

1 ARTICLE 33-06

2 REPORTABLE CONDITIONS

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29 CHAPTER 33-06-01

30 CONDITIONS DESIGNATED AS REPORTABLE

31  
32 Section

33 33-06-01-01 Reportable Conditions

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35 33-06-01-01. Reportable conditions. All reports and information  
36 concerning reportable conditions are confidential and not open to inspection.  
37 The following designated reportable conditions must be reported to the state  
38 department of health by the persons designated in chapter 33-06-02. If any  
39 reportable condition is designated by an asterisk, an appropriate sample or isolate  
40 must be submitted to the division of microbiology (public health laboratory) in  
41 addition to the required report.

42  
43 1. Anthrax\*.

44 2. Arboviral infection.

- 45 3. Botulism\*.
- 46 4. Brucellosis\*.
- 47 5. Campylobacteriosis enteritis\*.
- 48 6. Cancer, all malignant and in situ carcinomas; in addition, all benign  
49 cancers of the central nervous system, pituitary gland, pineal gland, and  
50 craniopharyngeal duct. Carcinoma in situ of the cervix is not collected.  
51 Basal or squamous cell carcinoma is not collected unless diagnosed in  
52 the labia, clitoris, vulva, prepuce, penis, or scrotum.  
53
- 54 7. All-CD4 test results (all).
- 55 8. Chickenpox (varicella).
- 56 9. Chlamydial infections.
- 57 10. Cholera\*.
- 58 11. Clostridium perfringens intoxication\*.
- 59 12. Coccidioidomycosis\*.
- 60 13. Creutzfeldt-Jakob disease.
- 61 14. Cryptosporidiosis.
- 62 15. Diphtheria\*.
- 63 16. E. coli, shiga toxin-producing\*.
- 64 ~~17. Enterococcus, vancomycin-resistant (VRE)\*.~~
- 65 ~~17~~8. Foodborne or waterborne outbreaks.
- 66 ~~18~~9. Giardiasis.
- 67 ~~20~~19. Glanders\*.
- 68 ~~21~~0. Gonorrhoea.
- 69 ~~23~~1. Haemophilus influenzae infection (invasive infection with haemophilus  
70 influenzae isolated from blood, cerebral spinal fluid, or other normal  
71 sterile site)\*.
- 72
- 73 ~~22~~2. Hantavirus\*.
- 74 ~~23~~2. Haemophilus influenzae infection (invasive infection with haemophilus

75 ~~influenzae isolated from blood, cerebral spinal fluid, or other normal~~  
76 ~~sterile site)\*.~~  
77  
78 ~~243.~~ Hemolytic uremic syndrome.

79 ~~254.~~ Hepatitis (~~specify type~~)(A, B, C, D, and E), including hepatitis C nucleic acid test result (detectable or  
80 nondetectable and hepatitis C genotype results.

81 ~~265.~~ Human immunodeficiency virus (HIV) infection, including acquired  
82 immunodeficiency syndrome (AIDS)\*. (Any positive HIV test result, including gene sequencing and drug  
83 resistance patterns.) Human immunodeficiency virus (HIV) nucleic acid test result (including  
84 nondetectable).

85  
86 ~~276.~~ Human immunodeficiency virus (HIV) nucleic acid test result (detectable  
87 ~~or nondetectable).~~

88  
89 ~~287.~~ Human immunodeficiency virus (HIV) rapid screens (positive only).

90 ~~296.~~ Influenza.

91 ~~3027.~~ Laboratory incidences involving the possible release of category A  
92 bioterrorism agents or novel influenza viruses into the laboratory  
93 environment.  
94

95 ~~3128.~~ Lead blood level greater than or equal to 10 ug/dl. results (all).

96 ~~3229.~~ Legionellosis.

97 ~~330.~~ Listeriosis\*.

98 ~~342.~~ Lyme disease.

99 ~~351.~~ Malaria\*.

100 ~~362.~~ Measles (rubeola)\*.

101 ~~373.~~ Melioidosis\*.

