

**ADOPTED REGULATION**  
**OF THE STATE BOARD OF HEALTH**

**LCB File No. R087-08**

Effective January 13, 2011

EXPLANATION – Matter in *italics* is new; matter in brackets ~~[omitted material]~~ is material to be omitted.

AUTHORITY: §§1-5, 15-28, 31-58 and 61-89, NRS 441A.120; §§6-14, NRS 441A.120 and 441A.125; §29, NRS 441A.120 and 441A.510; §30, NRS 441A.120 and 441A.560; §§59 and 60, NRS 441A.120 and 441A.410.

A REGULATION relating to public health; authorizing a health authority under certain circumstances to require certain medical facilities, health care providers and pharmacies to provide certain information to the system of syndromic reporting and active surveillance developed by the State Board of Health; authorizing a health authority to establish a voluntary program for such facilities, health care providers and pharmacies to voluntarily report certain information to the system of syndromic reporting and active surveillance; requiring a parole officer or probation officer to report certain information regarding a parolee or probationer under his or her supervision who may have a communicable disease; establishing certain procedures and requirements concerning a person who is isolated or quarantined by a health authority; requiring a pharmacist to report a person as a suspected case of tuberculosis under certain circumstances; and providing other matters properly relating thereto.

**Section 1.** Chapter 441A of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 31, inclusive, of this regulation.

**Sec. 2.** *“Centers for Disease Control and Prevention” means the Centers for Disease Control and Prevention of the United States Department of Health and Human Services.*

**Sec. 3.** *“Contact precautions” means the recommended procedures to prevent the transmission of infectious agents that are spread by direct or indirect contact with a case or the environment of a case set forth in 2007 Guideline for Isolation Precautions: Preventing*

*Transmission of Infectious Agents in Healthcare Settings, adopted by reference pursuant to NAC 441A.200.*

**Sec. 4.** *“State Public Health Laboratory” includes, without limitation, any branch laboratory designated, established or maintained by the University of Nevada School of Medicine pursuant to NRS 439.240.*

**Sec. 5.** *“Suspected outbreak” means the occurrence of cases and suspected 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 or that would satisfy the conditions to constitute an outbreak if the suspected cases were assumed to be cases.*

**Sec. 6.** *As used in sections 6 to 14, inclusive, of this regulation, unless the context otherwise requires:*

**1.** *“Emergency facility” means:*

*(a) A hospital that provides emergency services and care, including, without limitation, services and care provided through an emergency department or emergency room; and*

*(b) An independent center for emergency medical care as defined in NRS 449.013.*

**2.** *“Pharmacy” has the meaning ascribed to it in NRS 639.012.*

**3.** *“System for syndromic reporting and active surveillance” means the system for syndromic reporting and active surveillance developed by the Board pursuant to NRS 441A.125.*

**Sec. 7.** *The Board interprets the term “active surveillance,” as used in NRS 441A.125 and sections 6 to 14, inclusive, of this regulation, to mean that the health authority has initiated contact with an emergency facility, a health care provider or a pharmacy to obtain*

*information relating to public health, including, without limitation, information concerning the number of patients who were cared for at the emergency facility or by the health care provider, the medical diagnoses of those patients, and other information concerning the signs or symptoms of disease.*

**Sec. 8.** *The Board interprets the term “major event,” as used in NRS 441A.125 and sections 6 to 14, inclusive, of this regulation, to mean:*

*1. An assembly, meeting or other gathering of persons in this State that the health authority determines may be the object of an act of biological terrorism because the gathering is unusually large or attended by one or more public figures, including, without limitation, a head of state;*

*2. A determination by the Secretary of the United States Department of Homeland Security that the threat of a terrorist attack on the United States or to a particular geographic region or industrial sector is “severe”;*

*3. A state of emergency or declaration of disaster proclaimed by the Governor or resolved by the Legislature pursuant to NRS 414.070;*

*4. A known or suspected release of a biological or chemical agent within the United States that may pose a threat to the public health in this State;*

*5. A known or suspected national, pandemic or global outbreak of disease; or*

*6. A local outbreak within this State of an illness that is known or suspected to be related to the use of a biological, chemical or radiological weapon.*

**Sec. 9.** *The Board interprets the term “syndromic reporting,” as used in NRS 441A.125 and sections 6 to 14, inclusive, of this regulation, to mean the collection and analysis of health-related data that precede diagnosis and may warrant a public health response because*

*it signals a sufficient probability of a case, an outbreak of disease or other public health emergency.*

**Sec. 10. 1.** *The health authority may require an emergency facility or a health care provider to report information to the system for syndromic reporting and active surveillance during a major event or if the health authority determines that the reporting is otherwise appropriate and necessary to monitor the public health in this State.*

*2. An emergency facility or health care provider that is required to report information pursuant to subsection 1 shall report the information in the form and manner prescribed by the health authority. The information must include, without limitation:*

- (a) The name of the emergency facility or health care provider;*
- (b) The name and telephone number of the person making the report;*
- (c) The date of the report;*
- (d) The period covered by the report;*
- (e) The total number of patients who were cared for at the emergency facility or by the health care provider during the period covered by the report; and*
- (f) The number of such patients with:*
  - (1) Cranial nerve impairment with weakness or any bilateral weakness of the face or limbs;*
  - (2) Unexplained death or illness with a history of fever;*
  - (3) Gastrointestinal syndrome, diarrhea or gastroenteritis, including, without limitation, vomiting or abdominal cramps;*
  - (4) Neurological syndrome, meningitis, encephalitis, unexplained acute encephalopathy or a change in mental status with fever;*

- (5) Rash, blisters and localized skin lesions, with or without fever;*
- (6) Shortness of breath, with or without fever;*
- (7) Sepsis or nontraumatic shock;*
- (8) Hemorrhagic illness, with or without fever;*
- (9) Lymphadenitis, with or without fever;*
- (10) Any other sign, symptom or syndrome that is specified by the health authority; or*
- (11) Any combination of the signs, symptoms or syndromes described in subparagraphs (1) to (10), inclusive.*

**Sec. 11. 1.** *The health authority may require a pharmacy to report information to the system for syndromic reporting and active surveillance during a major event or if the health authority determines that the reporting is otherwise appropriate and necessary to monitor the public health in this State.*

*2. The information provided to the health authority pursuant to this section may include, without limitation, data concerning sales by the pharmacy of certain specified drugs, controlled substances, poisons, medicines, chemicals or medical devices.*

**Sec. 12. 1.** *The health authority may establish a voluntary program in which an emergency facility, a health care provider or a pharmacy agrees to report information to the system for syndromic reporting and active surveillance in the absence of a major event or determination by the health authority that the reporting is otherwise appropriate and necessary to monitor the public health in this State.*

*2. During a major event or if the health authority determines that reporting information to the system for syndromic reporting and active surveillance is otherwise appropriate and necessary to monitor the public health in this State, the health authority may agree to accept*

*the information reported by a participant in a voluntary program established pursuant to subsection 1 in lieu of any information that could otherwise be required pursuant to section 10 or 11 of this regulation if the health authority determines that the information voluntarily reported is substantively equivalent to the information that would otherwise be required.*

**Sec. 13. 1.** *If an emergency facility, a health care provider or a pharmacy reports information to a health authority pursuant to section 10, 11 or 12 of this regulation and the health authority obtains an epidemiological analysis of that information which reveals a pattern of illness that suggests a potential outbreak of illness or other public health emergency, the health authority may require the emergency facility, health care provider or pharmacy to report additional information, which may include, without limitation, information of a personal nature about a patient.*

*2. Information of a personal nature about a patient that is reported to a health authority pursuant to this section shall be deemed to be confidential medical information that is subject to the provisions of NRS 441A.220.*

**Sec. 14.** *The provisions of sections 10 to 13, inclusive, of this regulation do not prohibit a health authority from acquiring information from other sources for inclusion in the system for syndromic reporting and active surveillance.*

**Sec. 15.** *A person who performs any of the duties that would otherwise be performed by an employee in a sensitive occupation, whether or not for compensation, and whether or not pursuant to a contract, shall be deemed an employee for purposes of this chapter and only for the purpose of reducing the risk of transmitting a communicable disease.*

