Notify or appear before designated health officials for verification of status, testing or direct observation of treatment.

(e) Cease and desist in conduct or employment which constitutes a threat to others.

(f) Reside part-time or full-time in an isolated or segregated setting which decreases the danger of transmission of the communicable disease.

(g) Be placed in an appropriate institutional treatment facility until the person has become noninfectious.

(5) **FAILURE TO COMPLY WITH DIRECTIVE.** When a person fails to comply with a directive under sub. (4), the official who issued the directive may petition a court of record to order the person to comply. In petitioning a court under this subsection, the petitioner shall ensure all of the following:

(a) That the petition is supported by clear and convincing evidence of the allegation.

(b) That the respondent has been given the directive in writing, including the evidence that supports the allegation, and has been afforded the opportunity to seek counsel.

(c) That the remedy proposed is the least restrictive on the respondent which would serve to correct the situation and to protect the public's health.

(6) **HAZARDS TO HEALTH.** Officials empowered under ss. 250.02 (1), 250.04 (1) and 252.02 (4) and (6), Stats., or under s. 252.03 (1) and (2), Stats., may direct persons who own or supervise real or physical property or animals and their environs, which present a threat of transmission of any communicable disease under sub. (1), to do what is reasonable and necessary to abate the threat of transmission. Persons failing or refusing to comply with a directive shall come under the provisions of sub. (5) and this subsection.

History: Cr. Register, March, 2000, No. 531, eff. 4-1-00.

HFS 145.07 Special disease control measures.

(1) **SCHOOLS AND DAY CARE CENTERS.** Any teacher, principal, director or nurse serving a school or day care center may send home, for the purpose of diagnosis and treatment, any pupil suspected of having a communicable disease or of having any other disease or condition having the potential to affect the health of other students and staff including but not limited to pediculosis and scabies. The teacher, principal, director or nurse authorizing the action shall ensure that the parent, guardian or other person legally responsible for the child or other adult with whom the child resides and the nurse serving the child's school or day care center are immediately informed of the action. A teacher who sends a pupil home shall also notify the principal or director of the action.

(2) **PERSONAL CARE.** Home health agency personnel providing personal care in the home and persons providing personal care in health care facilities, day care centers and other comparable facilities shall refrain from providing care while they are able to transmit a communicable disease through the provision of that care, in accord with the methods of communicable disease control con-

tained in Centers for Disease Control and Prevention, "Guideline for Infection Control in Health Care Personnel, 1998," unless specified otherwise by the state epidemiologist.

Note: The publication, Centers for Disease Control and Prevention, "Guideline for Infection Control in Health Care Personnel, 1998," is on file in the Department's Division of Public Health, the Revisor of Statutes Bureau and the Secretary of State's Office, and is available for purchase from the National Technical Information Service (NTIS), U.S. Dept. of Commerce, 5285 Port Royal Road, Springfield, VA 22161, (703) 486-4650.

(3) **FOOD HANDLERS.** Food handlers shall refrain from handling food while they have a disease in a form that is communicable by food handling, in accord with the methods of communicable disease control contained in *Control of Communicable Diseases Manual*, 16th edition (1995), edited by Abram S. Benenson, and published by the American Public Health Association, unless specified otherwise by the state epidemiologist.

Note: The handbook, *Control of Communicable Disease Manual*, 16th edition (1995), edited by Abram S. Benenson, is on file in the Department's Division of Public Health, the Revisor of Statutes Bureau and the Secretary of State's Office, and is available for purchase from the American Public Health Association, 1015 Fifteenth St., NW, Washington D.C. 20005.

(4) **PREVENTION OF OPHTHALMIA NEONATORUM.** The attending physician or midwife shall ensure placement of 2 drops of a one percent solution of silver nitrate, or a 1-2 centimeter ribbon of an ophthalmic ointment containing 0.5% erythromycin or one percent tetracycline, in each eye of a newborn child as soon as possible after delivery but not later than one hour after delivery. No more than one newborn child may be treated from an individual container.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; r. and recr. (4), Register, November, 1984, No. 347, eff. 12-1-84; am. (1) to (3), Register, February, 1989, No. 398, eff. 3-1-89; **renum. from HFS 145.06 and am., Register, March, 2000, No. 531, eff. 4-1-00.**

Subchapter II — Tuberculosis

HFS 145.08 Definitions. In this subchapter:

(1) "Case finding preventive program" means a program of a public health dispensary to provide screening and treatment for tuberculosis infection and disease within identified groups at risk for contracting or transmitting *M. tuberculosis*.

(2) "Commitment" means the process by which a court of record orders the confinement of a person who has infectious tuberculosis or who has not adhered to prescribed treatment, in order to prevent the transmission of the disease to others, to prevent the development of drug-resistant organisms or to ensure that the person receives a complete course of treatment.