102 ~~387.~~ Meningitis, bacterial (all bacterial species isolated from cerebrospinal  
103 fluid)\*.

104  
105 ~~394.~~ Meningococcal disease (invasive infection with neisseria meningitidis  
106 isolated from blood, cerebral spinal fluid, or other normal sterile site)\*.  
107

108 ~~4035.~~ Mumps.

109 ~~4136.~~ Nipah viral infections\*.

110 ~~4237.~~ Nosocomial outbreaks in institutions.

111 38. ~~Novel S~~severe acute respiratory syndrome (~~SARS~~)\*.

112 439. Organisms with reduced susceptibility resistant to carbapenem or with emerging antimicrobial  
113 resistance\*. (ex. klebsiella pneumonia carbapenemase [KPC], carbapenem resistant enterobacteriaceae  
114 [CRE], etc.).

115

116 440. Pertussis\*.

117 451. Plague\*.

118 462. Poliomyelitis\*.

119 473. Pregnancy in a person infected with hepatitis B or HIV.

120 48. Psittacosis.

121 494. Q fever\*.

122 5045. Rabies (animal or human\*).

123 5148. Rocky Mountain spotted fever.

124 5246. Rubella\*.

125 5347. Salmonellosis\*.

126 5448. Scabies outbreaks in institutions.

127 553. ~~Novel S~~severe acute respiratory syndrome (~~SARS~~)\*.

128 5649. Shigellosis\*.

129 570. Smallpox\*.

130 58. Staphylococcus aureus, methicillin resistant (MRSA), invasive sites  
131 only—excluding urine\*.

132

133 591. Staphylococcus aureus, vancomycin resistant and intermediate  
134 resistant (VRSA and VISA)\*.

135

136 6052. Staphylococcus enterotoxin B intoxication\*.

137 6153. Streptococcus pneumoniae infections (invasive infection of streptococcus group A  
138 or B or streptococcus pneumoniae isolated from blood, cerebral spinal  
139 fluid, or other normal sterile site)\*.

140

141 6254. Syphilis.

142 6355. Tetanus.

- 143 ~~64~~56. Tickborne diseases\*.
- 144 ~~65~~. Tickborne hemorrhagic fevers.
- 145 ~~66~~. Toxic shock syndrome\*.
- 146 ~~67~~57 Trichinosis.
- 147 ~~68~~58. Tuberculosis (tuberculosis ~~infection~~ disease caused by ~~m~~Mycobacterium  
148 tuberculosis or Mycobacterium bovis)\*.
- 149
- 150 ~~69~~59. Tularemia\*.
- 151 ~~70~~60. Tumors of the central nervous system.
- 152 ~~71~~61. Typhoid fever\*.
- 153 ~~72~~62. Unexplained or emerging critical illness or death ~~in an otherwise healthy person~~.
- 154 ~~73~~63. Unusual cluster of severe or unexplained illnesses or deaths.
- 155 ~~74~~64. Viral hemorrhagic fevers.
- 156 ~~75~~65. Weapons of mass destruction suspected event.
- 157 ~~76~~66. Yellow fever\*.
- 158 ~~77~~67. Vibriosis\*.
- 159 **History:** Amended effective May 1, 1984; December 1, 1986; January 1, 1988;  
160 January 1, 1989; October 1, 1990; January 1, 1991; February 1, 1992; May 1,  
161 1994; January 1, 1995; July 1, 1996; February 1, 2000; August 1, 2002; March 1,  
162 2003; July 1, 2004; April 1, 2007; January 1, 2011.
- 163 **General Authority:** NDCC 23-07-01
- 164 **Law Implemented:** NDCC 23-07-01

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CHAPTER 33-06-04  
CONTROL OF SPECIFIC DISEASES

Section

- 33-06-04-01 ~~Diphtheria~~ Scientific guidance
- ~~33-06-04-02 Measles~~
- ~~33-06-04-03 Mumps~~
- ~~33-06-04-04 Pertussis~~
- ~~33-06-04-05 Poliomyelitis~~
- ~~33-06-04-06 Rabies~~
- ~~33-06-04-07 Rubella~~
- ~~33-06-04-08 Tuberculosis~~
- ~~33-06-04-09 Typhoid Fever, Paratyphoid Fever~~
- ~~33-06-04-10 Sexually Transmitted Diseases~~
- ~~33-06-04-11 Vaccines~~