**Sec. 16. 1.** *A person who is employed by the Division of Parole and Probation of the Department of Public Safety or by a local governmental entity as a parole officer or probation*

*officer or to perform similar duties and who knows or suspects that a parolee or probationer under his or her supervision has a communicable disease shall report the communicable disease to the health authority having jurisdiction where the parolee or probationer resides. The report must be made in the manner provided in NAC 441A.225.*

*2. The report must include:*

*(a) The name of 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. A person who makes a report pursuant to subsection 1 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.*

**Sec. 17.** *The health authority shall investigate each report of a case having ehrlichiosis/anaplasmosis to:*

*1. Confirm the diagnosis; and*

2. *Determine the geographic location where the exposure to the disease occurred.*

**Sec. 18.** 1. *The health authority shall investigate each report of a case having hepatitis E to confirm the diagnosis, identify any contacts or other cases, determine the extent of any outbreak, identify the source of the infection and determine if the case is employed in a sensitive occupation or is a child attending a school or child care facility.*

2. *Except as otherwise provided in this section, a case having hepatitis E shall not work in a sensitive occupation. The health authority may waive the provisions of this subsection if a case is considered not to be infectious.*

3. *The health authority shall instruct cases having hepatitis E of the need for and proper method of hand washing after defecation.*

**Sec. 19.** 1. *The health authority shall investigate each report of a case having acute unspecified hepatitis to determine the cause of the hepatitis.*

2. *If the health authority determines that the hepatitis is caused by the:*

(a) *Hepatitis A virus, the health authority shall take further action, as appropriate, pursuant to NAC 441A.560 and 441A.565;*

(b) *Hepatitis B, C or Delta virus, the health authority shall take further action pursuant to NAC 441A.570; or*

(c) *Hepatitis E virus, the health authority shall take further action pursuant to section 18 of this regulation.*

3. *If the health authority is unable to determine the cause of the hepatitis or determines that the hepatitis is caused by an unidentified infectious agent, the health authority shall take appropriate measures for the prevention, suppression and control of the disease.*



**Sec. 20.** *The health authority shall investigate each report of a case having severe acute respiratory syndrome (SARS) or a suspected case considered to have severe acute respiratory syndrome (SARS) to:*

- 1. Confirm the diagnosis;*
- 2. Determine the extent of any outbreak; and*
- 3. Determine the need for 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.*

**Sec. 21. 1.** *The health authority shall investigate each report of a case having smallpox or a 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; 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;*
- (2) Immunize or quarantine any susceptible contacts; and*
- (3) Quarantine any susceptible contact who refuses immunization or for whom immunization may be inappropriate.*

*2. Except as otherwise provided in this section, a case having smallpox or a suspected case considered to have smallpox must be isolated from all persons who may be susceptible to the disease until any lesions on the case have healed.*

3. *If a case having smallpox or a suspected case considered to have smallpox is treated in a medical facility, the medical facility shall provide care to the case or suspected case as directed by the health authority until any lesions on the case have healed.*

4. *An employee of a medical facility shall not have direct contact with a case having smallpox or with a suspected case considered to have smallpox unless the employee provides proof of immunity to smallpox or uses appropriate personal protective equipment.*

5. *The health authority shall immediately notify the State Health Officer of a report of a case having smallpox or a suspected case considered to have smallpox.*

6. *As used in this section, "smallpox" means smallpox (variola).*

**Sec. 22.** 1. *The health authority shall investigate each report of a case having vancomycin-resistant or vancomycin-intermediate Staphylococcus aureus to:*

*(a) Confirm the diagnosis;*

*(b) Identify, categorize and evaluate contacts; and*

*(c) Evaluate the efficacy of any contact precautions, disease specific precautions or other infection control precautions that are in effect.*

2. *If the case having vancomycin-resistant or vancomycin-intermediate Staphylococcus aureus is in a medical facility, the medical facility must:*

*(a) Provide care to the case in accordance with appropriate disease specific precautions, including, without limitation:*

*(1) Isolating the case in a private room;*

*(2) Minimizing the number of persons providing care to the case; and*

*(3) Requiring any person who provides care to the case to use contact precautions, including, without limitation:*

*(I) Wearing a sanitary mask and eye protection if performing a procedure that is likely to cause the provider of care to come into contact with contaminated material; and*

*(II) Using a cleansing agent for hand washing that is appropriate for the disease;*

*(b) Dedicate for use only on the case any nondisposable item that cannot be cleaned and disinfected between uses;*

*(c) Inform and educate the appropriate persons about:*

*(1) The presence in the medical facility of a case with vancomycin-resistant or vancomycin-intermediate Staphylococcus aureus; and*

*(2) The need to observe contact precautions, disease specific precautions and other infection control precautions;*

*(d) Determine whether transmission of vancomycin-resistant or vancomycin-intermediate Staphylococcus aureus has already occurred by performing baseline cultures of specimens from the hands and nares of:*

*(1) Any person who has had physical contact with the case;*

*(2) Each health care provider of the case; and*

*(3) Any roommate of the case;*

*(e) Assess the efficacy of any contact precautions, disease specific precautions or other infection control precautions that are in effect by testing the appropriate personnel for the acquisition of an isolate of vancomycin-resistant or vancomycin-intermediate Staphylococcus aureus; and*

*(f) Consult with the health authority before transferring or discharging the case from the medical facility.*

**Sec. 23.** *The health authority shall investigate each report of a case having streptococcal toxic shock syndrome to:*

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

**Sec. 24.** *The health authority shall investigate each report of a case having invasive Streptococcus pneumoniae to:*

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

**Sec. 25.** *The health authority shall investigate each report of a case having vibriosis, as identified by the finding of a person infected with or excreting Vibrio spp. organisms, other than Vibrio cholerae organisms, upon testing of a clinical specimen by a medical laboratory, to:*

- 1. Confirm the diagnosis;*
- 2. Identify any contacts or other cases;*
- 3. Determine the extent of any outbreak; and*
- 4. Identify the source of the infection.*

**Sec. 26.** *1. The health authority shall investigate each report of a case having viral hemorrhagic fever or a suspected case considered to have viral hemorrhagic fever 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; and*
    - (2) Quarantine any susceptible contacts.*
- 2. Except as otherwise provided in this section, a case having viral hemorrhagic fever or a suspected case considered to have viral hemorrhagic fever must be isolated from all persons until the case or suspected case is no longer considered to be infectious.*
- 3. If a case having viral hemorrhagic fever or a suspected case considered to have viral hemorrhagic fever is treated 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 the case or suspected case is no longer considered to be infectious.*
- 4. An employee of a medical facility shall not have direct contact with a case having viral hemorrhagic fever or with a suspected case considered to have viral hemorrhagic fever unless the employee uses appropriate personal protective equipment.*
- 5. The health authority shall immediately notify the State Health Officer of a report of a case having viral hemorrhagic fever or a suspected case considered to have viral hemorrhagic fever.*
- 6. As used in this section, “viral hemorrhagic fever” means infection with:*
- (a) A filovirus, including, but not limited to, Ebola virus or Marburg virus;*
  - (b) An Old World arenavirus, including, but not limited to, Lassa virus or Lujo virus;*

*(c) A New World arenavirus, including, but not limited to, Guanarito virus, Machupo virus, Junin virus or Sabia virus; or*

*(d) A nairovirus, including, but not limited to, Crimean-Congo hemorrhagic fever virus.*

**Sec. 27.** *The health authority shall investigate each report of a case infected with the West Nile virus to:*

- 1. Confirm the diagnosis;*
- 2. Search for other cases; and*
- 3. Determine the need for measures to prevent, suppress or control the spread of the infection.*

**Sec. 28.** *1. The health authority shall investigate each report of a case having yellow fever to:*

- (a) Confirm the diagnosis; and*
  - (b) Determine the type and source of the infection.*
- 2. If a case having yellow fever is treated in a medical facility, the medical facility shall provide care to the case in accordance with universal precautions or other appropriate disease specific precautions.*

**Sec. 29.** *A health authority that is required, pursuant to NRS 441A.510, to provide a person whom it isolates or quarantines with a document informing the person of his or her rights shall provide the person with the document as soon as reasonably practicable, but not later than 24 hours, after the person is placed in isolation or quarantined. The document must read substantially as follows:*

