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PROPOSED REGULATION OF THE STATE BOARD OF HEALTH

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CHAPTER 441A - COMMUNICABLE DISEASES

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GENERAL PROVISIONS

NAC 441A.010 Definitions. (NRS 441A.120**)** As used in this chapter, unless the context otherwise requires, the words and terms defined in NAC 441A.015 to 441A.195, inclusive, have the meanings ascribed to them in those sections.

NAC 441A.015 "Active tuberculosis" defined. (NRS 441A.120**)** "Active tuberculosis" means unhealed pathological changes in the tissues of the body as may be demonstrated by the recovery of tubercle bacilli from the tissues.

NAC 441A.020 "Animal bite" defined. (NRS 441A.120**)** "Animal bite" means breaking of the skin by the teeth of an animal.

NAC 441A.025 "Blood and body fluid precautions" defined. (NRS 441A.120**)** "Blood and body fluid precautions" means the recommended procedures:

1. Designed to prevent the transmission of diseases by direct or indirect contact with blood, semen, vaginal secretions, saliva, urine, feces, respiratory secretions or other body fluids; and
2. Set forth in *Centers for Disease Control Guidelines for Isolation Precautions in Hospitals*.

NAC 441A.030 "Carrier" defined. (NRS 441A.120**)** "Carrier" means a person or animal:

1. Known or diagnosed by a health care provider or reported pursuant to the provisions of this chapter to have a communicable disease or infectious agent of a communicable disease in the absence of discernible clinical symptoms; and
2. Who may serve as a potential source of infection.

NAC 441A.035 "Case" defined. (NRS 441A.120**)** Except as otherwise described in the provisions of this chapter that are applicable to a particular communicable disease, "case" has the

meaning ascribed to it in *Centers for Disease Control Guidelines for Isolation Precautions in Hospitals*, published by the United States Department of Health and Human Services.

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

1. Acquired immune deficiency syndrome (AIDS).
2. Amebiasis.
3. Animal bite from a rabies-susceptible species.
4. Anthrax.
5. Botulism, foodborne.
6. Botulism, infant.
7. Botulism, wound.
8. Botulism, other.
9. Brucellosis.
10. Campylobacteriosis.
11. Chancroid.
12. ***Chlamydia trachomatis*** infection of the genital tract.
13. Cholera.
14. Coccidioidomycosis.
15. Cryptosporidiosis.
16. Diphtheria.

~~[17. E. coli 0157:H7.]~~

17. Ehrlichiosis.

18. Encephalitis.

19. Enterohemorrhagic Escherichia coli - Shiga toxin-producing Escherichia coli (STEC) including E. coli 0157: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, unspecified.
34. Human immunodeficiency virus infection (HIV).
35. Influenza.
36. Legionellosis.
37. Leptospirosis.
38. Listeriosis.
39. Lyme disease.
40. Lymphogranuloma venereum.

41. Malaria.
42. Measles (rubeola).
43. Meningitis.
44. Meningococcal disease.
45. Mumps.
46. Pertussis.
47. Plague.
48. Poliomyelitis.
49. Psittacosis.
50. Q fever.
51. Rabies, human or animal.
52. Relapsing fever.
53. Respiratory syncytial virus infection.
54. Rocky Mountain spotted fever.
55. Rotavirus infection.
56. Rubella (including congenital rubella syndrome).
57. Salmonellosis.
58. Severe Acute Respiratory Syndrome (SARS)
59. Severe reaction to immunization.
60. Shigellosis.
61. Smallpox (Variola).
62. Staphylococcus aureus with resistance to vancomycin (VRSA) or intermediate resistance to vancomycin (VISA).
63. Streptococcal disease, invasive Group A and Streptococcal toxic-shock syndrome.
64. Streptococcus pneumoniae, drug resistant or invasive.
65. Syphilis (including congenital syphilis).
66. Tetanus.
67. Toxic shock syndrome.
68. Trichinosis.
69. Tuberculosis.
70. Tularemia.
71. Typhoid fever.
72. West Nile Virus.
73. Yellow Fever.
74. Yersiniosis.

NAC 441A.045 "Contact" defined. (NRS 441A.120**)** "Contact" means a person or animal that has been exposed to a case or carrier, or an environment known to be contaminated with an infectious agent of a communicable disease, in a manner likely to cause transmission of the infectious agent.

NAC 441A.050 "Contact isolation" defined. (NRS 441A.120**)** "Contact isolation" means the recommended procedure designed to prevent transmission of diseases which may be conveyed by direct or close contact between persons as set forth in *Centers for Disease Control Guidelines for Isolation Precautions in Hospitals.*

NAC 441A.055 "Correctional facility" defined. (NRS 441A.120**)** "Correctional facility" means any place designated by law for the keeping of persons held in custody under process of law or under lawful arrest.

NAC 441A.060 "Disease specific precautions" defined. (NRS 441A.120**)** "Disease specific precautions" means the recommended procedures designed specifically for prevention of the transmission of a particular disease set forth in *Centers for Disease Control Guidelines for Isolation Precautions in Hospitals*.

NAC 441A.065 "Division" defined. (NRS 441A.120**)** "Division" means the Health Division of the Department of Health and Human Services.

NAC 441A.070 "Drainage and secretion precautions" defined. (NRS 441A.120**)** "Drainage and secretion precautions" means the recommended procedures:

1. Designed to prevent transmission of diseases which may be conveyed by direct or indirect contact with purulent material or drainage from a body site; and
2. Set forth in the *Centers for Disease Control Guidelines for Isolation Precautions in Hospitals*.

NAC 441A.075 "Employee of a child care facility" defined. (NRS 441A.120**)** "Employee of a child care facility" means a person ~~[employed]~~ ***working*** in a child care facility whose duties include the direct care, supervision and guidance of children or staff in the facility.

NAC 441A.080 "Enteric precautions" defined. (NRS 441A.120**)** "Enteric precautions" means the recommended procedures:

1. Designed to prevent transmission of diseases which may be conveyed by direct or indirect contact with feces or with articles contaminated by feces; and
2. Set forth in *Centers for Disease Control Guidelines for Isolation Precautions in Hospitals*.

NAC 441A.085 "Extraordinary occurrence of illness" defined. (NRS 441A.120**)** "Extraordinary occurrence of illness" means:

1. A disease which is not endemic to this State, is unlikely but has the potential to be introduced into this State, is readily transmitted and is likely to be fatal, including, but not limited to, Lassa fever, ***other viral hemorrhagic fevers***, smallpox, typhus fever and yellow fever.
2. An outbreak of a communicable disease which is a risk to the public health because it may affect large numbers of persons or because the illness is a newly described communicable disease, including, but not limited to:

(a) An outbreak of an illness related to a contaminated medical device or product.

(b) An outbreak of an illness suspected to be related to environmental contamination by any infectious or toxic agent.

(c) An outbreak of a newly emerging disease such as the avian influenza.

(d) A case of an illness confirmed or suspected to be related to an act of intentional transmission or biological terrorism.

NAC 441A.090 "Facility for the dependent" defined. (NRS 441A.120**)** "Facility for the dependent" has the meaning ascribed to it in NRS 449.0045.

NAC 441A.095 "Food establishment" defined. (NRS 441A.120**)** "Food establishment" has the meaning ascribed to it in NRS 446.020.

NAC 441A.100 "Hand washing" defined. (NRS 441A.120**)** "Hand washing" means the vigorous washing of the hands using liquid or granular soap and potable running water, followed by drying the hands using clean paper towels, single-use cloth towels or devices for air drying.

NAC 441A.105 "Health authority" defined. (NRS 441A.120**)** "Health authority" has the meaning ascribed to it in NRS 441A.050.
"Health authority" means the district health officer in a district, or her/his designee, or, if none, the State Health Officer, or his designee.

NAC 441A.110 "Health care provider" defined. ~~[(NRS 441A.120) "Health care provider" means a physician, nurse, physician assistant or veterinarian licensed in accordance with state law.]~~
NRS 629.031 "Provider of health care" defined. Except as otherwise provided by specific statute:
1. "Provider of health care" means a physician licensed pursuant to chapter 630, 630A or 633 of NRS, physician assistant, dentist, licensed nurse, dispensing optician, optometrist, practitioner of respiratory care, registered physical therapist, podiatric physician, licensed psychologist, licensed marriage and family therapist, licensed clinical professional counselor, chiropractor, athletic trainer, doctor of Oriental medicine in any form, medical laboratory director or technician, pharmacist or a licensed hospital as the employer of any such person.
2. For the purposes of NRS 629.051, 629.061 and 629.065, the term includes a facility that maintains the health care records of patients.

NAC 441A.112 "Home for individual residential care" defined. (NRS 441A.120**)** "Home for individual residential care" has the meaning ascribed to it in NRS 449.0105.

NAC 441A.115 "Information of a personal nature" defined. (NRS 441A.120**)** "Information of a personal nature" includes a person's name, address, telephone number and social security number, and any other information which the health authority determines to be of a personal nature.

NAC 441A.120 "Isolation" defined. "Isolation" ~~[means the separation of a case or carrier, or of a suspected case or carrier, from other persons or animals to such places, under such conditions and for such time as will prevent the transmission of a communicable disease.]~~ ***Has the meaning ascribed to it in NRS 441A.065.***
"Isolation" means the physical separation and confinement of a person or a group of persons infected or reasonably believed by a health authority to be infected with a communicable disease from persons who are not infected with and have not been exposed to the communicable disease, to limit the transmission of the communicable disease to persons who are not infected with and have not been exposed to the communicable disease.

NAC 441A.125 "Medical facility" defined. (NRS 441A.120**)** "Medical facility" has the meaning ascribed to it in NRS 449.0151.

NAC 441A.130 "Outbreak" defined. (NRS 441A.120) "Outbreak" means the occurrence of cases in a community, geographic region or particular population at a rate in excess of that which is normally expected in that community, geographic region or particular population.

NAC 441A.135 "Owner of an animal" defined. (NRS 441A.120) "Owner of an animal" means any person keeping, harboring, having custody of or control of an animal, or permitting any animal to be in his residence or on his property or premises. The term does not include a veterinarian, an operator of a kennel or a rabies control authority who temporarily maintains on his premises an animal owned by another person.

NAC 441A.140 "Proof of immunity to hepatitis B," "proof of immunity to measles," "proof of immunity to rubella" and "proof of immunity to tetanus, diphtheria and mumps" defined. (NRS 441A.120)

1. "Proof of immunity to hepatitis B" means:

(a) A record of immunization against hepatitis B; or

(b) A statement signed by a licensed physician or the health authority which affirms serologic evidence of immunity to hepatitis B.

2. "Proof of immunity to measles" means:

(a) A record of immunization against measles with live virus vaccine given on or after the date on which the person reached the age of 1 year;

(b) A statement signed by a licensed physician specifying the date when the person had measles;

(c) A statement signed by a licensed physician or the health authority which affirms serologic evidence of immunity to measles; or

(d) Verified date of birth before January 1, 1957.

3. "Proof of immunity to rubella" means:

(a) A record of immunization against rubella with a live virus vaccine given on or after the date on which the person reached the age of 1; or

(b) A statement signed by a licensed physician or the health authority which affirms serologic evidence of immunity to rubella.

4. "Proof of immunity to tetanus, diphtheria and mumps" means:

(a) A record of immunization against tetanus, diphtheria and mumps;

(b) A statement signed by a licensed physician specifying the dates when the person had tetanus, diphtheria and mumps; or

(c) A statement signed by a licensed physician or the health authority which affirms serologic evidence of immunity to tetanus, diphtheria and mumps.

NAC 441A.145 "Quarantine" defined. "Quarantine" ~~[means placing a restriction on the entrance to and exit from the place where a carrier, case or suspected case is located.]~~ ***Has the meaning ascribed to it in NRS 441A.115.***

"Quarantine" means the physical separation and confinement of a person or a group of persons exposed to or reasonably believed by a health authority to have been exposed to a communicable disease who do not yet show any signs or symptoms of being infected with the communicable disease from persons who are not infected with and have not been exposed to the communicable disease, to limit the transmission of the communicable disease to persons who are not infected with and have not been exposed to the communicable disease.

NAC 441A.150 "Rabies control authority" defined. (NRS 441A.120**)** "Rabies control authority" means the person designated by the legislative body of a town, city or county to administer the rabies control program.

NAC 441A.155 "Rabies-susceptible animal" defined. (NRS 441A.120**)** "Rabies-susceptible animal" means any mammal, including, but not limited to, a bat, cat, dog, cow, horse, ferret, cougar, coyote, fox, skunk and raccoon, and any wild or exotic carnivorous mammal.

NAC 441A.160 "Record of immunization" defined. (NRS 441A.120**)** "Record of immunization" means a written certificate from a health care provider on which is recorded the name and date of birth of the person vaccinated, each vaccine antigen administered, and the month and year of administration.

NAC 441A.165 "Respiratory isolation" defined. (NRS 441A.120**)** "Respiratory isolation" means the recommended procedure:

1. Designed to prevent transmission of communicable diseases by direct contact with respiratory secretions or droplets that are coughed, sneezed or breathed into the environment; and
2. Set forth in *Centers for Disease Control Guidelines for Isolation Precautions in Hospitals*.

NAC 441A.170 "Sensitive occupation" defined. (NRS 441A.120) "Sensitive occupation" means an employment ***or uncompensated work or activity*** that enhances the potential for transmission of a communicable disease to other persons if a person who is infected with the communicable disease in a contagious stage is ***working or*** employed in that ~~[employment]~~ ***activity***. Sensitive occupation includes, but is not limited to, employment as a food and beverage handler, employment in a health care facility, employment in a school or employment in a child care facility.

NAC 441A.175 "Strict isolation" defined. (NRS 441A.120**)** "Strict isolation" means the recommended procedure designed to prevent the transmission of diseases by both contact and airborne routes set forth in *Centers for Disease Control Guidelines for Isolation Precautions in Hospitals*.

NAC 441A.180 "Suspected case" defined. (NRS 441A.120**)** "Suspected case" means a person or animal who, based on clinical signs and symptoms or on laboratory evidence, is considered by a health care provider to possibly have:

1. Anthrax
2. Avian Influenza
3. Foodborne botulism;
4. Botulism, other
5. Diphtheria;
6. Extraordinary occurrence of illness;
7. Measles;
8. Plague;
9. Rabies (human or animal);
10. Rubella;
11. Smallpox (Variola);

12. Tuberculosis; or

13. Tularemia

14. Severe Acute Respiratory Syndrome (SARS)

➥ or is considered to be part of a foodborne disease outbreak.

NAC 441A.185 "Tuberculosis" defined. (NRS 441A.120**)** "Tuberculosis" means any progressive, stable or retrogressive disease process of the lungs, or other organs or structures of the body, attributable to infection with tubercle bacilli.

NAC 441A.190 "Tuberculosis infection" defined. (NRS 441A.120**)** "Tuberculosis infection" means the presence of tubercle bacilli in the body.

NAC 441A.192 "Tuberculosis screening test" defined. (NRS 441A.120**)** "Tuberculosis screening test" means any tuberculosis screening test that has been:

1. Approved by the Food and Drug Administration; and
2. Endorsed by the Centers for Disease Control and Prevention.

NAC 441A.195 "Universal precautions" defined. (NRS 441A.120**)** "Universal precautions" means standard procedures to prevent transmission of disease by contact with blood or other body fluids as recommended by the Centers for Disease Control set forth in *Morbidity and Mortality Weekly Report* [37(24):378-88, June 24, 1988].

