PROPOSED REGULATION OF THE STATE BOARD OF HEALTH

LCB FILE NO. R148-22I

The following document is the initial draft regulation proposed by the agency submitted on 06/30/2022

Nevada Administrative Codes Recommended Changes Related to Nevada 81st (2021) Legislative Session - Senate Bill (SB) 275

HIV Criminal Modernization

Explanation – Omissions in [~~red strikethrough~~] Language in ***blue italics*** is new.
AUTHORITY: SB 275 of the 81st Legislative Session (2021); NRS 441A.120, 441A.160, 441A.163, 441A.510-441A720, 441A.180, 201.205, 441A.195, 441A.230, 441A.320

Section 1. Chapter 441A of NAC is hereby amended by adding thereto the provisions set forth in section 2 to 20, inclusive of these proposed regulations.

Section 2. Chapter 441A of NAC is hereby amended by added thereto a new section to read as follows:

1. A person subject to an order, issued by the Chief Medical Officer pursuant to NRS 441A.160, must receive a document informing the person of his or her rights at the time the person is served with the order. The document must read substantially as follows:

(a) You have the right to immediately challenge the findings of the provided by the health authority, in writing within 48 hours of receipt of the order.

(b) You have the right to a hearing upon written petition.

(c) You have the right to be present by live telephonic conferencing or videoconferencing at any proceeding where you are challenging the order.

(d) You have the right to be represented by an attorney. You must pay for the services rendered by your appointed attorney unless you are indigent or you succeed in your challenge to your isolation or quarantine.

2. A person subject to an order as set forth in subsection 1 may appeal the order within 48 hours of issuance of the order, upon written petition to the Administrator of the Division. The Division must afford the individual a hearing as soon as possible, but no later than 48 hours from the receipt of the written petition.

3. A written petition as set forth in subsection 2 must specify:

(a) The action ordered by the Chief Medical Officer; and

(b) The reasons the individual disputes the order, including but not limited to:

(i) The reasons the factual and medical basis supporting the order are incorrect; and

(ii) The reasons the individual, if not subject to medical examination or test, would not pose a risk to the health of the public.

4. The Division must issue a decision on the hearing within 24 hours, which shall be considered a final decision for purposes of NRS 233B.130.

Section 3. Chapter 441A of NAC is hereby amended by added thereto a new section to read as follows:

As used in this section and NAC 441A.850 to 441A.855, inclusive, unless the context otherwise requires, "health authority" has the meaning ascribed to it in Section 3.6 of Senate Bill 275 of the 81st Legislative Session.

Section 4. Chapter 441A of NAC is hereby amended by added thereto a new section to read as follows:

Medical or epidemiological evidence used to determine the likelihood of transmitting a communicable disease to another person, pursuant to NRS 441A.180, must substantially conform to the standards set forth in one of the following publications:

1. Control of Communicable Diseases Manual, adopted by reference pursuant to NAC 441A.200; and

2. Red Book: 2015 Report of the Committee on Infectious Diseases, adopted by reference pursuant to NAC 441A.200.

Section 5. Chapter 441A of NAC is hereby amended by added thereto a new section to read as follows:

1. The health authority shall, within the limits of available resources, investigate each report of a case having Candida auris***, as determined in accordance with the publication adopted by reference in paragraph (r), (s), and (t) of subsection 1 of NAC 441A.200,to:***

(a) Confirm the diagnosis;

(b) Determine the extent of any outbreak;

(c) Identify, categorize and evaluate contacts; and

(d) Evaluate the efficacy of any precautions concerning contacts, disease-specific precautions or other precautions for the control of the infection that are in effect.

2. If a case of Candida auris ***occurs in a medical facility, the medical facility shall:***

(a) Take measures to contain the infection in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference by NAC 441A.200.

3. If a medical facility with a case of Candida auris ***wishes to transfer the case to another medical facility, the transferring facility must notify the receiving facility of the infection prior to discharge of the patient and provide instruction to the case concerning the risk, transmission, prevention and control of the infection in accordance with the guidelines adopted by reference in paragraph (r), (s), and (t) of subsection 1 of NAC 441A.200; and***

4. If a medical facility discharges a case of Candida auris***, it must provide instructions to the case concerning the risk, transmission, prevention and control of the infection in***

accordance with the guidelines adopted by reference in paragraph (r), (s), and (t) of subsection 1 of NAC 441A.200.

3. A medical facility shall provide education to employees on the risk, transmission, prevention and control of **Candida auris** ***in accordance with the guidelines adopted by reference in paragraph (r), (s), and (t) of subsection 1 of NAC 441A.200.***

Section 6. Chapter 441A of NAC is hereby amended by added thereto a new section to read as follows:

1. The Division may update the reporting requirements in the section Miscellaneous Communicable Diseases each year to include any diseases that have been added to the Centers for Disease Control and Prevention (CDC) National Notifiable Conditions list, adopted by reference by NAC 441A.200.

2. The Division shall communicate updates to medical providers and health authorities through a technical bulletin or other means used by the Division to provide updates on reporting and investigation of reportable diseases. The communication must include any changes to the morbidity form, any added reportable diseases, and any changes to investigation processes.

Section 7. Chapter 441A of NAC is hereby amended by added thereto a new section to read as follows:

The health authority shall investigate each report of a case having babesiosis, 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.

Section 8. Chapter 441A of NAC is hereby amended by added thereto a new section to read as follows:

The health authority shall investigate each report of a case having coronavirus disease 2019 (COVID-19) or a suspected case considered to have coronavirus disease 2019 (COVID-19) to:

1. ***Confirm the diagnosis;***
2. ***Determine the extent of any outbreak; and***
3. ***Determine the need for mitigation measures to prevent, suppress and control the spread of the disease, including, without limitation, the need to exclude, isolate or quarantine the case or suspected case or close contacts.***

Section 9. Chapter 441A of NAC is hereby amended by added thereto a new section to read as follows:

1. A health authority shall investigate each report of a case having cyclosporiasis, as identified by the presence of Cyclospora cayetanensis parasites in clinical stool specimens 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 Cyclospora cayetanensis 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 the case is diarrhea free for at least 24 hours and there is no indication of poor personal hygiene.

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

4. An infant or child excreting Cyclospora cayetanensis shall not attend a child care facility until diarrhea free for at least 24 hours. The health authority shall instruct a child care facility where an infant or child who is excreting Cyclospora cayetanensis is attending of the need and proper method of hand washing and other practices for the control of infection which prevent the transmission of cyclosporiasis.

