NOTICE OF PUBLIC WORKSHOP

NOTICE IS HEREBY GIVEN that the Division of Public and Behavioral Health will hold a public workshop to consider amendments to Nevada Administrative Code (NAC) Chapter 441A.

The workshop will be conducted via videoconference beginning at 1:00 PM on Monday, September 24, 2018, at the following locations:

Nevada Division of Public and Behavioral Health 4150 Technology Way, Room 303 Carson City, NV 89706	Southern Nevada Health District Red Rock Conference Room 280 S Decatur Blvd Las Vegas, NV 89107

These workshops will be conducted in accordance with NRS 241.020, Nevada's Open Meeting Law.

AGENDA

1. Introduction of workshop process
2. Public comment on proposed amendments to Nevada Administrative Code Chapter 441A.
3. Public Comment

The proposed changes will revise Chapter 441A of the Nevada Administrative Code.

R187-18I is being proposed in accordance with NRS 449.0302.

The proposed regulations provide provisions for:

- Align reportable conditions with nationally notifiable reportable diseases by adding and removing reporting requirements; provide clarity by removing and cleaning up ambiguous wording and providing clear guidelines for reporting and follow-up for reportable diseases; and; re-align Nevada's regulations with updated national guidelines and recommendations.

Members of the public may make oral comments at this meeting. Persons wishing to submit written testimony or documentary evidence may submit the material to Sandra Larson, State Epidemiologist at the following address:

Nevada Division of Public and Behavioral Health
3811 W. Charleston Blvd, Suite 205
702.486.0409 (FAX)

Members of the public who require special accommodations or assistance at the workshops are required to notify Sandra Larson, State Epidemiologist, in writing to the Division of Public and Behavioral Health, 3811 W. Charleston Blvd, Suite 205, or by calling (708) 486-0068 at least five (5) working days prior to the date of the public workshop.

You may contact Sandra Larson by calling 702.486.0068 for further information on the proposed regulations.

A copy of the notice and the proposed regulations are on file for inspection and/or may be copied at the following locations during normal business hours:

Division of Public and Behavioral Health
4150 Technology Way
Carson City, NV 89706

Division of Public and Behavioral Health
3811 W. Charleston Blvd, Suite 205
Las Vegas, NV 89102

Nevada State Library and Archives
100 Stewart Street
Carson City, NV

A copy of the regulations and small business impact statement can be found on-line by going to: http://dpbh.nv.gov/Programs/OPHIE/dta/Statutes/Public_Health_Informatics_and_Epidemiology_(OPHIE)_-_Statutes/

A copy of this notice has been posted at the following locations:

1. Division of Public and Behavioral Health, 4150 Technology Way, First Floor Lobby, Carson City
2. Nevada State Library and Archives, 100 Stewart Street, Carson City
3. Legislative Building, 401 S. Carson Street, Carson City
4. Grant Sawyer Building, 555 E. Washington Avenue, Las Vegas
5. Washoe County District Health Department, 9TH and Wells, Reno
6. Division of Public and Behavioral Health's web page: http://health.nv.gov/

Copies may be obtained in person, by mail, or by calling (702) 486-0068.

Copies may also be obtained from any of the public libraries listed below:

Carson City Library
900 North Roop Street
Carson City, NV 89702

Churchill County Library
553 South Main Street
Fallon, NV 89406

Clark County District Library
833 Las Vegas Boulevard North

Douglas County Library
1625 Library Lane

Las Vegas, NV 89101

Minden, NV 89423

Elko County Library
720 Court Street
Elko, NV 89801

Esmeralda County Library
Corner of Crook and 4th Street
Goldfield, NV 89013-0484

Eureka Branch Library
210 South Monroe Street
Eureka, NV 89316-0283

Henderson District Public Library
280 South Water Street
Henderson, NV 89105

Humboldt County Library
85 East 5th Street
Winnemucca, NV 89445-3095

Lander County Library
625 South Broad Street
Battle Mountain, NV 89820-0141

Lincoln County Library
93 Maine Street
Pioche, NV 89043-0330

Lyon County Library
20 Nevin Way
Yerington, NV 89447-2399

Mineral County Library
110 1st Street
Hawthorne, NV 89415-1390

Pahrump Library District
701 East Street
Pahrump, NV 89041-0578

Pershing County Library
1125 Central Avenue
Lovelock, NV 89419-0781

Storey County Library
95 South R Street
Virginia City, NV 89440-0014

Tonopah Public Library
167 Central Street
Tonopah, NV 89049-0449

Washoe County Library
301 South Center Street
Reno, NV 89505-2151

White Pine County Library
950 Campton Street
Ely, NV 89301-1965

Per NRS 233B.064(2), upon adoption of any regulations, the agency, if requested to do so by an interested person, either prior to adoption or within 30 days thereafter, shall issue a concise statement of the principal reasons for and against its adoption, and incorporate therein its reason for overruling the consideration urged against its adoption.

PROPOSED REGULATION OF THE STATE BOARD OF HEALTH
LCB FILE NO. R187-18I

NAC 441A.040 "Communicable disease" defined. (NRS 441A.120) "Communicable disease," as defined in **NRS 441A.040**, includes:

1. Acquired immune deficiency syndrome (AIDS).
2. Amebiasis.

Acinetobacter baumannii, carbapenem-resistant (CRAB).

3. Animal bite from a rabies-susceptible animal.
4. Anthrax.
5. Botulism, foodborne.
6. Botulism, infant.
7. Botulism, wound.
8. Botulism, other than foodborne botulism, infant botulism or wound botulism.
9. Brucellosis.
10. Campylobacteriosis.
11. Chancroid.

Chikungunya

12. *Chlamydia trachomatis* infection of the genital tract.
13. Cholera.
14. Coccidioidomycosis.
15. Cryptosporidiosis.

Dengue

16. Diphtheria.
17. Ehrlichiosis/anaplasmosis.
18. Encephalitis.

Enterobacteriaceae, carbapenem-resistant (CRE).

19. [~~Enterohemorrhagic *Escherichia coli* (Shiga toxin-producing *E. coli*, including *E. coli* O157:H7).~~]
20. Extraordinary occurrence of illness.
21. Foodborne disease outbreak.
22. Giardiasis.
23. Gonococcal infection.
24. Granuloma inguinale.
25. *Haemophilus influenzae* type b invasive disease.
26. Hansen's disease (leprosy).
27. Hantavirus.
28. Hemolytic-uremic syndrome (HUS).
29. Hepatitis A.

30. Hepatitis B.
31. Hepatitis C.
32. Hepatitis Delta.
33. Hepatitis E.
34. Hepatitis, unspecified.
35. Human immunodeficiency virus infection (HIV).
36. Influenza-*associated hospitalizations, influenza-associated pediatric mortality, novel influenza, untypeable influenza.*
37. Legionellosis.
38. Leptospirosis.
39. Listeriosis.
40. Lyme disease.
41. Lymphogranuloma venereum.
42. Malaria.
43. Measles (rubeola).
44. Meningitis.
45. Meningococcal disease.
46. Mumps.
47. Pertussis.
48. Plague.
49. Poliovirus infection.
50. Psittacosis.

Pseudomonas aeruginosa, carbapenem-resistant (CRPA).

51. Q fever.
52. Rabies, human or animal.
53. Relapsing fever.
54. Respiratory syncytial virus infection.
55. Rotavirus infection.
56. Rubella (including congenital rubella syndrome).