**33-06-04-01. Diphtheria. Scientific guidance.**

- ~~1. Isolation of patient is to be continued following completion of antibiotic therapy until two cultures, taken at least twenty-four hours apart, from both nose and throat are negative for toxicogenic bacilli.~~
- ~~2. It is not necessary to isolate or treat carriers if cultures are positive for nontoxicogenic bacilli.~~
- ~~3. Exposed persons, household, and close contacts should be examined for signs and symptoms, including nose and throat cultures. All persons with positive toxicogenic bacilli shall be isolated, until two nose and throat cultures are negative after treatment. In the control of infectious diseases, the department, local public health units, local law enforcement agencies, and veterinarians shall apply applicable guidelines set forth by the Centers for Disease Control and Prevention, Advisory Committee on Immunization Practices, American Academy of Pediatrics, American Public Health Association, and other applicable experts.~~

**General Authority:** NDCC 23-01-03

**Law Implemented:** NDCC 23-01-03

**33-06-04-02. Measles.**

~~Isolation of patient shall be from diagnosis through fourth day of rash.~~

**General Authority:** NDCC 23-01-03

**Law Implemented:** NDCC 23-01-03

**33-06-04-03. Mumps.**

~~Isolation of patient shall be from diagnosis until swelling has subsided and all other manifestations have cleared.~~

**General Authority:** NDCC 23-01-03

51 ~~Law Implemented: NDCC 23-01-03~~

52  
53 ~~33-06-04-04. Pertussis.~~

54  
55 ~~Isolation of pertussis patients, particularly from young infants, shall be for three weeks~~  
56 ~~from onset of disease or until cough has stopped, whichever is shorter.~~

57  
58 ~~General Authority: NDCC 23-01-03~~

59 ~~Law Implemented: NDCC 23-01-03~~

60  
61 ~~33-06-04-05. Poliomyelitis.~~

62  
63 ~~Isolation of patient shall be for seven days in hospital or under medical management.~~

64  
65 ~~General Authority: NDCC 23-01-03~~

66 ~~Law Implemented: NDCC 23-01-03~~

67  
68 ~~33-06-04-06. Rabies.~~

- 69  
70 1. **How reported.** If any physician or veterinarian has knowledge that any person has  
71 been bitten or scratched by, or otherwise exposed to a dog, other domestic animal,  
72 or a wild mammal, infected or suspected of being infected with rabies, the physician  
73 or veterinarian shall report these facts within forty-eight hours to the state department  
74 of health. The requirements of this subsection do not apply to dog or cat bites,  
75 scratches, or saliva exposure if there is a standing order or agreement with health  
76 care providers to report animal bites or possible exposure to rabies to a local law  
77 enforcement agency.
- 78  
79 2. **Vaccine replacement.** The state health officer, or the health officer's designee, in  
80 that person's discretion may provide for the replacement of rabies vaccine and rabies  
81 immune globulin used to treat possible exposure to rabies. Any request for rabies  
82 vaccine and rabies immune globulin must be in writing, must be signed by the person  
83 who received postexposure vaccine or the person's parent or guardian, and must  
84 indicate that the person was possibly exposed to rabies, not through the person's  
85 own fault or that of the person's parent or guardian, and is financially unable to pay  
86 for the vaccine and immune globulin. A person will not be considered financially  
87 unable to pay if:
- 88  
89 a. An insurer or a governmental agency other than the state department of health  
90 includes as a covered benefit, or another person is liable for, rabies vaccine or  
91 rabies immune globulin;
- 92  
93 b. The person is eligible for complimentary vaccine or immune globulin from a  
94 vaccine manufacturer; or
- 95  
96 c. The person, or the person's family, has an adjusted gross income of more than  
97 one hundred thirty-three percent of the poverty line determined in accordance  
98 with 42 U.S.C. 9902(2) applicable to a family of the size involved or assets in  
99 excess of those permitted under section 75-02-02.1-26, including the exceptions  
100 allowed under section 75-02-02.1-27.
- 101