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

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

(a) The standard ~~[procedures]~~ ***precautions*** to prevent transmission of disease by contact with blood or other body fluids as recommended by the Centers for Disease Control and Prevention set forth in *Morbidity and Mortality Weekly Report* [37(24):378-88, June 24, 1988], published by the United States Department of Health and Human Services and available for the price of $4.25, from the Superintendent of Documents, U.S. Government Printing Office, P.O. Box 371954, Pittsburgh, Pennsylvania 15250-7954, or at no cost on the Internet at ~~[http://www.cdc.gov/mmwr/mmwrpvol.html.]~~
http://www.cdc.gov/ncidod/dhqp/gl_isolation_standard.html

(b) The Centers for Disease Control and Prevention's ***CDC*** ~~[*Guidelines for Isolation Precautions in Hospitals*]~~ ***Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007***, published by the United States Department of Health and Human Services and available for the price of $33.50, from the National Technical Information Service, United States Department of Commerce, 5285 Port Royal Road, Springfield, Virginia 22161~~[.]~~ ***, or at no cost on the Internet at http://www.cdc.gov/ncidod/dhqp/pdf/isolation2007.pdf***

(c) The recommended guidelines for the investigation, prevention, suppression and control of communicable disease of the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices, set forth in *Morbidity and Mortality Weekly Report* ~~[38(13):205-214 & 219-227, April 7, 1989]~~ ***[55(RR15);1-48, December 1, 2006], plus subsequent revisions, amendments, and updates***. ~~[as revised or supplemented in:~~

~~(1) Morbidity and Mortality Weekly Report [38(22):388-392 & 397-400, June 9, 1989];~~
~~(2) *Morbidity and Mortality Weekly Report* [38(S-9), December 29, 1989];~~
~~(3) *Morbidity and Mortality Weekly Report* [39(RR-2):1-26, February 9, 1990];~~
~~(4) *Morbidity and Mortality Weekly Report* [39(RR-15):1-18, November 23, 1990];~~
~~(5) *Morbidity and Mortality Weekly Report* [40(RR-1):1-7, January 11, 1991];~~
~~(6) *Morbidity and Mortality Weekly Report* [40(RR-3):1-19, March 22, 1991];~~
~~(7) *Morbidity and Mortality Weekly Report* [40(RR-6):1-15, May 24, 1991]; and~~
~~(8) *Morbidity and Mortality Weekly Report* [40(RR-10), August 8, 1991],]~

➥ each of which is published by the United States Department of Health and Human Services and available for the price of $4.25, from the Superintendent of Documents, U.S. Government Printing Office, P.O. Box 371954, Pittsburgh, Pennsylvania 15250-7954, or at no cost on the Internet at ~~[http://www.cdc.gov/mmwr/recreppy.html]~~ ***http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5515a1.htm***

(d) The recommended guidelines for the investigation, prevention, suppression and control of communicable diseases contained in *Control of Communicable Diseases Manual*, ***18th edition,*** published by the American Public Health Association, ***plus subsequent revisions*** ~~[and]~~ available in hard cover for the price of $43 and in soft cover for the price of $33, from the American Public Health Association, 800 I Street, N.W., Washington, D.C. 20001-3710.

(e) The recommended guidelines for the investigation, prevention, suppression and control of communicable diseases contained in the ~~[1997]~~ ***2006*** *Red Book: Report of the Committee on Infectious Diseases*, 27th edition, published by the American Academy of Pediatrics, ***plus subsequent revisions*** ~~[and]~~ available in hard cover for the price of ~~[$124.95]~~ ***$362.84*** and in soft cover for the price of ~~[$99.95]~~ ***$329.85***, from the American Academy of Pediatrics, 141 Northwest Point Boulevard, Elk Grove Village, Illinois 60007.

(f) The recommendations for the testing, treatment, prevention, suppression and control of Chancroid, *Chlamydia trachomatis*, gonococcal infection, Granuloma inguinale, Lymphogranuloma venereum and infectious syphilis as are specified in "Sexually Transmitted Diseases Treatment Guidelines," set forth in *Morbidity and Mortality Weekly Report* ~~[38(S-8), September 1, 1989]~~ ***[55(RR-11), August 4, 2006], plus subsequent revisions, amendments or updates,*** ~~[and]~~ available for the price of $4.25, from the Superintendent of Documents, U.S. Government Printing Office, P.O. Box 371954, Pittsburgh, Pennsylvania 15250-7954, or at no cost on the Internet at ~~[http://www.cdc.gov/mmwr/mmwr_sup.html]~~ ***http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5511a1.htm***

(g) The recommendations for the counseling of and effective treatment for a person having active tuberculosis or tuberculosis infection as set forth in the most recently published form of "Controlling Tuberculosis in the United States," "Treatment of Tuberculosis" and "Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infections" in *Morbidity and Mortality Weekly Report* by the Centers for Disease Control and Prevention, unless the State Board of Health gives notice that the most recent revision is not suitable for this State. A copy of the publication is available, free of charge, from the Centers for Disease Control and Prevention, Division of Tuberculosis Elimination, MMWR (C-08), Atlanta, Georgia 30333, or at no cost on the Internet at http://www.cdc.gov/mmwr/. The Board will review each revision of the publication to ensure it is suitable for this State. If the Board determines that a revision is not suitable for this State, the Board will:

(1) Hold a public hearing to review its determination within 6 months after the date of the publication of the revision; and

(2) Give notice of that hearing.

➥ If, after the hearing, the Board does not revise its determination, the Board will give notice within 30 days after the hearing that the revision is not suitable for this State. If the Board does not give such notice, the revision becomes part of the publication adopted by reference.

(h) 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 most recently published form of "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Facilities" in *Morbidity and Mortality Weekly Report* by the Centers for Disease Control and Prevention, unless the Board gives notice that the most recent revision is not suitable for this State. A copy of the publication is available, free of charge, from the Centers for Disease Control and Prevention, Division of Tuberculosis Elimination, MMWR (C-08), Atlanta, Georgia 30333, or at no cost on the Internet at http://www.cdc.gov/mmwr. The Board will review each revision of the publication to ensure it is suitable for this State. If the Board determines that a revision is not suitable for this State, the Board will:

(1) Hold a public hearing to review its determination within 6 months after the date of the publication of the revision; and

(2) Give notice of that hearing.

➥ If, after the hearing, the Board does not revise its determination, the Board will give notice within 30 days after the hearing that the revision is not suitable for this State. If the Board does not give such notice, the revision becomes part of the publication adopted by reference.

(i) The definition of "case" or "suspected case" set forth in *Case Definitions for Infectious Conditions under Public Health Surveillance*, published by the United States Department of Health and Human Services, and available for the price of $2.25, from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402-9325.

2. The State Health Officer shall review any revision or amendment of a recommendation, guideline or definition specified in paragraphs (a) to (i), inclusive, of subsection 1 to determine whether the revision or amendment made to the recommendation, guideline or definition is appropriate for application in this State. For the purpose of enforcing the provisions of this chapter, a revision or amendment of a recommendation, guideline or definition specified in paragraphs (a) to (i), inclusive, of subsection 1 is effective in this State 10 days after its revision or amendment unless the State Health Officer files an objection to the amendment or revision of the recommendation, guideline or definition with the State Board of Health.

REPORTING REQUIREMENTS

NAC 441A.225 General requirements for certain reports to health authority and rabies control authority. (NRS 441A.120**)**

1. Except as otherwise provided in this section, a report of a case, suspected case or carrier, which is required to be made pursuant to the provisions of this chapter, must be made to the health authority:

(a) Within 24 hours after identifying the case, suspected case or carrier; or

(b) During the regular business hours of the health authority on the first working day following the identification of the case, suspected case or carrier.

2. Upon discovering a case having:

(a) An animal bite by a rabies-susceptible animal;

(b) Anthrax

(c) Foodborne botulism;

(d) Botulism, other;
(e) Extraordinary occurrence of illness;
(f) Meningococcal disease;
(g) Plague;
(h) Rabies;
(i) Severe Acute Respiratory Syndrome (SARS)
(j) Smallpox (Variola);
(k) Tularemia;

or that is part of a foodborne disease outbreak; the report must be made to the health authority within 24 hours after identifying the case, using the after-hours reporting system if the report is made at a time other than during the regular business hours of the health authority.

3. Upon discovering a suspected case considered possibly to have:
(b) Anthrax
(c) Foodborne botulism;
(d) Botulism, other;
(e) Extraordinary occurrence of illness;
(f) Plague;
(g) Rabies;
(h) Severe Acute Respiratory Syndrome (SARS)
(i) Smallpox (variola);
(j) Tularemia;

or considered possibly to be part of a foodborne disease outbreak, the report must be made to the health authority within 24 hours after identifying the suspected case, using the after-hours reporting system if the report is made at a time other than during the regular business hours of the health authority.

4. A report to the health authority must be made by telephone, telecopy, electronic communication or on an official report form furnished by the division.

5. A report of animal rabies or an animal bite by a rabies-susceptible animal must be made to the rabies control authority.

NAC 441A.230 Duty of health care provider to report case or suspected case; content of report. (NRS 441A.120**)**

1. A health care provider who knows of, or provides services to, a case or suspected case shall report the case or suspected case to the health authority having jurisdiction where the office of the health care provider is located. The report must be made in the manner provided in NAC 441A.225.

2. The report must include:

(a) The communicable disease or suspected communicable disease.

(b) The name and the address ~~[or]~~ ***and*** telephone number of the case or suspected case, ***if available***.

(c) The name and the address ~~[or]~~ ***and*** telephone number of the health care provider making the report.

(d) The occupation, employer, age, sex, race and date of birth of the case or suspected case, if available.

(e) The date of onset and the date of diagnosis of the communicable disease.

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

NAC 441A.235 Duty of director or other person in charge of medical laboratory to report findings of communicable disease; contents of report; submission of microbiologic cultures, subcultures, or other specimen or clinical material; reportable level of CD4 lymphocyte counts. (NRS 441A.120**)**

1. 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 any communicable disease shall:

(a) If the 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.

(b) If the laboratory performed the test or examination on specimens obtained in this State or from residents of this State, and the laboratory is located outside of this State, report the findings to the State Health 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 and the age or date of birth of the person from whom the specimen was obtained.

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

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

(e) The address and telephone number of the case or suspected case, 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, if available, to the State ~~[hygienic]~~ ***Health*** laboratory in the ~~[division]~~ ***University of Nevada School of Medicine*** Laboratory in the Division or other laboratory designated by the State Health Officer for diagnosis, confirmation or further testing if so required by the State Health Officer pursuant to subsection 3 of NAC 441A.295.

4. A test or examination that is performed by a medical laboratory and reveals CD4 lymphocyte counts of less than 500 cells per microliter constitutes evidence suggesting the presence of a communicable disease and must be reported as required by this section.

NAC 441A.240 Duty of director or other person in charge of medical facility to report communicable disease; report by infection control specialist; content of report. (NRS 441A.120**)**

1. The director or other person in charge of a medical facility who knows of or suspects the presence of a communicable disease within the medical facility shall report the communicable disease to the health authority having jurisdiction where the medical facility is located. Except as otherwise provided in subsection 2, the report must be made in the manner provided in NAC 441A.225.

2. If a medical facility has a designated infection control specialist, administrative procedures may be established by which all communicable diseases known or suspected within the facility, including its laboratories and outpatient locations, are reported to the health authority through the facility's infection control specialist or his representative. Notwithstanding any other provision of this chapter, a director or other person in charge of a laboratory in a medical facility or a

health care provider in a medical facility is not required to report a known or suspected communicable disease in the facility that is reported to the health authority by the infection control specialist in accordance with the provisions of this section.

3. The report must include:

(a) The communicable disease or suspected communicable disease.

(b) The name and the address ~~[or]~~ ***and*** telephone number, ***if available*** telephone number of the case or suspected case.

(c) The name, address and telephone number of the medical facility making the report.

(d) The occupation, employer, age, sex, race and date of birth of the case or suspected case, if available.

(e) The date of onset and the date of diagnosis of the disease.

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

NAC 441A.245 Duty of principal, director or other person in charge of school, child care facility or correctional facility to report communicable disease; content of report; cooperation with health authority. (NRS 441A.120**)**

1. The principal, director or other person in charge of a school, child care facility or correctional facility who knows of or suspects the presence of a communicable disease within the school, child care facility or correctional facility shall report the communicable disease to the health authority having jurisdiction where the school, child care facility or correctional facility is located. The report must be made in the manner provided in NAC 441A.225.

2. The report must include:

(a) The communicable disease or suspected communicable disease.

(b) The name and the address ~~[or]~~ ***and*** telephone number, ***if available*** of the person known or suspected to have the communicable disease.

(c) The name, address and telephone number of the person making the report.

(d) The occupation, employer, age, sex, race and date of birth of the person known or suspected to have the communicable disease, if available.

(e) The date of onset and the date of diagnosis of the communicable disease.

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

3. The principal, director or other person in charge of a school, child care facility or correctional facility shall promptly cooperate with the health authority during:

(a) An investigation of the circumstances or cause of a case, suspected case, outbreak or suspected outbreak.

(b) The carrying out of measures for the prevention, suppression and control of a communicable disease, including procedures of exclusion, isolation and quarantine.

NAC 441A.247 Duty of parole and probation officers to report communicable disease; content of report; cooperation with health authority.

1. An officer employed by the Division of Parole and Probation within the Department of Public Safety or an officer with similar duties employed by a local jurisdiction who knows of or suspects the presence of a communicable disease in an individual assigned to their supervision shall report the communicable disease to the health authority having jurisdiction where the person with the communicable disease or suspected communicable disease resides. The report must be made in the manner provided in NAC 441A.225.

2. The report must include:

(a) The communicable disease or suspected communicable disease.

(b) The name and the address and telephone number, if available of the person known or suspected to have the communicable disease.

(c) The name, address and telephone number of the person making the report.

(d) The occupation, employer, age, sex, race and date of birth of the person known or suspected to have the communicable disease, if available.

(e) The date of onset and the date of diagnosis of the communicable disease, if known.

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

3. Parole and probation officers shall promptly cooperate with and provide requested information to the health authority during:

a) An investigation of the circumstances or cause of a case, suspected case, outbreak or suspected outbreak.

b) The carrying out of measures for the prevention, suppression and control of a communicable disease, including procedures of exclusion, isolation and quarantine.

NAC 441A.250 Duty of person in charge of blood bank to report findings of communicable disease; content of report. (NRS 441A.120**)**

1. A person in charge of a blood bank in which a test or examination of any specimen derived from the human body yields evidence suggesting the presence of a communicable disease shall report his findings to the health authority having jurisdiction where the blood bank is located. The report must be made in the manner provided in NAC 441A.225.

2. The report must include:

(a) The name, address, telephone number and age of the person from whom the specimen was obtained.

(b) The date and location at which the specimen was obtained.

(c) The type of test or examination performed on the specimen.

(d) The date on which the test or examination was performed.

(e) The result of the test or examination.

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

NAC 441A.252 Duty of insurer to report results of test indicating presence of certain communicable diseases; content of report; method of communication. (NRS 441A.120**)**

1. Each insurer who requires or requests an applicant for a policy of life insurance or any other person to be examined or subjected to any medical, clinical or laboratory test that produces evidence consistent with the presence of a communicable disease set forth in subsection 1, 28, 29, 30, 33, 59 or 63 of NAC 441A.040 shall, within 10 business days after the insurer is notified of the results of the examination or test, report the results of the test to the State Health Officer or his representative.

2. The report must include:

(a) The name and description of the examination or test performed;

(b) The name of the communicable disease or suspected communicable disease;

(c) The date and result of the examination or test performed;

(d) The name, address and telephone number of the insurer who required or requested the examination or test;

(e) The name, address, telephone number and date of birth of the person who was examined or tested;

(f) The name, address and telephone number of the person who performed the examination or ordered the test;

(g) The name, address and telephone number of the laboratory that performed the test; and

(h) Any other information the State Health Officer or his representative may request.

3. The insurer shall submit the report to the State Health Officer or his representative by telephone or any other method of electronic communication.

NAC 441A.255 Duty of person to report certain other persons he knows or suspects of having communicable disease; content of report. (NRS 441A.120**)**

1. Any person who reasonably suspects or knows that another person has a communicable disease and knows that the other person is not receiving health care services from a health care provider shall report that person to the health authority having jurisdiction where the person making the report resides. The report must be made in the manner provided in NAC 441A.225.

2. The report must include:

(a) The communicable disease or suspected communicable disease.

(b) The name and the address or telephone number of the person known or suspected to have a communicable disease.

(c) The name, address and telephone number of the person making the report.

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

NAC 441A.260 Authority of State Health Officer to require reporting of certain infectious diseases; effective period of such requirements. (NRS 441A.120**)**

1. The State Health Officer may require the reporting of a case having an infectious disease not specified in NAC 441A.040, or a suspected case considered to have an infectious disease not specified in subsection 2 of NAC 441A.180, if:

(a) The disease is recently acknowledged as a public health concern;

(b) Epidemiologic investigation of cases or suspected cases may contribute to understanding, controlling or preventing the disease; and

(c) Written notification is provided to all health authorities specifying:

(1) The additional reporting requirements concerning the disease; and

(2) The justification for the additional reporting requirements.

2. A requirement of reporting an additional disease adopted by the State Health Officer pursuant to subsection 1 is effective for no longer than 36 months from the date of written notification to health authorities of the reporting requirement.

DUTIES AND POWERS RELATING TO THE PRESENCE OF COMMUNICABLE DISEASES

NAC 441A.275 Duty of State ~~[~~Hygienic~~]~~ *Health* Laboratory to provide testing for communicable diseases. (NRS 441A.120**)** Upon approval by the State Health Officer and within available appropriations, the State ~~[~~Hygienic~~]~~ ***Health*** Laboratory in the ~~[~~Division~~]~~ ***University of Nevada School of Medicine*** shall provide testing for communicable diseases at no charge to a case, suspected case, carrier, health care provider, medical laboratory or health authority.