5. If a case having cyclosporiasis 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.

Section 10. Chapter 441A of NAC is hereby amended by added thereto a new section to read as follows:

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

(a) Confirm the diagnosis;

(b) Determine the extent of any outbreak;

(c) Identify the source of the infection;

(d) Identify any susceptible contacts; and

(e) Determine the need for measures to prevent, suppress and control the spread of the disease, including, without limitation, the need to:

(1) Isolate the case or suspected case according to CDC guidance;

(2) Offer prophylactic treatment to susceptible contacts

2. ***An employee of a medical facility shall not have direct contact with a case having monkeypox or with a suspected case considered to have monkeypox unless the employee uses appropriate personal protective equipment.***
3. ***The health authority shall immediately notify the State Epidemiologist or Chief Medical Officer of a report of a case having monkeypox or a suspected case considered to have monkeypox.***

Section 11. NAC 441A.040 is hereby amended as follows:

"Communicable disease," as defined in NRS 441A.040, includes:

1. ~~Acquired immune deficiency syndrome (AIDS).~~ ***Any National Notifiable Condition not otherwise specifically included in this section, updated annually and published by the United States Department of Health and Human Services and available at no cost from the Centers for Disease Control and Prevention of the United States Department of Health and Human Services on the Internet at, [website], or if that Internet website ceases to exist, from the Division.***

2. Amebiasis.

3. Animal bite from a rabies-susceptible animal.

4. Anthrax.

5. ***Babesiosis (parasite)***

~~5.~~ ***6.*** Botulism, foodborne.

~~6.~~ ***7.*** Botulism, infant.

~~7.~~ ***8.*** Botulism, wound.

~~8.~~ ***9.*** Botulism, other than foodborne botulism, infant botulism or wound botulism.

~~9.~~ ***10.*** Brucellosis.

~~10.~~ ***11.*** Campylobacteriosis.

~~11.~~ ***12. Candida auris.***

13. Chancroid.

~~12.~~ ***14.*** Chikungunya virus disease.

~~13.~~ ***15.*** Chlamydia trachomatis infection of the genital tract.

~~14.~~ ***16.*** Cholera.

~~15.~~ ***17.*** Coccidioidomycosis.

18. Coronavirus Disease 2019 (COVID-19)

~~16.~~ ***19.*** Cryptosporidiosis.

20. Cyclosporiasis (parasite)

~~17.~~ ***21.*** Dengue.

~~18.~~ ***22.*** Diphtheria.

~~19.~~ ***23.*** Ehrlichiosis/anaplasmosis.

~~20.~~ ***24.*** Encephalitis.

~~21.~~***25.*** Enterobacteriaceae, carbapenem-resistant (CRE), including carbapenem-resistant *Enterobacter* spp., *Escherichia coli* and *Klebsiella* spp.

~~22.~~ ***26.*** Extraordinary occurrence of illness.

~~23.~~ ***27.*** Foodborne disease outbreak.

~~24.~~ ***28.*** Giardiasis.

~~25.~~ ***29.*** Gonococcal infection.

~~26.~~ ***30.*** Granuloma inguinale.

~~27.~~ ***31.*** Haemophilus influenzae ~~type b~~ invasive disease.

~~28.~~ ***32.*** Hansen's disease (leprosy).

~~29.~~ ***33.*** Hantavirus.

~~30.~~ ***34.*** Hemolytic-uremic syndrome (HUS).

~~31.~~ ***35.*** Hepatitis A.

~~32.~~ ***36.*** Hepatitis B***, acute and chronic***.

~~33.~~ ***37.*** Hepatitis C***, perinatal, acute and chronic***.

~~34.~~ ***38.*** Hepatitis Delta.

~~35.~~ ***39.*** Hepatitis E.

~~36.~~ ***40.*** Hepatitis, unspecified.

~~37.~~ ***41.*** Human immunodeficiency virus infection (HIV).

42. Human immunodeficiency virus infection (HIV), stage 3.

~~38.~~ ***43.*** Influenza that is:

(a) Associated with a hospitalization***; or***

(b) Associated with a ~~the~~ death ~~of a person under 18 years of age~~; or

~~(b)~~***(c)*** Known or suspected to be of a viral strain that:

(1) The Centers for Disease Control and Prevention or the World Health Organization has determined poses a risk of a national or global pandemic; or

(2) Is novel or untypeable.

~~39.~~ ***44.*** Legionellosis.

~~40.~~ ***45.*** Leptospirosis.

~~41.~~ ***46.*** Listeriosis.

~~42.~~ ***47.*** Lyme disease.

~~43.~~ ***48.*** Lymphogranuloma venereum.

~~44.~~ ***49.*** Malaria.

~~45.~~ ***50.*** Measles (rubeola).

~~46.~~ ***51.*** Meningitis.

~~47.~~ ***52.*** Meningococcal disease.

53. Monkeypox

~~48.~~ ***54.*** Mumps.

~~49.~~ ***55.*** Pertussis.

~~50.~~ ***56.*** Plague.

~~51.~~ ***57.*** Poliovirus infection.

~~52.~~ ***58.*** Psittacosis.

~~53.~~ ***59.*** Q fever.

~~54.~~ ***60.*** Rabies, human or animal.

~~55.~~ ***61.*** Relapsing fever.

~~56.~~ ***62.*** Respiratory syncytial virus infection.

~~57.~~ ***63.*** Rotavirus infection.

~~58.~~ ***64.*** Rubella (including congenital rubella syndrome).

~~59.~~ ***65.*** Saint Louis encephalitis virus (SLEV).

~~60.~~ ***66.*** Salmonellosis.

~~61.~~ ***67.*** Severe acute respiratory syndrome (SARS-***CoV***).

~~62.~~ ***68.*** Severe reaction to immunization.

~~63.~~ ***69.*** Shiga toxin-producing *Escherichia coli*.

~~64.~~ ***70.*** Shigellosis.

~~65.~~ ***71.*** Smallpox (variola).

~~66.~~ ***72.*** Spotted fever riskettsioses.

~~67.~~ ***73.*** *Staphylococcus aureus*, vancomycin-intermediate.

~~68.~~ ***74.*** *Staphylococcus aureus*, vancomycin-resistant.

~~69.~~ ***75.*** Streptococcal toxic shock syndrome.