1. *You have the right to make a reasonable number of completed telephone calls from the place where you are isolated or quarantined as soon as reasonably possible after you are isolated or quarantined. (NRS 441A.520)*

2. *You have the right to possess and use a cellular phone or any other similar means of communication to make and receive calls in the place where you are being isolated or quarantined. (NRS 441A.520)*

3. *You have the right to refuse treatment, and you may not be required to submit to involuntary treatment unless a court orders you to submit to the treatment. (NRS 441A.530)*

4. *If you voluntarily consent to be isolated or quarantined in a medical facility and the facility subsequently changes your status to an emergency isolation or quarantine:*

*(a) You have the right to immediately challenge your detention in court; and*

*(b) You have the right to be released not later than 48 hours after the medical facility changes your status unless:*

*(1) You voluntarily consent to continue to be isolated or quarantined; or*

*(2) A health authority files a petition in court to continue your involuntary isolation or quarantine. (NRS 441A.540)*

5. *If you are detained in a medical facility, a residence or other safe location under emergency isolation or quarantine:*

*(a) You have the right to immediately challenge your detention in court; and*

*(b) You have the right to be released not later than 72 hours after you are detained unless:*

*(1) You voluntarily consent to continue to be isolated or quarantined; or*

*(2) A health authority files a petition in court to continue your involuntary isolation or quarantine. (NRS 441A.550)*

*6. If a health authority files a petition in court for your involuntary isolation or quarantine:*

*(a) You have the right to a hearing before a judge within 5 judicial days after the health authority files its petition. (NRS 441A.620)*

*(b) You will be examined by at least one court-appointed physician before your hearing. (NRS 441A.630)*

*(c) You have the right to be represented by an attorney. Unless you retain an attorney of your choice, the judge will appoint an attorney to represent you. 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. (NRS 441A.660)*

*(d) You have the right to be present by live telephonic conferencing or videoconferencing at any proceeding held by the judge and to testify on your own behalf to the extent that you can do so without endangering the health of others. (NRS 441A.680)*

**Sec. 30.** *A health authority that, pursuant to NRS 441A.560, takes a person or group of persons into custody under emergency isolation or quarantine pursuant to its own order and without a warrant shall provide each person with a copy of the order as soon as reasonably practicable, but not later than 24 hours, after the person is taken into custody.*

**Sec. 31. 1.** *A registered pharmacist or intern pharmacist shall submit a report to the health authority identifying a person as a suspected case considered to have tuberculosis if the registered pharmacist or intern pharmacist:*

*(a) Dispenses two or more of the following prescription drugs to the person:*

*(1) Ethambutol;*

*(2) Isoniazid;*



(3) *Pyrazinamide;*  
(4) *Streptomycin; or*  
(5) *Any member of the rifamycin group of drugs, including, but not limited to, rifabutin, rifampin and rifapentine; and*

(b) *Has not previously submitted a report concerning the person to the health authority.*

2. *The report must:*

(a) *Be submitted to the health authority having jurisdiction where the prescription drugs were dispensed;*

(b) *Be made in the manner provided in NAC 441A.225; and*

(c) *Include, without limitation:*

(1) *The name, address and telephone number of the person to whom the prescription drug was dispensed;*

(2) *The date of birth of the person to whom the prescription drug was dispensed;*

(3) *The name, address and telephone number of the registered pharmacist or intern pharmacist making the report;*

(4) *The name and telephone number of the health care provider who wrote the prescription;*

(5) *The date on which the prescription was written; and*

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

3. *As used in this section:*

(a) *“Dispense” has the meaning ascribed to it in NRS 639.0065.*

(b) *“Intern pharmacist” has the meaning ascribed to it in NRS 639.0086.*

(c) *“Registered pharmacist” has the meaning ascribed to it in NRS 639.015.*

**Sec. 32.** NAC 441A.010 is hereby amended to read as follows:

441A.010 As used in this chapter, unless the context otherwise requires, the words and terms defined in NAC 441A.015 to 441A.195, inclusive, *and sections 2 to 5, inclusive, of this regulation* have the meanings ascribed to them in those sections.

**Sec. 33.** NAC 441A.025 is hereby amended to read as follows:

441A.025 “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.]~~ 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, adopted by reference pursuant to NAC 441A.200.

**Sec. 34.** NAC 441A.035 is hereby amended to read as follows:

441A.035 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 Case Definitions for Infectious Conditions Under Public Health Surveillance, published by the United States Department of Health and Human Services.]~~ *means a person who satisfies the clinical, laboratory and epidemiologic criteria set forth in “Case Definitions for Infectious Conditions under Public Health Surveillance,” adopted by reference pursuant to NAC 441A.200, to be classified as a confirmed case or probable case of an infectious disease.*

**Sec. 35.** NAC 441A.040 is hereby amended to read as follows:

441A.040 “Communicable disease ~~[?]~~,” *as defined in NRS 441A.040*, includes:

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

3. Animal bite from a rabies-susceptible ~~[species.]~~ *animal*.
4. Anthrax.
5. Botulism, foodborne.
6. Botulism, infant.
7. Botulism, wound.
8. Botulism, other ~~[ ]~~ *than foodborne botulism, infant botulism or wound botulism*.
9. Brucellosis.
10. Campylobacteriosis.
11. Chancroid.
12. *Chlamydia trachomatis* infection of the genital tract.
13. Cholera.
14. Coccidioidomycosis.
15. Cryptosporidiosis.
16. Diphtheria.
17. ~~[E. coli O157:H7.]~~ *Ehrlichiosis/anaplasmosis*.
18. Encephalitis.
19. *Enterohemorrhagic Escherichia coli* (*Shiga toxin-producing E. coli, including E. coli O157:H7*).
20. Extraordinary occurrence of illness.
- ~~[20.]~~ 21. Foodborne disease outbreak.
- ~~[21.]~~ 22. Giardiasis.
- ~~[22.]~~ 23. Gonococcal infection.
- ~~[23.]~~ 24. Granuloma inguinale.

- ~~{24.}~~ 25. Haemophilus influenzae type b invasive disease.
- ~~{25.}~~ 26. Hansen's disease (leprosy).
- ~~{26.}~~ 27. Hantavirus.
- ~~{27.}~~ 28. Hemolytic-uremic syndrome (HUS).
- ~~{28.}~~ 29. Hepatitis A.
- ~~{29.}~~ 30. Hepatitis B.
- ~~{30.}~~ 31. Hepatitis C.
- ~~{31.}~~ 32. Hepatitis ~~{delta.}~~
- ~~—32.}~~ *Delta.*
33. *Hepatitis E.*
34. Hepatitis, unspecified.
- ~~{33.}~~ 35. Human immunodeficiency virus infection (HIV).
- ~~{34.}~~ 36. Influenza.
- ~~{35.}~~ 37. Legionellosis.
- ~~{36.}~~ 38. Leptospirosis.
- ~~{37.}~~ 39. Listeriosis.
- ~~{38.}~~ 40. Lyme disease.
- ~~{39.}~~ 41. Lymphogranuloma venereum.
- ~~{40.}~~ 42. Malaria.
- ~~{41.}~~ 43. Measles (rubeola).
- ~~{42.}~~ 44. Meningitis.
- ~~{43.}~~ 45. Meningococcal disease.
- ~~{44.}~~ 46. Mumps.

- ~~[45.]~~ 47. Pertussis.
- ~~[46.]~~ 48. Plague.
- ~~[47.]~~ ~~Poliomyelitis.~~
- ~~48.]~~ 49. *Poliovirus infection.*
50. Psittacosis.
- ~~[49.]~~ 51. Q fever.
- ~~[50.]~~ 52. Rabies, human or animal.
- ~~[51.]~~ 53. Relapsing fever.
- ~~[52.]~~ 54. Respiratory syncytial virus infection.
- ~~[53.]~~ ~~Rocky Mountain spotted fever.~~
- ~~54.]~~ 55. Rotavirus infection.
- ~~[55.]~~ 56. Rubella (including congenital rubella syndrome).
- ~~[56.]~~ 57. Salmonellosis.
- ~~[57.]~~ 58. *Severe acute respiratory syndrome (SARS).*
59. Severe reaction to immunization.
- ~~[58.]~~ 60. Shigellosis.
- ~~[59.]~~ 61. *Smallpox (variola).*
62. *Spotted fever rickettsioses.*
63. *Staphylococcus aureus, vancomycin-intermediate.*
64. *Staphylococcus aureus, vancomycin-resistant.*
65. *Streptococcal toxic shock syndrome.*
66. *Streptococcus pneumoniae (invasive).*
67. Syphilis (including congenital syphilis).