Saint Louis encephalitis virus (SLEV)

57. Salmonellosis.
58. Severe acute respiratory syndrome (SARS).
~~59. Severe reaction to immunization.~~

Shiga toxin-producing Escherichia coli (STEC)

60. Shigellosis.
61. Smallpox (variola).
62. Spotted fever riskettsioses.
63. *Staphylococcus aureus*, vancomycin-intermediate.
64. *Staphylococcus aureus*, vancomycin-resistant.
65. Streptococcal toxic shock syndrome.
66. *Streptococcus pneumoniae* (invasive).
67. Syphilis (including congenital syphilis).
68. Tetanus.
69. Toxic shock syndrome, other than streptococcal toxic shock syndrome.

70. Trichinosis.
71. Tuberculosis.
72. Tularemia.
73. Typhoid fever.
74. Vibriosis.
    Varicella
75. Viral hemorrhagic fever.
76. West Nile virus.
77. Yellow fever.
78. Yersiniosis.
    Zika Disease Virus

(Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R087-08, 1-13-2011)

NAC 441A.200 List of adopted recommendations, guidelines and publications; review of revision or amendment of adopted recommendation, guideline or publication. (NRS 441A.120)

1. The following recommendations, guidelines and publications are adopted by reference:

(a) The standard precautions to prevent transmission of disease by contact with blood or other body fluids as recommended by the Centers for Disease Control and Prevention in "Perspectives in Disease Prevention and Health Promotion Update: Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and Other Bloodborne Pathogens in Health-Care Settings," *Morbidity and Mortality Weekly Report* [37(24):377-388, June 24, 1988], published by the United States Department of Health and Human Services and available at no cost on the Internet at **http://www.cdc.gov/mmwr/**.

(b) The Centers for Disease Control and Prevention's *2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*, published by the United States Department of Health and Human Services and available at no cost on the Internet at **[~~http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Isolation2007.pdf~~]** ***https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines.pdf***,.

The following recommendations, guidelines and publications are adopted by reference:

"Facility Guidance for Control of Carbapenem-resistant Enterobacteriaceae
https://www.cdc.gov/hai/organisms/cre/cre-toolkit/index.html

Interim Guidance for a Health Response to Contact Novel or Targeted MDROs
https://www.cdc.gov/hai/outbreaks/docs/Health-Response-Contain-MDRO.pdf

The recommended guidelines for *the prevention, post-exposure management, and control of rabies is the most current issue of the Compendium of Animal Rabies Prevention and Control (2016) published by the National Association of State Public Health Veterinarians Compendium*

of Animal Rabies Prevention and Control Committee at http://www.nasphv.org/Documents/NASPHVRabiesCompendium.pdf

NAC 441A.225 General requirements for certain reports to health authority and rabies control authority; establishment of after-hours reporting system. (NRS 441A.120)

1. Except as otherwise provided in this section, a report of a case or suspected case, which is required to be made pursuant to the provisions of this chapter, must be made to the health authority during the regular business hours of the health authority on the first working day following the identification of the case or suspected case. The report may be made by:

(a) Telephone;

(b) Telecopy, in the form prescribed by the health authority; or

(c) Any form of electronic communication identified by the health authority, in the form and manner specified by the health authority.

2. A report must be made immediately after identifying a case having or a suspected case considered to have:

(a) Anthrax;

(b) Foodborne botulism;

Infant botulism

(c) Botulism, other than foodborne botulism, infant botulism, ~~infant botulism~~ or wound botulism;

(d) Extraordinary occurrence of illness;

(e) Influenza that is known or suspected to be of a viral strain that the Centers for Disease Control and Prevention or the World Health Organization has determined poses a risk of a national or global pandemic;

(f) Meningococcal disease;

(g) Plague;

(h) Rabies, human;

(i) Poliovirus infection;

(j) Severe acute respiratory syndrome (SARS);

(k) Smallpox (variola);

(l) Tularemia;

(m) Viral hemorrhagic fever; or

(n) Any infection or disease that is known or suspected to be related to an act of intentional transmission or biological terrorism, or that is or is considered possibly to be part of an outbreak or a suspected outbreak.

3. A report must be made to the health authority within 24 hours after identifying a case having:

[~~(a) Infant botulism;~~]

(b) Wound botulism;

(c) Brucellosis;

(d) Cholera;

(e) Diphtheria;

(f) *Haemophilus influenzae* type b;
(g) Hepatitis A;
(h) Hepatitis E;
Influenza death in a person under 18 years of age
(i) Measles;
(j) Mumps;
~~(k) Pertussis;~~
(l) Rubella;
(m) Typhoid fever; or
(n) Tuberculosis.

4. A report must be made to the health authority within 24 hours after identifying a suspected case considered possibly to have:
(a) Diphtheria;
(b) Measles;
(c) Rubella; [~~or~~]
(d) Tuberculosis;
(e) Pertussis.

NAC 441A.235 Duty of director or other person in charge of medical laboratory to report findings of communicable disease, causative agent of communicable disease or immune response to causative agent; contents of report; submission of certain microbiologic cultures, subcultures, or other specimen or clinical material; required reporting of results of certain tests relating to human immunodeficiency virus. (NRS 439.200, 441A.120, 441A.167)
1. Except as otherwise provided in NAC 441A.240, the director or other person in charge of a medical laboratory in which a test or examination of any specimen derived from the human body yields evidence suggesting the presence of a communicable disease, a causative agent of a communicable disease or an immune response to a causative agent of a communicable disease shall:
(a) If the medical laboratory is in this State, report the findings to the health authority having jurisdiction where the office of the health care provider who ordered the test or examination is located or to an electronic clearinghouse approved by the health authority.
(b) If the medical laboratory performed the test or examination on specimens obtained in this State or from residents of this State, and the medical laboratory is located outside of this State, report the find*ings to the* Chief Medical *Officer.*
➥ *The report must be made in the manner provided in NAC 441A.225.*
2. The report must include:
(a) The date and result of the test or examination performed.
(b) The name, address and, if available, telephone number of the person from whom the specimen was obtained.

(c) The sex, ***age*** and *date* of birth of the person from whom the specimen was obtained, if available.

(d) The name of the health care provider who ordered the test or examination.

(e) The name and the address or telephone number of the medical laboratory making the report.

(f) Any other information requested by the health authority, if available.

3. The director or other person in charge of the medical laboratory shall also submit microbiologic cultures, subcultures, or other specimens or clinical material, or *Culture independent diagnostic tests (CIDT)* if available, to the State Public Health Laboratory or other laboratory designated by the health authority for diagnosis, confirmation or further testing if:

(a) Requested by the health authority;

(b) The communicable disease is included on the list of diseases published by the ~~health authority~~ State Public Health Laboratory pursuant to subsection ~~4~~ 3 and the health authority has provided the director or other person in charge of the medical laboratory with a copy of the list; or

~~(c) The microbiologic cultures, subcultures, or other specimens or clinical material consist of:~~

~~(1) Isolates of *Bordetella pertussis* or *Bordetella parapertussis*;~~

~~(2) Isolates of non-motile and non-hemolytic *Bacillus* spp.;~~

~~(3) Isolates of *Brucella* spp.;~~

~~(4) Isolates of *Burkholderia mallei* or *Burkholderia pseudomallei*;~~

~~(5) Isolates of *Campylobacter* spp.;~~

~~(6) Isolates of *Clostridium botulinum*;~~

~~(7) Isolates of *Clostridium tetani*;~~

~~(8) Isolates of *Corynebacterium diptheriae*;~~

~~(9) Isolates of *Coxiella burnetii*;~~

~~(10) Isolates of *E. coli* O157:H7;~~

~~(11) Isolates of *Francisella tularensis*;~~

~~(12) Isolates of *Haemophilus influenza* (invasive only);~~

~~(13) Isolates of *Legionella* spp.;~~

~~(14) Isolates of *Listeria monocytogenes*;~~

~~(15) Isolates of *Mycobacterium* spp.;~~

~~(16) Isolates of *Neisseria meningitidis* from a sterile site;~~

~~(17) Blood smears containing *Plasmodium* spp.;~~

~~(18) Isolates of *Salmonella* spp.;~~

~~(19) Isolates of, or broth positive results for, Shiga-toxin producing *E. coli*;~~