~~70.~~ ***76.*** *Streptococcus pneumoniae* (invasive).

~~71.~~ ***77.*** Syphilis (including congenital syphilis).

~~72.~~ ***78.*** Tetanus.

~~73.~~ ***79.*** Toxic shock syndrome, other than streptococcal toxic shock syndrome.

~~74.~~ ***80.*** Trichinosis.

~~75.~~ ***81.*** Tuberculosis.

~~76.~~ ***82.*** Tularemia.

~~77.~~ ***83.*** Typhoid fever.

~~78~~. ***84.*** Varicella (chickenpox).

~~79.~~ ***85.*** Vibriosis.

~~80.~~ ***86.*** Viral hemorrhagic fever.

~~81.~~ ***87.*** West Nile virus.

~~82.~~ ***88.*** Yellow fever.

~~83.~~ ***89.*** Yersiniosis.

~~84.~~ ***90.*** Zika virus disease.

Section 12. NAC 441A.200 is hereby amended as follows:

1. Except as otherwise provided in subsection 2, the following recommendations, guidelines and publications are adopted by reference:

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

(b) The Centers for Disease Control and Prevention's 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, published by the United States Department of Health and Human Services and available at no cost on the Internet at https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines.pdf, or, if that Internet website ceases to exist, from the Division.

(c) The recommended guidelines for the investigation, prevention, suppression and control of communicable disease set forth by the Centers for Disease Control and Prevention in:

(1) "General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices," Morbidity and Mortality Weekly Report [55(RR15):1-48, December 1, 2006], published by the United States Department of Health and Human Services and available at no cost on the Internet at http://www.cdc.gov/mmwr, or, if that Internet website ceases to exist, from the Division; and

(2) Manual for the Surveillance of Vaccine-Preventable Diseases, 4th edition, published by the United States Department of Health and Human Services and available at no cost on the Internet at http://www.cdc.gov/vaccines/pubs/surv-manual/index.html, or, if that Internet website ceases to exist, from the Division.

(d) The recommended guidelines for the investigation, prevention, suppression and control of communicable diseases contained in Control of Communicable Diseases Manual, 20th edition, published by the American Public Health Association and available for the price of $38.50 for members and $55.00 for nonmembers from the American Public Health Association, 800 I Street, N.W., Washington, D.C. 20001-3710, or at the Internet address http://www.apha.org.

(e) The recommended guidelines for the investigation, prevention, suppression and control of communicable diseases contained in Red Book: 2015 Report of the Committee on Infectious Diseases, 30th edition, published by the American Academy of Pediatrics and available for the

price of $75.00 for members and $149.95 for nonmembers from the American Academy of Pediatrics, 141 Northwest Point Boulevard, Elk Grove Village, Illinois 60007, or at the Internet address http://www.aap.org.

(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, 2006," Morbidity and Mortality Weekly Report [55(RR11):1-94, August 4, 2006], published by the United States Department of Health and Human Services and available at no cost on the Internet at http://www.cdc.gov/mmwr, or, if that Internet website ceases to exist, from the Division.

(g) The recommendations for the counseling of and effective treatment for a person having active tuberculosis or tuberculosis infection as set forth in:

(1) "Controlling Tuberculosis in the United States: Recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America," Morbidity and Mortality Weekly Report [54(RR12):1-81, November 4, 2005], published by the United States Department of Health and Human Services and available at no cost on the Internet at http://www.cdc.gov/mmwr, or, if that Internet website ceases to exist, from the Division;

(2) "Treatment of Tuberculosis," Morbidity and Mortality Weekly Report [52(RR11):1-77, June 20, 2003], published by the United States Department of Health and Human Services and available at no cost on the Internet at http://www.cdc.gov/mmwr, or, if that Internet website ceases to exist, from the Division;

(3) "Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection," Morbidity and Mortality Weekly Report [49(RR06):1-54, June 9, 2000], published by the United States Department of Health and Human Services and available at no cost on the Internet at http://www.cdc.gov/mmwr, or, if that Internet website ceases to exist, from the Division;

(4) The recommendations of the Centers for Disease Control and Prevention for preventing and controlling tuberculosis in correctional and detention facilities set forth in "Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC," Morbidity and Mortality Weekly Report [55(RR9):1-44, July 7, 2006], published by the United States Department of Health and Human Services and available at no cost on the Internet at http://www.cdc.gov/mmwr, or, if that Internet website ceases to exist, from the Division; and

(5) "Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis: Recommendations from the National Tuberculosis Controllers Association and CDC," Morbidity and Mortality Weekly Report [54(RR15):1-37, December 16, 2005], published by the United States Department of Health and Human Services and available at no cost on the Internet at http://www.cdc.gov/mmwr, or, if that Internet website ceases to exist, from the Division.

(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 "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005," Morbidity and Mortality Weekly Report [54(RR17):1-141, December 30, 2005], published by the United States Department of Health and Human Services and available at no cost on the Internet at http://www.cdc.gov/mmwr, or, if that Internet website ceases to exist, from the Division.

(i) "Case Definitions for Infectious Conditions Under Public Health Surveillance," Morbidity and Mortality Weekly Report [46(RR10):1-55, May 2, 1997], published by the United States Department of Health and Human Services and available at no cost on the Internet at http://www.cdc.gov/mmwr, or, if that Internet website ceases to exist, from the Division.

(j) "Recommended Antimicrobial Agents for Treatment and Postexposure Prophylaxis of Pertussis: 2005 CDC Guidelines," Morbidity and Mortality Weekly Report [54(RR14):1-16, December 9, 2005], published by the United States Department of Health and Human Services and available at no cost on the Internet at http://www.cdc.gov/mmwr, or, if that Internet website ceases to exist, from the Division.

(k) "Updated Recommendations for Isolation of Persons with Mumps," Morbidity and Mortality Weekly Report [57(40):1103-1105, October 10, 2008], published by the United States Department of Health and Human Services and available at no cost on the Internet at http://www.cdc.gov/mmwr, or, if that Internet website ceases to exist, from the Division.

(l) "Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection," Morbidity and Mortality Weekly Report [57(RR09):1-83, November 7, 2008], published by the United States Department of Health and Human Services and available at no cost on the Internet at http://www.cdc.gov/mmwr, or, if that Internet website ceases to exist, from the Division.