NAC 441A.280 Duty of persons to cooperate with health authority during investigations and carrying out of measures for prevention, suppression and control of communicable diseases. (NRS 441A.120**)** A case, suspected case, carrier, contact or other person shall, upon request by a health authority, promptly cooperate during:

1. An investigation of the circumstances or cause of a case, suspected case, outbreak or suspected outbreak.

2. The carrying out of measures for the prevention, suppression and control of a communicable disease, including procedures of exclusion, isolation and quarantine.

NAC 441A.285 Use of precautions in managing bodily fluids in certain facilities. (NRS 441A.120**)** In medical facilities, schools, child care facilities, correctional facilities and facilities which perform body piercing or tattooing, exposure to blood, semen, vaginal secretions, saliva, urine, feces, respiratory secretions and other body fluids must be managed in accordance with universal precautions and blood and body fluid precautions.

NAC 441A.290 Duties of district health officer who knows, suspects or is informed of existence of communicable disease; preparation of case report; duty to inform persons of regulations relating to communicable diseases; authority to require reporting of infectious diseases. (NRS 441A.120**)**

1. A district health officer who knows, suspects or is informed of the existence within his jurisdiction of a communicable disease shall:

(a) Use as a guideline for the investigation, prevention, suppression and control of the communicable disease, the recommended guidelines for the investigation, prevention, suppression and control of communicable disease:

(1) Of the Centers for Disease Control's Advisory Committee on Immunization Practices;

(2) Contained in *Control of Communicable Diseases Manual*, published by the American Public Health Association; and

(3) Contained in the ~~[1997]~~ ***2006*** *Red Book: Report of the Committee on Infectious Diseases*, ~~[24th edition]~~ ***27th edition or the most current issue***, published by the American Academy of Pediatrics; and

(b) Carry out the measures for the investigation, prevention, suppression and control of the communicable disease specified in this chapter.

2. Upon receiving a report from a medical laboratory pursuant to NAC 441A.235, the district health officer shall notify the health care provider who ordered the test or examination and discuss the circumstances of the case or suspected case before initiating an investigation or notifying the case or suspected case. If, after a reasonable effort, the district health officer is unable to notify the health care provider who ordered the test or examination before the time an investigation must be initiated to protect the public health, the district health officer may proceed with the investigation, including notifying the case or suspected case, and may carry out measures for the prevention, suppression and control of the communicable disease.

3. The district health officer shall notify the State Health Officer, or his representative, as soon as possible of any case reported in his jurisdiction:

(a) Having anthrax, foodborne botulism, ***botulism without a history of ingesting a suspect food and without a wound***, cholera, diphtheria, extraordinary occurrence of illness, measles, plague, rabies, rubella, ***SARS, smallpox, tularemia***, or typhoid fever.

(b) That is part of a foodborne disease outbreak.

(c) That is confirmed or suspected to be related to an act of intentional transmission or biological terrorism.

4. The district health officer shall prepare a case report for each case reported in his jurisdiction pursuant to the provisions of this chapter. The report must be made on a form approved or provided by the Division and be submitted to the State Health Officer, or his representative, within 7 days after completing the investigation of the case. The district health officer shall provide all available information requested by the State Health Officer, or his representative, for each case reported, unless the provision of that information is prohibited by federal law.

5. The district health officer shall inform persons within his jurisdiction who are subject to the provisions of this chapter of the requirements of this chapter.

6. The district health officer may require, in his jurisdiction, the reporting of an infectious disease not specified in NAC 441A.040 as a communicable disease.

NAC 441A.295 Duties of State Health Officer when he knows, suspects or is informed of existence of communicable disease; requiring medical laboratory to submit microbiologic cultures, subcultures, or other specimens or clinical material; duty to inform persons of regulations relating to communicable diseases. (NRS 441A.120**)**

1. If the State Health Officer knows, suspects or is informed of the existence within his jurisdiction of a communicable disease, he shall:

(a) Use as a guideline for the investigation, prevention, suppression and control of the communicable disease, the recommended guidelines for the investigation, prevention, suppression and control of the communicable disease:

(1) Of the Centers for Disease Control's Advisory Committee on Immunization Practices;

(2) Contained in *Control of Communicable Disease* ~~[*in Man*]~~ ***Manual*****,** published by the American Public Health Association; and

(3) Contained in *The Report of the Committee on Infectious Diseases of the American Academy of Pediatrics* ***most current*** *(Red Book)* ***issue***, published by the American Academy of Pediatrics; and

(b) Carry out the measures for the investigation, prevention, suppression and control of the communicable disease specified in the provisions of this chapter.

2. Upon receiving a report from a medical laboratory pursuant to NAC 441A.235, the State Health Officer shall contact the health care provider who ordered the test or examination and discuss the circumstances of the case or suspected case before initiating an investigation or contacting the case or suspected case. If, after a reasonable effort, the State Health Officer is unable to contact the health care provider who ordered the test or examination before the time when an investigation must be initiated to protect the public health, the State Health Officer may proceed with the investigation, including contacting the case or suspected case, and may carry out measures for the prevention, suppression and control of the communicable disease.

3. The State Health Officer may require the director or other person in charge of a medical laboratory to submit microbiologic cultures, subcultures, or other specimens or clinical material, if available, to the State ~~[Hygienic]~~ ***Health*** Laboratory in the ~~[Division]~~ ***University of Nevada School of Medicine*** or other laboratory designated by the State Health Officer for diagnosis, confirmation or further testing, if:

(a) The communicable disease is of public health concern; and

(b) Written notification has been provided to directors and other persons in charge of medical laboratories specifying:

(1) The procedure to be followed by the laboratory; and

(2) The justification for requiring microbiologic cultures, subcultures, or other specimens or clinical material be submitted.

4. The State Health Officer shall inform persons within his jurisdiction who are subject to the provisions of this chapter of the requirements of this chapter.

NAC 441A.300 Health authority: Authorization to disclose information of personal nature to certain persons; duty to educate certain persons on transmission, prevention, control, diagnosis and treatment. (NRS 441A.120**)**

1. Pursuant to subsection 5 of NRS 441A.220, information of a personal nature provided by a person making a report of a case or suspected case or provided by the person having a communicable disease, or determined by investigation of the health authority, may be disclosed by the health authority to:

(a) A person who has been exposed, in a manner determined by the health authority likely to have allowed transmission of a communicable disease, to blood, semen, vaginal secretions, saliva, urine, feces, respiratory secretions or other body fluids which are known through laboratory confirmation or reasonably suspected by the health authority to contain the causative agent of a communicable disease.

(b) The parent or legal guardian of a case or suspected case or of a person described in paragraph (a) if determined by the health authority to be necessary for the protection of the parent or legal guardian or for the well-being of the case, suspected case or person described in paragraph (a).

(c) The health care provider of a case or suspected case or of a person described in paragraph (a) if determined by the health authority to be necessary for the protection of the health care provider or for the well-being of the case, suspected case or person described in paragraph (a).

(d) The employer of a person having a communicable disease if that person is employed in a sensitive occupation and the health authority determines that the potential for transmission of the disease is enhanced by his employment.

(e) The principal, director or other person in charge of a medical facility, school, child care facility, correctional facility or licensed house of prostitution if:

(1) A person attending, working, residing or being cared for in the medical facility, school, child care facility, correctional facility or licensed house of prostitution has a communicable disease; and

(2) The health authority determines that the potential for transmission of the disease is enhanced by the activities of the person described in subparagraph (1).

(f) An animal control officer of any town, city or county, or of any state or federal agency, for the purpose of an investigation of a report of an animal bite by a rabies-susceptible animal.

(g) Any other person determined by the health authority through an investigation of a case to be at risk for acquiring the communicable disease.

2. Information of a personal nature must not be disclosed to a person pursuant to subsection 1 unless the health authority has determined that the person has been or is likely to be exposed sufficiently to the causative agent of a communicable disease as to have allowed transmission of the disease.

3. The health authority making a disclosure pursuant to subsection 1 shall disclose only that information of a personal nature which is necessary for the protection of the person to whom it is disclosed.

4. If a health authority has determined that a person has been exposed to blood, semen, vaginal secretions, saliva, urine, feces, respiratory secretions or other body fluids in a manner likely to have allowed transmission of a communicable disease, he shall take reasonable measures to educate the exposed person on the transmission, prevention, control, diagnosis and treatment of the disease.

NAC 441A.305 Duty of health authority to disclose information of personal nature to certain persons; duties of firefighters, police officers and persons providing emergency medical services; limitation on power of health authority to order test or examination. (NRS 441A.120**)**

1. Pursuant to subsection 9 of NRS 441A.220, the health authority shall disclose information of a personal nature:

(a) Provided by a person making a report of a case or suspected case or provided by the person having a communicable disease; or

(b) Determined by investigation of the health authority,

➥ to a firefighter, police officer or person providing emergency medical services if the information relates to a communicable disease significantly related to that occupation. The communicable diseases which are significantly related to the occupation of a firefighter, police officer or person providing emergency medical services are acquired immune deficiency syndrome (AIDS), human immunodeficiency virus infection (HIV), diphtheria, hepatitis B, hepatitis C, hepatitis delta, measles, meningococcal disease, plague, rabies and tuberculosis.

2. Information of a personal nature must not be disclosed to a firefighter, police officer or person providing emergency medical services pursuant to subsection 1 unless the health authority has determined that the person has been exposed, in a manner likely to cause transmission of a communicable disease specified in subsection 1, to blood, semen, vaginal secretions, saliva, urine, feces, respiratory secretions or other body fluids which are known, through laboratory confirmation, or reasonably suspected by the health authority to contain the causative agent of a communicable disease specified in subsection 1.

3. A firefighter, police officer or person providing emergency medical services shall report to his employing agency any exposure to blood, semen, vaginal secretions, saliva, urine, feces, respiratory secretions or other body fluids in a manner likely to have allowed transmission of a communicable disease. Upon receiving the report, the employing agency shall immediately make available to the exposed employee a confidential medical evaluation and follow-up, in accordance with the postexposure evaluation and follow-up described in the relevant portions of 29 C.F.R. 1910.1030(f).

4. The health authority making a disclosure pursuant to subsection 1 may disclose only that information of a personal nature which is necessary for the protection of the exposed firefighter, police officer or person providing emergency medical services.

5. The health authority shall not order a medical test or examination solely for the purpose of determining the exposure of a firefighter, police officer or person providing emergency medical services to a carrier of a communicable disease.

NAC 441A.310 Authority of State Board of Health and health authority to disseminate to blood bank identifying data relating to viral hepatitis. (NRS 441A.120**,** 460.020**)** The State Board of Health or a health authority may disseminate to any blood bank in this State identifying data about any case or carrier of viral hepatitis. The identifying data may include the name, age, date of birth, sex, race, county of residence and social security number of the case or carrier and the type of viral hepatitis.

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

General Provisions

NAC 441A.325 Compliance with provisions regarding particular communicable diseases. (NRS 441A.120**)** Notwithstanding any other provision of this chapter, a case or suspected case must be investigated, reported, prevented, suppressed and controlled in a manner consistent with the provisions of this chapter which are applicable to the particular communicable disease.

Tuberculosis

NAC 441A.350 Health care provider to report certain cases and suspected cases within 24 hours of discovery. (NRS 441A.120**)** 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 who fails to submit to medical treatment or who discontinues or fails to complete an effective course of medical treatment.

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

1. The health authority shall investigate each report of a case having active tuberculosis or 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.

2. The health authority shall, pursuant to NRS 441A.160, take all necessary measures within his authority to ensure that a case having active tuberculosis completes an effective course of medical treatment 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 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 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 an effective course of treatment in accordance with the recommendations for the counseling of and effective treatment for a person having active tuberculosis or tuberculosis infection in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.

4. A child 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 has active tuberculosis or tuberculosis infection.

NAC 441A.360 Cases and suspected cases: Prohibited acts; duties; discharge from medical supervision. (NRS 441A.120**)**

1. A case having tuberculosis or a suspected case considered to have tuberculosis shall not work in a sensitive occupation or attend a child care facility or school unless determined to be noninfectious by the health authority.

2. A case having tuberculosis or a suspected case considered to have tuberculosis shall not act in a manner which is likely to transmit tuberculosis and shall submit to medical evaluation, treatment and isolation as ordered by the health authority.

3. A case having tuberculosis or a suspected case considered to have tuberculosis shall, upon request by his health care provider or the health authority, report the source of his infection and information about any previous treatment for tuberculosis.

4. A case having tuberculosis or a suspected case considered to have tuberculosis shall comply with all rules and regulations issued by the State Board of Health and all orders issued by the health authority.

5. A case having tuberculosis or a suspected case considered to have tuberculosis may be discharged from medical supervision only after determined to be cured by the health authority.

NAC 441A.365 Contacts: Compliance with regulations; medical evaluation; prohibited acts. (NRS 441A.120**)**

1. A contact of a case having tuberculosis or suspected case considered to have tuberculosis shall comply with all rules and regulations issued by the State Board of Health and shall submit to a medical evaluation to determine the presence of active tuberculosis or tuberculosis infection.

2. If the tuberculosis screening test administered pursuant to subsection 3 of NAC 441A.355 is positive, or if there is radiological evidence of active tuberculosis in the lungs, the contact shall submit to further medical evaluation. An order to submit to a medical examination may be issued by the health authority if the contact fails to report for a medical evaluation when requested to do so by the health authority.

3. A contact residing in the same household as a case having tuberculosis or suspected case considered to have tuberculosis shall not work in a sensitive occupation or attend a child care facility or school unless he is asymptomatic and is authorized to do so by the health authority.

NAC 441A.370 Correctional facilities: Testing and surveillance of employees and inmates; investigation for contacts; course of preventive treatment for person with tuberculosis infection; documentation. (NRS 441A.120**)**

1. An employee of a correctional facility who does not have a documented history of a positive tuberculosis screening test shall submit to such test upon initial employment by the correctional facility.

2. An inmate who is expected to remain in a correctional facility for at least 6 continuous months and who does not have a documented history of a positive tuberculosis screening test shall submit to such test upon initial detention in the correctional facility.

3. If a tuberculosis screening test administered pursuant to subsection 1 or 2 is negative, the person shall be retested annually.

4. If a skin test administered pursuant to subsection 1 or 2 is positive or if the person has a documented history of a positive tuberculosis screening test and has not completed an adequate course of medical treatment, the person shall submit to a chest X ray and a medical evaluation to determine the presence of active tuberculosis.

5. Surveillance of employees of a correctional facility and inmates must be maintained for the purpose of identifying any development of symptoms of active tuberculosis. If active tuberculosis is suspected or diagnosed, the case or suspected case must be cared for in a manner consistent with the provisions of NAC 441A.375.

6. If a case having active tuberculosis is located in a correctional facility, the medical staff of the correctional facility shall carry out an investigation for contacts in a manner consistent with the provisions of NAC 441A.355.

7. A person who has tuberculosis infection but does not have active tuberculosis must be offered a course of preventive treatment unless medically contraindicated.

8. Any action carried out pursuant to this section and the results thereof must be documented in the person's medical record.

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

1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent 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 or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees 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 initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a:

(a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and

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

➥ If the employee 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. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. 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 with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.

5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.

6. Counseling and preventive treatment must be offered to a 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 (g) of subsection 1 of NAC 441A.200.

7. A medical facility shall maintain surveillance of employees 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 shall be evaluated for tuberculosis.

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 441A.120**)**

1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility.

2. 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 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 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. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. 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 skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of 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 he has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation 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 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 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 determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFB smears which were collected on separate days.

6. 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. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.

7. 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.

8. 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.

NAC 441A.385 Care of medically indigent patient in State Tuberculosis Control Program; payment of cost. (NRS 441A.120**)**

1. The care of a person who has been accepted as a medically indigent patient in the State Tuberculosis Control Program:

(a) Is the responsibility of the designated agent of the Division; and

(b) Must be continuous until the person is discharged from medical care,

➥ whether the patient is hospitalized or receiving treatment as an outpatient.

2. If a person under the care of the State Tuberculosis Control Program is no longer medically indigent, he shall pay all or part of the cost of his care, as determined by his ability to pay.

NAC 441A.390 Treatment of case or suspected case by health care provider. (NRS 441A.120**)** A health care provider shall treat a case having active tuberculosis or tuberculosis infection or a suspected case considered to have active tuberculosis or tuberculosis infection with a chemotherapeutic regimen approved by the health authority.

Human Rabies

NAC 441A.400 Case or suspected case: Investigation by health authority; standard of care in medical facility. (NRS 441A.120, 441A.410**)**

1. The health authority shall investigate each report of a case having human rabies or suspected case considered to have human rabies to confirm the diagnosis, to identify any contacts, to identify the source of the infection and to make recommendations for postexposure rabies prophylaxis.