~~(20) Isolates of *Shigella* spp.;~~

~~(21) Isolates of *Vibrio* spp.;~~

~~(22) Isolates of Vancomycin-intermediate *Staphylococcus aureus*;~~

~~(23) Isolates of Vancomycin-resistant *Staphylococcus aureus*;~~

~~(24) Isolates of *Yersinia pestis*; or~~

~~(25) Isolates of *Yersinia* spp., other than *Yersinia pestis*.~~

3 ~~4.~~ The ~~health authority~~ State Public Helath Laboratory shall annually publish by Feburary 1st every year and post on its Internet website (https://med.unr.edu/nsphl) a list of communicable diseases for which microbiologic cultures, subcultures, or other specimens or clinical material, if available, must be submitted pursuant to subsection 3. *If the culture independent diagnostic tests (CIDT) are chosen by clinical laboratories amd the result is positive, culture should be reflexed for public health surveillance purpose.* For each communicable disease included on the list, the health authority must specify:

(a) The microbiologic cultures, subcultures, or other specimens or clinical material to be submitted;

(b) The justification for requiring the microbiologic cultures, subcultures, or other specimens or clinical material to be submitted;

(c) The name of the medical laboratory to which the microbiologic cultures, subcultures, or other specimens or clinical material must be submitted; and

(d) The process by which the microbiologic cultures, subcultures, or other specimens or clinical material must be submitted.

5. Except as otherwise provided in NAC 441A.240, the director or other person in charge of a medical laboratory shall report as required by this section the results of any test of any specimen derived from the human body, if the test is approved by the Food and Drug Administration of the United States Department of Health and Human Services, and:

(a) The results of the test confirm the presence of the human immunodeficiency virus (HIV) or antibodies to the human immunodeficiency virus (HIV); or

(b) The test was conducted to monitor the progression of a human immunodeficiency virus (HIV) infection, including, without limitation, all levels of CD4, [~~and~~] both detectable and undetectable viral loads, ***and HIV nucleotide sequences or HIV genotype results.***

6. With respect to a test described in subsection 5, if the interpretation of the laboratory diagnostic testing algorithm is positive, indicating the presence of infection with the human immunodeficiency virus (HIV), the laboratory must report to the health authority:

(a) The overall result or conclusion of the algorithm; and

(b) Results from all such tests, including, without limitation, negative, nonreactive or intermediate results, that are performed as part of the testing algorithm, including, without limitation:

(1) Fourth-generation and third-generation tests for the human immunodeficiency virus (HIV);

(2) Human immunodeficiency virus antibody differentiation tests (HIV-1/-2); and

(3) Nucleic acid amplification tests (NAT) for the presence of the human immunodeficiency virus (HIV).

Tuberculosis

NAC 441A.350 Health care provider to report certain cases and suspected cases within 24 hours of discovery. (NRS 439.200, 441A.120, 441A.167) A health care provider shall notify the health authority within 24 hours of discovery of any case having active tuberculosis or any suspected case considered to have active tuberculosis ***or*** who**:**

1. Fails to submit to medical treatment or who discontinues or fails to complete an effective course of medical treatment prescribed by a health care provider in accordance with the recommendations, guidelines and publications adopted by reference pursuant to NAC 441A.200; or

2. Is a child less than 5 years of age, regardless of whether the child has received a bacillus Calmette-Guerin (BCG) vaccination, who has shown a positive reaction to the Mantoux tuberculin skin test or ***another FDA*** recognized diagnostic test***;***

or

3. Is a case with tuberculosis infection (latent tuberculosis infection, LTBI), as diagnosed by a positive reaction to the Mantoux tuberculin skin test or another FDA recognized diagnostic test, that represents a positive test in accordance with any applicable testing guidelines and recommendations set forth in the recommendations, guidelines and publications adopted by reference pursuant to NAC 441A.200. Notification shall be in accordance with reporting requirements pursuant to NAC 441A.225, ~~[and]~~ ***NAC 441A.230 and NAC 441A.235***

or

4. Has completed the course of medical treatment prescribed by a health care provider in accordance with the recommendations, guidelines and publications adopted by reference pursuant to paragraph (g) of subsection 1 of NAC 441A.200.

NAC 441A.355 Active tuberculosis: Duties and powers of health authority. (NRS 439.200, 441A.120)

1. The health authority shall investigate each report of a case having active tuberculosis or a suspected case considered to have active tuberculosis to confirm the diagnosis, to identify any contacts, to identify any associated cases, to identify the source of infection and to ensure that the case or suspected case is under the care of a health care provider who has completed a diagnostic evaluation and has instituted an effective course of medical treatment prescribed by a health care provider in accordance with the recommendations, guidelines and publications adopted by reference pursuant to NAC 441A.200.

2. The health authority shall, pursuant to NRS 441A.160, take all necessary measures within his or her authority to ensure that a case having active tuberculosis completes the course of medical treatment prescribed by a health care provider in accordance with the recommendations, guidelines and publications adopted by reference pursuant to NAC 441A.200, or is isolated or quarantined to protect the public health. Except as otherwise provided in NRS 441A.210, if the case or suspected case refuses to submit himself or herself for examination or medical treatment, the health authority shall, pursuant to NRS 441A.160, issue an order requiring the case or suspected case to submit to any medical examination or test which is necessary to verify the presence of active tuberculosis and shall issue an order requiring the isolation, quarantine or medical treatment of the case or suspected case if he or she believes such action is necessary to protect the public health.

3. The health authority shall evaluate for tuberculosis infection any contact of a case having active tuberculosis. A tuberculosis screening test must be administered to a contact

residing in the same household as the case or other similarly close contact. If the tuberculosis screening test is negative, the tuberculosis screening test must be repeated 8 to 10 weeks after the last date of exposure to the case having active tuberculosis. If the initial or second tuberculosis screening test is positive, the contact must be referred for a chest X ray and medical evaluation for active tuberculosis. Any contact found to have active tuberculosis or tuberculosis infection must be advised to complete a course of treatment that is:

(a) Prescribed by a health care provider in accordance with the recommendations, guidelines and publications adopted by reference pursuant to NAC 441A.200; and

(b) In accordance with the recommendations for the counseling of and effective treatment for a person having active tuberculosis or tuberculosis infection adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.

4. A child age less ***than 5 years*** or other high-risk contact whose initial tuberculosis screening test administered pursuant to subsection 3 is negative must be advised to take preventive treatment, unless medically contraindicated. Preventive treatment may be discontinued if the second tuberculosis screening test administered pursuant to subsection 3 is negative.

5. The health authority may issue an order for a medical examination to any contact who refuses to submit to a medical examination pursuant to subsection 3, to determine if he or she has active tuberculosis or tuberculosis infection.

NAC 441A.375 Medical facilities, facilities for the dependent, homes for individual residential care and outpatient facilities: Management of cases and suspected cases; surveillance and testing of certain employees and independent contractors; counseling and preventive treatment. (NRS 439.200, 441A.120, 441A.167, 449.448)

1. A case having tuberculosis or a suspected case considered to have tuberculosis in a medical facility, a facility for the dependent or an outpatient facility must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.