(3) "Contact" means an individual who shares a closed air environment with a person who has infectious tuberculosis for a sufficient period of time to allow the probability of infection to occur. This type of exposure usually includes household members and work or social associates.

(4) "Infectious tuberculosis" means tuberculosis disease of the respiratory tract capable of producing infection or disease in others, as demonstrated by the presence of acid-fast bacilli in the sputum or bronchial secretions, or by radiographic and clinical findings.

(5) "Isolation" means the separation of persons with infectious tuberculosis from other persons, in a place and under conditions that will prevent transmission of the infection.

(6) "Public health dispensary" means a program of a local health department or group of local health departments to prevent and control, by diagnosis, treatment and case management, tuberculosis disease and infection.

(7) "Suspected tuberculosis" means an illness accompanied by symptoms, signs and laboratory tests compatible with infectious tuberculosis such as prolonged cough, prolonged fever, hemoptysis, compatible radiographic findings or other appropriate medical imaging findings.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; r. and recr. Register, March, 2000, No. 531, eff. 4-1-00.

HFS 145.09 Restriction and management of patients and contacts.

(1) All individuals with infectious tuberculosis or suspected tuberculosis, and their contacts, shall exercise all reasonable precautions to prevent the infection of others with whom they may come in contact, in accordance with the methods of control for tuberculosis contained in the *Core Curriculum on Tuberculosis*, 3rd edition (1994), published by the Centers for Disease Control and Prevention, or as otherwise specified by the state epidemiologist.

Note: The publication, *Core Curriculum on Tuberculosis*, 3rd edition (1994), published by the Centers for Disease Control and Prevention, is on file in the Revisor of Statutes Bureau and the Secretary of State's Office, and is available from the Department's Division of Public Health, P.O. Box 2659, Madison, WI 53701-2659.

(2) No person with infectious tuberculosis or suspected tuberculosis may be permitted to attend any public gathering or be in any public building, including but not limited to a school, a nursery school or a day care center, or at the person's worksite.

(3) Nationally recognized guidelines, including the official statement of the American Thoracic Society, shall be considered in the treatment of tuberculosis. Specific medical treatment shall be prescribed by a physician or an advanced practice nurse prescriber.

Note: The official statement of the American Thoracic Society, "Treatment of Tuberculosis and Tuberculosis Infection in Adults and Children," is found in the *American Journal of Respiratory Critical Care Medicine*, v. 149 (1994), pp. 1359 to 1374. This article is on file in the Revisor of Statutes Bureau and the Secretary of State's Office, and is available from the Department's Division of Public Health, P.O. Box 2659, Madison, WI 53701-2659.

(4) Any physician or advanced practice nurse prescriber who treats a person with infectious tuberculosis shall report all of the following to the local health officer:

(a) The date of the person's sputum conversion.

(b) The date of the person's completion of the tuberculosis treatment regimen.

(5) If an individual with infectious tuberculosis terminates treatment against medical advice, does not comply with the treatment plan or leaves a hospital against the advice of a physician, the physician or designee shall report this to the local health officer and the local health officer shall report it to the department. The local health officer may require the individual to take treatment under observation and may place that individual under isolation. The local health officer or the department may seek commitment of that individual, as provided in sub. (6), if the local health officer or the department decides that commitment is necessary in order to protect others from becoming infected or to ensure that the individual complies with the treatment regimen.

(6) Any individual with infectious tuberculosis diagnosed by a physician or an advanced practice nurse prescriber may be committed for care on petition of the local health officer under s. 252.07(4), Stats., or the department under s. 252.02(6) or 252.03(3), Stats.

(7) The local health officer or the department may require an individual with suspected tuberculosis to submit to a medical evaluation and may place that individual under isolation, if appropriate.

(8) If the administrative officer of the institution where a person is committed under sub. (6) or isolated under sub. (7) has good cause to believe that the person may leave the institution in violation of a court order, the officer shall use any legal means to restrain the person from leaving. The administrative officer may isolate a person who is committed.

(9) The local health officer or a person designated by the local health officer shall monitor all individuals committed under sub. (6) or isolated under sub. (7) for tuberculosis as needed to ascertain that the commitment or isolation is being maintained.

(10) The local health officer or designee shall monitor all individuals with infectious tuberculosis until treatment is successfully completed.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; am. (1), Register, February, 1989, No. 398, eff. 3-1-89; r. and recr. Register, March, 2000, No. 531, eff. 4-1-00.

HFS 145.10 Discharge from isolation or commitment. The local health officer or the department shall authorize the release of an individual from isolation under s. HFS 145.09 (7) or shall petition a court to order the release of an individual from commitment under s. HFS 145.09 (6) if all of the following conditions are met:

(1) An adequate course of chemotherapy has been administered for a minimum of 2 weeks and there is clinical evidence of improvement.