2. If a case having human rabies or suspected case considered to have human rabies is in a medical facility, the medical facility shall provide care to the case in accordance with strict isolation or other appropriate disease specific precautions.

Animal Rabies

NAC 441A.410 Appointment of rabies control authority; ordinance providing for rabies control program; authority of county, city or town to require licenses for dogs, cats and ferrets; duty of county, city or town to provide certain information to State Health Officer or his representative. (NRS 441A.120, 441A.410**)**

1. Each county, city and town shall appoint a rabies control authority and enact an ordinance providing for a rabies control program. The ordinance must include a provision:

(a) Requiring all dogs, cats and ferrets in its jurisdiction to be vaccinated against rabies as prescribed in NAC 441A.435.

(b) Authorizing the rabies control authority in the county, city or town to issue a citation to the owner of a dog, cat or ferret which is not vaccinated against rabies as prescribed in NAC 441A.435 and providing that only a certificate of vaccination against rabies issued pursuant to NAC 441A.440 is acceptable as proof of vaccination against rabies.

2. A county, city or town may require an owner of a dog, cat or ferret to obtain a license for each dog, cat or ferret owned.

3. A county, city or town shall provide:

(a) The name, address and telephone number of the rabies control authority appointed pursuant to subsection 1 to the State Health Officer or his representative within 30 days after the appointment of the rabies control authority; and

(b) A copy of the ordinance enacted pursuant to subsection 1 to the State Health Officer or his representative within 30 days after the ordinance is enacted.

NAC 441A.412 Rabies control authority in certain jurisdictions to maintain record of certificates of vaccinations against rabies; confidentiality of record. (NRS 441A.120**,** 441A.410**)** The rabies control authority of each town, city or county whose population is more than 50,000 shall maintain a record of the certificates of vaccinations against rabies that is organized according to the names of the owners of the vaccinated animals. The record of the certificates of vaccinations against rabies maintained by the rabies control authority is confidential and may be disclosed only to an animal control authority or health authority or pursuant to a court order.

NAC 441A.415 Rabies control authority: Investigate report of person bitten by rabies-susceptible animal; ensure proper procedures carried out for confinement, testing, quarantine or euthanasia of biting animal. (NRS 441A.120, 441A.410**)**

1. The rabies control authority shall investigate each report of a person bitten by a rabies-susceptible animal to confirm the report, to gather information about the circumstances of the biting incident, to determine the disposition of the biting animal and to make recommendations for postexposure rabies prophylaxis. If the rabies control authority is not the health authority, all recommendations for postexposure prophylaxis shall be made in accordance with a protocol established by the health authority.

2. The rabies control authority shall ensure that the proper procedures are carried out for the confinement, testing, quarantine or euthanasia of the biting animal as specified in NAC 441A.425. Lagomorphs (rabbits and hares) and rodents must be submitted for laboratory testing only under exceptional circumstances such as an unprovoked attack.

NAC 441A.420 Rabies control authority to investigate case or suspected case of animal rabies; authority of rabies control authority to enter private property; destruction of head of rabies-susceptible animal prohibited. (NRS 441A.120**,** 441A.410**)**

1. The rabies control authority shall investigate each report of a case having animal rabies or suspected case considered to have animal rabies to confirm the diagnosis, to identify the source of infection, to identify any human or animal contacts, to order the disposition of rabid or suspected rabid animals and to make recommendations for postexposure rabies prophylaxis.

2. If the rabies control authority is not the health authority, recommendations concerning postexposure prophylaxis must be made in accordance with a protocol established by the health authority.

3. The rabies control authority may enter private property for the purpose of seizing an animal that has bitten a person, to determine if any animal kept or harbored therein has rabies or has been exposed to rabies, or to implement orders for quarantine, confinement, confiscation or euthanasia of an animal.

4. Unless authorized by the rabies control authority, a person shall not destroy or allow to be destroyed the head of a rabies-susceptible animal which has bitten a person.

NAC 441A.425 Management of animals that have bitten persons; responsibility of owner for costs of quarantine, veterinary care and examination. (NRS 441A.120**,** 441A.410**)**

1. Except as otherwise provided in subsections 2 and 3, the rabies control authority shall cause a dog, cat or ferret, regardless of current vaccination against rabies, which has bitten a person, to be quarantined and, for 10 days following the bite, to be observed under the supervision of a licensed veterinarian or any other person designated by the rabies control authority. The dog, cat or ferret must be quarantined within an enclosure or with restraints deemed adequate by the rabies control authority to prevent direct contact with a person or an animal.

2. If a dog which has bitten a person is owned by a canine unit of a law enforcement agency or is a guide dog, hearing dog or helping dog, the rabies control authority may waive the requirement that the dog be quarantined if:

(a) The bite occurred while the dog was carrying out his normal duties for the law enforcement agency or as a guide dog, hearing dog or helping dog;

(b) The dog has been vaccinated against rabies pursuant to NAC 441A.435; and

(c) For 10 days following the bite, the dog is observed under the supervision of a licensed veterinarian or any other person designated by the rabies control authority.

3. A dog, cat or ferret which has bitten a person may be euthanized and tested for rabies without a period of quarantine if:

(a) The animal is so ill or severely injured that it would be inhumane to keep it alive;

(b) In the opinion of the health authority or licensed veterinarian, the animal exhibits paralysis or neurological or behavioral symptoms that are consistent with rabies; or

(c) The behavior of the animal is so fractious or aggressive that it is not possible for the rabies control authority to manage the animal safely.

4. The dog, cat or ferret must be examined by a licensed veterinarian at the first sign of illness during the 10 days of observation. Any illness must be reported immediately to the rabies control authority. If signs of rabies develop during the 10 days of observation, the dog, cat or ferret must be euthanized and its head removed and shipped under refrigeration, but not frozen, for examination at the laboratory of the State Department of Agriculture. If at the end of the quarantine period, the animal is free of all signs of rabies:

(a) The animal must be returned to its owner upon payment of all costs of quarantine and veterinary care and examination; or

(b) The animal may be euthanized in the manner prescribed by the rabies control authority if the owner of the animal cannot be located. The head of the animal is not required to be submitted to the laboratory of the State Department of Agriculture for examination.

5. A bat, raccoon, skunk or fox which has bitten a person must be euthanized immediately without a period of quarantine and the head submitted for laboratory examination.

6. Any other species of animal which has bitten a person must be managed as deemed appropriate in the discretion of the rabies control **authority** ***with the concurrence of the health authority***.

7. The owner of an animal quarantined pursuant to the provisions of this chapter is responsible for all costs of quarantine and veterinary care and examination.

8. The person responsible for supervising an animal quarantined pursuant to subsection 1 shall not release the animal to any person other than the owner of the animal at the time it was quarantined or a member of the immediate family of that person.

9. As used in this section:

(a) "Guide dog" has the meaning ascribed to it in NRS 426.075.

(b) "Hearing dog" has the meaning ascribed to it in NRS 426.081.

(c) "Helping dog" has the meaning ascribed to it in NRS 426.083.

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. Unless the owner of the animal objects, 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 must be euthanized immediately. If the owner of the animal objects, the dog, cat or ferret must be quarantined within an enclosure or with restraints deemed adequate by the rabies control authority to prevent direct contact with a person or an animal for 180 days, under the supervision of a licensed veterinarian or any other person designated by the rabies control authority. The dog, cat or ferret must be vaccinated 1 month before release.

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 must be:

(a) Immediately revaccinated and confined for 45 days in a manner prescribed by the rabies control authority; or

(b) Upon the request of the owner of the dog, cat or ferret, euthanized.

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.

NAC 441A.433 Animal shelter required to provide for vaccination of dog, cat or ferret released for adoption. (NRS 441A.120**,** 441A.410**)**

1. Before releasing a dog, cat or ferret for adoption, an animal shelter shall:

(a) Have the dog, cat or ferret vaccinated against rabies in the manner prescribed in NAC 441A.435 and provide the person who adopts the dog, cat or ferret with a certificate of vaccination issued pursuant to NAC 441A.440; or

(b) Issue to the person who adopts the dog, cat or ferret a voucher which can be presented to a licensed veterinarian as payment for the vaccination of the dog, cat or ferret.

2. To defray the costs of complying with the requirements of subsection 1, an animal shelter may impose and collect a fee from each person who adopts a dog, cat or ferret from the animal shelter. The fee must not exceed the administrative costs of complying with subsection 1, plus the actual cost of the vaccination.

3. As used in this section, "animal shelter" has the meaning ascribed to it in NRS 574.240.

NAC 441A.435 Owner required to maintain dog, cat or ferret currently vaccinated; vaccination requirements; exemption by licensed veterinarian; proof that dog, cat or ferret is currently vaccinated or exempted from vaccination required before entering State; impoundment; Administrator of Division of Animal Industry required to review revisions of recommendations for vaccination. (NRS 441A.120**,** 441A.410**)**

1. An owner of a dog, cat or ferret shall maintain the dog, cat or ferret currently vaccinated against rabies in accordance with the provisions of this section and the recommendations set forth in the *Compendium of Animal Rabies Control,* 1998 edition, published by the National Association of State Public Health Veterinarians, Inc., which is hereby adopted by reference. The publication is available, free of charge, from the Virginia Department of Health, Office of Epidemiology, 109 Governor Street, Room 701, Richmond, Virginia 23219.

2. A dog or cat must be vaccinated against rabies with a vaccine that is designed to provide protection from rabies for 3 years. The provisions of this subsection do not prohibit the vaccination of a dog or cat against rabies with a vaccine that is designed to provide protection from rabies for a longer period if recommended in the *Compendium of Animal Rabies Control.*

3. A ferret must be vaccinated against rabies annually. The provisions of this subsection do not prohibit the vaccination of a ferret against rabies with a vaccine that is designed to provide protection from rabies for a longer period if recommended in the *Compendium of Animal Rabies Control.*

4. A licensed veterinarian may exempt a dog, cat or ferret from vaccination for health reasons. The veterinarian shall record the reasons for the exemption and a specific description of the dog, cat or ferret, including the name, age, sex, breed and color on a rabies vaccination certificate which must bear the owner's name and address. The veterinarian shall record whether the reason for the exemption is permanent and, if it is not, the date the exemption expires.

5. A dog, cat or ferret that is exempted from or is too young for vaccination against rabies must be confined to the premises of the owner or kept under physical restraint by the owner.

6. The owner shall not allow a dog, cat or ferret over 3 months of age to enter this State unless the owner has in his immediate possession written proof that the dog, cat or ferret is currently vaccinated against rabies or has an exemption for health reasons.

7. If the owner of a dog, cat or ferret violates any provision of this section, the rabies control authority may impound the dog, cat or ferret.

8. The Administrator of the Division of Animal Industry of the State Department of Agriculture shall review any revision or amendment of the recommendations for vaccination against rabies of dogs, cats and ferrets set forth in the *Compendium of Animal Rabies Control*, to determine whether the revision or amendment made to the recommendations is appropriate for application in this State. For the purpose of enforcing the provisions of this section, a revision or amendment of the recommendations is effective in this State 10 days after its revision or

amendment unless the Administrator of the Division of Animal Industry of the State Department of Agriculture files an objection to the amendment or revision with the State Board of Health.

NAC 441A.440 Veterinarians: Issuance of certificates of vaccination and rabies vaccination tags; cooperation with investigation by rabies control authority. (NRS 441A.120**,** 441A.410**)**

1. A veterinarian who vaccinates an animal against rabies shall complete three copies of a certificate of vaccination against rabies for the animal vaccinated. The certificate of vaccination against rabies must include, but is not limited to:

(a) The name and address of the owner of the animal.

(b) A description of the animal, including the name, age, sex, breed, color and weight of the animal.

(c) The date the vaccination was administered.

(d) The product name of the vaccine used.

(e) The lot number of the vaccine.

(f) The date the animal is due for revaccination based on the duration of immunity provided by the vaccine according to its label.

(g) The number on the rabies vaccination tag issued pursuant to subsection 3.

(h) The name, address and license number of the veterinarian.

(i) The signature of the veterinarian who administered the vaccine. The signature may be handwritten, stamped or produced by a computer.

2. The veterinarian shall:

(a) Provide the original copy of the certificate of vaccination to the owner of the animal;

(b) Provide a copy of the certificate of vaccination to the rabies control authority; and

(c) Retain a copy of the certificate of vaccination for the period that the vaccination is current.

3. A veterinarian who vaccinates an animal against rabies shall issue to the owner a metal rabies vaccination tag, serially numbered to match the number on the certificate of vaccination against rabies. A rabies vaccination tag must not conflict with the shape or color of local license tags.

4. A veterinarian shall cooperate with any investigation of an animal bite, or of a case having rabies or suspected case considered to have rabies, by providing all information requested by the rabies control authority.

NAC 441A.445 Prohibited activities on private property involving bat, skunk, raccoon, fox or coyote; relinquishment of animal; exemptions. (NRS 441A.120**,** 441A.410**)**

1. Except as otherwise provided in subsection 2:

(a) A person shall not intentionally keep, harbor or in any way care for, maintain, lodge or feed on private property, a bat, skunk, raccoon, fox or coyote.

(b) Any person violating the provisions of paragraph (a) of this subsection shall, upon request of the rabies control authority and the Department of Wildlife, relinquish the animal to the rabies control authority or the Department.

2. The rabies control authority and the Department may grant to any person an exemption from the provisions of this section.

NAC 441A.450 Acquired immune deficiency syndrome; human immunodeficiency virus infection. (NRS 441A.120**)**

1. The health authority shall encourage:

(a) A case having acquired immune deficiency syndrome (AIDS); or

(b) A person reported to have a human immunodeficiency virus infection (HIV), as identified by a confirmed positive human immunodeficiency virus infection (HIV) blood test administered by a medical laboratory,

➥ to notify each person with whom he has had sexual relations and each person with whom he has shared a needle, of their potential exposure, of the availability of counseling and of testing for the presence of human immunodeficiency virus infection (HIV). If a person reported pursuant to this section fails to provide such notice, the health authority shall make reasonable efforts to provide the notice and counseling.

2. If the person reported pursuant to subsection 1 has donated or sold blood, plasma, sperm or other bodily tissues during the year preceding the diagnosis, the health authority shall make reasonable efforts to notify the recipient that the person has been reported to have human immunodeficiency virus infection (HIV).

3. If a person is reported pursuant to subsection 1 because of a sexual offense, the health authority shall seek the identity and location of the victim and make reasonable efforts to notify him of his possible exposure and to advise him of the availability of counseling and testing for human immunodeficiency virus infection (HIV).

4. If a person reported pursuant to subsection 1 has current tuberculosis, the health authority shall make reasonable efforts to ensure that appropriate remedial and medical treatment of the tuberculosis is provided.

5. If the case has requested assistance from the health authority for notifying and counseling persons with whom the case has had sexual relations or persons with whom the case has shared a needle, the health authority shall provide that service.

6. If a person reported pursuant to subsection 1 is in a medical facility, the medical facility shall provide care to the person in accordance with blood and body fluid precautions and, if another communicable disease is present, universal precautions or the appropriate disease specific precautions.

NAC 441A.455 Amebiasis. (NRS 441A.120**)**

1. The health authority shall investigate each report of a case having Amebiasis to confirm the diagnosis, to identify any contacts, to identify 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 any contact residing in the same household as the case who is employed in a sensitive occupation.

2. Except as otherwise provided in this subsection, a person excreting *Entamoeba histolytica* shall not work in a sensitive occupation unless authorized to do so by the health authority. A person excreting *Entamoeba histolytica* may work in a sensitive occupation if:

(a) An effective antiparasitic regimen has been completed by the person and has been confirmed by his health care provider;

(b) ***A test approved by the Food and Drug Administration for the detection of Entamoeba histolytica or*** ~~[Two]~~ ***three*** fecal specimens that are collected from the person at least 24 hours

apart and at least 48 hours after cessation of antiparasitic therapy fail to show *Entamoeba histolytica* organisms upon testing by a medical laboratory; or

(c) He is asymptomatic and there is no indication of poor personal hygiene.

3. A symptomatic contact residing in the same household as the case having Amebiasis shall not work in a sensitive occupation until at least one fecal specimen is submitted for examination. If the specimen shows *Entamoeba histolytica* upon testing by a medical laboratory, the contact is deemed a case subject to the provisions of this section.

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

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

6. If a case having Amebiasis 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.

NAC 441A.460 Anthrax. (NRS 441A.120**)**

1. The health authority shall investigate each report of a case having anthrax ***or suspected case considered to have anthrax*** to confirm the diagnosis, to determine the extent of any outbreak and to identify the source of infection.

2. The health authority shall notify the State Health Officer if the source of infection is suspected to be occupational. The State Health Officer shall notify the appropriate regulatory agency of any suspected occupational exposure.