2. A medical facility, a facility for the dependent, a home for individual residential care or an outpatient facility shall maintain surveillance of employees and independent contractors of the facility or home, who provide direct services to a patient, resident or client of the facility or home, for tuberculosis and tuberculosis infection. The surveillance of such employees and independent contractors must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.

3. Before an employee or independent contractor described in subsection 2 first commences to work in a medical facility, a facility for the dependent, a home for individual residential care or an outpatient facility, the employee or independent contractor must have a:

(a) Physical examination or certification from a health care provider which indicates that the employee or independent contractor is in a state of good health and is free from active tuberculosis and any other communicable disease which may, in the opinion of that health care provider, pose an immediate threat to the patients, residents or clients of the medical facility, facility for the dependent, home for individual residential care or outpatient facility; and

(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.

➥ If the employee or independent contractor has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. An annual, ***either within 365 days or by the end of hire month anniversary,*** tuberculosis screening test must be administered thereafter, unless the medical director of the facility or a designee thereof determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination at least annually. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.

4. An employee or independent contractor described in subsection 2 who has a documented history of a positive tuberculosis screening test is exempt from screening with blood or skin tests or chest radiographs:

(a) Must receive one initial chest radiograph result, or an interpretable copy within a reasonable time frame such as 6 months, to exclude tuberculosis disease.

(b) Such an employee or independent contractor must be evaluated at least annually for signs and symptoms of tuberculosis. An employee or independent contractor who develops signs or symptoms which are suggestive of tuberculosis must submit to diagnostic tuberculosis screening testing for the presence of active tuberculosis as required by the medical director or other person in charge of the applicable facility or home, or his or her designee.

5. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.

6. A medical facility shall maintain surveillance of employees and independent contractors described in subsection 2 for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee or independent contractor must be evaluated for tuberculosis.

7. As used in this section, "outpatient facility" has the meaning ascribed to it in NAC 449.999417.

NAC 441A.380 Admission of persons to certain medical facilities, facilities for the dependent or homes for individual residential care: Testing; respiratory isolation; medical treatment; counseling and preventive treatment; documentation. (NRS 439.200, 441A.120)

1. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing or intermediate care shall:

(a) Before admitting a person to the facility or home, determine if the person:

(1) Has had a cough for more than 3 weeks;

(2) Has a cough which is productive;
(3) Has blood in his or her sputum;
(4) Has a fever which is not associated with a cold, flu or other apparent illness;
(5) Is experiencing night sweats;
(6) Is experiencing unexplained weight loss; or
(7) Has been in close contact with a person who has active tuberculosis.

(b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless:

(1) The person had a documented tuberculosis screening test within the immediately preceding 12 months, the tuberculosis screening test is negative and the person does not exhibit any of the signs or symptoms of tuberculosis set forth in paragraph (a); or

(2) There is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner.

(c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test.

2. Except as otherwise provided in this section, after a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a tuberculosis screening test annually thereafter, unless the medical director or a designee thereof determines that the risk of exposure is appropriate for testing at a more frequent or less frequent interval and documents that determination at least annually. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200**.**

3. A person with a documented history of a positive tuberculosis screening test is exempt from annual tuberculosis screening tests and chest radiographs, ***after an initial chest radiograph result, or an interpretable copy within a reasonable time frame such as 6 months, to exclude tuberculosis disease. T***he staff of the facility or home shall ensure that the person is evaluated at least annually for signs and/or symptoms of tuberculosis.

4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that the person has one or more of the other symptoms described in paragraph (a) of subsection 1**,** the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis.

5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home or, if he or she has already been admitted, shall not allow the person to remain in the facility or home, unless the

facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider:

(a) Determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he or she is no longer infectious, ***in accordance with the guidelines adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200;*** and

(b) Coordinates a plan for the treatment and discharge of the person with the health authority having jurisdiction where the facility is located***;***

or

(c) Determines a Nucleic Acid Amplification (NAA) test result is negative and dual infection with M. tuberculosis and another mycobacterial species is not clinically suspected in accordance with the guidelines adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.

6. A health care provider shall not determine that the person does not have active tuberculosis or certify that a person with active tuberculosis is not infectious pursuant to subsection 5 unless:

(a) The health care provider has obtained not less than three consecutive negative sputum AFB smear~~s~~ ***results, each specimen collected in 8 – 24 hour intervals, with at least one being an early morning specimen.*** ~~***which were collected on separate days.***~~

and

(b) ***For persons for whom the suspicion of TB disease remains,*** the person has been on a prescribed course of medical treatment for at least 14 days***, is clinically improving, and drug resistance is not suspected.***

7. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis, as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.

8. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.

9. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person's medical record.

Animal Rabies

NAC 441A.430 Management of animals that have been in close contact with animal suspected or known to have rabies; responsibility of owner for costs of quarantine, veterinary care and examination. (NRS 441A.120, 441A.410)

1. Except as otherwise provided in this section, a wild or exotic animal that is rabies-susceptible and in close contact with an animal suspected or known to have rabies must be euthanized immediately. The rabies control authority may exempt a rare or valuable animal from the provisions of this section.

2. *A* dog, cat or ferret which has not been vaccinated pursuant to **NAC 441A.435** and which is considered by the rabies control authority to have been in close contact with an animal suspected or known to have rabies shall be managed according to the most recent guidelines in the Compendium of Animal Rabies Prevention and Control. If at any time during post-exposure management the animal is euthanized prior to completion of the management process, the head of the animal shall be removed and submitted to the State Department of Agriculture for rabies testing.

~~3. A dog, cat or ferret which has been vaccinated pursuant to **NAC 441A.435** and which is considered by the rabies control authority to have been in close contact with an animal suspected or known to have rabies *shall be managed according to the most recent guidelines in the Compendium of Animl Rabies Prevention and Control. If at any time during post-exposure management the animal is euthanized prior to completion of the management process, the head of the animal shall be removed and submitted to the State Department of Agriculture for rabies testing.*~~

4. A domesticated animal of a rabies-susceptible species, other than a dog, cat or ferret, which is considered by the rabies control authority to have been in close contact with an animal suspected or known to have rabies must be managed according to the discretion of the rabies control authority.

5. The owner of an animal confined pursuant to the provisions of this section is responsible for all costs of confinement and veterinary care and examination.

6. As used in this section, "in close contact with an animal suspected or known to have rabies" means, within the past 180 days, to have been bitten, mouthed or mauled by, or closely confined on the same premises with, an animal suspected or known to have rabies.

(Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R047-99, 9-27-99)

INVESTIGATING, REPORTING, PREVENTING, SUPPRESSING AND CONTROLLING PARTICULAR COMMUNICABLE DISEASES

Miscellaneous Communicable Diseases

NAC 441A.575 Influenza-associated hospitalizations, influenza-associated pediatric mortality, novel influenza or untypeable influenza. (NRS 439.200, 441A.120)

1. Healthcare providers, medical facilities, or other reporting parties shall report any hospitalized cases with laboratory-confirmed influenza or any death of a person less than 18 years of age with laboratory-confirmed influenza to health authority. If a case is in a medical facility, the medical facility shall provide care to the case in accordance with the appropriate disease specific precautions.

2. Medical laboratory shall report novel influenza or untypeable influenza to health authority. If a case is in a medical facility, the medical facility shall provide care to the case in accordance with the appropriate disease specific precautions.

3. The health authority shall, for purposes of surveillance and reporting, obtain sufficient information of each hospitalized case with laboratory-confirmed influenza or any death of a person less than 18 years of age with laboratory-confirmed influenza.

4. The health authority shall investigate each report of a case having novel influenza or untypeable influenza to:
1) Confirm the diagnosis;
2) Determine the extent of any outbreak;
3) Identify the source of infection;
4) Identify and evaluate the contacts;
5) Provide prevention and control measures.