102 Notwithstanding the limitations of this subsection, the state health officer, or the state  
103 health officer's designee, in that person's discretion also may supply rabies vaccine  
104 and immune globulin to a person if more than one person in a family requires  
105 postexposure treatment or some other hardship would prevent a person from  
106 receiving medically necessary treatment.  
107

108 ~~3.—General scientific guidance.~~ In the enforcement of the rabies control law, the  
109 department, local public health units, local law enforcement agencies, and veterinarians  
110 shall apply applicable guidelines set forth in the compendium of animal rabies control  
111 and the centers for disease control and prevention advisory committee on immunization  
112 practices recommendations for human rabies prevention.  
113

114 **History:** Amended effective July 1, 1987; October 1, 1988; May 1, 1989; January 1, 1990;  
115 February 1,  
116 2000.

117 **General Authority:** NDCC 23-36

118 **Law Implemented:** NDCC 23-36  
119

### 120 ~~33-06-04-07. Rubella.~~

  
121

122 Isolation of rubella cases of hospital patients only shall be from diagnosis to five days  
123 after the appearance of rash. This type of isolation is to prevent infection in nonimmune  
124 (susceptible) women during pregnancy and high-risk infants.  
125

126 ~~General Authority:~~ NDCC 23-01-03

127 ~~Law Implemented:~~ NDCC 23-01-03  
128

### 129 ~~33-06-04-08. Tuberculosis.~~

  
130

- 131 ~~1.—Employment of tuberculous patient.~~ No individual who has tubercle bacilli in their  
132 sputum or other bodily discharges shall be allowed to engage in employment where  
133 children, students, and medical patients may be exposed, or where food is handled and  
134 sold unless the patient has received a certificate or clearance from the local health  
135 department or attending physician stating that the patient's employment would not be  
136 dangerous to the public's health.  
137
- 138 ~~2.—Student tuberculous patient.~~ No student, who has tuberculosis in a contagious and  
139 infectious stage as determined by bacteriological examination or medical evaluation,  
140 shall be allowed to attend school until the student is no longer contagious or infectious  
141 and has received a certificate or clearance from the local health department or attending  
142 physician stating that the student is no longer contagious or infectious and would not  
143 constitute a public health danger.  
144
- 145 ~~3.—Contacts of active cases.~~ Any person exposed to an active case of tuberculosis shall  
146 be considered as a suspicious case until determined otherwise by a tuberculin test, if  
147 previously negative. An x-ray, laboratory, or medical evaluation is necessary for those  
148 individuals with a positive tuberculin test.  
149
- 150 ~~4.—Uncooperative patients.~~ The local health department should be notified immediately if  
151 an individual knowingly refuses to accept treatment for contagious or infectious  
152 tuberculosis and is endangering the health of others.



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~~General Authority: NDCC 23-01-03~~  
~~Law Implemented: NDCC 23-01-03~~