(m) "Facility Guidance for Control of Carbapenem-resistant Enterobacteriaceae (CRE)," published by the United States Department of Health and Human Services and available at no cost from the Centers for Disease Control and Prevention of the United States Department of Health and Human Services on the Internet at https://www.cdc.gov/hai/organisms/cre/cre-toolkit/index.html, or, if that Internet website ceases to exist, from the Division.

(n) "Interim guidance for a Health Response to Contain Novel or Targeted Multidrug-resistant Organisms (MRDOs)," published by the United States Department of Health and Human Services and available at no cost from the Centers for Disease Control and Prevention of the United States Department of Health and Human Services on the Internet at https://www.cdc.gov/hai/outbreaks/docs/Health-Response-Contain-MDRO.pdf, or, if that Internet website ceases to exist, from the Division.

(o) The guidelines for the prevention, postexposure management and control of rabies as specified in the "Compendium of Animal Rabies Prevention and Control, 2016," published by the National Association of State Public Health Veterinarians and available at no cost on the Internet at http://nasphv.org/documentsCompendiaRabies.html, or, if that Internet website ceases to exist, from the Division.

(p) "Carbapenemase Producing Carbapenem-Resistant Enterobacteriaceae (CP-CRE) 2018 Case Definition," published by the United States Department of Health and Human Services and available at no cost on the Internet at https://wwwn.cdc.gov/nndss/conditions/carbapenemase-producing-carbapenem-resistant-enterobacteriaceae/case-definition/2018/, or, if that Internet website ceases to exist, from the Division.

(q) Any guidance adopted by the Centers for Disease Control and Prevention relating to the detection, mitigation and response to an extraordinary occurrence of illness, as defined by NAC 441A.085, "Extraordinary Occurrence of Illness" published by the United States Department of Health and Human Services and available at no cost on the internet at https://www.cdc.gov, or from the Division.

(r) "Infection Prevention and Control for* Candida auris*," published by the United States Department of Health and Human Services and available at no cost from the Centers for Disease Control and Prevention of the United States Department of Health and Human Services on the Internet at https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html or, if that Internet website ceases to exist, from the Division.

(s) "Interim guidance for a Health Response to Contain Novel or Targeted Multidrug-resistant Organisms (MRDOs)," published by the United States Department of Health and Human Services and available at no cost from the Centers for Disease Control and Prevention of the United States Department of Health and Human Services on the Internet at https://www.cdc.gov/hai/outbreaks/docs/Health-Response-Contain-MDRO.pdf, or, if that Internet website ceases to exist, from the Division

(t) "Candida auris 2019 case definition" published by the United States Department of Health and Human Services and available at no cost on the Internet at https://www ndc.services.cdc.gov/case-definitions/candida-auris-2019 or, if that Internet website ceases to exist, from the Division.

2. Except as otherwise provided in this subsection, the most current version of a recommendation, guideline or publication adopted by reference pursuant to subsection 1 which is published will be deemed to be adopted by reference. If both the state and local health authorities determine that an update of or revision to a recommendation, guideline or publication described in subsection 1 is not appropriate for use in the State of Nevada, the Chief Medical Officer will present this determination to the Board and the update or revision, as applicable, will not be adopted. If the agency or other entity that publishes a recommendation,

guideline or publication described in subsection 1 ceases to publish the recommendation, guideline or publication:

(a) The last version of the recommendation, guideline or publication that was published before the agency or entity ceased to publish the recommendation, guideline or publication shall be deemed to be the current version; and

(b) The recommendation, guideline or publication will be made available on an Internet website maintained by the Division.

Section 13. NAC 441A.230 is hereby amended as follows:

1. Except as otherwise provided in NAC 441A.240, 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, address and, if available, telephone number of the case or suspected case.

(c) The name, address 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 diagnosis of the communicable disease.

(f) The date of onset of the communicable disease, if available.

(g) ***If the case or suspected case relates to a pregnant individual with or suspected of having syphilis, a notation that the individual is pregnant and:***

(i) The type of treatment provided; or

(ii) A statement that the individual refused treatment.

(h) Electronic Case Reporting (eCR) as requested by the Health Authority.

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

Section 14. NAC 441A.235 is hereby amended as follows:

1. Except as otherwise provided in NAC 441A.240, the director or other person in charge of a medical laboratory in which a test or examination of any specimen derived from the human body yields evidence suggesting the presence of a communicable disease, a causative agent of a communicable disease or an immune response to a causative agent of a communicable disease shall:

(a) If the medical laboratory is in this State, report the findings to the health authority having jurisdiction where the office of the health care provider who ordered the test or examination is located or to an electronic clearinghouse approved by the health authority.

(b) If the medical laboratory performed the test or examination on specimens obtained in this State or from residents of this State, and the medical laboratory is located outside of this State, report the findings to the Chief Medical Officer.

The report must be made in the manner provided in NAC 441A.225.

2. The report must include:

(a) The date and result of the test or examination performed.

(b) The name, address and, if available, telephone number of the person from whom the specimen was obtained.

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

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

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

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

3. ***The director or other person in charge of the medical laboratory shall also submit negative laboratory results for Hepatitis C and Human Immunodeficiency Virus (HIV) to the health authority, in the manner provided in NAC 441A.225, and must include:***

(a) The date and result of the test or examination performed.
(b) The name, address and, if available, telephone number of the person from whom the specimen was obtained.
(c) The sex, age and date of birth of the person from whom the specimen was obtained, if available.
(d) The name of the health care provider who ordered the test or examination.
(e) The name and the address or telephone number of the medical laboratory making the report.
(f) Any other information requested by the health authority, if available.