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R121-14, 10-27-2015)

~~**NAC 441A.575 Influenza. (NRS 439.200, 441A.120)**~~
~~1. The health authority shall, for purposes of surveillance, obtain sufficient information of each case having influenza, as identified by:~~
~~(a) The presence of influenza viruses in clinical specimens tested by a medical laboratory using either viral culture or polymerase chain reaction; or~~
~~(b) A positive rapid influenza diagnostic test in a patient with an influenza-like illness.~~
~~*of each hospitalized case or death having laboratory confirmed influenza or suspected novel or unsubtypable influenza*~~

~~2. In a county whose population is 700,000 or more, the results of a test conducted pursuant to paragraph (a) or (b) of subsection 1 must only be reported in accordance with **NAC 441A.225** by a facility which possesses the ability to transmit laboratory results electronically.~~
~~3. If a case having influenza is in a medical facility, the medical facility shall provide care to the case in accordance with the appropriate disease specific precautions.~~
~~2. If a case having influenza is in a medical facility, the medical facility shall provide care to the case in accordance with the appropriate disease specific precautions.~~

~~3. Any known death in a person <18 years of age with laboratory confirmed influenza shall be reported within 24 hours. The health authority shall investigate each case.~~
~~4. As used in this section, "influenza-like illness" means an illness that, in the absence of a known cause other than influenza, is characterized by:~~
~~(a) A fever equal to or greater than 100 degrees Fahrenheit; and~~
~~(b) A cough or sore throat, or both.~~
~~(Added to NAC by Bd. of Health, eff. 1-24-92; A by R121-14, 10-27-2015)~~

NAC 441A.480 Campylobacteriosis. (NRS 441A.120)

1. The health authority shall investigate each report of a case having campylobacteriosis to confirm the diagnosis, to identify the source of infection and to determine if the case is employed in a sensitive occupation or is a child attending a child care facility.

2. A person excreting *Campylobacter* spp. shall not work in a sensitive occupation until authorized to do so by the health authority. The health authority may authorize a person excreting *Campylobacter* spp. to work in a sensitive occupation if:

(a) At least two fecal specimens, which are collected from the case at least 24 hours apart and at least 48 hours after cessation of antimicrobial therapy, fail to show *Campylobacter* spp. organisms upon testing by a medical laboratory; or

(b) If the case is asymptomatic and there is no indication of poor personal hygiene.

3. The health authority shall instruct a person excreting *Campylobacter* spp. of the need and proper method of hand washing after defecation.

4. A contact residing in the same household as a case having campylobacteriosis shall not work in a sensitive occupation unless authorized to do so by the health authority.

5 ~~4.~~ An infant or child who is excreting *Campylobacter* spp. shall not attend a child care facility until asymptomatic. The health authority shall instruct a child care facility where an infant or child who is excreting *Campylobacter* spp. is attending of the need and proper method of hand washing and other practices for the control of infection which prevent the transmission of campylobacteriosis.

6 ~~5~~. If a case having campylobacteriosis is in a medical facility, the medical facility shall provide care to the case in accordance with enteric precautions or other appropriate disease specific precautions.

(Added to NAC by Bd. of Health, eff. 1-24-92)

NAC 441A.505 Cryptosporidiosis. (NRS 441A.120)

1. The health authority shall investigate each report of a case having cryptosporidiosis, identified by the detection of ~~oocysts in fecal smears or of the life cycle stages of the parasites in intestinal biopsy specimens~~ *Cryptosporidium* organisms or DNA in stool, intestinal fluid, tissue samples, biopsy specimens, or other biological sampless upon testing by a medical laboratory, to:

(a) Confirm the diagnosis;

(b) Identify any contacts;

(c) Identify the source of infection;

(d) Determine if the case is employed in a sensitive occupation or is a child attending a child care facility; and

(e) Determine if there is a contact residing in the same household as the case who is employed in a sensitive occupation.

2. ~~A person excreting Cryptosporidium spp. shall not work in a sensitive occupation unless authorized to do so by the health authority. The health authority may authorize the case to work in a sensitive occupation if:~~

~~(a) Two fecal specimens, collected from the case at least 24 hours apart, fail to show Cryptosporidium spp. organisms upon testing by a medical laboratory; or~~

~~(b) The case is asymptomatic and there is no indication of poor personal hygiene.~~

Unless authorized to do so by the health authority, a person who has diarrhea and a fecal specimen positive for *Cryptosporidium* shall not work in a sensitive occupation until the diarrhea has resolved for at least 48 hours. The health authority may require additional exclusion, testing, and treatment of these persons if the health authority considers such steps necessary in order to stop further transmission of *Cryptosporidium*.

3. A symptomatic contact residing in the same household as a case shall not work in a sensitive occupation until ~~at least one fecal specimen has been submitted for examination~~ the diarrhea has resolved for at least 48 hours. ~~If the specimen shows *Cryptosporidium* spp. upon testing by a medical laboratory, the contact shall be considered a case subject to the provisions of this section.~~ The health authority may require additional exclusion, testing, and treatment of these persons if the health authority considers such steps necessary in order to stop further transmission of *Cryptosporidium*.

4. The health authority shall instruct cases and carriers of *Cryptosporidium* spp. of the need and proper method of hand washing after defecation.

5. Unless authorized to do so by a health authority, a~~A~~n infant or child who is excreting *Cryptosporidium* spp. shall not attend a child care facility unless the diarrhea has resolved for at least 24 hours. The health authority shall instruct a child care facility where an infant or child who is excreting *Cryptosporidium* spp. is attending of the need and proper method of hand washing and other practices for the control of infection which prevent the transmission of cryptosporidiosis.

6. If a case having cryptosporidiosis is in a medical facility, the medical facility shall provide care to the case in accordance with enteric precautions or other appropriate disease specific precautions.

(Added to NAC by Bd. of Health, eff. 1-24-92)

NAC 441A.515 ~~**Enterohemorrhagic *E. coli*.**~~ *Shiga toxin-producing* Escherichia coli *(STEC)* **(NRS 441A.120)**

1. The health authority shall investigate each report of:

(a) A case having ~~Enterohemorrhagic *E. coli*~~ Shiga toxin-producing ***Escherichia coli*** (STEC), ~~as identified by the presence of hemorrhagic diarrhea or hemolytic-uremic syndrome, and~~ from whom clinical specimens demonstrate the presence of ~~Enterohemorrhagic *E. coli*~~organisms ~~*Shiga toxin-producing Escherichia coli*~~ or specific toxins upon testing by a medical laboratory; and

(b) A suspected case considered to have ~~Enterohemorrhagic *E. coli*~~ *Shiga toxin-producing Escherichia coli,* as identified by the presence of hemorrhagic diarrhea or hemolytic-uremic syndrome, and from whom clinical specimens have not been tested.

2. The investigation required pursuant to subsection 1 must be conducted to:

(a) Confirm the diagnosis;

(b) Identify the source of infection; and

(c) Determine if the case is employed in a sensitive occupation or is a child attending a child care facility.

3. A person excreting ~~Enterohemorrhagic *E. coli*~~ *Shiga toxin-producing Escherichia coli* shall not work in a sensitive occupation unless authorized to do so by a health authority. The health authority may authorize the case to work in a sensitive occupation if:

(a) Two fecal specimens, collected from the case at least 24 hours apart and at least 48 hours after cessation of antimicrobial therapy, fail to show the presence of ~~Enterohemorrhagic *E. coli*~~ *Shiga toxin-producing Escherichia coli* organisms or specific toxins upon testing by a medical laboratory; or

(b) The case is asymptomatic and there is no indication of poor personal hygiene.