3. The health authority shall notify the State Health Officer if the source of infection is suspected to be an infected animal. The State Health Officer shall notify the Administrator of the Division of Animal Industry of the State Department of Agriculture (State Veterinarian) who shall immediately investigate the report and shall carry out necessary measures for the prevention, suppression and control of the transmission of the disease from animals to humans.

4. The health authority shall notify the state health officer if the source of infection is suspected to be related to an act of intentional transmission or biological terrorism.

~~[4]~~ ***5***. If a case having anthrax is in a medical facility, the medical facility shall provide care to the case in accordance with drainage and secretion precautions or other appropriate disease specific precautions.

NAC 441A.465 Botulism: Foodborne. (NRS 441A.120**)**

1. The health authority shall investigate each report of a case having foodborne botulism or suspected case considered to have foodborne botulism to confirm the diagnosis, to identify the source of intoxication, to identify other exposed persons, to obtain and submit environmental samples for laboratory testing and to prevent further ingestion of the contaminated food.

2. The health authority shall properly dispose of contaminated food and utensils in order to prevent further contact of the toxin with a person or animal.

NAC 441A.470 Botulism: Infant. (NRS 441A.120**)** The health authority shall investigate each report of a case having infant botulism in order to confirm the diagnosis, to identify the source and to search for other cases to determine whether to rule out foodborne botulism.

NAC 441A.472 Botulism, other

1. ***The health authority shall investigate each report of a case or suspected case considered to have botulism but with no history of ingestion of a suspect food and no wounds to confirm the diagnosis, to identify the source of intoxication, to identify other exposed persons, to obtain and submit specimens for laboratory testing and to prevent further exposure.***
2. ***The health authority shall notify the state health officer if the source of infection is suspected to be related to an act of intentional transmission or biological terrorism.***

NAC 441A.475 Brucellosis. (NRS 441A.120**)**

1. The health authority shall investigate each report of a case having brucellosis to confirm the diagnosis and to identify the source of infection.

2. The health authority shall notify the State Health Officer if the source of infection is suspected to be an infected animal. The State Health Officer shall notify the Administrator of the Division of Animal Industry of the State Department of Agriculture (State Veterinarian) who shall immediately investigate the report and shall take all necessary measures for the prevention, suppression and control of the disease in animals.

3. The health authority shall notify the State Health Officer if the source of infection is suspected to be occupational. The State Health Officer shall notify the appropriate regulatory agency of any suspected occupational exposure.

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. 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.

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.

NAC 441A.485 Chancroid. (NRS 441A.120)

1. The health authority shall investigate each report of a case having Chancroid to confirm the diagnosis, to determine the source or possible source of the infection and to ensure that the case and any contacts have received appropriate testing and medical treatment.

2. Except as otherwise provided in NRS 441A.210, a person having Chancroid shall obtain medical treatment for the disease.

3. The health care provider for a person having Chancroid shall notify the health authority immediately if the person fails to obtain medical treatment or fails to complete the prescribed course of medical treatment. Except as otherwise provided in NRS 441A.210, the health authority shall take action to ensure that the person receives appropriate medical treatment for the disease.

4. A clinic, dispensary or health care provider that accepts supplies or aid from the Division shall provide counseling and take such measures for the testing, treatment, prevention, suppression and control of Chancroid as are specified in "Sexually Transmitted Diseases Treatment Guidelines," set forth in *Morbidity and Mortality Weekly Report* [38(S-8), September 1, 1989].

5. A health care provider shall follow the procedures set forth in "Sexually Transmitted Diseases Treatment Guidelines" when testing and treating persons with Chancroid.

NAC 441A.490 *Chlamydia trachomatis* infection. (NRS 441A.120)

1. The health authority shall investigate each report of a case having *Chlamydia trachomatis* infection of the genital tract to confirm the diagnosis, to determine the source or possible source of the infection and to ensure that the case and any contacts have received appropriate testing and medical treatment for the infection.

2. Except as otherwise provided in NRS 441A.210, a person with *Chlamydia trachomatis* infection shall obtain medical treatment for the infection.

3. The health care provider for a person with *Chlamydia trachomatis* infection shall notify the health authority immediately if the person fails to obtain medical treatment or fails to complete the prescribed course of medical treatment. Except as otherwise provided in NRS 441A.210, the health authority shall take action to ensure that the person receives appropriate medical treatment for the infection.

4. A clinic, dispensary or health care provider that accepts supplies or aid from the Division shall provide counseling and take such measures for the testing, treatment, prevention, suppression and control of *Chlamydia trachomatis* infection as are specified in "Sexually Transmitted Diseases Treatment Guidelines," set forth in *Morbidity and Mortality Weekly Report* [38(S-8), September 1, 1989].

5. A health care provider shall follow the procedures set forth in "Sexually Transmitted Diseases Treatment Guidelines" when testing and treating persons with *Chlamydia trachomatis* infection.

6. If a case having *Chlamydia trachomatis* infection of the genital tract is in a medical facility, the medical facility shall provide care to the case in accordance with drainage and secretion precautions or other appropriate disease specific precautions.

NAC 441A.495 Cholera. (NRS 441A.120)

1. The health authority shall investigate each report of a case having cholera to confirm the diagnosis, to determine the extent of any outbreak, to identify any carriers or contacts, to identify

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 contact residing in the same household as the case who is employed in a sensitive occupation.

2. A person excreting *Vibrio cholerae* shall not work in a sensitive occupation until authorized to do so by the health authority. The health authority may authorize a case who is excreting *Vibrio cholerae* 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 *Vibrio cholerae* organisms upon testing by a medical laboratory; and

(b) The person is asymptomatic.

3. A contact residing in the same household as a case having cholera shall not work in a sensitive occupation unless authorized to do so by the health authority. The health authority may authorize the contact to work in a sensitive occupation if:

(a) The contact is asymptomatic; and

(b) At least one fecal specimen, collected from the contact, is examined and shows no *Vibrio cholerae* organisms.

If the specimen examined pursuant to paragraph (b) shows *Vibrio cholerae* organisms upon testing by a medical laboratory, the contact is deemed a case subject to the provisions of this section.

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

5. An infant or child who is excreting *Vibrio cholerae* shall not attend a child care facility. The health authority shall instruct a child care facility where an infant or child who is excreting *Vibrio cholerae* is attending of the need and proper method of hand washing and other practices for the control of infection which prevent the transmission of cholera.

6. If a case having cholera 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.

NAC 441A.500 Coccidioidomycosis. (NRS 441A.120)

1. The health authority shall confirm each reported case having Coccidioidomycosis identified by histopathological evidence, by the isolation and identification of fungus in clinical specimens, by demonstration of a specific serologic response in acute and convalescent sera, or by a positive precipitin test in combination with a compatible clinical syndrome. The health authority shall obtain sufficient information about each case for the purpose of surveillance.

2. When an association is suspected among two or more cases described in subsection 1, the health authority shall conduct an investigation to determine whether there is a common source of infection.

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 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.

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. 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.

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

5. An infant or child who is excreting *Cryptosporidium* spp. shall not attend a child care facility. 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.

NAC 441A.510 Diphtheria. (NRS 441A.120**)**

1. The health authority shall investigate each report of a case having diphtheria or suspected case considered to have diphtheria to determine if the isolated organism is a toxigenic strain of *Corynebacterium diphtheriae*, to determine the extent of any outbreak, to identify any carriers or contacts and to identify the source of the infection.

2. If a case having oropharyngeal toxigenic diphtheria or a suspected case considered to have oropharyngeal toxigenic diphtheria is in a medical facility, the medical facility shall provide care to the case or suspected case in accordance with procedures of strict isolation and other appropriate disease specific precautions. The health authority having jurisdiction where the medical facility is located may waive the requirement of isolation if two specimens from the nose and two specimens from the throat, taken from the case or suspected case at least 24 hours apart and at least 24 hours after cessation of antibiotic therapy, fail to show toxigenic *Corynebacterium diphtheriae* organisms upon testing by a medical laboratory.

3. If a case having cutaneous toxigenic diphtheria or a suspected case considered to have cutaneous toxigenic diphtheria is in a medical facility, the medical facility shall require contact isolation of the case or suspected case or provide care to the case or suspected case in accordance with the appropriate disease specific precautions. The health authority having jurisdiction where the medical facility is located may waive the requirement of isolation after two specimens from the wound of the case or suspected case fail to show toxigenic *Corynebacterium diphtheriae* organisms upon testing by a medical laboratory.

4. The health authority shall offer immunization against diphtheria to any contacts of a case, suspected case or carrier of diphtheria.

5. A contact of a case, suspected case or carrier of diphtheria shall not work in a sensitive occupation unless it has been determined that the contact is not a carrier by a health care provider by means of testing a nasopharyngeal specimen or a specimen from another site suspected to be infected. The health authority may waive this restriction.

NAC 441A.512 Ehrlichiosis.

The health authority shall investigate each report of a case having Ehrlichiosis to confirm the diagnosis and to determine the geographic location where the exposure to the disease occurred.

NAC 441A.515 ~~[E. coli O157:H7]~~. (NRS 441A.120) ***Enterohemorrhagic Escherichia coli (EHEC) - Shiga toxin-producing Escherichia coli (STEC) including E. coli 0157:H7.***

1. The health authority shall investigate each report of:

(a) A case having ~~[E. coli O157:H7]~~ ***Enterohemorrhagic Escherichia coli (EHEC) - Shiga toxin-producing Escherichia coli (STEC) including E. coli 0157:H7***, as identified by the presence of hemorrhagic diarrhea or hemolytic-uremic syndrome, and from whom clinical specimens demonstrate the presence of ~~[E. coli O157:H7]~~ ***Enterohemorrhagic Escherichia coli (EHEC) - Shiga toxin-producing Escherichia coli (STEC) including E. coli 0157:H7*** organisms or specific toxins upon testing by a medical laboratory; and

(b) A suspected case having ~~[E. coli O157:H7]~~ ***Enterohemorrhagic Escherichia coli (EHEC) - Shiga toxin-producing Escherichia coli (STEC) including E. coli 0157:H7***, 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 ~~[E. coli O157:H7]~~ ***Enterohemorrhagic Escherichia coli (EHEC) - Shiga toxin-producing Escherichia coli (STEC) including E. coli 0157:H7*** 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 ~~[E. coli O157:H7]~~ ***Enterohemorrhagic Escherichia coli (EHEC) - Shiga toxin-producing Escherichia coli (STEC) including E. coli 0157:H7*** organisms upon testing by a medical laboratory; or

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

4. The health authority shall instruct a person excreting ~~[E. coli O157:H7]~~ ***Enterohemorrhagic Escherichia coli (EHEC) - Shiga toxin-producing Escherichia coli (STEC) including E. coli 0157:H7*** of the need for and proper method of hand washing after defecation.

5. An infant or child excreting ~~[E. coli 0157:H7]~~ ***Enterohemorrhagic Escherichia coli (EHEC) - Shiga toxin-producing Escherichia coli (STEC) including E. coli 0157:H7*** 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 attending the facility is excreting ~~[E. coli 0157:H7]~~ ***Enterohemorrhagic Escherichia coli (EHEC) - Shiga toxin-producing Escherichia coli (STEC) including E. coli 0157:H7*** of the need for and proper method of hand washing and other

practices for the control of infection which prevent the transmission of ~~[E. coli 0157:H7]~~ ***Enterohemorrhagic Escherichia coli (EHEC) - Shiga toxin-producing Escherichia coli (STEC) including E. coli 0157:H7*** 6. If a case having ~~[E. coli 0157:H7]~~ ***Enterohemorrhagic Escherichia coli (EHEC) - Shiga toxin-producing Escherichia coli (STEC) including E. coli 0157:H7*** 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.

NAC 441A.520 Encephalitis. (NRS 441A.120**)**

1. A report to the health authority of a case having encephalitis (arthropod-borne and unspecified viral) must include the specific viral, bacterial, fungal or parasitic cause of the disease if known.

2. The health authority shall investigate each report of a case of encephalitis (arthropod-borne and unspecified viral) to confirm the diagnosis and to search for other cases.

3. If an association is suspected among two or more cases having encephalitis (arthropod-borne and unspecified viral), the health authority shall conduct an investigation to determine whether there is an existence of a common source of infection.

4. If a health authority identifies a common source of infection and determines that the common source of infection is a threat to the general welfare of the community, the health authority shall inform the public of the common source of infection and shall provide education on the risk, transmission, prevention and control of encephalitis.

5. If a case having encephalitis 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 for the duration of the illness or for 7 days after the onset of the illness, whichever period is longer.

NAC 441A.525 Extraordinary occurrence of illness. (NRS 441A.120**)**

1. The health authority shall investigate each report of a case having an extraordinary occurrence of illness or suspected case considered to have an extraordinary occurrence of illness to confirm the diagnosis, to determine the extent of any outbreak, to identify the source of infection or illness, to determine if there is a risk to the health or welfare of the public and to determine if management by a public health agency is feasible.

2. The health authority shall carry out the investigation and measures for the prevention and control of the extraordinary occurrence of illness in consultation with the State Health Officer. The State Health Officer may investigate an extraordinary occurrence of illness by conducting a special study.

3. The health authority shall notify the state health officer if the source of infection is suspected to be related to an act of intentional transmission or biological terrorism.

NAC 441A.530 Foodborne disease outbreak. (NRS 441A.120**)**

1. The health authority shall investigate each report of an outbreak or suspected outbreak of illness known or suspected to be caused by a contaminated food or beverage.

2. The health authority shall conduct an epidemiological investigation of each report of an outbreak or suspected outbreak to confirm its existence, to identify the source, to determine the number of persons exposed to the source, to interview potentially exposed persons, to collect and submit clinical and environmental samples for laboratory testing and to determine the need to institute measures to control the outbreak or suspected outbreak.

3. The owner, manager or any other person in charge of a food establishment shall promptly cooperate with the health authority in all matters relating to the investigation of a foodborne disease outbreak, including, but not limited to:

(a) Providing information, including names and addresses of patrons and employees, work schedules of employees, histories of illnesses of employees, menus and any other information requested by the health authority.

(b) Providing access to employees for interviewing and obtaining clinical specimens.

(c) Providing food, beverage and environmental samples for laboratory testing.

(d) Cooperating with the efforts of the health authority to carry out procedures for the prevention, suppression and control of the foodborne disease outbreak, including procedures of exclusion, isolation and quarantine.

4. The health authority shall submit a written report summarizing his investigation to the State Health Officer within 7 days of completing his investigation. The report must include the:

(a) Event, food, beverage or other vehicle suspected of transmitting the foodborne disease.

(b) Number of persons exposed.

(c) Number of persons known to have become ill from the source.

(d) Symptoms experienced by the persons who became ill.

(e) Epidemic curve for the outbreak.

(f) Incubation period of the illness.

(g) Results of tests performed by a medical laboratory.

(h) Conclusions of the health authority concerning the cause of the outbreak.

(i) Measures instituted for the control of the outbreak, if any.

5. The health authority shall notify the state health officer if the source of infection is suspected to be related to an act of intentional transmission or biological terrorism.

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. 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) ***A test approved by the Food and Drug Administration for the detection of Giardia lamblia or*** ~~[Two]~~ ***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

(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. 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* shall not attend a child care facility unless antiparasitic therapy has been initiated and the diarrhea has resolved for more than 24 hours.

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 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.

NAC 441A.540 Gonococcal infection. (NRS 441A.120**)**

1. The health authority shall investigate each report of a case having gonococcal infection to confirm the diagnosis, to determine the source or possible source of the infection and to ensure that the case and any contacts have received appropriate testing and medical treatment for the infection.

2. Except as otherwise provided in NRS 441A.210, a person having gonococcal infection shall obtain medical treatment for the infection.

3. The health care provider for a person with gonococcal infection shall notify the health authority immediately if the person fails to obtain medical treatment or fails to complete the prescribed course of medical treatment. Except as otherwise provided in NRS 441A.210, the health authority shall take action to ensure that the person receives appropriate medical treatment for the infection.

4. A clinic, dispensary or health care provider that accepts supplies or aid from the Division shall provide counseling and take such measures for the testing, treatment, prevention, suppression and control of gonococcal infection as are specified in "Sexually Transmitted Diseases Treatment Guidelines," set forth in *Morbidity and Mortality Weekly Report* [38(S-8), September 1, 1989].

5. A health care provider shall follow the procedures set forth in "Sexually Transmitted Diseases Treatment Guidelines" when testing and treating persons with gonococcal infection.

6. If a neonatal case having gonococcal infection is in a medical facility, the medical facility shall provide care to the case in accordance with contact isolation or other appropriate disease specific precautions.

NAC 441A.545 Granuloma inguinale. (NRS 441A.120**)**

1. The health authority shall investigate each report of a case having Granuloma inguinale to confirm the diagnosis, to determine the source or possible source of the infection and to ensure that the case and any contacts have received appropriate testing and medical treatment for the disease.