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

(a) Requested by the health authority;

Add: ***(b) At the request of the State Epidemiologist or Chief Medical Officer, positive specimens and/or isolates shall be provided to the Nevada State Public Health Laboratory for phylogenetic analysis in cases where a reportable organism of communicable disease can be analyzed through genomic sequence analysis.***

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

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

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

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

(3) Isolates of *Brucella* spp.;

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

(5) Isolates of *Campylobacter* spp.;

(6) I***solates and positive culture-independent Candida auris specimens***

~~(6) Isolates of~~ ***(7) Specimens suspected to contain*** *Clostridium botulinum*;

~~(7)~~ ***(8)*** Isolates of *Clostridium tetani*;

~~(8)~~ ***(9)*** Isolates of *Corynebacterium diptheriae*;

~~(9)~~ ***(10)*** Isolates of *Coxiella burnetiid*;

~~(10)~~ ***(11)*** Isolates of *E. coli* O157:H7;

~~(11)~~ ***(12)*** Isolates of *Francisella tularensis*;

~~(12)~~ ***(13)*** Isolates of *Haemophilus influenza* (invasive only);

~~(13)~~ ***(14)*** Isolates of *Legionella* spp.;

~~(14)~~ ***(15)*** Isolates of *Listeria monocytogenes*;

~~(15)~~ ***(16)*** Isolates of *Mycobacterium* spp.;

~~(16)~~ ***(17)*** Isolates of *Neisseria meningitidis* from a sterile site;

~~(17)~~ ***(18)*** Blood *or blood* smears containing *Plasmodium* spp.;

~~(18)~~ ***(19)*** Isolates of *Salmonella* spp.;

~~(19)~~ ***(20)*** Isolates of, or broth positive results for, Shiga toxin-producing *Escherichia coli*;

~~(20)~~ ***(21)*** Isolates of *Shigella* spp.;

~~(21)~~ ***(22)*** Isolates of *Vibrio* spp.;

~~(22)~~ ***(23)*** Isolates of Vancomycin-intermediate *Staphylococcus aureus*;

~~(23)~~ ***(24)*** Isolates of Vancomycin-resistant *Staphylococcus aureus*;

~~(24)~~ ***(25)*** Isolates of *Yersinia pestis*; or

~~(25)~~ ***(26)*** Isolates of *Yersinia* spp., other than *Yersinia pestis*.

~~4.~~***5.*** The health authority shall annually publish and post on its Internet website a list of communicable diseases for which microbiologic cultures, subcultures, culture-independent diagnostic tests or other specimens or clinical material, if available, must be submitted pursuant to subsection 3. For each communicable disease included on the list, the health authority must specify:

(a) The microbiologic cultures, subcultures, culture-independent diagnostic tests or other specimens or clinical material to be submitted;

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

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

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

~~5.~~***6.*** If the director or other person in charge of the medical laboratory submits a culture-independent diagnostic test pursuant to subsection 3, the State Public Health Laboratory must conduct reflex testing for the purpose of surveillance.

~~6.~~***7.*** Except as otherwise provided in NAC 441A.240, the director or other person in charge of a medical laboratory shall report as required by this section the results of any test of any specimen derived from the human body, if the test is approved by the Food and Drug Administration of the United States Department of Health and Human Services, and:

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

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

~~7.~~***8.*** With respect to a test described in subsection 6, if the interpretation of the laboratory diagnostic testing algorithm is positive, indicating the presence of infection with the human immunodeficiency virus (HIV), the laboratory must report to the health authority:

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

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

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

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

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

Section 15. NAC 441A.240 is hereby amended as follows:

1. Except as otherwise provided in subsection 2, 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. The report must be made in the manner provided in NAC 441A.225.

2. If a medical facility has a designated infection preventionist, administrative procedures may be established by which all communicable diseases known or suspected within the medical facility, including its laboratories and outpatient locations, are reported to the health authority through the medical facility's infection preventionist or his or her representative. The report must be made in the manner provided in NAC 441A.225. 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 medical facility to the health authority if he or she makes a report to the infection preventionist in accordance with the provisions of this section.

3. Any administrative procedures adopted by a medical facility pursuant to subsection 2 must:

(a) Require the designated infection preventionist to:

(1) Submit to the health authority each report of a known or suspected communicable disease in the medical facility made to the infection preventionist by a director or other person in charge of a laboratory in the medical facility or a health care provider in the medical facility; and

(2) Make the report in the manner provided in NAC 441A.225;

(b) Require each director or other person in charge of a laboratory in the medical facility and each health care provider in the medical facility to:

(1) Submit a report to the infection preventionist if he or she knows of or suspects the presence of a communicable disease in the medical facility; and

(2) Make the report in a manner that enables the infection preventionist to submit the report to the health authority in the manner provided in NAC 441A.225; and

(c) Establish specific procedures for, without limitation:

(1) Submitting a report to the infection preventionist outside his or her regular business hours;

(2) Submitting a report if the infection preventionist is not available; and

(3) Ensuring that a report submitted to the infection preventionist is made in a manner that enables the infection preventionist to submit the report to the health authority in the manner provided in NAC 441A.225.

4. If a medical facility adopts administrative procedures pursuant to subsection 2, the director or other person in charge of the medical facility shall:

(a) Ensure that the administrative procedures are revised or amended as necessary; and

(b) Provide the administrative procedures, and each revision and amendment thereto, to:

(1) The health authority having jurisdiction where the medical facility is located;

(2) Each health care provider in the medical facility;

(3) The director or other person in charge of a laboratory in the medical facility; and

(4) The designated infection preventionist, his or her representative and any other person who assists the infection preventionist in carrying out his or her duties.

5. A report submitted to a designated infection preventionist pursuant to this section must:

(a) If submitted by the director or other person in charge of a laboratory in the medical facility, comply with NAC 441A.235; or

(b) If submitted by a health care provider in the medical facility, comply with NAC 441A.230.

6. If requested by the health authority, the medical facility must provide additional records pertaining to the general communicable disease, including but not limited to proof of treatment and negative laboratory results.

Section. 16. NAC 441A.245 is hereby amended as follows:

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. Except as otherwise provided in this section, 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, address and, if available, telephone number 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 available.

(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, without limitation, procedures of exclusion, isolation and quarantine.

4. If a communicable disease is identified in a child attending a school or child care facility:

(a) The principal, director or other person in charge of the school or child care facility shall report the communicable disease to the health authority on the same day on which the disease is identified.

(b) The health authority shall begin the investigation of the report of the communicable disease immediately upon receipt of the report.

(c) If a health authority determines there is a risk for outbreak, the principal, director or other person in charge of the school or child care facility shall inform the parents or guardians of the children exposed to the communicable disease and provide educational materials relating to the monitoring of signs and symptoms of infection.

Section 17. NAC 441A.252 is hereby amended as follows:

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) ~~Acquired immune deficiency syndrome (AIDS);~~

~~(b)~~ ***The presence of*** Hepatitis A;

~~(c)~~***(b) The presence of*** Hepatitis B;

~~(d)~~***(c) The presence of or a negative test result for*** Hepatitis C;

~~(e)~~***(d) The presence of or a negative test result for*** Human immunodeficiency virus (HIV);

~~(f)~~***(e) The presence of*** Syphilis, including congenital syphilis; or

~~(g)~~***(f) The presence of*** Tuberculosis,

➔ 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 Chief Medical Officer or a representative thereof.