(2) Sputum or bronchial secretions are free of acid-fast bacilli.

(3) Specific arrangements have been made for post-isolation or post-commitment care.

(4) The person is considered by the local health officer or the department not to be a threat to the health of the general public and likely to comply with the remainder of the treatment regimen.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; r. and recr. Register, March, 2000, No. 531, eff. 4-1-00.

HFS 145.11 Establishment of public health dispensaries. (1) (a) A county with a population of more than 25,000, or 2 or more counties with a total population of at least 25,000, may operate a public health dispensary. Dispensary services shall be provided in accordance with s. 252.10, Stats. The department may approve the operation of a case finding preventive program if the public health dispensary does all of the following:

1. Provides Mantoux tuberculin skin testing, directly observed therapy, tuberculosis contact investigation, case management and sputum specimen collection.

2. Ensures the provision of medical evaluation by a physician or nurse, chest radiographs, collection of serologic specimens and sputum induction.

(b) A county or counties jointly that provide or ensure the provision of services under par. (a) and wish to be approved to operate a case finding preventive program shall submit a request to that effect in writing to the department. The request for approval shall include a list of the tuberculosis-related services the county or counties jointly provide and a plan for tuberculosis prevention and control at the local level, including tuberculin skin testing of high-risk groups as defined by the *Core Curriculum on Tuberculosis*, 3rd edition (1994), published by the Centers for Disease Control and Prevention. The plan shall include details to support all of the following expected outcomes:

1. Tuberculin skin testing through the case finding preventive program is expected to yield a skin test positivity rate greater than 5% of all skin tests placed. Positivity will be determined based on criteria specified in the *Core Curriculum on Tuberculosis*, 3rd edition (1994), published by the Centers for Disease Control and Prevention.

2. At least 95% of persons with a positive tuberculin skin test identified through the case finding preventive program will be clinically evaluated for tuberculosis within 2 to 4 weeks of the skin test reading.

3. At least 90% of persons with tuberculosis infection identified through the case finding preventive program who have no evidence of clinical tuberculosis or medical contraindications will be placed on preventive therapy.

4. At least 75% of persons with tuberculosis infection identified through the case finding preventive program and placed on preventive therapy will complete a course of preventive therapy as defined by the *Core Curriculum on Tuberculosis*, 3rd edition (1994), published by the Centers for Disease Control and Prevention.

Note: The publication, *Core Curriculum on Tuberculosis*, 3rd edition (1994), published by the Centers for Disease Control and Prevention, is on file in the Revisor of Statutes Bureau and the Secretary of State's Office, and is available from the Department's Bureau of Public Health, P.O. Box 2659, Madison, WI 53701-2659.

(c) Approval of a case finding preventive program shall be for one year. At least 30 days before expiration of the period of

approval, the county or counties may request the department to renew the approval in accordance with par. (b), and with the request shall submit data to document progress toward the expected outcomes.

(2) A county, counties jointly or the department may contract with other agencies, hospitals and individuals for the use of necessary space, equipment, facilities and personnel for the county, counties jointly or the department to operate a public health dispensary or for provision of medical consultation.

(3) A public health dispensary may charge fees to dispensary clients for services rendered. A schedule of fees shall be established by the operating agency or agencies and shall be based upon reasonable costs. A copy of the fee schedule and any subsequent changes shall be forwarded to the department.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; r. and recr. Register, March, 2000, No. 531, eff. 4-1-00.

HFS 145.12 Scope of services provided by public health dispensaries. (1) REIMBURSABLE SERVICES. Dispensary services reimbursable by the department shall be the services specified in s. 252.10, Stats.

(2) ADMINISTRATION AND READING OF SKIN TEST. The administration and reading of a tuberculin skin test shall be considered one visit. Tuberculin skin tests administered to individuals who are not defined as high-risk by the *Core Curriculum on Tuberculosis*, 3rd edition (1994), such as school employees, are not reimbursable.

Note: The publication, *Core Curriculum on Tuberculosis*, 3rd edition (1994), published by the Centers for Disease Control and Prevention, is on file in the Revisor of Statutes' Bureau and the Secretary of State's Office and is available from the Department's Division of Public Health, P.O. Box 2659, Madison, WI 53701-2659.

History: Cr. Register, March, 2000, No. 531, eff. 4-1-00.

HFS 145.13 Reimbursement for dispensary services. (1) Public health dispensaries may claim reimbursement from the medical assistance program under ss. 49.43 to 49.497, Stats., and chs. HFS 101 to 108 for services under s. HFS 145.12 (1) provided to persons eligible for medical assistance under s. 49.46 (1) (a) 15., Stats.