4. A contact residing in the same household as a case having STEC shall not work in a sensitive occupation unless authorized to do so by the health authority.

~~4~~ 5. . The health authority shall instruct a person excreting ~~Enterohemorrhagic *E. coli*~~ *Shiga toxin-producing Escherichia coli* ~~–~~of the need for and proper method of hand washing after defecation.

~~5~~ 6. . *Unless authorized to do so by a health authority, an* [~~An~~] infant or child excreting ~~Enterohemorrhagic *E. coli*~~ *Shiga toxin-producing Escherichia coli* ~~–~~shall not attend a child care facility until asymptomatic *for at least 24 hours. The health authority may require additional exclusion, testing, and treatment of these children if the health authority considers such steps necessary in order to stop further transmission of Shiga toxin-producing Escherichia coli.* The health authority shall instruct a child care facility where an infant or child who is attending the facility is excreting ~~Enterohemorrhagic *E. coli*~~ *Shiga toxin-producing Escherichia coli* ~~–~~of the need for and proper method of hand washing and other practices for the control of infection which prevent the transmission of ~~Enterohemorrhagic *E. coli*~~. *Shiga toxin-producing Escherichia coli.*

~~6~~ 7. If a case having ~~Enterohemorrhagic *E. coli*~~ *Shiga toxin-producing Escherichia coli* ~~-~~is in a medical facility, the medical facility shall provide care to the case in accordance with enteric precautions or other appropriate disease specific precautions.

~~7~~ 8. ~~As used in this section, "Enterohemorrhagic *E. coli Shiga toxin-producing Escherichia coli*" means Shiga toxin-producing *Escherichia coli*, including *E. coli* O157:H7.~~

(Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R087-08, 1-13-2011)

NAC 441A.535 Giardiasis. (NRS 441A.120)

1. The health authority shall investigate each report of a case having giardiasis to confirm the diagnosis, to identify any contacts and the source of infection, to determine if the case is employed in a sensitive occupation or is a child attending a child care facility and to determine if there is a household contact who is employed in a sensitive occupation.

2. . *Unless authorized to do so by the health authority, a person who has diarrhea and a fecal specimen positive for Giardia, as evidenced by the detection of Giardia organisms,*

antigen, or DNA in stool, shall not work in a sensitive occupation until the diarrhea has resolved for at least 48 hours. The health authority may require additional exclusion, testing, and treatment of these persons if the health authority considers such steps necessary to stop further transmission of Giardia.

~~A person excreting *Giardia lamblia* shall not work in a sensitive occupation until authorized to do so by the health authority. The health authority may authorize the case to work in a sensitive occupation if:~~

~~(a) Three fecal specimens, collected from the case at least 24 hours apart and at least 48 hours after cessation of antiparasitic therapy, fail to show *Giardia lamblia* organisms upon testing by a medical laboratory or the case receives a negative result on an antigen test that is approved by the Food and Drug Administration of the United States Department of Health and Human Services for the detection of *Giardia lamblia*; or~~

~~(b) The case is asymptomatic and there is no indication of poor personal hygiene.~~

3. A symptomatic contact residing in the same household as a case shall not work in a sensitive occupation ~~until at least one fecal specimen has been submitted for examination~~ the diarrhea has resolved for at least 48 hours. The health authority may require additional exclusion, testing, and treatment of these persons if the health authority considers such steps necessary in order to stop further transmission of *Giardia*~~. If the specimen shows *Giardia lamblia* upon testing by a medical laboratory, the contact shall be considered a case subject to the provisions of this section.~~

4. The health authority shall instruct a person excreting *Giardia lamblia* of the need and proper method of hand washing after defecation.

5. Unless authorized to do so by a health authority, an infant or child who has diarrhea and ~~a positive fecal examination for *Giardia lamblia*~~ a fecal specimen positive for *Giardia*, as evidenced by the detection of *Giardia* organisms, antigen, or DNA in stool, shall not attend a child care facility unless antiparasitic therapy has been initiated and the diarrhea has resolved for more than ~~24~~ 48 hours. *The health authority may require additional exclusion, testing, and treatment of these children if the health authority considers such steps necessary in order to stop transmission of Giardia within the child care facility.*

6. The health authority may prohibit an asymptomatic infant or child who is excreting *Giardia lamblia* cysts from attending a child care facility if the health authority considers such exclusion necessary in order to stop transmission of the ~~communicable disease~~ *Giardia* within the child care facility.

7. The health authority shall instruct a child care facility where an infant or child who is excreting *Giardia lamblia* cysts is attending of the need and proper method of hand washing and other practices for the control of infection which prevent the transmission of giardiasis.

8. If a case having *Giardia lamblia* is in a medical facility, the medical facility shall provide care to the case in accordance with enteric precautions or other appropriate disease specific precautions.

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R087-08, 1-13-2011)

NAC 441A.610 Measles (rubeola). (NRS 441A.120)

1. The health authority shall investigate each report of a case having measles (rubeola) or suspected case considered to have measles (rubeola) to classify the case, to determine the extent of any outbreak, to identify the source of the infection, to identify any susceptible contacts and to determine the need for exclusion, isolation and immunization of the case and any contacts.

2. A case having measles or a suspected case considered to have measles must be excluded from child care facilities, schools, sporting events sponsored by schools, sensitive occupations, *other occupations with frequent contact with the public,* public gatherings, and from contact with susceptible persons outside of his or her household for at least ~~5~~ 4 days after the onset of rash.

3. If a case having measles or a suspected case considered to have measles is in a medical facility, the medical facility shall provide care to the case or suspected case in accordance with respiratory isolation or other appropriate disease specific precautions for at least ~~5~~ *4* days after the onset of rash.

4. An employee of a medical facility shall not have direct contact with any case or suspected case unless the employee has provided proof of immunity to measles.

5. On the same day that a report of a case having measles or suspected case considered to have measles in a school or child care facility is received, the principal, director or other person in charge of the school or child care facility shall:

(a) Conduct an inquiry into absenteeism to determine the existence of any other cases of the illness in the school or child care facility.

(b) Report the case or suspected case to the health authority.

(c) Review the records of immunization of all enrolled children to identify those who are not adequately immunized against measles.

(d) Notify the parent or legal guardian of each child who has not presented proof of immunity to measles, that the child is excluded from attendance at the school or child care facility, effective the following morning:

(1) Until acceptable proof of immunity to measles is received by the child care facility or school; or

(2) If the child has not been immunized to measles because of a medical or religious exemption, ~~until 14 days~~ *from the 5th day after the first exposure through the 21st day* after the *last exposure.* ~~onset of the last reported case.~~

(Added to NAC by Bd. of Health, eff. 1-24-92)

NAC 441A.630 Pertussis. (NRS 441A.120)

1. The health authority shall investigate each report of a case *or suspect case* having pertussis to confirm the diagnosis, to determine the extent of any outbreak, to identify any susceptible contacts, to identify the source of the infection and to determine the need for exclusion, immunization and antimicrobial prophylaxis.

2. A case having pertussis must be excluded from child care facilities, schools, sporting events sponsored by schools, sensitive occupations, public gatherings, and from contact with susceptible persons not residing in the same household as the case for 21 days after the date of onset of the illness or for 5 days after the date of initiation of medical treatment specific for pertussis as set forth in "Recommended Antimicrobial Agents for the Treatment and Postexposure Prophylaxis of Pertussis: 2005 CDC Guidelines," adopted by reference pursuant to **NAC 441A.200**.