~~33-06-04-09. Typhoid fever, paratyphoid fever.~~

- ~~1. Isolation required. All cases of typhoid fever and paratyphoid fever shall be isolated in a flyproof room, preferably under hospital conditions of such cases as cannot command adequate sanitary environment and nursing care in their homes.~~
- ~~2. Period of isolation. No patient shall be released from isolation until reports of three negative laboratory examinations of both the urine and feces, collected not less than twenty-four hours apart, shall have been returned from the state public health laboratory.~~
- ~~3. Source of infection. When a case of typhoid fever or paratyphoid fever is discovered, the state department of health shall immediately proceed to search for the source of infection, missed case, carrier, or convalescent. When the source of infection is discovered, immediate abatement must be instituted.~~
- ~~4. Laboratory confirmation. Every physician or health officer having knowledge of a case or suspected case of typhoid fever, paratyphoid fever, or any continued fever not otherwise diagnosed must obtain laboratory confirmation by the usual approved methods, if possible. Report, however, shall be made immediately on a clinical diagnosis.~~
- ~~5. Control of typhoid carriers.~~
  - ~~a. For the purpose of this section, a typhoid carrier is a person who harbors typhoid bacteria and emits them, regularly or intermittently. This condition may or may not follow a recognized attack of typhoid fever. A person continuing to discharge typhoid bacteria following an attack of typhoid fever shall be regarded as a case rather than a carrier, for a period of at least twelve weeks following subsidence of clinical symptoms. After that period the physician may, in the physician's discretion, declare such person to be a carrier.~~
  - ~~b. The physician, upon the discovery of a typhoid carrier, shall immediately report the fact to the state department of health, giving the full name, age, occupation, and address of such carrier (together with any other information relative to possible or probable infection of others), and shall also communicate the fact to the carrier personally, or the carrier's guardian, imparting to the carrier detailed information regarding the precautions to be observed in the disposing of the carrier's discharges, in preventing contamination of the carrier's hands, and thus protecting others from infection. This information to the carrier personally shall be confirmed by a written notice to such carrier, giving special and specific instructions as may be required in special circumstances.~~

~~Instructions given by the physician shall include directions to wash the hands thoroughly with soap and water immediately after using the toilet.~~
  - ~~c. Bowel or bladder discharges of a carrier living in a location without an approved sewage treatment plant should be deposited in a cesspool, or privy, properly located,~~

204 of an approved sanitary construction. One of the essentials of a sanitary privy is the  
205 flyproof and rodent proof vault. The interior of the privy should be kept clean and  
206 scrubbed with warm water and soap whenever necessary.

207

208 ~~d. No typhoid carrier may engage in any occupation involving the handling of ready-to-~~  
209 ~~eat food and milk, or to work as a food, drink, or milk handler, or to work in or around~~  
210 ~~any place where food or drink is manufactured, packed, stored, deposited, collected,~~  
211 ~~prepared, produced, or sold. It is extremely important that typhoid carriers do not~~  
212 ~~prepare food or drink for anyone except themselves or their immediate families; and~~  
213 ~~especially that they do not supply any food, drink, milk, or milk products to visitors at~~  
214 ~~their homes, or at community or social gatherings of any type. It is recommended,~~  
215 ~~that immediate members of the household should all be immunized against typhoid~~  
216 ~~fever every three years during the time they are continually exposed to a carrier.~~

217

218 ~~e. No typhoid carrier shall leave the community in which the carrier resides without~~  
219 ~~notification to the state department of health who are to be informed of the carrier's~~  
220 ~~destination, including the carrier's new address.~~

221

222 ~~f. The state department of health shall visit each typhoid carrier once a year and~~  
223 ~~complete a form prescribed for the purpose.~~

224

225 ~~g. The release of chronic typhoid carriers may be granted only on the approval of the~~  
226 ~~state health officer after submission of the following evidence:~~

227

228 ~~(1) That the gall bladder has been removed.~~

229

230 ~~(2) That, subsequent to the removal of the gall bladder, each of the three specimens~~  
231 ~~of the duodenal contents, taken at intervals of not less than twenty four hours,~~  
232 ~~has been examined by the laboratory of the state department of health and found~~  
233 ~~to contain no typhoid bacilli.~~

234

235 ~~h. The physician may, at the physician's discretion, release chronic typhoid carriers upon~~  
236 ~~other evidence which the physician may consider satisfactory.~~

237

238 **General Authority:** NDCC 23-01-03

239 **Law Implemented:** NDCC 23-01-03

240

### 241 **33-06-04-10. Sexually transmitted diseases.**

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243 1. Contact tracing is appropriate for the following sexually transmitted diseases:

244

245 a. Human immunodeficiency virus (HIV) infection;

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247 b. Acquired immunodeficiency syndrome (AIDS);

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249 c. Chlamydia;

250

251 d. Gonorrhea;

252

253 e. Hepatitis B virus (HBV); and

254

- 255 e. Syphilis.  
256  
257 2. Individuals infected with a sexually transmitted disease for which contact tracing is  
258 appropriate shall disclose information concerning the source of the infection to their  
259 attending physician or public health officer.  
260  
261 3. Information obtained pursuant to this section will be used solely for epidemiological  
262 purposes.  
263

264 **History:** Amended effective January 1, 1990.