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 and, if available, telephone number, and the age or 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 medical laboratory that performed the test; and

Any other information the Chief Medical Officer or the representative may request.

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

Section 18. NAC 441A.305 is hereby amended as follows:

1. Pursuant to subsection 10 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 or her 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.

Section 19. NAC 441A.325 is hereby amended as follows:

Notwithstanding any other provision of this chapter, a case or suspected case must be investigated, ***pursuant to NRS 441A.160,*** reported, prevented, suppressed and controlled in a manner consistent with the provisions of this chapter which are applicable to the particular communicable disease.

Section 20. NAC 441A.350 is hereby amended as follows:

1. A health care provider shall ~~notify~~ ***report to*** the health authority within 24 hours of discovery of any case having active tuberculosis or any suspected case considered to have active tuberculosis who:

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

~~2. Has shown a positive reaction to the Mantoux tuberculin skin test or another diagnostic test recognized by the United States Food and Drug Administration;~~ or

~~3.~~ ***(b)*** Has completed a course of medical treatment prescribed by a health care provider in accordance with the guidelines adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.

2. A healthcare provider shall submit a report to the health authority within five business days of discovery of an individual having confirmed tuberculosis infection, also termed latent tuberculosis infection, where the individual:

(a) Has been identified by a positive reaction to the Mantoux tuberculin skin test, interferon gamma release assay or another diagnostic test recognized by the United States Food and Drug Administration; and

(b) Has no radiological evidence of active tuberculosis in the lungs; and

(c) Has no of signs or symptoms consistent with tuberculosis disease; and

(d) Has no documented prior tuberculosis or tuberculosis infection.

3. The report required by subsection 2 must be made in the manner provided in NAC 441A.230, and additionally include:

(a) The name, date, and result of the TB screening test; and

(b) The date and result of the chest radiograph; and

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

(d) The presence of any immunocompromising conditions or planned immunosuppression; and

(e) The date tuberculosis infection treatment is initiated or refused by the individual diagnosed with tuberculosis infection.

Section 21. NAC 441A.355 is hereby amended as follows:

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

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

3. The health authority shall evaluate for tuberculosis infection any contact of a case having active tuberculosis. A tuberculosis screening test must be administered to a contact residing in the same household as the case or other similarly close contact. If the tuberculosis screening test is negative, the tuberculosis screening test must be repeated 8 to 10 weeks after the last date of exposure to the case having active tuberculosis. If the initial or second tuberculosis screening test is positive, the contact must be referred for a chest X-ray and medical evaluation for active

tuberculosis. Any contact found to have active tuberculosis or tuberculosis infection must be advised to complete a course of treatment that is:

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

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

4. If a child who is less than 5 years of age or other high-risk contact has a negative initial tuberculosis screening test pursuant to subsection 3, the health authority shall advise the contact or his or her parent or guardian, as applicable, that the contact should 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, ***pursuant to NRS 441A.160,*** issue an order for a medical examination to any contact who refuses to submit to a medical examination pursuant to subsection 3, to determine if he or she has active tuberculosis or tuberculosis infection.

Section 22. NAC 441A.360 is hereby amended as follows:

1. ***Except as otherwise provided in NRS 441A.180, a*** [~~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***, pursuant to NRS 441A.160***.

3. A case having tuberculosis or a suspected case considered to have tuberculosis shall, upon request by his or her health care provider or the health authority, report the source of his or her 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.

Section 23. NAC 441A.365 is hereby amended as follows:

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***, pursuant to NRS 441A.160***.

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 ***pursuant to NRS 441A.160,*** 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 or she is asymptomatic and is authorized to do so by the health authority.

Section 24. NAC 441A.450 is hereby amended as follows:

1. The health authority shall investigate each report of a case having:

(a) ~~Acquired immune deficiency syndrome (AIDS)~~ ***Human immunodeficiency virus infection (HIV), stage 3 as identified by a confirmed positive laboratory test or through an HIV stage 3-defining condition, as defined by the Centers for Disease Control & Prevention***; or

(b) 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 confirm the diagnosis and identify each person with whom the case has had sexual relations and each person with whom the case has shared a needle. The health authority shall notify each person so identified of his or her potential exposure and of the availability of counseling and of testing for the presence of human immunodeficiency virus infection (HIV). If a person notified pursuant to this section is unable to obtain counseling as set forth in NRS 441A.336, the health authority shall provide, or ensure the provision of, the counseling.

2. If a case 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 of his or her potential exposure to the human immunodeficiency virus infection (HIV)***.*** [~~or acquired immune deficiency syndrome (AIDS).~~]

~~3. If a case 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 the victim of his or her possible exposure and to advise him or her of the availability of counseling and testing for human immunodeficiency virus infection (HIV).~~

~~4.~~ ***3.*** If a case reported pursuant to subsection 1 has active tuberculosis or tuberculosis infection, the health authority shall***, pursuant to NRS 441A.160,*** make reasonable efforts to ensure that appropriate remedial and medical treatment of the tuberculosis or infection is provided.

~~5.~~ ***4.*** If, at any time, a case reported pursuant to subsection 1 requests 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.~~ ***5.*** If a case reported pursuant to subsection 1 is in a medical facility, the medical facility shall provide care to the case in accordance with blood and body fluid precautions and, if another communicable disease is present, universal precautions or the appropriate disease specific precautions.

Section 25. NAC 441A.485 is hereby amended as follows:

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***, pursuant to NRS 441A.160***.

2. Except as otherwise provided in NRS 441A.210, ***and pursuant to NRS 441A.160,*** 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***, pursuant to NRS 441A.160***.

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, 2006," adopted by reference pursuant to NAC 441A.200.

5. A health care provider shall follow the procedures set forth in "Sexually Transmitted Diseases Treatment Guidelines, 2006," adopted by reference pursuant to NAC 441A.200, when testing and treating persons with chancroid.

Section 26. NAC 441A.490 is hereby amended as follows:

1. The health authority ~~shall~~ ***may*** 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***, pursuant to NRS 441A.160***.

2. Except as otherwise provided in NRS 441A.210 ***and pursuant to NRS 441A.160***, 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 ***and pursuant to NRS 441A.160***, the health authority shall take action to ensure that the person ~~receives~~ ***is offered*** 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, 2006," adopted by reference pursuant to NAC 441A.200.