~~{60.}~~ 68. Tetanus.

~~{61.}~~ 69. Toxic shock syndrome ~~{~~

~~—62.}~~, *other than streptococcal toxic shock syndrome.*

70. Trichinosis.

~~{63.}~~ 71. Tuberculosis.

~~{64.}~~ 72. Tularemia.

~~{65.}~~ 73. Typhoid fever.

~~{66.}~~ 74. *Vibriosis.*

75. *Viral hemorrhagic fever.*

76. *West Nile virus.*

77. *Yellow fever.*

78. Yersiniosis.

**Sec. 36.** NAC 441A.050 is hereby amended to read as follows:

441A.050 “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.}~~ 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, adopted by reference pursuant to NAC 441A.200.

**Sec. 37.** NAC 441A.060 is hereby amended to read as follows:

441A.060 “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.}~~ 2007 Guideline for

*Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings,*  
*adopted by reference pursuant to NAC 441A.200.*

**Sec. 38.** NAC 441A.070 is hereby amended to read as follows:

441A.070 “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.]~~ *2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, adopted by reference pursuant to NAC 441A.200.*

**Sec. 39.** NAC 441A.080 is hereby amended to read as follows:

441A.080 “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.]~~ *2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, adopted by reference pursuant to NAC 441A.200.*

**Sec. 40.** NAC 441A.085 is hereby amended to read as follows:

441A.085 “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, 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, including, but not limited to, avian influenza.*

*3. A case of an illness that is known or suspected to be related to an act of intentional transmission or biological terrorism.*

**Sec. 41.** NAC 441A.110 is hereby amended to read as follows:

441A.110 “Health care provider” means a ~~[physician, nurse, physician assistant or veterinarian licensed in accordance with state law.]~~ *provider of health care as defined in NRS 441A.110.*

**Sec. 42.** NAC 441A.165 is hereby amended to read as follows:

441A.165 “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.]~~ *2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, adopted by reference pursuant to NAC 441A.200.*

**Sec. 43.** NAC 441A.175 is hereby amended to read as follows:

441A.175 “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.*~~ *2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, adopted by reference pursuant to NAC 441A.200.*

**Sec. 44.** NAC 441A.180 is hereby amended to read as follows:

441A.180 “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. Foodborne botulism;~~

~~2.] :~~

*1. Satisfies the clinical, laboratory and epidemiologic criteria set forth in “Case Definitions for Infectious Conditions under Public Health Surveillance,” adopted by reference pursuant to NAC 441A.200, to be classified as a suspected case of:*

*(a) Anthrax;*

*(b) Botulism, as defined in NAC 441A.465;*

*(c) Diphtheria;*

~~[3.]~~ *(d) Extraordinary occurrence of illness;*

~~[4.]~~ *(e) Influenza that is known or suspected to be of a viral strain that the Centers for Disease Control and Prevention or the World Health Organization has determined poses a risk of a national or global pandemic;*

*(f) Measles;*

~~[5.]~~ *(g) Meningococcal disease;*

*(h) Plague;*

~~[6.]~~ *(i) Poliovirus infection;*

*(j) Rabies (human or animal);*

~~[7.]~~ (k) Rubella; ~~[or~~

~~—8.]~~ (l) *Severe acute respiratory syndrome (SARS);*

(m) *Smallpox (variola);*

(n) Tuberculosis ~~;~~

~~→ or is considered to be part of a foodborne disease outbreak.];~~

(o) *Tularemia; or*

(p) *Viral hemorrhagic fever; or*

2. *Is considered by a health care provider to possibly have a communicable disease*

*identified in subsection 1 based on:*

(a) *Clinical signs and symptoms consistent with the communicable disease; or*

(b) *Laboratory evidence indicating the presence of:*

(1) *The communicable disease;*

(2) *The causative agent of the communicable disease; or*

(3) *The person's or animal's immune response to a causative agent of the*

*communicable disease.*

**Sec. 45.** NAC 441A.195 is hereby amended to read as follows:

441A.195 “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.]~~ *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,” adopted by reference pursuant to NAC 441A.200.*

**Sec. 46.** NAC 441A.200 is hereby amended to read as follows:

441A.200 1. The following recommendations, guidelines and ~~[definitions]~~ *publications* 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 “*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):378-88,]~~ ~~[37(24):377-388,~~ 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.htm>]~~ <http://www.cdc.gov/mmwr/>.

(b) The Centers for Disease Control and Prevention’s ~~[CDC Guidelines for Isolation Precautions in Hospitals,]~~ *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 ~~[for the price of \$33.50, from the National Technical Information Service, United States Department of Commerce, 5285 Port Royal Road, Springfield, Virginia 22161.]~~ *at no cost on the Internet at*

<http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Isolation2007.pdf>.

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

(1) ***“General Recommendations on Immunization: Recommendations of the*** Advisory Committee on Immunization Practices, ***”*** ~~[set forth in]~~ *Morbidity and Mortality Weekly Report*

~~[38(13):205-214 & 219-227, April 7, 1989, 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]~~ ***[55(RR15):1-48, December 1, 2006]***, 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/recreppy.html)~~ <http://www.cdc.gov/mmwr/>; 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/>.***

(d) The recommended guidelines for the investigation, prevention, suppression and control of communicable diseases contained in *Control of Communicable Diseases Manual, 19th edition*, published by the American Public Health Association and available ~~[in hard cover]~~ for the price of ~~[\$43]~~ ***\$25 for members*** and ~~[in soft cover for the price of \$33,]~~ ***\$35 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 ~~[the 2006]~~ Red Book: [2009 Report of the Committee on Infectious Diseases](#), ~~[27th]~~ [28th](#) edition, published by the American Academy of Pediatrics and available ~~[in hard cover]~~ for the price of ~~[\$124.95 and in soft cover for the price of \$99.95,]~~ [\\$99.95 for members and \\$114.95 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, ~~[”set forth in]~~ [2006](#),” *Morbidity and Mortality Weekly Report* ~~[38(S-8), September 1, 1989,]~~ [\[55\(RR11\):1-94, August 4, 2006\]](#), 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/mmwr\\_sup.html](http://www.cdc.gov/mmwr/mmwr_sup.html) ~~[ ]~~ <http://www.cdc.gov/mmwr/>.

(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]~~ :

(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/>;*

(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/>; and

(3) “Targeted Tuberculin Testing and Treatment of Latent Tuberculosis ~~[Infections” in]~~ *Infection*,” *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.]~~

*[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/>.*

(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 ~~Myco~~***Mycobacterium tuberculosis*** in Health-Care ~~Facilities”in~~ ***Settings, 2005,*** *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]~~ ***[54(RR17):1-141, December 30, 2005], published by the United States Department of Health and Human Services and*** 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*;~~ ***“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 ~~[for the price of \$2.25, from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402-9325.~~

~~—2.—~~] at no cost on the Internet at <http://www.cdc.gov/mmwr/>.