265 **General Authority:** NDCC 23-01-03

266 **Law Implemented:** NDCC 23-07-07(3), 23-07-07(4)  
267

268 **33-06-04-11. Vaccines.**

269 Administrative charges by physicians, private or public clinics, and hospitals for the  
270 administration of any vaccine obtained from the state department of health through the  
271 federal vaccines for children program are limited to no more than the charges  
272 established by the federal regional fee caps as set forth in 59 Federal Register 50235  
273 (October 3, 1994).  
274

275 **History:** Effective January 1, 1990; amended effective December 1, 1993; January 1, 2008;  
276 April 1, 2012.

277 **General Authority:** NDCC 23-01-04.2, 28-32-02

278 **Law Implemented:** NDCC 23-01-04.2  
279

## CHAPTER 33-06-05 SCHOOL IMMUNIZATION REQUIREMENTS

### Section

33-06-05-01 Requirements

#### 33-06-05-01. Requirements.

##### 1. Definitions. As used in this section:

- a. "Advisory committee on immunization practices" refers to a panel of experts in fields associated with immunization who have been selected by the secretary of the United States department of health and human services to provide advice and guidance to the secretary, the assistant secretary for health, and the centers for disease control and prevention on the most effective means to prevent vaccine-preventable diseases.
- b. "Age-appropriate immunizations" refers to the vaccines a child should receive based on age and previous immunization history as recommended by the advisory committee on immunization practices of the United States department of health and human services and outlined by the North Dakota immunization schedule.
- c. "Beliefs" as used in subsection 3 of North Dakota Century Code section 23-07-17.1 means sincerely held religious, philosophical, or moral beliefs which are not a pretense for avoiding legal requirements.
- d. "Institution" includes all early childhood facilities, head start programs, preschool educational facilities, public and private kindergartens, and elementary, middle, and high schools operating in North Dakota.
- e. "Institutional authority" means anyone designated by the governing body of an institution.
- f. "Medical exemption" means an exemption from an immunization requirement based on a form signed by a licensed physician stating that the physical condition of the child seeking the exemption is such that the vaccine administered would endanger the life or health of the child.

##### 2. Minimum requirements.

- a. Minimum requirements for children attending early childhood facilities, head start programs, and preschool educational facilities shall be age-appropriate immunizations against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, haemophilus influenzae type B disease, varicella (chickenpox), pneumococcal disease, rotavirus, ~~and hepatitis A,~~ and hepatitis B.
- b. Minimum requirements for children attending kindergarten through grade twelve shall be age-appropriate immunizations against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, varicella (chickenpox), ~~and meningococcal disease,~~ and hepatitis B.

##### 3. Effective dates.

- ~~a. Effective with the 1992-93 school year, a second dose of measles, mumps, and rubella vaccine is required for school entry into kindergarten or first grade if the student's school does not have a kindergarten. Each subsequent year, the next higher grade will be included in the requirement so those students transferring into North Dakota schools are added to the measles, mumps, and rubella immunization cohort.~~