5. A health care provider shall follow the procedures set forth in ***the most current guidelines for treatment of sexually transmitted diseases,*** ~~"Sexually Transmitted Diseases Treatment Guidelines, 2006,"~~ adopted by reference pursuant to NAC 441A.200, 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.

Section 27. NAC 441A.505 is hereby amended as follows:

1. ***Pursuant to NRS 441A.160, the*** ~~[The]~~ health authority shall investigate each report of a case having cryptosporidiosis, identified by the detection of Cryptosporidium organisms or DNA in stool, intestinal samples, biopsy specimens or other biological samples 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. Unless authorized by the health authority, a person who has diarrhea and a fecal specimen that is positive for Cryptosporidium and any symptomatic contact residing in the same household as such a person shall not work in a sensitive occupation until at least 48 hours after the diarrhea has resolved. The health authority may***, pursuant to NRS 441A.160,*** order any additional exclusion, testing or treatment of any person that the health authority determines is necessary to prevent further transmission of Cryptosporidium.

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

4. Unless authorized by the health authority, ***and subject to NRS 441A.180,*** an infant or child who is excreting Cryptosporidium spp. and whose diarrhea is unresolved or has been resolved for less than 24 hours 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.

5. 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.

Section 28. NAC 441A.525 is hereby amended as follows:

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 Chief Medical Officer ***and in accordance with the guidance adopted by reference by NAC 441A.200***. The Chief Medical Officer may investigate an extraordinary occurrence of illness by conducting a special study.

3. The health authority shall notify the Chief Medical Officer if the source of infection or illness is known or suspected to be related to an act of intentional transmission or biological terrorism.

Section 29. NAC 441A.535 is hereby amended as follows:

1. ***Pursuant to NRS 441A.160, the*** ~~[The]~~ health authority shall investigate each report of a case having giardiasis to confirm the diagnosis, to identify any contacts and the source of infection, to determine if the case is employed in a sensitive occupation or is a child attending a child care facility and to determine if there is a household contact who is employed in a sensitive occupation.

2. Unless authorized by the health authority, ***and subject to NRS 441A.180,*** a person having diarrhea and a fecal specimen that has tested positive for the presence of Giardia lamblia organisms, antigen or DNA and any symptomatic contact residing in the same household as such a case shall not work in a sensitive occupation until at least 48 hours after the diarrhea has resolved. The health authority shall order any additional exclusion, testing or treatment of any person that the health authority determines is necessary to prevent further transmission of Giardia lamblia.

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

4. Unless authorized to do so by a health authority, an infant or child who has diarrhea and a fecal specimen that has tested positive for the presence of Giardia lamblia organisms, antigen or DNA shall not attend a child care facility unless antiparasitic therapy has been initiated and the diarrhea has resolved for more than 48 hours. The health authority shall, ***pursuant to NRS 441A.160 and subject to NRS 441A.180,*** order any additional exclusion, testing or treatment of any person that the health authority determines is necessary to prevent further transmission of Giardia lamblia.

5. The health authority may, ***pursuant to NRS 441A.160 and subject to NRS 441A.180,*** 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 Giardia lamblia within the child care facility.

6. 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.

7. 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.

Section 30. NAC 441A.540 is hereby amended as follows:

1. The health authority ~~shall~~ ***may*** 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***, pursuant to NRS 441A.160***.

2. Except as otherwise provided in NRS 441A.210 ***and pursuant to NRS 441A.160***, 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 ***and pursuant to NRS 441A.160***, the health authority shall take action to ensure that the person ~~receives~~ ***is offered*** 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 ***the most current guidelines for treatment of sexually transmitted diseases,*** ~~"Sexually Transmitted Diseases Treatment Guidelines, 2006,"~~ adopted by reference pursuant to NAC 441A.200.

5. A health care provider shall follow the procedures set forth in "***the most current guidelines for treatment of sexually transmitted diseases,*** ~~"Sexually Transmitted Diseases Treatment Guidelines, 2006,"~~ adopted by reference pursuant to NAC 441A.200, 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.

Section 31. NAC 441A.545 is hereby amended as follows:

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***, pursuant to NRS 441A.160***.

2. Except as otherwise provided in NRS 441A.210 ***and pursuant to NRS 441A.160***., 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 ***and pursuant to NRS 441A.160***., 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, 2006," adopted by reference pursuant to NAC 441A.200.

5. A health care provider shall follow the procedures set forth in ***the most current guidelines for treatment of sexually transmitted diseases,*** ~~"Sexually Transmitted Diseases Treatment Guidelines, 2006,"~~ adopted by reference pursuant to NAC 441A.200, when testing and treating persons with granuloma inguinale.

Section 32. NAC 441A.575 is hereby amended as follows:

1. The health authority shall:

(a) For purposes of surveillance and reporting, obtain sufficient information of each:

(1) Case having influenza that:

(I) Results in hospitalization ***or death*** and is confirmed by a laboratory; or

(II) Is of a viral strain that the Centers for Disease Control and Prevention or the World Health Organization has determined poses a risk of a national or global pandemic; or

(2) Death of a person who is less than 18 years of age who suffered from influenza at the time of death, as confirmed by a laboratory.

(b) Obtain sufficient information of each case having influenza that is novel or untypeable to:

(1) Confirm the diagnosis;

(2) Determine the extent of any outbreak;

(3) Determine the source of infection;

(4) Identify and evaluate any contacts; and

(5) Provide measures for prevention and control of the influenza.

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

Section 32. NAC 441A.595 hereby amended as follows:

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~~, ***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.

Section 33. NAC 441A.600 is hereby amended as follows:

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***, pursuant to NRS 441A.160***.

2. Except as otherwise provided in NRS 441A.210 ***and pursuant to NRS 441A.160***, 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 ***and pursuant to NRS 441A.160***, the health authority shall take action to ensure that the person ~~receives~~ ***is offered*** 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 ***the most current guidelines for treatment of sexually transmitted diseases,*** ~~"Sexually Transmitted Diseases Treatment Guidelines, 2006,"~~ adopted by reference pursuant to NAC 441A.200.

5. A health care provider shall follow the procedures set forth in "Sexually Transmitted Diseases Treatment Guidelines, 2006," adopted by reference pursuant to NAC 441A.200, when testing and treating persons with lymphogranuloma venereum.