2. Except as otherwise provided in NRS 441A.210, a person with granuloma inguinale shall obtain medical treatment for the disease.

3. The health care provider for a person with granuloma inguinale shall notify the health authority immediately if the person fails to submit to medical treatment or fails to complete the prescribed course of medical treatment. Except as otherwise provided in NRS 441A.210, the

health authority shall take action to ensure that the person receives appropriate medical treatment for the disease.

4. A clinic, dispensary or health care provider that accepts supplies or aid from the Division shall provide counseling and take such measures for the testing, treatment, prevention, suppression and control of granuloma inguinale as are specified in "Sexually Transmitted Diseases Treatment Guidelines," set forth in *Morbidity and Mortality Weekly Report* [38(S-8), September 1, 1989].

5. A health care provider shall follow the procedures set forth in "Sexually Transmitted Diseases Treatment Guidelines" when testing and treating persons with granuloma inguinale.

NAC 441A.550 Haemophilus influenzae type b. (NRS 441A.120**)**

1. The health authority shall investigate each report of a case having an invasive disease caused by Haemophilus influenzae type b, which includes bacteremia, meningitis, epiglottitis, septic arthritis, cellulitis, pericarditis, endocarditis, osteomyelitis and pneumonia, to:

(a) Confirm the diagnosis;

(b) Determine the extent of any outbreak;

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

(d) Identify any contacts and determine the need for antimicrobial prophylaxis of any contacts.

2. The health authority shall recommend to a health care provider providing services to a case having a disease caused by invasive Haemophilus influenzae type b that the following preventive measures be taken:

(a) If the case is in a medical facility and upon discharge will return to a child care facility or a household where there will be a contact who is less than 4 years of age, the case be prescribed a course of prophylactic antimicrobial therapy before being discharged, unless medically contraindicated.

(b) If the case resides in a household where there is a contact who is less than 4 years of age, antimicrobial prophylaxis be prescribed for all contacts in the household, unless medically contraindicated, as soon as possible after diagnosis of the case.

3. A person diagnosed as having a disease caused by invasive Haemophilus influenzae type b shall not attend a child care facility or a private or public school while the disease is in a communicable form.

4. If a case having a disease caused by invasive Haemophilus influenzae type b is in a medical facility, the medical facility shall provide care to the case in accordance with respiratory isolation or other appropriate disease specific precautions.

5. If a case having a disease caused by invasive Haemophilus influenzae type b is in a child care facility or a medical facility where there is a contact who is less than 2 years of age, the child care facility or medical facility shall provide written notice to the parents or legal guardians of all children in the same classroom or care unit as the case, regardless of whether the children have received an immunization against Haemophilus influenzae type b. The notice must inform the parent:

(a) That the child has been exposed to a disease caused by invasive Haemophilus influenzae type b;

(b) To seek medical advice promptly if the child develops symptoms suggestive of a disease caused by invasive Haemophilus influenzae type b; and

(c) That initiation of antimicrobial prophylaxis is required, unless medically contraindicated, for the child as a condition of readmission to the child care facility or medical facility.

6. If a case having a disease caused by invasive Haemophilus influenzae type b is in a child care facility or a medical facility where there is a contact who is less than 2 years of age, each employee of the child care facility or medical facility shall complete a course or antimicrobial prophylaxis, unless medically contraindicated.

7. If a case having a disease caused by invasive Haemophilus influenzae type b is in a child care facility or a medical facility where there is no contact who is less than 2 years of age, and two persons have been diagnosed as having a disease caused by invasive Haemophilus influenzae type b within 60 days, each child and member of the staff in the child care facility or medical facility shall complete a course of antimicrobial prophylaxis, unless medically contraindicated, regardless of whether the child or member of the staff has received an immunization against Haemophilus influenzae type b.

NAC 441A.555 Hansen's disease *(Leprosy).* (NRS 441A.120**)**

1. The health authority shall investigate each report of a case having Hansen's disease (leprosy) to confirm the diagnosis and to identify any contacts residing in the same household as the case.

2. A contact residing in the same household as a case having Hansen's disease (leprosy) shall obtain an examination by a physician for signs of the disease as soon as possible after diagnosis of the index case, and at 6- to 12-month intervals for not less than 5 years after his last contact with the case while infectious.

3. A case having Hansen's disease (leprosy) and any contact residing in the same household as the case shall not work in a sensitive occupation unless authorized to do so by a health authority.

NAC 441A.557 Hantavirus infection. (NRS 441A.120**)**

1. The health authority shall investigate each report of:

(a) A case having a hantavirus infection, as identified by serological testing for hantaviral antibodies, immunohistochemistry studies, polymerase chain reaction studies or other appropriate laboratory studies; and

(b) A suspected case having a hantavirus infection, as identified by the presence of symptoms consistent with hantavirus pulmonary syndrome.

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

(a) Confirm the diagnosis;

(b) Determine the extent of any outbreak of hantavirus; and

(c) Determine the source of the infection.

NAC 441A.560 Hepatitis A: Generally. (NRS 441A.120**)**

1. The health authority shall investigate each report of a case having hepatitis A to confirm the diagnosis, to identify any contacts or other cases, to identify the source of the infection, to determine if the case is employed in a sensitive occupation or is a child attending a child care facility and to determine the need for prophylactic administration of immune globulin to contacts of the case.

2. Except as otherwise provided in this section, a case having hepatitis A and any contact residing in the same household as a case having hepatitis A shall not work in a sensitive

occupation. The health authority may waive the provisions of this section if a case or contact is considered not to be infectious.

3. Except as otherwise provided in this section, a child having hepatitis A shall not attend a child care facility. The health authority may waive the provisions of this section if the child is considered not to be infectious.

4. If a case having hepatitis A 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.

5. The health authority shall instruct cases having hepatitis A and contacts of cases having hepatitis A of the need and proper method of hand washing after defecation.

6. Upon learning of a contact through his investigation, the health authority shall offer and provide immune globulin to the contact if the contact's last contact to the case having hepatitis A was within the preceding 2 weeks and while the case was in a communicable stage.

7. If a food or beverage handler has hepatitis A, the health authority shall determine the potential for transmission of the communicable disease within the food establishment. If the health authority determines that there is a potential for transmission of the communicable disease, he shall:

(a) Offer immune globulin to other food and beverage handlers in the workplace who have had contact with the food or beverage handler having hepatitis A.

(b) If warranted under the circumstances, make a public announcement to inform patrons of their potential exposure.

8. The employer of a food or beverage handler who declines immune globulin pursuant to paragraph (a) of subsection 7, shall observe the food or beverage handler and report to the health authority if the food or beverage handler develops any symptoms of hepatitis A during the 45 days after refusing immune globulin.

9. The employer of a food or beverage handler shall instruct the food and beverage handler of the need and proper method of hand washing after defecation.

NAC 441A.565 Hepatitis A: Presence of case in child care facility. (NRS 441A.120**)**

1. If a case having hepatitis A is an employee ***, volunteer,*** or a child in a child care facility and there are no children in diapers in the child care facility, the health authority shall offer immune globulin to all employees***, volunteers,*** and children in contact with the case.

2. The health authority shall offer immune globulin to all employees ***, volunteers,*** and enrolled children in a child care facility if a child in diapers is enrolled in the child care facility and:

(a) A case having hepatitis A is an employee ***, a volunteer,*** or a child in the child care facility; or

(b) A case having hepatitis A has occurred in the households of two or more children in the child care facility.

3. If recognition of an outbreak of hepatitis A is delayed by 3 or more weeks from the onset of the index case, or if hepatitis A has occurred in three or more families of children enrolled in a child care facility, the health authority shall offer immune globulin to all employees***, volunteers,*** and enrolled children in the child care facility and to contacts residing in the same household as a child 3 years of age, or less, who is enrolled in the child care facility.

4. If a case having hepatitis A is an employee ***, a volunteer,*** or a child in a child care facility, the principal, director or other person in charge of the child care facility shall notify, in writing,

the employees ***and volunteers,*** of the child care facility and the parents or legal guardians of children enrolled in the child care facility of the potential exposure of the children enrolled in the child care facility to hepatitis A, of the recommendations for immune globulin and of the need for surveillance for development of symptoms.

NAC 441A.570 Hepatitis: B; C; Delta; unspecified. (NRS 441A.120**)**

1. The health authority shall investigate each report of ***a case of hepatitis B, C, Delta, or unspecified to determine if it is acute. If a reported case is***:

(a) An acute case of hepatitis B, C, Delta or unspecified hepatitis; or

(b) A pregnant woman who is positive for hepatitis B surface antigen upon testing of a blood specimen by a medical laboratory ***the health authority shall investigate,***

➥ to confirm the diagnosis, to identify any carriers or other cases, to identify the source of the infection and to determine the need for hepatitis B immune globulin and immunization for contacts.

2. The health authority shall encourage a case who has hepatitis B, C, Delta or unspecified to notify any persons with whom he has had sexual relations and any person with whom he has shared a needle of their potential exposure, of the availability of counseling, of their potential need for hepatitis B immune globulin prophylaxis and immunization and of testing for the presence of hepatitis B, C, Delta or unspecified. If the case fails to provide notice to the persons potentially exposed, the health authority shall provide such notice and counseling.

3. Upon the request of a case having hepatitis B, C, Delta or unspecified, or upon the request of the health care provider of the case, the health authority shall use epidemiologic methods to confidentially locate, counsel and refer for medical evaluation and treatment any contact of the case.

4. A pregnant woman shall be screened by her health care provider for the presence of hepatitis B surface antigen. The health care provider shall refer a pregnant woman who is positive for hepatitis B surface antigen to the health authority for counseling and recommendations on testing and immunizing contacts.

5. The health care provider of an infant born to a woman carrying hepatitis B surface antigen shall ensure that the infant is given hepatitis B immune globulin and hepatitis B vaccine within 12 hours of birth, with the vaccine series being completed on a schedule established by the Division.

6. If a case having hepatitis B, C, Delta or unspecified, or a carrier of hepatitis B, C, Delta or unspecified, is in a medical facility, the medical facility shall provide care to the case or carrier in accordance with blood and body fluid precautions and universal precautions.

7. If a reported case of hepatitis B, C, Delta or unspecified is not acute, the health authority may obtain as appropriate sufficient information about the case for the purpose of surveillance and disease control.

NAC 441A.575 Influenza. (NRS 441A.120**)**

1. The health authority shall, for purposes of surveillance, obtain sufficient information of each case having influenza, as identified by confirmation by a medical laboratory of the presence of influenza viruses in clinical specimens, by demonstration of a specific serologic response in acute and convalescent sera or by a compatible clinical syndrome.

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.

NAC 441A.580 Legionellosis. (NRS 441A.120)

1. The health authority shall investigate each report of a case having Legionellosis to confirm the diagnosis and to gather information for the case report.

2. If two or more cases having Legionellosis occur among associated persons, the health authority shall investigate to determine the extent of the outbreak and to identify a common environmental source.

NAC 441A.585 Leptospirosis. (NRS 441A.120)

1. The health authority shall investigate each report of a case having Leptospirosis to confirm the diagnosis, to identify any contacts, carriers or other cases and to identify the source of the infection.

2. If the source of infection is suspected to be an infected animal, environmental contamination or occupational exposure, the health authority shall notify the State Health Officer. The State Health Officer shall notify the appropriate regulatory agency responsible for controlling the source of the disease.

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

NAC 441A.590 Listeriosis. (NRS 441A.120)

1. The health authority shall investigate each report of a case having Listeriosis to confirm the diagnosis, to identify any carriers or other cases, to identify the source of the infection and to determine if there is an outbreak.

2. If the source of infection is suspected to be an infected animal, a contaminated product or an occupational exposure, the health authority shall notify the State Health Officer. The State Health Officer shall notify the appropriate regulatory agency responsible for controlling the source of the disease.

NAC 441A.595 Lyme disease. (NRS 441A.120) The health authority shall investigate each report of a case having Lyme disease to confirm the diagnosis and to determine the geographic location where the exposure to the disease occurred.

NAC 441A.600 Lymphogranuloma venereum. (NRS 441A.120)

1. The health authority shall investigate each report of a case having Lymphogranuloma venereum to confirm the diagnosis, to determine the source or possible source of the infection and to ensure the case and any contacts have received appropriate testing and medical treatment for the disease.

2. Except as otherwise provided in NRS 441A.210, a person with Lymphogranuloma venereum shall obtain medical treatment for the disease.

3. The health care provider for a person with Lymphogranuloma venereum shall notify the health authority immediately if the person fails to submit to medical treatment or fails to complete the prescribed course of medical treatment. Except as otherwise provided in NRS 441A.210, the health authority shall take action to ensure that the person receives appropriate medical treatment for the disease.

4. A clinic, dispensary or health care provider that accepts supplies or aid from the Division shall provide counseling and take such measures for the testing, treatment, prevention, suppression and control of Lymphogranuloma venereum as are specified in "Sexually Transmitted Diseases Treatment Guidelines," set forth in *Morbidity and Mortality Weekly Report* [38(S-8), September 1, 1989].

5. A health care provider shall follow the procedures set forth in "Sexually Transmitted Diseases Treatment Guidelines" when testing and treating persons with Lymphogranuloma venereum.

NAC 441A.605 Malaria. (NRS 441A.120**)**

1. The health authority shall investigate each report of a case having malaria to confirm the diagnosis and to determine the type and source of the infection.

2. If transmission of malaria may have occurred in this State, the health authority shall conduct an entomologic investigation to determine the extent of mosquito activity and to institute control measures, if necessary.

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

4. The person in charge of a blood bank shall use all reasonable means to elicit from any person who applies to donate blood whether he has or has had malaria, or has traveled in, visited or immigrated from an area endemic for malaria, or whether he has taken antimalarial drugs. The blood bank shall not accept any blood from a person who refuses to supply such information.

NAC 441A.610 Measles. (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, public gatherings, and from contact with susceptible persons outside of his household for at least 5 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 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 he 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 after the onset of the last reported case.

NAC 441A.615 Meningitis. (NRS 441A.120**)**

1. A report of a case having meningitis must include the specific viral, bacterial, fungal or parasitic cause of the disease, if known.

2. The health authority shall investigate each report of a case having meningitis to obtain sufficient information for the case report.

3. If an association is suspected among two or more cases, the health authority shall conduct an investigation to determine the existence of a common source of infection.

4. A child having meningitis must be excluded from attendance at child care facilities and schools until 7 days after the onset of symptoms.

5. If a case having meningitis is in a medical facility, the medical facility shall provide care to the case in accordance with the appropriate disease specific precautions.

6. A case of meningitis caused by:

(a) *Neisseria meningitidis* (meningococcal disease) must be managed according to the procedures specified in NAC 441A.620.

(b) Haemophilus influenzae type b (invasive disease) shall be managed according to the procedures specified in NAC 441A.550.

NAC 441A.620 Meningococcal disease. (NRS 441A.120**)**

1. The health authority shall investigate each report of a case having invasive disease caused by *Neisseria meningitidis* (meningococcal disease), including bacteremia, meningitis and septic arthritis to:

(a) Confirm the diagnosis;

(b) Determine the extent of any outbreak;

(c) Identify any contacts; and

(d) Determine the need for antimicrobial prophylaxis or immunization of contacts.

2. The health authority shall recommend antimicrobial prophylaxis to any person who has had intimate exposure to nasopharyngeal secretions, including, but not limited to:

(a) A contact residing in the same household as the case;

(b) A contact sharing crowded quarters with the case, including, but not limited to, miners, prisoners and soldiers;

(c) A contact who is a member of the staff of a child care facility or a child attending a child care facility; and

(d) A first responder giving mouth-to-mouth resuscitation.

3. If a case having invasive disease caused by *Neisseria meningitidis* is in a medical facility, the medical facility shall provide care to the case in accordance with respiratory isolation or other appropriate disease specific precautions until 24 hours after initiation of effective therapy.

NAC 441A.625 Mumps. (NRS 441A.120**)**

1. The health authority shall investigate each report of a case having mumps to confirm the diagnosis, to determine the history of immunization of the case and to determine the source of the infection.

2. The health authority shall offer immunization against mumps to any susceptible contact.

3. A case having mumps must be excluded from child care facilities, schools, sporting events sponsored by schools, sensitive occupations, public gatherings, and from contact with a susceptible person who does not reside in the same household as the case for at least 9 days after the onset of swelling of the parotid salivary glands.

4. If a case having mumps is in a medical facility, the medical facility shall provide care to the case in accordance with respiratory isolation or other appropriate disease specific precautions until 9 days after the onset of swelling of the parotid salivary glands.