3. A contact who is less than 7 years of age and is inadequately immunized against pertussis and who resides in the same household as a case having pertussis must be excluded from schools, child care facilities, sporting events sponsored by schools, public gatherings, and from contact with susceptible persons not residing in the same household for 21 days after the last exposure or until the case and the contact have received at least 5 days of appropriate antimicrobial therapy or prophylaxis specific for pertussis as set forth in "Recommended Antimicrobial Agents for the Treatment and Postexposure Prophylaxis of Pertussis: 2005 CDC Guidelines," adopted by reference pursuant to **NAC 441A.200**.

4. The health authority shall, as soon as possible after exposure, offer immunization to a susceptible contact of a case having pertussis who is less than 7 years of age and who has not received 4 doses of a pertussis-containing vaccine or has not received a dose of a pertussis-containing vaccine within the 3 years preceding exposure.

5. If the health authority determines that there is an outbreak of pertussis, the health authority may exclude children who are susceptible to pertussis from attending a school or child care facility in an effort to control the outbreak.

6. The health authority shall recommend antimicrobial prophylaxis consisting of an appropriate course of an effective antimicrobial agent in accordance with "Recommended Antimicrobial Agents for the Treatment and Postexposure Prophylaxis of Pertussis: 2005 CDC Guidelines," adopted by reference pursuant to **NAC 441A.200**.

7. If a case having pertussis is in a medical facility, the medical facility shall provide care to the case in accordance with respiratory isolation or the appropriate disease specific precautions.

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R087-08, 1-13-2011)

NAC 441A.670 Rotavirus infection. (NRS 441A.120)

1. The health authority shall investigate each report of a case having rotavirus infection, as identified by laboratory confirmation of the presence of rotavirus in clinical specimens or by the demonstration of a specific serologic response in acute and convalescent sera, to:

~~(a) Confirm the diagnosis;~~

~~(b) Determine the source of the infection;~~

~~(c) Determine if the case is a child attending a child care facility; and~~

~~(d) Obtain information for the case report.~~

a. Confirm the diagnosis; and

b. Obtain sufficient information about the case for the purpose of surveillance.

2. An infant or child having rotaviral diarrhea shall not attend a child care facility until asymptomatic. The health authority shall instruct a child care facility where an infant or child having rotaviral diarrhea is attending of the need and proper method of hand washing and other practices for the control of infection which prevent the transmission of rotavirus.

3. If a case having rotavirus infection is in a medical facility, the medical facility shall provide care to the case in accordance with enteric precautions or other appropriate disease specific precautions.

(Added to NAC by Bd. of Health, eff. 1-24-92)

NAC 441A.725 Yersiniosis. (NRS 441A.120)

1. A health authority shall investigate each report of a case having yersiniosis, as identified by the presence of *Yersinia* spp. organisms in clinical specimens or by the demonstration of a specific serologic response in acute and convalescent sera upon testing by a medical laboratory, to:

(a) Confirm the diagnosis;

(b) Identify the source of infection; and

(c) Determine if the case is employed in a sensitive occupation or is a child attending a child care facility.

2. A person excreting *Yersinia* spp. shall not work in a sensitive occupation until authorized to do so by a health authority. A health authority may authorize the case to work in a sensitive occupation if:

(a) Two fecal specimens, collected from the case at least 24 hours apart and at least 48 hours after cessation of antimicrobial therapy, fail to show *Yersinia* spp. organisms upon testing by a medical laboratory; or

(b) The case is asymptomatic and there is no indication of poor personal hygiene.

3. A contact residing in the same household as a case having Yersiniosis shall not work in a sensitive occupation unless authorized to do so by the health authority.

~~3~~ 4. The health authority shall instruct a person excreting *Yersinia* spp. of the need and proper method of hand washing after defecation.

~~4~~ 5. . An infant or child excreting *Yersinia* spp. shall not attend a child care facility until asymptomatic. The health authority shall instruct a child care facility where an infant or child who is excreting *Yersinia* spp. is attending of the need and proper method of hand washing and other practices for the control of infection which prevent the transmission of yersiniosis.

~~5~~ 6. If a case having yersiniosis is in a medical facility, the medical facility shall provide care to the case in accordance with enteric precautions or other appropriate disease specific precautions.

(Added to NAC by Bd. of Health, eff. 1-24-92)

NAC 441A.685 Severe reaction to immunization. (NRS 441A.120)

~~1. The health authority shall investigate each report of a case having a severe reaction to immunization to confirm the diagnosis and to document the circumstances pertaining to the reported reaction. The health authority shall transmit such information to the Division.~~

1. *All vaccine adverse events shall be reported into The Vaccine Adverse Event Reporting System (VAERS) by Anyone who gives or receives a licensed vaccine in the U.S., the state and local health departments should confirm reporting.*

2. As used in this section, a "severe reaction to immunization" means a severe or unusual event related either directly or indirectly to the receipt of a vaccine, which occurred within 30 days after the receipt of a vaccine and resulted in the death of the person vaccinated or the need for the person vaccinated to consult a health care provider.

(Added to NAC by Bd. of Health, eff. 1-24-92)

Sec. X Acinetobacter baumannii, carbapenem-resistant (CRAB) (NRS 441A.120)

1. *The health authority shall investigate within the constraints of available resources each report of a case having carbapenemase-producing Acinetobacter Baumannii to:*
   (a) Confirm the diagnosis;
   (b) Determine the extent of any outbreak;
   (c) Identify, categorize and evaluate contacts; and
   (d) Evaluate the efficacy of any contact precautions, disease specific precautions or other infection control precautions that are in effect.

2. *If the case having carbapenemase-producing Acinetobacter baumannii is in a medical facility or a facility for skilled nursing, the facility must:*
   a. *Follow the guidelines in accordance with "Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrug-resistant Organisms" as adopted by reference in paragraph (XXX) of subsection 1 of **NAC 441A.200**.*
   b. *Notify a receiving medical facility or a facility for skilled nursing of any transferring cases prior to the transfer; provide patient education to the individual being transferred; and if discharging the case, provide patient education to the individual being discharged.*

3. *A medical facility or a facility for skilled nursing shall provide education on the risk, transmission, prevention and control of **Acinetobacter baumannii, carbapenem-resistant** as adopted by NAC 441A.200 section 1 (b).*

***Sec. X Enterobacteriaceae**, carbapenem-resistant (CRE).*

1. *The health authority shall investigate within the constraints of available resources each report of a case having carbapenemase-producing **Enterobacteriaceae**, (CPE) to:*
   (a) Confirm the diagnosis;
   (b) Determine the extent of any outbreak;
   (c) Identify, categorize and evaluate contacts; and
   (d) Evaluate the efficacy of any contact precautions, disease specific precautions or other infection control precautions that are in effect.

2. *If the case having **Enterobacteriaceae**, carbapenem-resistant (CRE) is in a medical facility or a facility for skilled nursing, the facility must:*
   a. *Follow the guidelines in accordance with "Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrug-resistant Organisms" and "Facility Guidance for Control of Carbapenem-resistant Enterobacteriaceae as adopted by reference in paragraph (XXX) of subsection 1 of **NAC 441A.200**.*
   b. *Notify a receiving medical facility or a facility for skilled nursing of any transferring cases prior to the transfer; provide patient education to the individual being transferred; and if discharging the case, provide patient education to the individual being discharged.*
3. *A medical facility or a facility for skilled nursing shall provide education on the risk, transmission, prevention and control of **Enterobacteriaceae, carbapenem-resistant (CRE)** as adopted by NAC 441A.200 section 1 (b).*

Sec. X Pseudomonas aeruginosa, carbapenem-resistant (CRPA).