Section 34. NAC 441A.687 is hereby amended as follows:

1. The health authority shall***, pursuant to NRS 441A.160,*** investigate each report of:

(a) A case having Shiga toxin-producing *Escherichia coli*, as identified by clinical specimens that demonstrate the presence of Shiga toxin-producing *Escherichia coli* or specific toxins upon testing by a medical laboratory; and

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

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

(a) Confirm the diagnosis;

(b) Identify the source of infection; and

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

3. A person excreting Shiga toxin-producing *Escherichia coli* shall not work in a sensitive occupation unless authorized to do so by a health authority***, subject to NRS 441A.180***. The health authority may authorize the case to work in a sensitive occupation if:

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

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

4. A contact residing in the same household as a case having Shiga toxin-producing *Escherichia coli* shall not work in a sensitive occupation unless authorized to do so by the health authority***, subject to NRS 441A.180***.

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

6. Unless authorized by the health authority***, and subject to NRS 441A.180***, an infant or child excreting Shiga toxin-producing *Escherichia coli* shall not attend a child care facility until he or she has been asymptomatic for at least 24 hours. The health authority:

(a) May***, subject to NRS 441A.160,*** order any additional exclusion, testing or treatment of any person that the health authority determines is necessary to prevent further transmission of Shiga toxin-producing *Escherichia coli*; and

(b) Shall instruct a child care facility where an infant or child who is attending the facility is excreting Shiga toxin-producing *Escherichia coli* of the need for and proper method of hand washing and other practices for the control of infection which prevent the transmission of Shiga toxin-producing Escherichia coli.

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

Section 35. NAC 441A.695 is hereby amended as follows:

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~~ ***is offered*** appropriate testing and treatment for the infection.

2. Except as otherwise provided in NRS 441A.210 ***and pursuant to NRS 441A.160***, 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 ***and pursuant to NRS 441A.160***, 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 ***the most current guidelines for treatment of sexually transmitted diseases,*** ~~"Sexually Transmitted Diseases Treatment Guidelines, 2006,"~~ adopted by reference pursuant to NAC 441A.200.

5. A health care provider shall follow the procedures set forth in ***the most current guidelines for treatment of sexually transmitted diseases,*** ~~"Sexually Transmitted Diseases Treatment Guidelines, 2006,"~~ adopted by reference pursuant to NAC 441A.200, 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~~ ***appropriate disease specific precautions***.

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

Section 36. NAC 441A.775 is hereby amended as follows:

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.~~ ***2.*** Chancroid.
~~4.~~ ***3.*** *Chlamydia trachomatis* infection of the genital tract.
~~5.~~ ***4.*** Genital herpes simplex.
~~6.~~ ***5.*** Genital human papilloma virus infection.
~~7.~~ ***6.*** Gonorrhea.
~~8.~~ ***7.*** Granuloma inguinale.
~~9.~~ ***8.*** Hepatitis B infection.
~~10.~~ ***9.*** Human immunodeficiency virus infection (HIV).
~~11.~~ ***10.*** Lymphogranuloma venereum.
~~12.~~ ***11.*** Nongonococcal urethritis.
~~13.~~ ***12.*** Syphilis.

Section 37. NAC 441A.800 is hereby amended as follows:

1. A person seeking employment as a sex worker shall submit to the State Public Health Laboratory or a medical laboratory licensed pursuant to chapter 652 of NRS and certified by the Centers for Medicare and Medicaid Services of the United States 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) If the person is female and has a uterine cervix, a cervical specimen for a test to confirm the presence or absence of gonorrhea and *Chlamydia trachomatis* by culture or antigen detection or nucleic acid testing.

(c) If the person is female and does not have a uterine cervix, a high vaginal specimen for a test to confirm the presence or absence of gonorrhea and *Chlamydia trachomatis* by culture or antigen detection or nucleic acid testing.

(d) If the person is male or transgendered, a urethral specimen for a test to confirm the presence or absence of gonorrhea and *Chlamydia trachomatis* by culture or antigen detection or nucleic acid testing.

(e) If the person is seeking employment in a licensed house of prostitution which does not have a written policy that explicitly prohibits engaging in any form of anal intercourse, a rectal specimen for a test to confirm the presence or absence of gonorrhea and *Chlamydia trachomatis* by culture or antigen detection or nucleic acid testing.

2. A person must not be employed as a sex worker until the State Public Health Laboratory or a medical laboratory licensed pursuant to chapter 652 of NRS and certified by the Centers for

Medicare and Medicaid Services of the United States 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 sex worker shall submit to the State Public Health Laboratory or a medical laboratory licensed pursuant to chapter 652 of NRS and certified by the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services:

(a) Once each month, a sample of blood for a test to confirm the presence or absence of:

(1) Infection with the human immunodeficiency virus (HIV); and

(2) Syphilis.

(b) Once each week if the sex worker is female and has a uterine cervix, a cervical specimen for a test to confirm the presence or absence of gonorrhea and *Chlamydia trachomatis* by culture or antigen detection or nucleic acid testing.

(c) Once each week if the sex worker is female and does not have a uterine cervix, a high vaginal specimen for a test to confirm the presence or absence of gonorrhea and *Chlamydia trachomatis* by culture or antigen detection or nucleic acid testing.

(d) Once each week if the sex worker is male or transgendered, a urethral specimen for a test to confirm the presence or absence of gonorrhea and *Chlamydia trachomatis* by culture or antigen detection or nucleic acid testing.

(e) Once each week if the sex worker is employed in a licensed house of prostitution which does not have a written policy that explicitly prohibits engaging in any form of anal intercourse, a rectal specimen for a test to confirm the presence or absence of gonorrhea and *Chlamydia trachomatis* by culture or antigen detection or nucleic acid testing.

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 sex worker. ***A health authority who has reason to believe that a person is in violation of this section, shall issue a warning to that person, in writing, pursuant to NRS 441A.180.***

5. Each sample and specimen required pursuant to this section must be collected under the supervision of a licensed health care professional and must be identified by, as applicable:

(a) The name of the sex worker from whom the sample or specimen was collected, as that name appears on the local work permit card of the sex worker; or

(b) The name of the person from whom the sample or specimen was collected, as that name appears on the application of the person for a local work permit card.

6. Each laboratory test required pursuant to this section must be approved by the Food and Drug Administration of the United States Department of Health and Human Services for the

purpose for which it is administered or must have been validated by a laboratory certified by the Secretary of Health and Human Services pursuant to 42 U.S.C. § 263a.