(j) *“Recommended Antimicrobial Agents for the 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/>.*

(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/>.*

(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/>.*

2. *Within 90 days after the publication of a revision of a recommendation, guideline or publication adopted by reference pursuant to subsection 1, the Board may make a determination of its suitability for this State. In making its determination, the Board will consider the recommendation submitted by the State Health Officer pursuant to subsection 5. If the Board determines that a revision is not suitable for this State, the Board will:*

(a) *Hold a public hearing to reconsider its determination within 90 days after the date of publication of the revision; and*

(b) *Give notice of that hearing.*



3. *If, after a hearing held pursuant to subsection 2, 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.*

4. *A revision of a recommendation, guideline or publication adopted by reference pursuant to subsection 1 becomes part of the recommendation, guideline or publication:*

*(a) Immediately upon a determination by the Board that the revision is suitable for this State;*

*(b) Immediately upon the conclusion of a hearing held pursuant to subsection 2 if the Board revises its determination and decides that the revision is suitable for this State; or*

*(c) Ninety days after the date of publication of the revision if the Board does not make a determination concerning suitability for this State.*

5. The State Health Officer *or his or her designee* shall review ~~any~~ *each* revision ~~or amendment~~ of a recommendation, guideline or ~~definition specified in paragraphs (a) to (i), inclusive, of~~ *publication adopted by reference pursuant to* subsection 1 to ~~determine~~ *recommend* 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~~ *and shall submit the recommendation to the* ~~State~~ Board ~~of Health.~~ *for its review at the next regularly scheduled meeting of the Board following the publication of the revision.*

**Sec. 47.** NAC 441A.225 is hereby amended to read as follows:

441A.225 1. Except as otherwise provided in this section, a report of a case ~~[(1)]~~ *or* suspected case, ~~[or carrier,]~~ which is required to be made pursuant to the provisions of this chapter, must be made to the health authority ~~[(2)]~~:

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

~~—(b) ~~During~~ *during* the regular business hours of the health authority on the first working day following the identification of the case ~~[(1)]~~ *or* suspected case. ~~[or carrier.]~~ *The report may be made by:*~~

*(a) Telephone;*

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

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

2. ~~[(Upon discovering)]~~ *A report must be made immediately after identifying* a case having ~~[(1)]~~ *or a suspected case considered to have:*

~~[(An animal bite by a rabies susceptible animal;)]~~ *Anthrax;*

(b) Foodborne botulism;

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

(d) Extraordinary occurrence of illness;

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

(f) Meningococcal disease;

~~[(e)]~~ (g) Plague; ~~[or~~

~~—(f)]~~ (h) Rabies, ~~[(1)]~~

→] *human;*

(i) *Poliovirus infection;*

(j) *Severe acute respiratory syndrome (SARS);*

(k) *Smallpox (variola);*

(l) *Tularemia;*

(m) *Viral hemorrhagic fever; or*

(n) *Any infection or disease that is known or suspected to be related to an act of intentional transmission or biological terrorism, or that is or is considered possibly to be part of ~~foodborne-disease] an outbreak or a suspected outbreak . [a~~ 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 report must be made to the health authority within 24 hours after identifying a case having:*

(a) *Infant botulism;*

(b) *Wound botulism;*

(c) *Brucellosis;*

(d) *Cholera;*

(e) *Diphtheria;*

(f) *Haemophilus influenzae type B;*

(g) *Hepatitis A;*

(h) *Hepatitis E;*

(i) *Measles;*

- (j) *Mumps;*
- (k) *Pertussis;*
- (l) *Rubella;*
- (m) *Typhoid fever; or*
- (n) *Tuberculosis.*

4. *A report must be made to the health authority within 24 hours after identifying a suspected case considered possibly to have:*

- (a) ~~Foodborne botulism;~~
- ~~—(b) Extraordinary occurrence of illness;~~
- ~~—(c) Plague; or~~
- ~~—(d) Rabies;~~
- ~~→ or considered possibly to be part of a foodborne disease outbreak,] *Diphtheria;*~~

- (b) *Measles;*
- (c) *Rubella; or*
- (d) *Tuberculosis.*

~~[→ 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.]~~ 5. A report to the health authority *made pursuant to subsection 2, 3 or 4* must be made by telephone ~~[, telecopy, electronic communication or on an official report form furnished by the Division.~~

~~—5.]~~ *if it is made during the regular business hours of the health authority or using the after-hours reporting system if the report is made at any other time.*

6. A report of animal rabies or an animal bite by a rabies-susceptible animal must be made *to the health authority or to the rabies control authority ~~[ ]~~, if designated by the health authority, within 24 hours after identifying the case. The report must be made by telephone if it is made during the regular business hours of the health authority or rabies control authority, as applicable, or using the after-hours reporting system if the report is made at any other time.*

7. *Each health authority and rabies control authority shall establish and maintain an after-hours reporting system.*

**Sec. 48.** NAC 441A.230 is hereby amended to read as follows:

441A.230 1. ~~[A]~~ *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, ~~[and the]~~ address ~~[or]~~ *and, if available*, telephone number of the case or suspected case.
- (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) *The date of onset of the communicable disease, if available.*

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

Sec. 49. NAC 441A.235 is hereby amended to read as follows:

441A.235 1. ~~[The]~~ *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 ~~[any]~~ *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 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]~~ *, address and, if available, telephone number* of the person from whom the specimen was obtained.

(c) *The age or 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.

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

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

3. The director or other person in charge of the medical laboratory shall also submit microbiologic cultures, subcultures, or other specimens or clinical material, if available, to the State ~~[Hygienic]~~ *Public Health* Laboratory ~~[in the Division]~~ or other laboratory designated by the ~~[State Health Officer]~~ *health authority* for diagnosis, confirmation or further testing if ~~[so required]~~ :

*(a) Requested* by the ~~[State Health Officer pursuant to subsection 3 of NAC 441A.295.]~~ *health authority;*

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

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

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

*(3) Isolates of Brucella spp.;*

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

*(5) Isolates of Campylobacter spp.;*

*(6) Isolates of Clostridium botulinum;*

*(7) Isolates of Clostridium tetani;*

*(8) Isolates of Corynebacterium diphtheriae;*

*(9) Isolates of Coxiella burnetii;*

*(10) Isolates of E. coli O157:h7;*

- (11) Isolates of Francisella tularensis;
- (12) Isolates of Haemophilus influenza (invasive only);
- (13) Isolates of Legionella spp.;
- (14) Isolates of Listeria monocytogenes;
- (15) Isolates of Mycobacterium spp.;
- (16) Isolates of Neisseria meningitidis from a sterile site;
- (17) Blood smears containing Plasmodium spp.;
- (18) Isolates of Salmonella spp.;
- (19) Isolates of, or broth positive results for, Shiga-toxin producing E. coli;
- (20) Isolates of Shigella spp.;
- (21) Isolates of Vibrio spp.;
- (22) Isolates of Vancomycin-intermediate Staphylococcus aureus;
- (23) Isolates of Vancomycin-resistant Staphylococcus aureus;
- (24) Isolates of Yersinia pestis; or
- (25) Isolates of Yersinia spp., other than Yersinia pestis.

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

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

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



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

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

5. 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.

**Sec. 50.** NAC 441A.240 is hereby amended to read as follows:

441A.240 1. ~~The~~ *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. ~~Except as otherwise provided in subsection 2, the~~ *The* report must be made in the manner provided in NAC 441A.225.

2. If a medical facility has a designated infection ~~control specialist,~~ *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 ~~control specialist~~ *preventionist* or his 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 ~~that is reported~~ to the health authority ~~by~~ *if he or she makes a report to* the infection ~~control specialist~~ *preventionist* 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 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.}]~~ *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.*

**Sec. 51.** NAC 441A.245 is hereby amended to read as follows:

441A.245 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~~ *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, ~~and the~~ address ~~or~~ *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 ~~is~~, *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.*

**Sec. 52.** NAC 441A.250 is hereby amended to read as follows:

441A.250 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 ~~and~~ *and, if available*, telephone number, and *the* age *or date of birth* 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.

**Sec. 53.** NAC 441A.252 is hereby amended to read as follows:

441A.252 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]~~ :

- (a) *Acquired immune deficiency syndrome (AIDS)*;
- (b) *Hepatitis A*;
- (c) *Hepatitis B*;
- (d) *Hepatitis C*;
- (e) *Human immunodeficiency virus (HIV)*;
- (f) *Syphilis, including congenital syphilis; or*
- (g) *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 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 ~~[ ]~~ *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

(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.

**Sec. 54.** NAC 441A.255 is hereby amended to read as follows:

441A.255 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~~ *and, if available*, 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.

**Sec. 55.** NAC 441A.260 is hereby amended to read as follows:

441A.260 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.

**Sec. 56.** NAC 441A.275 is hereby amended to read as follows:

441A.275 Upon approval by the ~~[State Health Officer]~~ *health authority* and within available appropriations, the State ~~[Hygienic]~~ *Public Health* Laboratory ~~[in the Division]~~ shall provide testing for communicable diseases at no charge to a case, suspected case, carrier, health care provider, medical laboratory or health authority.