1. *The health authority shall investigate within the constraints of available resources, each report of a case having carbapenemase-producing Pseudomonas aeruginosa, to:*
   (a) Confirm the diagnosis;
   (b) Determine the extent of any outbreak;
   (c) Identify, categorize and evaluate contacts; and
   (d) Evaluate the efficacy of any contact precautions, disease specific precautions or other infection control precautions that are in effect.

2. *If the case having carbapenemase producing Pseudomonas aeruginosa, is in a medical facility or a facility for skilled nursing, the facility must:*

a. *Follow the guidelines in accordance with "Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrug-resistant Organisms" as adopted by reference in paragraph (XXX) of subsection 1 of* ***NAC 441A.200***.
b. *Notify a receiving medical facility or a facility for skilled nursing of any transferring cases prior to the transfer; provide patient education to the individual being transferred; and if discharging the case, provide patient education to the individual being discharged.*

3. *A medical facility or a facility for skilled nursing shall provide education on the risk, transmission, prevention and control of* ***Pseudomonas aeruginosa, carbapenem-resistant (CRPA)*** *as adopted by NAC 441A.200 section 1 (b).*

Section X. Varicella.

1. The health authority shall investigate each report of a case having Varicella infection to confirm the diagnosis, to determine the extent of any outbreak, and obtain sufficient information about the case for the purpose of surveillance.

2. An infant or child having Varicella shall not attend a child care facility until asymptomatic.

(Added to NAC by Bd. of Health, eff. 1-24-92)

SMALL BUSINESS IMPACT STATEMENT 2018

PROPOSED AMENDMENTS TO NAC 441A

The Division of Public and Behavioral Health (DPBH) has determined that the proposed amendments should have little to no impact upon a small business or the formation, operation or expansion of a small business in Nevada.

A small business is defined in Nevada Revised Statutes NRS 233B as a "business conducted for profit which employs fewer than 150 full-time or part-time employees."

This small business impact statement is made pursuant to NRS 233B.0608 (3) and complies with the requirements of NRS 233B.0609. As required by NRS 233B.0608(3), this statement identifies the methods used by the agency in determining the impact of the proposed regulation on a small business in sections 1, 2, 3, and 4 below and provides the reasons for the conclusions of the agency in section 8 below followed by the certification by the person responsible for the agency.

Background

Nevada Administrative Code (NAC) Chapter 441A (Infectious Diseases; Toxic Agents) provides authority and requirements related to the investigation, reporting, prevention, and control of communicable diseases. The proposed regulation amendments will align reportable conditions with nationally notifiable reportable diseases by adding and removing reporting requirements; provide clarity by removing and cleaning up ambiguous wording and providing clear guidelines for reporting and follow-up for reportable diseases; and, realign Nevada's regulations with updated national guidelines and recommendations.

1) **A description of the manner in which comment was solicited from affected small businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary.**

Pursuant to NRS 233B.0608 (2)(a), the Division of Public and Behavioral Health has requested input from licensed laboratories, hospitals, public health authorities in Nevada.

A Small Business Impact Questionnaire was sent to licensed laboratories, hospitals, public health authorities along with a copy of the proposed regulation changes, on July 12, 2018. The questions on the questionnaire were:

1) How many employees are currently employed by your business?
2) Will a specific regulation have an adverse economic effect upon your business?
3) Will the regulation(s) have any beneficial effect upon your business?
4) Do you anticipate any indirect adverse effects upon your business?
5) Do you anticipate any indirect beneficial effects upon your business?

Summary of Response

Summary Of Comments Received (25 responses were received out of 2,590 small business impact questionnaires distributed, 18 met the criteria for Small Business of less than 150 employees)			
Will a specific regulation have an adverse economic effect upon your business?	Will the regulation (s) have any beneficial effect upon your business?	Do you anticipate any indirect adverse effects upon your business?	Do you anticipate any indirect beneficial effects upon your business?
Yes=6	Yes=4	Yes=2	Yes=2
No=10 No response=2	No=8 No response=6	No=9 No response=7	No=9 No response=7

Number of Respondents out	Adverse economic effect?	Beneficial effect?	Indirect adverse effects?	Indirect beneficial effects?
2,590	6	4	3	2

2) **Describe the manner in which the analysis was conducted.**

Small business questionnaires were mailed to all licensed laboratories, hospitals, and public health authorities in Nevada on July 12, 2018. There was a total of 25 responses via electronic survey with only eighteen (18) whose organization is under 155 employees. Six (6) reported that the changes would have an adverse economic effect on their business and two (2) reported an indirect adverse effect.

3) **The estimated economic effect of the proposed regulation on the small business which it is to regulate including, without limitation both adverse and beneficial effects and both direct and indirect effects.**

Six (6) small businesses indicated that this regulation would have an adverse effect on upon the business. One (1) reported it would incur an additional cost to the company; one (1) reported it is difficult to ascertain the cost impact at this time; and, four (4) did not provide justification.

Four (4) small businesses indicated that this regulation would have a beneficial effect on upon the business and did not provide justification.

Three (3) small businesses indicated that this regulation would have an indirect adverse effect upon the business. One (1) indicated costs associated with testing and reporting, staff time; one (1) indicated it increases levels of communication (i.e. triple reports made); and, one (1) indicated reported it is difficult to ascertain the impact at this time.

Three (3) small businesses indicated that this regulation would have an indirect beneficial effect upon the business. One (1) indicated this would unnecessary testing; and, two (2) did not provide a justification.

4) **Provide a description of the methods that the agency considered to reduce the impact of the proposed regulation on small businesses and a statement regarding whether the agency actually used any of those methods.**

The Division of Public and Behavioral Health allowed for several opportunities for licensed laboratories, hospitals, public health authorities to provide input and comments regarding the proposed 441A regulations, including the economic impact the proposed regulations may have on licensed laboratories, hospitals, public health authorities. Modifications to the proposed regulations have been made as a result of this input. Workshops will be held on September 17, 2018 allowing for further input by licensed laboratories, hospitals, public health authorities and public regarding the proposed regulations and how they will impact them. These comments will be taken into consideration for possible further revisions to the regulations to reduce the economic impact on facilities.

The Division of Public and Behavioral Health has worked to reduce the impact these proposed regulation changes would have on small business by drafting language that aims to align with national recommendations (i.e. guidelines from the Centers for Disease Control and Prevention) and not place undue burden on any direct entity. Additionally, changes in these regulations that may potential have the most potential for a financial burden to an agency would not apply directly to small business.

5) **The estimated cost to the agency for enforcement of the proposed regulation.**

No cost is expected to enforce this regulation.

6) **If the proposed regulation provides a new fee or increases an existing fee, the total annual amount DPBH expects to collect and the manner in which the money will be used.**

Not applicable

7) **An explanation of why any duplicative or more stringent provisions than federal, state or local standards regulating the same activity are necessary.**

Not applicable

8) Provide a summary of the reasons for the conclusions of the agency regarding the impact of a regulation on small businesses.

DPBH has vetted these regulations with parties that may be affected and have revised the language to ensure there would not be undue burden on the small businesses impacted. Therefore, DPBH feels these regulations are ready to be adopted and will improve public health practices as a result.

Any other persons interested in obtaining a copy of the summary may e-mail, call, or mail in a request to Sandra Larson at the Division of Public and Behavioral Health at:

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3811 W. Charleston Blvd, Suite 205
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Sandra Larson
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Certification by Person Responsible for the Agency

I, Julie Kotchevar, Administrator of the Division of Public and Behavioral Health certify to the best of my knowledge or belief, a concerted effort was made to determine the impact of the proposed regulation on small businesses and the information contained in this statement was prepared properly and is accurate.

Signature Julie Kotchevar Date: 8-31-18