(2) The department shall reimburse public health dispensaries for services provided under s. 252.10, Stats., to clients who are not recipients of medical assistance until the biennial appropriation under s. 20.435 (5) (e), Stats., is totally expended. Reimbursement shall be at the medical assistance program rate.

History: Cr. Register, March, 2000, No. 531, eff. 4-1-00.

Subchapter III — Sexually Transmitted Disease

HFS 145.14 Definitions. In this subchapter:

(1) "Commitment" means the process by which a court of record orders the confinement of a person to a place providing treatment.

(2) "Contact" means a person who had physical contact with a case that involved the genitalia of one of them during a period of time which covers both the maximum incubation period for the disease and the time during which the case showed symptoms of the disease, or could have either infected the case or been infected by the case.

(3) "Minor" means a person under the age of 18.

(4) "Sexually transmitted diseases" means syphilis, gonorrhea, chancroid, genital herpes infection, chlamydia trachomatis, and sexually transmitted pelvic inflammatory disease.

(5) "Source" means the person epidemiologic evidence indicates is the origin of an infection.

(6) "Suspect" means a person who meets the criteria in s. HFS 145.18.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; renum. and am. from HFS 145.12, Register, March, 2000, No. 531, eff. 4-1-00.

HFS 145.15 Case reporting. Any administrator of a health care facility, state correctional institution or local facility

subject to ch. DOC 350, who has knowledge of a case of a sexually transmitted disease shall report the case by name and address to the local health officer. If the services of an attending physician are available in an institution or health care facility, the physician or a designee shall report as described in s. HFS 145.04 (1) (a). The administrator shall ensure that this reporting requirement is fulfilled.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; correction made under s. 13.93 (2m) (b) 7., Stats., Register, October, 1991, No. 430; **renum. and am. from HFS 145.13, Register, March, 2000, No. 531, eff. 4-1-00.**

HFS 145.16 Reporting of cases delinquent in treatment. Whenever any person with a sexually transmitted disease fails to return within the time directed to the physician or advanced practice nurse prescriber who has treated that person, the physician or advanced practice nurse prescriber or a designee shall report the person, by name and address, to the local health officer and the department as delinquent in treatment.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; **renum. and am. from HFS 145.14, Register, March, 2000, No. 531, eff. 4-1-00.**

HFS 145.17 Determination of sources and contacts. Physicians accepting cases for treatment shall determine the probable source of infection and any other contacts, and shall attempt to diagnose and treat those persons, or shall request that the local health officer or the department do so.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; **renum. from HFS 145.15, Register, March, 2000, No. 531, eff. 4-1-00.**

HFS 145.18 Criteria for determination of suspects. Any person falling into one or more of the following categories is designated as a suspect:

- (1) Persons identified as sexual contacts of a sexually transmitted disease case;
- (2) Persons having positive laboratory or clinical findings of sexually transmitted disease; and
- (3) Persons in whom epidemiologic evidence indicates a sexually transmitted disease may exist.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; **renum. from HFS 145.16, Register, March, 2000, No. 531, eff. 4-1-00.**

HFS 145.19 Examination of suspects. Local health officers shall require the examination of suspects. The examination shall include a physical examination and appropriate laboratory and clinical tests.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; **renum. from HFS 145.17, Register, March, 2000, No. 531, eff. 4-1-00.**

HFS 145.20 Commitment of suspects. If, following the order of a local health officer or the department, a suspect refuses or neglects examination or treatment, a local health officer or the department shall file a petition with a court to have the person committed to a health care facility for examination, treatment or observation.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; **renum. from HFS 145.18, Register, March, 2000, No. 531, eff. 4-1-00.**

HFS 145.21 Treatment of minors. A physician or advanced practice nurse prescriber may treat a minor with a sexually transmitted disease or examine and diagnose a minor for the presence of the disease without obtaining the consent of the minor's parents or guardian. The physician or advanced practice nurse prescriber shall incur no civil liability solely by reason of the lack of consent of the minor's parents or guardian, as stated in s. 252.11 (1m), Stats.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; **renum. and am. from HFS 145.19, Register, March, 2000, No. 531, eff. 4-1-00.**

HFS 145.22 Treatment guidelines. Nationally recognized guidelines, including the "1998 Guidelines for Treatment of Sexually Transmitted Diseases" published by the U.S. Department of Health and Human Services, shall be considered in the treatment of sexually transmitted diseases. Specific medical treatment shall be prescribed by a physician or advanced practice nurse prescriber.

Note: The publication, "1998 Guidelines for Treatment of Sexually Transmitted Diseases," is on file in the Department's Division of Public Health, the Revisor of Statutes Bureau and the Secretary of State's Office, and may be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402-9325. Telephone: (202) 512-1800.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; **renum. and am. from HFS 145.20, Register, March, 2000, No. 531, eff. 4-1-00.**