**Sec. 57.** NAC 441A.290 is hereby amended to read as follows:

441A.290 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 ~~[ ]~~ *set forth in:*

- (1) ~~[Of the Centers for Disease Control's]~~ *“General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices ~~[ ]~~ ———(2) Contained in],” adopted by reference pursuant to NAC 441A.200;*
- (2) *Manual for the Surveillance of Vaccine-Preventable Diseases, adopted by reference pursuant to NAC 441A.200;*
- (3) *Control of Communicable Diseases Manual, ~~[published by the American Public Health Association;]~~ adopted by reference pursuant to NAC 441A.200;* and



~~[(3) Contained in the 1997]~~

(4) Red Book: 2009 Report of the Committee on Infectious Diseases, ~~[24th edition,~~  
~~published by the American Academy of Pediatrics;]~~ *adopted by reference pursuant to NAC*  
*441A.200*; 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 other than foodborne botulism, infant botulism or wound botulism*, cholera, diphtheria, extraordinary occurrence of illness, measles, plague, rabies, rubella, *severe acute respiratory syndrome (SARS), smallpox (variola), tularemia* or typhoid fever ; ~~[-]~~

(b) That is part of a foodborne disease outbreak ~~[-]~~  
~~—4.] ; or~~

*(c) That is known 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. *If the district health officer suspects that there may be an association between two or more cases infected with the same communicable disease, the district health officer shall:*

*(a) Conduct an investigation to determine whether the cases share a common source of infection; and*

*(b) If he or she identifies a common source of infection that poses a threat to the public health:*

*(1) Inform the public of the common source of infection;*

*(2) Provide education to the public concerning the risk, transmission, prevention and control of the communicable disease; and*

*(3) Notify the State Health Officer.*

6. 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.~~ 7. 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.

**Sec. 58.** NAC 441A.295 is hereby amended to read as follows:

441A.295 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 ~~is~~ *set forth in:*

(1) ~~[Of the Centers for Disease Control's]~~ *“General Recommendations on Immunization: Recommendations of the* Advisory Committee on Immunization Practices ~~is~~ *—(2) Contained in],” adopted by reference pursuant to NAC 441A.200;*

(2) *Manual for the Surveillance of Vaccine-Preventable Diseases, adopted by reference pursuant to NAC 441A.200;*

(3) *Control of Communicable ~~[Disease in Man, published by the American Public Health Association;]~~ Diseases Manual, adopted by reference pursuant to NAC 441A.200;* and

~~[(3) Contained in The]~~

(4) *Red Book: 2009 Report of the Committee on Infectious Diseases ~~[of the American Academy of Pediatrics (Red Book), published by the American Academy of Pediatrics;]~~, adopted by reference pursuant to NAC 441A.200;* 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 Laboratory in the Division 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.]~~ *If the State Health Officer suspects that there may be an*

*association between two or more cases infected with the same communicable disease, the State Health Officer shall:*

*(a) Conduct an investigation to determine whether the cases share a common source of infection; and*

*(b) If he or she identifies a common source of infection that poses a threat to the public health:*

*(1) Inform the public of the common source of infection; and*

*(2) Provide education to the public concerning the risk, transmission, prevention and control of the communicable disease.*

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.

**Sec. 59.** NAC 441A.425 is hereby amended to read as follows:

441A.425 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,]~~ *service animal or service animal in training*, 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,]~~ *service animal or service animal in training;*

(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}~~ *An animal of any* other species ~~{of animal}~~ which has bitten a person must be managed as deemed appropriate in the discretion of the rabies control authority. *The rabies control authority shall consult with the health authority concerning the management of such an animal.*

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"]~~ *"Service animal"* 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.]~~ *426.097.*

*(b) "Service animal in training" has the meaning ascribed to it in NRS 426.099.*

**Sec. 60.** NAC 441A.435 is hereby amended to read as follows:

441A.435 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 Prevention and Control*, ~~[1998]~~ *2008* 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.]~~ *on the Internet at <http://www.nasphv.org>.*

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 Prevention and Control* ~~[ ]~~, *adopted by reference pursuant to subsection 1.*

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 Prevention and Control* [1], adopted by reference pursuant to subsection 1.

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. *If the Compendium of Animal Rabies Prevention and Control, adopted by reference pursuant to subsection 1, is revised, the Board will review the revision to determine its suitability for this State. The Board will consider any objection to the revision filed by the Administrator of the Division of Animal Industry of the State Department of Agriculture pursuant to subsection 10. If the Board determines that the revision is not suitable for this State, the Board will:*

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

*(b) Give notice of that hearing.*



9. *If, after a hearing held pursuant to subsection 8, 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 Compendium of Animal Rabies Prevention and Control, adopted by reference pursuant to subsection 1.*

10. The Administrator of the Division of Animal Industry of the State Department of Agriculture ~~[shall]~~ *may* 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 Prevention and Control, adopted by reference pursuant to subsection 1, 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]~~ *shall be deemed to be* effective in this State 10 days after its ~~[revision or amendment]~~ *publication* unless ~~[the]~~ :

(a) *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.]~~ ;  
*or*

(b) *The Board gives notice, pursuant to subsection 9, that the revision is not suitable for this State.*

**Sec. 61.** NAC 441A.450 is hereby amended to read as follows:

441A.450 1. The health authority shall ~~[encourage:~~

~~—(a) A case having acquired]~~ *investigate each report of a case having:*

(a) *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]~~ *confirm the diagnosis and identify* each person with whom ~~[he]~~ *the case* has had sexual relations and each person with whom ~~[he]~~ *the case* has shared a needle. ~~[.]~~ *The health authority shall notify each person so identified* of their potential exposure ~~[.]~~ *and* of the availability of counseling and of testing for the presence of human immunodeficiency virus infection (HIV). If a person ~~[reported]~~ *notified* pursuant to this section ~~[fails to provide such notice.]~~ *is unable to obtain counseling as set forth in NRS 441A.336*, the health authority shall ~~[make reasonable efforts to]~~ provide , *or ensure the provision of*, the ~~[notice and]~~ counseling.

2. If ~~[the person]~~ *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 ~~[that the person has been reported to have]~~ *of his or her potential exposure to the* human immunodeficiency virus infection (HIV) ~~[.]~~ *or acquired immune deficiency syndrome (AIDS)*.

3. If a ~~[person]~~ *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 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]~~ *case* reported pursuant to subsection 1 has ~~[current]~~ *active* tuberculosis ~~[.]~~ *or tuberculosis infection*, the health authority shall make reasonable efforts to ensure that appropriate remedial and medical treatment of the tuberculosis *or infection* is provided.

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

**Sec. 62.** NAC 441A.455 is hereby amended to read as follows:

441A.455 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) ~~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 *the person receives a negative result on an*

*antigen test that is approved by the Food and Drug Administration of the United States Department of Health and Human Services for the detection of Entamoeba histolytica; 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.

**Sec. 63.** NAC 441A.460 is hereby amended to read as follows:

441A.460 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 *of the infection* 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 known or suspected to be related to an act of intentional transmission or biological terrorism.*

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.

**Sec. 64.** NAC 441A.465 is hereby amended to read as follows:

441A.465 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 ~~;~~ *and* to obtain and submit environmental samples for laboratory testing . ~~and to prevent further ingestion of the contaminated food.~~

2. ~~The~~ *If the source of intoxication is foodborne, the* health authority shall properly dispose of contaminated food and utensils in order to prevent further *ingestion of the contaminated food or other* contact of the toxin with a person or animal.

*3. If the case having botulism is an infant, the health authority shall search for other cases to determine whether to rule out foodborne botulism.*

*4. The health authority shall notify the State Health Officer if the source of intoxication is known or suspected to be related to an act of intentional transmission or biological terrorism.*

*5. As used in this section, “botulism” includes, without limitation, foodborne botulism, infant botulism, wound botulism, and botulism, other than foodborne botulism, infant botulism or wound botulism.*

**Sec. 65.** NAC 441A.485 is hereby amended to read as follows:

441A.485 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.]~~ 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.

**Sec. 66.** NAC 441A.490 is hereby amended to read as follows:

441A.490 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.]~~ 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 *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.