- b. ~~Effective with the 2000-01 school year, a student must complete the hepatitis B vaccine series prior to entry into kindergarten or first grade if the student's school does not have a kindergarten. Each subsequent year, the next higher grade will be included in the hepatitis B immunization requirement so those students transferring into North Dakota schools are added to the hepatitis B immunization cohort.~~
- c. ~~Effective January 1, 2004, in order to attend an early childhood facility, head start program, or preschool educational facility, each child must be adequately immunized against varicella (chickenpox) disease according to the advisory committee on immunization practices.~~
- d. ~~Effective with the 2004-05 school year, a student must receive the varicella (chickenpox) vaccine before being admitted into any kindergarten or first grade if the student's school does not have a kindergarten. Each subsequent year, the next higher grade will be included in the varicella immunization requirement so those students transferring into North Dakota schools are added to the varicella immunization cohort.~~
- e. ~~Effective January 1, 2008, in order to attend an early childhood facility, head start program, or preschool educational facility, each child must be adequately immunized according to the advisory committee on immunization practices against pneumococcal disease, rotavirus, and hepatitis A.~~
- a. Effective with the 2008-09 school year, a student must receive a second dose of varicella (chickenpox) vaccine before being admitted into kindergarten or first grade if the student's school does not have a kindergarten. Each subsequent school year, the next higher grade will be included in the second dose varicella (chickenpox) immunization requirement so those students transferring into North Dakota schools are added to the second dose varicella (chickenpox) immunization cohort.
- b. Effective with the 2014-15 school year, a student must receive meningococcal conjugate and tetanus, diphtheria, and pertussis (tdap) vaccine before being admitted into any seventh grade.
- c. Effective with the 2018-2019 school year, a student must be adequately immunized according to the advisory committee on immunization practices with tdap vaccine before being admitted into eighth through twelfth grade.
- d. Effective with the 2018-2019 school year, a student must adequately immunized according to the advisory committee on immunization practices with meningococcal conjugate vaccine before being admitted into eighth through twelfth grade.
- 4. **Exemptions.** A child with a medical or a beliefs exemption is exempt from any one or all of the immunization requirements. A physician must sign an exemption form indicating the vaccines that are included in the medical exemption. A parent or guardian must sign an exemption form stating that the child has a beliefs exemption and indicate which vaccines are exempt because of beliefs. A child with a reliable history of chickenpox, hepatitis A, hepatitis B, measles, mumps, or rubella disease is exempt from ~~varicella (chickenpox)~~ applicable immunization requirements. A physician ~~or parent or guardian~~ must sign an exemption form stating that the child has had ~~chickenpox~~ disease. Exemption forms must be kept on file with the immunization records at the child's school, early childhood facility, head start program, or preschool educational facility.
- 5. **Recordkeeping and reporting.** Records and reports requested by the state department of health shall be completed and submitted to the state department of health.

- a. Certificates of immunization, a North Dakota immunization information system (NDIIS) record, or other official proof of immunization must be presented to the designated institutional authority before any child is admitted to an institution.
  - b. Upon request by the institutional authority and approval by the department, the department shall provide access to the NDIIS ~~by institutional authority~~. The department of health shall disclose immunization records maintained by the NDIIS to an institutional authority or designee to fulfill the required proof of immunization.
  - c. The parent or guardian of a child claiming a medical, history of disease, or beliefs exemption shall present an appropriately signed statement of exemption to the designated institutional authority. Proof of immunization or the statement of exemption must be maintained by the child's school or early childhood facility.
  - d. The school or early childhood facility immunization summary report must be submitted to the state department of health by November first of each year or such other annual date as the department may designate.
6. **Appointment of an institutional authority.**
- a. An institutional authority shall be appointed for each institution by its governing board or authorized personnel. The authority must be an employee of such institution.
  - b. ~~The name of the designated institutional authority, the institution, address, and telephone number shall be submitted to the appropriate governing state department by July first of each year.~~
7. **Provisional admission - Exclusion.** Any child admitted to school or early childhood facility under the provision that such child is in the process of receiving the required immunizations shall be required to receive the immunizations according to the recommended schedule set forth by the state department of health. Any child admitted to school and not adhering to the recommended schedule shall provide proof of immunization or a certificate of immunization by October first or within thirty calendar days of enrollment if enrolling after October first or be excluded from school or early childhood facility. Any child admitted to an early childhood facility and not adhering to the recommended schedule shall provide proof of immunization or a certificate of immunization within thirty calendar days of enrollment or be excluded from the early childhood facility.

**History:** Amended effective November 1, 1979; September 1, 1991; January 1, 1998; February 1, 2000; January 1, 2004; January 1, 2008; January 1, 2014.

**General Authority:** NDCC 23-01-03

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