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

1. The health authority shall investigate each report of a 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 described in "Recommended Antimicrobial Agents for Treatment and Postexposure Prophylaxis of Pertussis" 2005 CDC Guidelines in "Morbidity and Mortality Weekly Report [54(RR 14), December 9, 2005], plus subsequent revisions, amendments, and updates available, free of charge, from the Centers for Disease Control, Division of Tuberculosis Elimination, MMWR (C-08), Atlanta, Georgia 30333, or from the Internet address of the Centers for Disease Control at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5414a1.htm.***

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 14 days after the last exposure or until the case and the contact have received 5 days of a minimum 14-day course of medical treatment specific for pertussis.

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*** ~~[DTP]~~ or has not received a dose of ***a pertussis containing vaccine*** ~~[DTP]~~ 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 ***as recommended in "Recommended Antimicrobial Agents for Treatment and Postexposure Prophylaxis of Pertussis" 2005 CDC Guidelines in "Morbidity and Mortality Weekly Report [54(RR 14), December 9, 2005], plus subsequent revisions, amendments, and updates available, free of charge, from the Centers for Disease Control, Division of Tuberculosis Elimination, MMWR***

(C-08), Atlanta, Georgia 30333, or from the Internet address of the Centers for Disease Control at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5414a1.htm. ~~[consisting of a 14-day course of an effective antimicrobial agent]~~ to:

(a) A contact residing in the same household as a case having pertussis or a similarly close contact who:

(1) Is less than 4 years of age, regardless of his status of immunization; or

(2) Is at least 4 years of age and not fully immunized against pertussis and will remain in contact with persons under 4 years of age or with persons having chronic cardiopulmonary conditions.

(b) A person in a medical facility regardless of his status of immunization:

(1) If the case was admitted to the medical facility without isolation and was not on antimicrobial therapy; and

(2) The person in the medical facility had face-to-face exposure to the case or was in the same room as the case.

(c) A contact attending the child care facility where the case attended, regardless of the status of immunization of the contact.

(d) Staff and inadequately immunized contacts under 7 years of age in the same classroom as the case in a school.

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.

NAC 441A.635 Plague. (NRS 441A.120**)**

1. The health authority shall investigate each report of a case having plague or suspected case considered to have plague to confirm the diagnosis, to determine the extent of any outbreak, to determine the source of infection and to determine if there has been person-to-person transmission of the disease.

2. If a case having plague has pulmonary involvement, the health authority shall immediately identify and notify any contacts of the case and shall place them under surveillance for 7 days and advise them of antimicrobial prophylaxis. Any contact who declines antimicrobial prophylaxis must be placed in strict isolation with careful surveillance for 7 days.

3. If a case having pneumonic plague is in a medical facility, the medical facility shall provide care to the case in accordance with strict isolation or other appropriate disease specific precautions. If a case having bubonic plague is in a medical facility, the medical facility shall provide care to the case in accordance with drainage and secretion precautions or other appropriate disease specific precautions. If a case having septicemic plague is in a medical facility, the medical facility shall provide care to the case in accordance with universal precautions.

4. If Zoonotic plague is suspected by the health authority, he shall conduct an environmental investigation to determine the animal source of the plague and shall take such measures as are necessary to control the suspected plague vectors.

5. The health authority shall notify the state health officer if the source of infection is suspected to be related to an act of intentional transmission or biological terrorism.

NAC 441A.640 Poliomyelitis. (NRS 441A.120**)**

1. The health authority shall investigate each report of a case having poliomyelitis to confirm the diagnosis, to determine the extent of any outbreak, to determine the source of the infection, to identify any susceptible contacts and to determine the need for immunization of contacts.

2. The health authority shall offer immunization against poliomyelitis to all susceptible contacts.

3. If there is an outbreak of poliomyelitis, the health authority may exclude a child inadequately immunized against poliomyelitis from child care facilities and schools.

4. If a case having poliomyelitis 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.

NAC 441A.645 Psittacosis. (NRS 441A.120**)**

1. The health authority shall investigate each report of a case having psittacosis to confirm the diagnosis, to determine the extent of any outbreak and to identify the source or suspected source of the infection.

2. The health authority shall report to the State Health Officer any identified source or suspected source of infection. The State Health Officer shall notify the Administrator of the Division of Animal Industry of the State Department of Agriculture (State Veterinarian), or other appropriate regulatory agency, if birds or other animals are involved.

NAC 441A.650 Q fever. (NRS 441A.120**)**

1. The health authority shall investigate each report of a case having Q fever, as identified by detection of the infectious agent 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) Determine the extent of any outbreak; and

(c) Identify the source or suspected source of the infection.

2. Any identified or suspected source of infection of Q fever must be reported to the State Health Officer. The State Health Officer shall notify the Administrator of the Division of Animal Industry of the State Department of Agriculture (State Veterinarian) if animals are involved, or the appropriate regulatory agency if the exposure is suspected to be occupational.

NAC 441A.655 Relapsing fever. (NRS 441A.120**)** The health authority shall investigate each report of a case having relapsing fever, as identified by the finding of the infectious agent in clinical specimens upon testing by a medical laboratory, to:

1. Confirm the diagnosis;
2. Determine the extent of any outbreak;
3. Identify the source of the infection; and
4. Determine the necessity of initiating measures for the control of vectors.

NAC 441A.660 Respiratory syncytial virus infection. (NRS 441A.120**)** The health authority shall investigate each report of a case having respiratory syncytial virus infection, as identified by the finding of respiratory syncytial virus in clinical specimens or by demonstration of a specific serologic response in acute and convalescent sera upon testing by a medical laboratory, to:

1. Confirm the diagnosis; and
2. Obtain sufficient information about the case for the purpose of surveillance.

NAC 441A.665 Rocky Mountain spotted fever. (NRS 441A.120**)** The health authority shall investigate each report of a case having Rocky Mountain spotted fever to confirm the diagnosis, to determine the extent of any outbreak and to identify the source of the infection.

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

1. The 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.

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.

NAC 441A.675 Rubella. (NRS 441A.120**)**

1. The health authority shall investigate each report of a case having rubella or suspected case considered to have rubella to confirm the diagnosis, to determine the extent of any outbreak, to identify the source or suspected source of the infection, to identify any contacts who are pregnant and susceptible to rubella and to determine the need for exclusion, isolation and immunization.

2. The health authority shall refer a contact who is pregnant for serological testing to determine susceptibility or early infection and for thorough medical consultation.

3. A case having rubella or a suspected case considered to have rubella must, for at least 7 days after the onset of rash, be excluded from attending child care facilities, schools, sporting events sponsored by schools, sensitive occupations and public gatherings, and from contact with all pregnant women or other susceptible persons outside the household.

4. If a case having rubella or a suspected case considered to have rubella is in a medical facility, the medical facility shall provide care to the case or suspected case in accordance with contact isolation or other appropriate disease specific precautions.

5. An employee of a medical facility shall not have direct contact with any case having rubella, any suspected case considered to have rubella or with any patient who is or may be pregnant, unless he provides proof of immunity to rubella.

6. On the same day that a report of a case having rubella or a suspected case considered to have rubella 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 or suspected cases 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 rubella.

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

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

(2) If the child has not been immunized to rubella because of a medical or religious exemption, until 14 days after the onset of the last reported case.

NAC 441A.680 Salmonellosis. (NRS 441A.120**)**

1. The health authority shall investigate each report of a case having Salmonellosis, as identified by the finding of a person infected with or excreting *Salmonella* spp. organisms upon testing of a clinical specimen by a medical laboratory, to:

(a) Confirm the diagnosis;

(b) Determine the extent of any outbreak;

(c) Identify any contact of the case;

(d) Identify any carrier;

(e) Identify the source of infection;

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

(g) 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 *Salmonella* spp. shall not work in a sensitive occupation unless authorized to do so by the health authority. The health authority may authorize a person excreting *Salmonella* spp. to work in a sensitive occupation if at least 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 *Salmonella* spp. organisms upon testing by a medical laboratory.

3. A contact residing in the same household as a case having Salmonellosis shall not work in a sensitive occupation unless he has submitted at least one fecal specimen for examination by a medical laboratory, he is asymptomatic and he is authorized to work in a sensitive occupation by the health authority. If the specimen submitted for examination shows *Salmonella* spp. organisms, the contact shall be considered a case subject to the provisions of this section.

4. A person who excretes *Salmonella* spp. for not less than 4 weeks and not more than 1 year after onset of acute illness is a convalescent carrier and shall not engage in a sensitive occupation unless at least two consecutive fecal specimens, taken at least 24 hours apart, fail to show *Salmonella* spp. organisms upon testing by a medical laboratory.

5. A person who excretes *Salmonella* spp. for more than 1 year after onset of acute illness is a chronic carrier and shall not engage in a sensitive occupation unless three consecutive fecal specimens, taken at least 72 hours apart, fail to show *Salmonella* spp. organisms upon testing by a medical laboratory.

6. The health authority shall instruct a case having Salmonellosis or a carrier of *Salmonella* spp. of the need and proper method of hand washing after defecation.

7. An infant or child excreting *Salmonella* spp. shall not attend a child care facility or school until asymptomatic. The health authority shall instruct a child care facility where an infant or child who is excreting *Salmonella* 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 Salmonellosis.

8. If a case having Salmonellosis 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.

NAC 441A.682 Severe Acute Respiratory Syndrome (SARS).
The health authority shall investigate each report of a case having severe acute respiratory syndrome (SARS) to confirm the diagnosis, to determine the extent of any outbreak, and to initiate isolation and quarantine procedures as necessary to control the further spread of the disease.

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.

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.

NAC 441A.690 Shigellosis. (NRS 441A.120**)**

1. The health authority shall investigate each report of a case having shigellosis to confirm the diagnosis, to determine the extent of any outbreak, to identify any carriers of the infection, to identify any contacts, to identify the source of the 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 contact residing in the same household as the case who is employed in a sensitive occupation.

2. A person excreting *Shigella* spp. shall not work in a sensitive occupation unless authorized to do so by the health authority. The health authority may authorize a person excreting *Shigella* spp. to work in a sensitive occupation if at least 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 *Shigella* spp. organisms upon testing by a medical laboratory.

3. A contact residing in the same household as a case having shigellosis shall not work in a sensitive occupation unless he has submitted at least two fecal specimens for examination by a medical laboratory, he is asymptomatic and he is authorized to work in a sensitive occupation by the health authority. If the specimen submitted for examination shows *Shigella* spp. organisms, the contact shall be considered a case subject to the provisions of this section.

4. The health authority shall instruct a case having shigellosis or a carrier of *Shigella* spp. of the need and proper method of hand washing after defecation.

5. An infant or child excreting *Shigella* spp. shall not attend a child care facility or school until asymptomatic. The health authority shall instruct a child care facility where an infant or child who is excreting *Shigella* 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 shigellosis.

6. If a case having shigellosis 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.

NAC 441A.691 Smallpox (Variola).

1. The health authority shall investigate each report of a case having smallpox or suspected case considered to have smallpox to:

a. confirm the diagnosis,
b. determine the extent of any outbreak,
c. identify the source of the infection,
d. identify any susceptible contacts,
e. provide for the isolation of cases,
f. provide for the immunization of any susceptible contacts, and
g. determine the need and provide for the quarantine of any non-immunized susceptible contacts.

2. A case having smallpox or a suspected case considered to have smallpox must be isolated from all individuals who are susceptible to the disease until all lesions have healed.

3. If a case having smallpox or a suspected case considered to have smallpox is in a medical facility, the medical facility shall provide care to the case or suspected case in accordance with strict isolation or other appropriate disease specific precautions until all lesions have healed.

4. An employee of a medical facility shall not have direct contact with any case or suspected case unless he has provided proof of immunity to smallpox or is utilizing appropriate personal protective equipment.

5. The health authority shall immediately notify the state health officer of any case or suspected case of smallpox.

NAC 441A.692 Staphylococcus aureus with resistance to vancomycin (VRSA) or intermediate resistance to vancomycin (VISA)

1. The health authority shall investigate as appropriate each report of a case having staphylococcus aureus that is resistant or that has intermediate resistance to vancomycin to:

a. confirm the diagnosis,
b. identify, categorize, and evaluate contacts, and
c. evaluate efficacy of infection control precautions

2. If a case is in a medical facility, the medical facility shall:

a. isolate the case in a private room,
b. minimize the number of persons caring for the patient,
c. use contact precautions,
d. wear mask and eye protection if performing procedures likely to generate splash or splatter of contaminated material,
e. perform hand-hygiene using appropriate agent,
f. dedicate non-disposable items that cannot be cleaned and disinfected between patients for use only on the case,
g. educate and inform appropriate personnel about the presence of a patient with VRSA / VISA and the need for contact precautions,
h. determine whether transmission has already occurred by performing baseline cultures of specimens from hands and nares of the following:

(1) those with physical contact with the case,
(2) the case's healthcare providers, and
(3) the case's roommates

i. assess the efficacy of precautions by monitoring personnel for acquisition of the isolate, and

j. consult with the health authority before transferring or discharging the case.

NAC 441A.693 Streptococcal disease, invasive Group A and Streptococcal toxic-shock syndrome

The health authority shall investigate as appropriate each report of a case having invasive Group A streptococcal disease or streptococcal toxic-shock syndrome to confirm the diagnosis, determine the extent of any outbreak, and recommend measures to prevent further spread.

NAC 441A.694 Streptococcus pneumoniae, drug resistant or invasive

The health authority shall investigate as appropriate each report of a case having drug resistant or invasive Streptococcus pneumonia to confirm the diagnosis, determine the extent of any outbreak, and recommend measures to prevent further spread.

NAC 441A.695 Syphilis. (NRS 441A.120**)**

1. The health authority shall investigate each report of a case having congenital, primary, secondary, early latent, late latent or late syphilis to:

(a) Confirm the diagnosis;

(b) Determine the source or possible source of the infection; and

(c) Ensure that the case and any contact has received appropriate testing and treatment for the infection.

2. Except as otherwise provided in NRS 441A.210, a person having infectious syphilis shall be required to submit to specific treatment for the infection.

3. The health care provider for a person with infectious syphilis shall notify the health authority immediately if the person fails to submit to medical treatment or fails to complete the prescribed course of medical treatment. Except as otherwise provided in NRS 441A.210, the health authority shall take action to ensure that the person receives appropriate medical treatment for the infection.

4. A clinic, dispensary or health care provider that accepts supplies or aid from the Division shall provide counseling and take such measures for the testing, treatment, prevention, suppression and control of infectious syphilis as are specified in "Sexually Transmitted Diseases Treatment Guidelines," set forth in *Morbidity and Mortality Weekly Report* [38(S-8), September 1, 1989].

5. A health care provider shall follow the procedures set forth in "Sexually Transmitted Diseases Treatment Guidelines" when testing and treating a person with infectious syphilis.

6. If a case having infectious syphilis is in a medical facility, the medical facility shall provide care to the case in accordance with drainage and secretion precautions.

7. As used in this section, "infectious syphilis" means congenital, primary, secondary and early latent syphilis.

NAC 441A.700 Tetanus. (NRS 441A.120**)** The health authority shall investigate each report of a case having tetanus to confirm the diagnosis, to determine the status of immunization of the case and to obtain sufficient information about the case for the purpose of surveillance.

NAC 441A.705 Toxic shock syndrome *(other than Streptococcal)*. (NRS 441A.120**)** The health authority shall investigate each report of a case having toxic shock syndrome to confirm the diagnosis, to obtain specific clinical information on the syndrome and to learn more about the etiology, risk factors and prevention of the syndrome.

NAC 441A.710 Trichinosis. (NRS 441A.120**)** The health authority shall investigate each report of a case having trichinosis to confirm the diagnosis, to determine the extent of any outbreak, to identify the source of the infection and to confiscate samples of meat for laboratory testing. The health authority shall report any identified source of infection within 24 hours of discovery to the State Health Officer. The State Health Officer shall notify the Administrator of the Division of Animal Industry of the State Department of Agriculture (State Veterinarian) or other appropriate regulatory agency.

NAC 441A.715 Tularemia. (NRS 441A.120**)**

1. The health authority shall investigate each report of a case having tularemia to confirm the diagnosis and to identify the source of the infection.

2. If a case having pneumonic tularemia is in a medical facility, the medical facility shall provide care to the case in accordance with isolation precautions for not less than 48 hours after the initiation of treatment specific for the disease. A case with open lesions must be cared for in general accordance with drainage and secretion precautions or other appropriate disease specific precautions.

3. The health authority shall notify the state health officer if the source of infection is suspected to be related to an act of intentional transmission or biological terrorism.