**Sec. 67.** NAC 441A.515 is hereby amended to read as follows:

441A.515 1. The health authority shall investigate each report of:

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

(b) A suspected case ~~[having E. coli 0157:H7]~~ *considered to have Enterohemorrhagic E. 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 ~~[E. coli 0157:H7]~~ *Enterohemorrhagic E. coli* shall not work in a sensitive occupation unless authorized to do so by a health authority. The health authority may authorize the case to work in a sensitive occupation if:



(a) Two fecal specimens, collected from the case at least 24 hours apart and at least 48 hours after cessation of antimicrobial therapy, fail to show ~~[E. coli O157:H7]~~ *the presence of*

*Enterohemorrhagic E. 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. The health authority shall instruct a person excreting ~~[E. coli O157:H7]~~ *Enterohemorrhagic E. coli* of the need for and proper method of hand washing after defecation.

5. An infant or child excreting ~~[E. coli O157:H7]~~ *Enterohemorrhagic E. coli* 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 O157:H7]~~ *Enterohemorrhagic E. coli* 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 O157:H7.]~~ *Enterohemorrhagic E. coli*.

6. If a case having ~~[E. coli O157:H7]~~ *Enterohemorrhagic E. coli* is in a medical facility, the medical facility shall provide care to the case in accordance with enteric precautions or other appropriate disease specific precautions.

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

**Sec. 68.** NAC 441A.525 is hereby amended to read as follows:

441A.525 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 or illness is known or suspected to be related to an act of intentional transmission or biological terrorism.*

**Sec. 69.** NAC 441A.530 is hereby amended to read as follows:

441A.530 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 , *without limitation*, 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 the outbreak or suspected outbreak of illness is known or suspected to be related to an act of intentional transmission or biological terrorism.*

**Sec. 70.** NAC 441A.535 is hereby amended to read as follows:

441A.535 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) ~~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~~ **or *the case receives a negative result on an antigen test that is approved by the Food and Drug Administration of the United States Department of Health and Human Services for the detection of Giardia lamblia***; or

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

3. A symptomatic contact residing in the same household as a case shall not work in a sensitive occupation until at least one fecal specimen has been submitted for examination. 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.

**Sec. 71.** NAC 441A.540 is hereby amended to read as follows:

441A.540 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.~~] 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 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.

**Sec. 72.** NAC 441A.545 is hereby amended to read as follows:

441A.545 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.*] 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 granuloma inguinale.

**Sec. 73.** NAC 441A.555 is hereby amended to read as follows:

441A.555 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.]~~

**Sec. 74.** NAC 441A.560 is hereby amended to read as follows:

441A.560 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]~~ *prophylaxis* 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 *for* 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~~ *appropriate prophylaxis* to ~~the~~ *a* contact *who has not been vaccinated against hepatitis A* 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~~ *appropriate prophylaxis* to other food and beverage handlers in the workplace who have had contact with the food or beverage handler having hepatitis A ~~and~~ *and who have not been vaccinated against 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]~~ *prophylaxis* pursuant to paragraph (a) of subsection 7 ~~[ ]~~ *and has not been vaccinated against hepatitis A* 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.]~~ *prophylaxis.*

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.

**Sec. 75.** NAC 441A.565 is hereby amended to read as follows:

441A.565 1. If a case having hepatitis A is an employee 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]~~ *appropriate prophylaxis* to all employees and children in contact with the case ~~[ ]~~ *and who have not been vaccinated against hepatitis A.*

2. The health authority shall offer ~~[immune globulin]~~ *appropriate prophylaxis* to all employees and enrolled children in a child care facility *who have not been vaccinated against hepatitis A* if a child in diapers is enrolled in the child care facility and:

- (a) A case having hepatitis A is an employee 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]~~ *appropriate prophylaxis* to all employees and enrolled children in the child care facility *who have not been vaccinated*

*against hepatitis A* and to contacts *who have not been vaccinated against hepatitis A* 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 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 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]~~ *prophylaxis* and of the need for surveillance for development of symptoms.

**Sec. 76.** NAC 441A.570 is hereby amended to read as follows:

441A.570 1. The health authority shall investigate each report of:

(a) An acute case of hepatitis B, C ~~[,] or 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,

↳ to confirm the diagnosis, to identify any carriers or other cases, *to identify the contacts of the case*, to identify the source of the infection and to determine the need for ~~[hepatitis B immune globulin and immunization]~~ *postexposure prophylaxis* for *the* contacts.

2. The health authority shall ~~[encourage a case who has hepatitis B, C, Delta or unspecified to]~~ notify any persons with whom ~~[he]~~ *the case having hepatitis B, C or Delta* has had sexual relations and any person with whom ~~[he]~~ *the case* has shared a needle of their potential exposure ~~[, of the availability of counseling, of their]~~ *to the disease. The notification must inform such persons of:*

(a) *The modes of transmission of the disease;*

(b) *Methods to prevent transmission of the disease; and*

(c) *Their* potential need for ~~hepatitis B immune globulin~~ *postexposure* prophylaxis , ~~and~~ immunization and ~~of~~ testing for the presence of hepatitis B, C ~~[,] or 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.] in accordance with the applicable recommendations, guidelines and publications adopted by reference pursuant to NAC 441A.200.~~

3. A pregnant woman ~~shall~~ *must* 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.] 4.~~ 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.] 5.~~ If a case having hepatitis B, C ~~[,] or Delta [or unspecified,] or a carrier of hepatitis B, C ~~[,] or 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.~~~~

*6. The health authority may require a non-acute case having hepatitis B, C or Delta, the health care provider of the case and any other person with information about the case to provide information to the health authority to the extent necessary for the purpose of surveillance and to protect the public health.*

**Sec. 77.** NAC 441A.600 is hereby amended to read as follows:

441A.600 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.] 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.

**Sec. 78.** NAC 441A.625 is hereby amended to read as follows:

441A.625 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.]~~ *in accordance with the recommendations set forth in “Updated Recommendations for Isolation of Persons with Mumps,” adopted by reference pursuant to NAC 441A.200.*

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.]~~ *in accordance with the recommendations set forth in “Updated Recommendations for Isolation of Persons with Mumps,” adopted by reference pursuant to NAC 441A.200.*

**Sec. 79.** NAC 441A.630 is hereby amended to read as follows:

441A.630 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 set forth in “Recommended Antimicrobial Agents for the Treatment and Postexposure Prophylaxis of Pertussis: 2005 CDC Guidelines,” adopted by reference pursuant to NAC 441A.200.*

3. A contact who is less than 7 years of age and is inadequately immunized against pertussis and who resides in the same household as a case having pertussis must be excluded from schools, child care facilities, sporting events sponsored by schools, public gatherings, and from contact with susceptible persons not residing in the same household for ~~[H4]~~ **21** days after the last exposure or until the case and the contact have received *at least* 5 days of ~~[a minimum 14 day course of medical treatment]~~ *appropriate antimicrobial therapy or prophylaxis* specific for pertussis ~~[ ]~~ *as set forth in “Recommended Antimicrobial Agents for the Treatment and Postexposure Prophylaxis of Pertussis: 2005 CDC Guidelines,” adopted by reference pursuant to NAC 441A.200.*

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

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

6. The health authority shall recommend antimicrobial prophylaxis consisting of ~~[a 14 day]~~ *an appropriate* 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.] in accordance with “Recommended Antimicrobial Agents for the~~

~~Treatment and Postexposure Prophylaxis of Pertussis: 2005 CDC Guidelines,” adopted by~~

~~reference pursuant to NAC 441A.200.~~

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

**Sec. 80.** NAC 441A.635 is hereby amended to read as follows:

441A.635 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 known or suspected to be related to an act of intentional transmission or biological terrorism.***



**Sec. 81.** NAC 441A.640 is hereby amended to read as follows:

441A.640 1. The health authority shall investigate each report of a case having ~~[poliomyelitis]~~ *a poliovirus infection* 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]~~ *polio* to all susceptible contacts.

3. If ~~[there is an outbreak of poliomyelitis,]~~ *a poliovirus infection is identified within a school or child care facility*, the health authority may exclude a child inadequately immunized against ~~[poliomyelitis]~~ *polio* from *attending the* child care ~~[facilities and schools.]~~ *facility or school.*

4. If a case having ~~[poliomyelitis]~~ *a poliovirus 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.

**Sec. 82.** NAC 441A.665 is hereby amended to read as follows:

441A.665 The health authority shall investigate each report of a case having ~~[Rocky Mountain]~~ spotted fever *rickettsioses* to confirm the diagnosis, to determine the extent of any outbreak and to identify the source of the infection.

**Sec. 83.** NAC 441A.680 is hereby amended to read as follows:

441A.680 1. The health authority shall investigate each 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~~:

(a) *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 ~~is~~; *or*

(b) *The health authority determines that:*

(1) *The case is asymptomatic;*

(2) *The risk of disease transmission is negligible; and*

(3) *There is no indication of poor personal hygiene.*

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

(a) *Has* submitted at least one fecal specimen for examination by a medical laboratory ~~is~~, *he is*; *or*

(b) *Is* asymptomatic and ~~he is authorized to work in a sensitive occupation by the health authority.]~~ *there is no indication of poor personal hygiene.*

↪ If ~~the~~ *a fecal* specimen submitted for examination *pursuant to paragraph (a)* 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.

**Sec. 84.** NAC 441A.690 is hereby amended to read as follows:

441A.690 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~~:

(a) *At* least two fecal specimens collected from the ~~case,~~ *person*, 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 ~~;~~;

(b) *The person has received an appropriate course of antimicrobial therapy and is asymptomatic; or*

(c) *The person has been asymptomatic for at least 4 weeks.*

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

(a) *Has* submitted at least two fecal specimens for examination by a medical laboratory ~~;~~ ~~he is~~ *;* *or*

(b) *Is* asymptomatic and ~~he is authorized to work in a sensitive occupation by the health authority.~~ *there is no indication of poor personal hygiene.*

↪ If ~~the~~ a fecal specimen submitted for examination pursuant to paragraph (a) 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.

**Sec. 85.** NAC 441A.695 is hereby amended to read as follows:

441A.695 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 4, 1989.]~~ *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 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.

**Sec. 86.** NAC 441A.705 is hereby amended to read as follows:

441A.705 The health authority shall investigate each report of a case having toxic shock syndrome, *other than streptococcal 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.

**Sec. 87.** NAC 441A.715 is hereby amended to read as follows:

441A.715 1. The health authority shall investigate each report of a case having tularemia *or suspected case considered to have 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 known or suspected to be related to an act of intentional transmission or biological terrorism.*

**Sec. 88.** NAC 441A.720 is hereby amended to read as follows:

441A.720 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.

**Sec. 89.** NAC 441A.105, 441A.120, 441A.125, 441A.145 and 441A.470 are hereby repealed.

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### TEXT OF REPEALED SECTIONS

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**441A.105 “Health authority” defined. (NRS 441A.120)** “Health authority” has the meaning ascribed to it in NRS 441A.050.

**441A.120 “Isolation” defined. (NRS 441A.120)** “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.

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

**441A.145 “Quarantine” defined. (NRS 441A.120)** “Quarantine” means placing a restriction on the entrance to and exit from the place where a carrier, case or suspected case is located.

**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.

**HEALTH DIVISION**  
**Nevada State Office of Epidemiology**  
**LCB File No. R087 - 08**

**Information Statement per NRS 233B.066**

1. A description of how public comment was solicited, a summary of public response, and an explanation how other interested persons may obtain a copy of the summary.

Pursuant to NRS 233B.0608(2)(a), the Nevada State Health Division requested input from all potentially affected businesses and individuals.

In order to further solicit public comments, opinion, and input, a “Small Business Impact Questionnaire,” a “Notice of Public Workshops,” and the proposed regulation amendments were posted on the Nevada State Health Division’s website at [health.nv.gov](http://health.nv.gov), were sent to local health authorities, small businesses, laboratories, healthcare facilities, and other community members who requested the information. However, at the time of preparing this statement, no completed questionnaires were received. Additionally, three public workshops were held at Washoe County Health District (WCHD), Southern Nevada Health District (SNHD), and the State Health Division’s Bureau of Early Intervention Services in Elko.

2. The number of persons who:
  - (a) Attended the hearing;
  - (b) Testified at each hearing; and
  - (c) Submitted to the agency written statements.
    - a. Forty-eight persons attended the State Board of Health hearing in Carson City and Las Vegas.
    - b. Dr. Ihsan Azzam, State Epidemiologist and Mr. Brian Labus, Senior Epidemiologist from the Southern Nevada Health District provided testimony.
    - c. Except for the above two testimonies, no written statements were submitted to the Nevada State Health Division.
3. A description of how comment was solicited from affected businesses, a summary of their response, and an explanation how other interested persons may obtain a copy of the summary.

A “Small Business Impact Questionnaire” and a “Notice of Public Workshops,” and the proposed regulation amendments were posted online at [health.nv.gov](http://health.nv.gov), were sent to local health authorities, small businesses, laboratories, healthcare facilities, and other community members who requested the information. However, as of time of preparing this statement, no completed questionnaires were received. The questions on the Small Business Impact Questionnaire were:

- 1) How many employees are currently employed by your business?

- 2) Will a specific regulation have an adverse economic effect upon your business?
- 3) Will the regulation(s) have any beneficial effect upon your business?
- 4) Do you anticipate any indirect adverse effects upon your business?
- 5) Do you anticipate any indirect beneficial effects upon your business?

Thirty-nine people were in attendance at these workshops; all attendees were staff of local health authorities who expressed their support to the proposed regulation amendments. Staff from SNHD and WCHD provided useful and rich input which was thoroughly evaluated by the Statewide Epidemiology Group (SEW). Subsequently, the Nevada State Health Division held three meetings that included lead epidemiology staff from all health authorities in the state who revised and later on incorporate the changes into proposed regulation amendments.

4. If the regulation was adopted without changing any part of the proposed regulation, a summary of the reasons for adopting the regulation without change. The statement should also explain the reasons for making any changes to the regulation as proposed.

The State Board of Health adopted the proposed revisions and regulation amendments to NAC 441A, as presented in the LCB File No. R087-08 including the errata (see attached) that propose simple changes to subsections 2, 3 and 4 from Section 46, creating the opportunity for more involvement from the Board and the State Health Officer. Additionally, the errata proposed in Section 49 to go back to the previous language and continuing to have out of state laboratories reporting to the Nevada State Health Division in place of the proposed reporting to each local jurisdiction. As described in the errata Section 89 and 90 were not adopted because the Board of Health has already made these changes to the NAC 441A.800 and NAC 441A.805 in LCB File R089-10.

5. The estimated economic effect of the regulation on the business which it is to regulate and on the public. These must be stated separately, and in each case must include:
  - (a) Both adverse and beneficial effects; and
  - (b) Both immediate and long term effects.

This regulation added newly emerging and reemerging diseases to the existing list of reportable diseases and conditions in Nevada, and adopted, by reference, the most recent CDC case definitions for communicable diseases. It is estimated that such amendments to NAC441A will not have immediate or long term economic effects on the business.

6. The estimated cost to the agency for enforcement of the proposed regulation.

None

7. A description of any regulations of other state or government agencies which the proposed regulation overlaps or duplicates and a statement explaining why the duplication or overlapping is necessary. If the regulation overlaps or duplicates a federal regulation, name the regulating federal agency.

None

8. If the regulation includes provisions which are more stringent than a federal regulation which regulates the same activity, a summary of such provisions.

The proposed regulations do not include provisions which are more stringent than federal regulations which regulate the same activity.

9. If the regulation provides a new fee or increases an existing fee, the total annual amount the agency expects to collect and the manner in which the money will be used.

Proposed regulations do not provide a new fee or increase an existing fee.

10. If the proposed regulation is likely to impose a direct and significant economic burden upon a small business or directly restrict the formulation, operation or expansion of a small business. What methods did the agency use in determining the impact of the regulation on a small business?

The proposed regulations do not impose a direct and significant economic burden upon a small business or directly restrict the formulation, operation or expansion of a small business. The State Health Division held three public workshops a “Small Business Impact Questionnaire” and a “Notice of Public Workshops,” and the proposed regulation amendments were posted online at [health.nv.gov](http://health.nv.gov), were sent to local health authorities, small businesses, laboratories, healthcare facilities, and other community members who requested the information. However, as of time of preparing this statement no completed questionnaires were received.