NAC 441A.720 Typhoid fever. (NRS 441A.120**)**

1. The health authority shall investigate each report of a case having typhoid fever, as identified by the finding of a person infected with or excreting *Salmonella typhi* organisms upon testing of a clinical specimen by a medical laboratory, to:

(a) Confirm the diagnosis;

(b) Determine the extent of any outbreak;

(c) Identify any contacts;

(d) Identify any carriers of the infection;

(e) Identify the source of the infection;

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

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

2. A person excreting *Salmonella typhi* shall not work in a sensitive occupation unless authorized to do so by the health authority. The health authority may authorize a person excreting *Salmonella typhi* to work in a sensitive occupation if at least three fecal specimens and three urine specimens collected from the case:

(a) At least 24 hours apart;

(b) At least 48 hours after cessation of antimicrobial therapy; and

(c) At least 1 month after onset of the illness,

fail to show *Salmonella typhi* organisms upon testing by a medical laboratory.

3. A contact residing in the same household as a case having typhoid fever shall not work in a sensitive occupation unless he has submitted at least two fecal specimens and two urine

specimens, collected at least 24 hours apart, for examination by a medical laboratory, he is asymptomatic and he is authorized to work in a sensitive occupation by the health authority. If a specimen submitted for examination shows *Salmonella typhi* organisms, the contact shall be considered a case subject to the provisions of this section.

4. A person who excretes *Salmonella typhi* for not less than 4 weeks and not more than 1 year after onset of acute illness is a convalescent carrier and shall not engage in a sensitive occupation unless at least three consecutive fecal specimens and three consecutive urine specimens, taken at least 1 month apart, fail to show *Salmonella typhi* organisms upon testing by a medical laboratory.

5. A person who excretes *Salmonella typhi* for more than 1 year after onset of acute illness is a chronic carrier and shall not engage in a sensitive occupation unless six consecutive fecal specimens, taken at least 1 month apart, and six consecutive urine specimens, taken at least 1 month apart, fail to show *Salmonella typhi* organisms upon testing by a medical laboratory.

6. A carrier of *Salmonella typhi* is subject to the supervision of the health authority until released from the status of a carrier by the health authority.

7. The health authority shall instruct a person excreting *Salmonella typhi* of the need and proper method of hand washing after defecation.

8. An infant or child excreting *Salmonella typhi* shall not attend a child care facility or school until released to do so by the health authority. The health authority shall instruct a child care facility where an infant or child who is excreting *Salmonella typhi* is attending of the need and proper method of hand washing and other practices for the control of infection which prevent the transmission of typhoid fever.

9. If a case having typhoid fever 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.

NAC 441A.722 West Nile Virus.

1. The health authority shall investigate each report of a case infected with West Nile Virus to confirm the diagnosis and to search for other cases.

2. If an association is suspected among two or more cases infected with West Nile Virus, the health authority shall conduct an investigation to determine whether there is an existence of a common source of infection.

4. If a health authority identifies a common source of infection and determines that the common source of infection is a threat to the general welfare of the community, the health authority shall inform the public of the common source of infection and shall provide education on the risk, transmission, prevention and control of West Nile Virus.

NAC 441A.723 Yellow Fever

The health authority shall investigate each report of a case having Yellow Fever to confirm the diagnosis and to determine the type and source of the infection.

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

4. 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. 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.

IMMUNIZATIONS

NAC 441A.750 Records of immunization: Availability for inspection by health authority. (NRS 441A.120**)** The record of immunization of a person required to be immunized by the provisions of this chapter must be made available for inspection by the health authority upon request.

NAC 441A.755 University students: Proof of immunity to certain communicable diseases required; exceptions; exclusion from university. (NRS 441A.120**)**

1. Except as otherwise provided in subsection 9 or unless excused because of religious belief or medical condition, a person shall not attend a university until he submits to the university proof of immunity to tetanus, diphtheria, measles, mumps, rubella and any other disease specified by the State Board of Health. The Division shall establish the immunization schedule required for admission of the student.

2. A student may enroll in the university conditionally if the student, or if the student is a minor, the parent or legal guardian of the student, submits a record of immunization stating that the student is in the process of obtaining the required immunizations, and that record shows that the student has made satisfactory progress toward obtaining those immunizations.

3. The university shall retain the proof of immunity on a computerized record or on a form provided by the Division.

4. The university shall not refuse to enroll a student because he has not been immunized if the student, or if the student is a minor, the parent or legal guardian of the student, has submitted to the university a written statement indicating that his religious belief prohibits immunizations. The university shall keep the statement on file.

5. If the medical condition of a student does not permit him to be immunized to the extent required, the student, or if the student is a minor, the parent or legal guardian of the student, must

submit to the university a statement of that fact written by a licensed physician. The university shall keep the statement on file.

6. If additional requirements of immunity are imposed by law after a student has been enrolled in the university, the student, or if the student is a minor, the parent or legal guardian of the student, shall submit an additional proof of immunity to the university stating that the student has met the new requirements of immunity.

7. If the health authority determines that, at the university, there is a case having a communicable disease against which immunity is required for admission to the university, and a student who has not submitted proof of immunity to that disease is attending that university, the president of the university shall require that:

(a) The student be immunized; or

(b) The student be excluded from the university until allowed to return by the health authority.

8. A student shall not attend a university from which he is excluded until allowed to return by the health authority. The parent or legal guardian of a student, if the student is a minor, shall not allow the student to attend a university from which he is excluded until allowed to return by the health authority.

9. Any student who is enrolled in a program of distance education and who does not attend a class on campus is exempt from the requirements of this section.

10. As used in this section:

(a) "On-campus housing" means a dormitory or other student residence that is owned, operated by or located on the campus of a university.

(b) "Postsecondary educational institution" has the meaning ascribed to it in NRS 394.099.

(c) "University" means any university within the Nevada System of Higher Education or any private postsecondary educational institution that provides on-campus housing.

SEXUALLY TRANSMITTED DISEASES

NAC 441A.775 "Sexually transmitted disease" defined for purpose of NRS. (NRS 441A.120**,** 441A.320**)** As used in NRS 441A.240 to 441A.330, inclusive, "sexually transmitted disease" means a bacterial, viral, fungal or parasitic disease which may be transmitted through sexual contact, including, but not limited to:

1. Acquired immune deficiency syndrome (AIDS).
2. Acute pelvic inflammatory disease.
3. Chancroid.
4. *Chlamydia trachomatis* infection of the genital tract.
5. Genital herpes simplex.
6. Genital human papilloma virus infection (HPV).
7. Gonorrhea.
8. Granuloma inguinale.
9. Hepatitis B infection.
10. Human immunodeficiency virus infection (HIV).
11. Lymphogranuloma venereum.
12. Nongonococcal urethritis.
13. Syphilis.

PROSTITUTION

NAC 441A.800 Testing of prostitutes; prohibition of certain persons from employment as prostitute. (NRS 441A.120**)**

1. A person seeking employment as a prostitute in a licensed house of prostitution shall submit to the State ~~[Hygienic]~~ ***Health*** Laboratory in the ~~[Division]~~ ***University of Nevada School of Medicine*** or a medical laboratory licensed pursuant to chapter 652 of NRS and certified by the ~~[Health Care Financing Administration]~~ ***Centers for Medicare and Medicaid Services*** of the Department of Health and Human Services:

(a) A sample of blood for a test to confirm the presence or absence of human immunodeficiency virus infection (HIV) and syphilis.

(b) A cervical specimen ***collected in the presence of a licensed healthcare provider*** for a test to confirm the presence or absence of gonorrhea and Chlamydia trachomatis by culture or antigen detection or DNA probe.

2. A person must not be employed as a prostitute in a licensed house of prostitution until the State ~~[Hygienic]~~ ***Health*** Laboratory in the ~~[Division]~~ ***University of Nevada School of Medicine*** or a medical laboratory licensed pursuant to chapter 652 of NRS and certified by the ~~[Health Care Financing Administration]~~ ***Centers for Medicare and Medicaid Services*** of the Department of Health and Human Services has reported that the tests required pursuant to subsection 1 do not show the presence of infectious syphilis, gonorrhea, Chlamydia trachomatis, or infection with the human immunodeficiency virus (HIV).

3. A person employed as a prostitute in a licensed house of prostitution shall submit to the State ~~[Hygienic]~~ ***Health*** Laboratory in the ~~[Division]~~ ***University of Nevada School of Medicine*** or a medical laboratory licensed pursuant to chapter 652 of NRS and certified by the ~~[Health Care Financing Administration]~~ ***Centers for Medicare and Medicaid Services*** of the Department of Health and Human Services:

(a) Once each month, a sample of blood, identified by the name of the prostitute as it appears on her local work permit card, for a test to confirm the presence or absence of:

(1) Infection with the human immunodeficiency virus (HIV).

(2) Syphilis.

(b) Once each week, a cervical specimen ***collected in the presence of a licensed healthcare provider,*** identified by the name of the prostitute as it appears on her local work permit card, for a test to confirm the presence or absence of gonorrhea and Chlamydia trachomatis by culture or antigen detection or DNA probe.

4. If a test required pursuant to this section shows the presence of infectious syphilis, gonorrhea, Chlamydia trachomatis or infection with the human immunodeficiency virus (HIV), the person shall immediately cease and desist from employment as a prostitute in a licensed house of prostitution.

NAC 441A.802 Screening and confirmatory test for human immunodeficiency virus by a medical laboratory: Requirements. (NRS 441A.120**)** Upon receiving a sample of blood pursuant to NRS 201.356, a medical laboratory licensed pursuant to chapter 652 of NRS shall perform a screening and confirmatory test for exposure to the human immunodeficiency virus. The screening and confirmatory tests used by the medical laboratory must be approved by the Food and Drug Administration or the State Board of Health.

NAC 441A.805 Use of latex ***or polyurethane protective condom*** **prophylactic required. (**NRS 441A.120**)** A person employed as a prostitute in a licensed house of prostitution shall require each patron to wear and use a latex ***or polyurethane protective condom*** prophylactic while engaging in sexual intercourse, oral-genital contact or any touching of the sexual organs or other intimate parts of a person.

NAC 441A.810 House of prostitution required to post health notice. (NRS 441A.120**)** The person in charge of a licensed house of prostitution shall post a health notice provided by the Division. The cost and mounting of the notice is the responsibility of the house of prostitution. The notice must be posted in a prominent location which is readily noticeable by patrons of the establishment and is approved by the Division.

NAC 441A.815 Person in charge of house of prostitution: Report of presence of communicable disease required; cooperation with health authority required. (NRS 441A.120**)**

1. The person in charge of a licensed house of prostitution who knows of or suspects the presence of a communicable disease within the house of prostitution shall report the disease to the health authority having jurisdiction where the house of prostitution is located.

2. A report of a communicable disease must be made to the health authority in accordance with the provisions set forth in NAC 441A.225.

3. A report must include:

(a) The communicable disease or suspected communicable disease;

(b) The name and the address or telephone number of the case or suspected case;

(c) The name, address and telephone number of the person making the report;

(d) The age, sex, race, date of birth, occupation and employer of the case or suspected case, if available;

(e) The date of onset and the date of diagnosis of the disease; and

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

4. The person in charge of a licensed house of prostitution shall promptly cooperate with the health authority during:

(a) The investigation of the circumstances or cause of a case or suspected case, or of an outbreak or suspected outbreak; and

(b) The carrying out of measures for the prevention, suppression or control of a communicable disease, including procedures of exclusion, isolation and quarantine.

ISOLATION AND QUARANTINE

NAC 441A.900 Isolation and Quarantine

NAC 441A.905 Rights of a person who has been isolated or quarantined.

1. Any person detained for isolation or quarantine pursuant to NRS 441A.500 to 441A.720 by the health authority shall be provided a copy of any order and a written notice of rights, which shall at a minimum contain:

(a). You have the right to make a reasonable number of completed telephone calls from the place of isolation or quarantine as soon as reasonable after isolation or quarantine NRS 441A.520(1)(a).

(b). You have the right to possess and use a cellular phone or other similar communication device in the place of isolation or quarantine NRS 441A.520(1)(b).

(c). You have the right to refuse treatment unless ordered otherwise by a court NRS 441A.530.

(d). If you were admitted into a medical facility and your status was subsequently changed to involuntary isolation or quarantine, you cannot be involuntarily detained more than 48 hours after your status change unless you voluntarily consent or otherwise a health authority files a petition with the court NRS 441A.540(2).

(e). You have the right to voluntarily consent to continuing isolation or quarantine NRS 441A.550(1).

(f). You have the right to be released within 72 hours of isolation or quarantine unless you voluntarily consent to further isolation or quarantine or the health authority files a petition with the court NRS 441A.550(2).

(g). You have the right to immediately seek a court injunction or other appropriate process in a district court to challenge any involuntary isolation or quarantine NRS 441A.540(2)(b); NRS 441A.550(3).

(h). You have the right to a noticed court hearing within 5 judicial days after the court's receipt of a health authority's petition for involuntary isolation or quarantine NRS 441A.620.

(i). You have the right to a court-appointed medical examination or assessment regarding a health authority's petition for involuntary isolation or quarantine NRS 441A.630.

(j). You (or a relative or friend on your behalf) have the right to retain an attorney to represent you during the court's consideration of a petition for involuntary court-ordered isolation or quarantine NRS 441A.660(1).

(k). You have the right to a court-appointed public defender if you refuse to (or cannot) secure a private attorney, and you will be financially responsible for such public services unless you are indigent or otherwise succeed in your challenge against the petition for involuntary isolation or quarantine NRS 441A.660)(1) and (2).

(l). You have the right to be present by live telephonic conferencing or videoconferencing with the court at proceedings for involuntary court-ordered isolation or quarantine, and to testify to the extent that you can do so without endangering the health of others NRS 441A.680.

2. The health authority shall provide a person who is isolated or quarantined the documents described in subsection 1 upon initiation of the isolation or quarantine if reasonably possible, but no later than 18 hours after the initiation.

SYNDROMIC REPORTING AND ACTIVE SURVEILLANCE

NAC 441A.1000 Circumstances requiring syndromic reporting or active surveillance.

1. For either the purpose of early detection of an occurrence of biological, chemical, or radiological weapons attack or for the purpose of early detection or situational awareness of a disease outbreak, a health authority may require syndromic reporting of patient data from emergency rooms or may engage in active surveillance by initiating direct contact with emergency rooms to direct queries regarding patient data.

2. Reporting or active surveillance required pursuant to paragraphs 1 shall be for a period of time deemed necessary by the health authority surrounding the following circumstances:

(a). A United States Homeland Security threat level "Red."

(b). A suspected or confirmed release of a biological, chemical or radiological agent within the United States.

(c). A suspected national or global pandemic.

(d). A local outbreak of illness suspected or confirmed to be related to a biological, chemical, or radiological weapon.

Other circumstances, which in the judgment of the health authority, warrant enhanced public health surveillance.

3. A health authority may request long-term syndromic reporting patient data from one or more emergency rooms.

4. Information reported to a health authority pursuant to this regulation is confidential and subject to the requirements of NRS 441A.220.

5. For purposes of this regulation, situational awareness is defined as the ability to monitor trends in disease occurrence once and after an increase has been identified or confirmed.

NAC 441A.1005 Reportable syndromes.

1. When mandatory reporting of emergency room is in place, one or more of the following syndromes shall be reported for each patient:

(a). Botulism-like, cranial nerve impairment with weakness, or any bilateral weakness of the face or limbs.

(b). Fever.

(c). Gastrointestinal syndrome including diarrhea, gastroenteritis with or without vomiting or abdominal cramps.

(d). Hemorrhagic illnesses.

(e). Rash, Blisters and Localized Skin Lesions

(f). Lymphadenitis

(g). Neurological syndrome including meningitis, encephalitis, unexplained acute encephalopathy, or mental status change

(h). Respiratory syndrome including shortness of breath with or without fever

(i). Specific Infection, sepsis or non traumatic (septic, hemorrhagic or toxic) shock

(j). Severe illness and unexplained death with or without a history of one or more of the above.

(k). None of the above

2. A health authority may add or remove a syndrome to those identified in paragraph 1 of this section based on his or her professional judgment and exigent circumstances.

3. When voluntary reporting is requested, the syndromes identified in paragraph 1 of this section may be reported and the health authority may request other clinical or demographic data such as chief complaints, discharge diagnosis, other syndromes, or similar clinical information, age of patient, gender of patient, or address of patient's residence, work or school.

NAC 441A.1010 General requirements for syndromic reports to health authority; contents of report

1. Syndromic reports shall include the following information on each patient:

(a). Name of the hospital emergency room making the report

(b). Date of report

(c). Date of illness onset

(d). Time of illness onset

(e). Syndrome as identified in Section 4

2. The health authority may require additional information including the identities of patients.

3. Syndromic reports for patients seen in emergency rooms shall be submitted to the health authority at least once every 12 hours when mandatory reporting is in place or at agreed upon intervals when a facility is voluntarily reporting.

4. A syndromic report to the health authority should be made by the official method specified by the health authority.