

**SECOND REVISED PROPOSED REGULATION OF
THE STATE BOARD OF HEALTH**

LCB File No. R002-22

May 10, 2023

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

AUTHORITY: §§ 1 and 3, NRS 439.200, 441A.120 and 441A.315; §§ 2 and 4-15, NRS 439.200 and 441A.120.

A REGULATION relating to public health; prescribing procedures concerning testing for sexually transmitted diseases; removing certain duplicative references to acquired immune deficiency syndrome; updating references to certain publications; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law requires the State Board of Health to adopt regulations governing the control of communicable diseases which are known to be sexually transmitted. (NRS 441A.120) Existing law further requires, with certain exceptions, a physician, physician assistant, advanced practice registered nurse or midwife who provides or supervises the provision of emergency medical services in a hospital or primary care to a patient who is 15 years of age or older to: (1) consult with the patient to ascertain whether he or she wishes to be tested for sexually transmitted diseases and to determine which tests, if any, are medically indicated; and (2) to the extent practicable and that testing is medically indicated, test a patient who wishes to be tested for sexually transmitted diseases or help such a patient obtain a test. (NRS 441A.315) **Section 3** of this regulation adopts by reference certain federal guidelines concerning testing for sexually transmitted diseases and offering culturally and linguistically appropriate services. **Section 1** of this regulation requires a physician, physician assistant, advanced practice registered nurse or midwife to follow the procedures set forth in such guidelines when determining which tests for sexually transmitted diseases are medically indicated. **Section 1** requires a physician, physician assistant, advanced practice registered nurse or midwife to document in the record of the patient: (1) whether any tests were offered and, if so, which tests were offered; and (2) whether the patient agreed to the performance of each test that was offered. **Section 1** also requires a physician, physician assistant, advanced practice registered nurse or midwife to communicate with patients concerning such tests in accordance with federal guidelines concerning the provision of culturally and linguistically appropriate services. **Sections 3, 5, 6 and 9-14** of this regulation update references to certain publications adopted by reference.

Existing law provides that it is the policy of this State to avoid duplicative references to acquired immune deficiency syndrome and the human immunodeficiency virus in the Nevada

Administrative Code. (NRS 233B.062) **Sections 2, 4, 7, 8 and 15** of this regulation accordingly remove such references.

Section 1. Chapter 441A of NAC is hereby amended by adding thereto a new section to read as follows:

1. When making a determination pursuant to subsection 1 of NRS 441A.315 concerning which tests for sexually transmitted diseases are medically indicated for a patient, a physician, physician assistant, advanced practice registered nurse or midwife shall follow the procedures set forth in “Chlamydia and Gonorrhea: Screening,” “Human Immunodeficiency Virus (HIV) Infection: Screening” and “Syphilis Infection in Nonpregnant Adolescents and Adults: Screening,” as adopted by reference in NAC 441A.200.

2. A physician, physician assistant, advanced practice registered nurse or midwife who performs the actions required by subsection 1 of NRS 441A.315 shall:

(a) Document in the record of the patient:

(1) Whether any tests for sexually transmitted diseases were offered to the patient and, if so, which tests were offered; and

(2) For each test offered to the patient, whether the patient agreed to the performance of the test; and

(b) Communicate with the patient concerning testing for sexually transmitted diseases in accordance with “National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care,” as adopted by reference in NAC 441A.200.

Sec. 2. 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.}~~ 2. Animal bite from a rabies-susceptible animal.
- ~~{4.}~~ 3. Anthrax.
- ~~{5.}~~ 4. Botulism, foodborne.
- ~~{6.}~~ 5. Botulism, infant.
- ~~{7.}~~ 6. Botulism, wound.
- ~~{8.}~~ 7. Botulism, other than foodborne botulism, infant botulism or wound botulism.
- ~~{9.}~~ 8. Brucellosis.
- ~~{10.}~~ 9. Campylobacteriosis.
- ~~{11.}~~ 10. Chancroid.
- ~~{12.}~~ 11. Chikungunya virus disease.
- ~~{13.}~~ 12. *Chlamydia trachomatis* infection of the genital tract.
- ~~{14.}~~ 13. Cholera.
- ~~{15.}~~ 14. Coccidioidomycosis.
- ~~{16.}~~ 15. Cryptosporidiosis.
- ~~{17.}~~ 16. Dengue.
- ~~{18.}~~ 17. Diphtheria.
- ~~{19.}~~ 18. Ehrlichiosis/anaplasmosis.
- ~~{20.}~~ 19. Encephalitis.
- ~~{21. — Enterobacteriaceae.}~~

20. *Enterobacterales*, carbapenem-resistant (CRE), including carbapenem-resistant *Enterobacter* spp., *Escherichia coli* and *Klebsiella* spp.

- ~~{22.}~~ 21. Extraordinary occurrence of illness.
- ~~{23.}~~ 22. Foodborne disease outbreak.

- ~~{24.}~~ 23. Giardiasis.
- ~~{25.}~~ 24. Gonococcal infection.
- ~~{26.}~~ 25. Granuloma inguinale.
- ~~{27.}~~ 26. *Haemophilus influenzae* type b invasive disease.
- ~~{28.}~~ 27. Hansen's disease (leprosy).
- ~~{29.}~~ 28. Hantavirus.
- ~~{30.}~~ 29. Hemolytic-uremic syndrome (HUS).
- ~~{31.}~~ 30. Hepatitis A.
- ~~{32.}~~ 31. Hepatitis B.
- ~~{33.}~~ 32. Hepatitis C.
- ~~{34.}~~ 33. Hepatitis Delta.
- ~~{35.}~~ 34. Hepatitis E.
- ~~{36.}~~ 35. Hepatitis, unspecified.
- ~~{37.}~~ 36. Human immunodeficiency virus infection (HIV).
- ~~{38.}~~ 37. Influenza that is:

- (a) Associated with a hospitalization or the death of a person under 18 years of age; or
- (b) Known or suspected to be of a viral strain that:

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

- (2) Is novel or untypeable.

- ~~{39.}~~ 38. Legionellosis.
- ~~{40.}~~ 39. Leptospirosis.
- ~~{41.}~~ 40. Listeriosis.

- ~~{42.}~~ 41. Lyme disease.
- ~~{43.}~~ 42. Lymphogranuloma venereum.
- ~~{44.}~~ 43. Malaria.
- ~~{45.}~~ 44. Measles (rubeola).
- ~~{46.}~~ 45. Meningitis.
- ~~{47.}~~ 46. Meningococcal disease.
- ~~{48.}~~ 47. Mumps.
- ~~{49.}~~ 48. Pertussis.
- ~~{50.}~~ 49. Plague.
- ~~{51.}~~ 50. Poliovirus infection.
- ~~{52.}~~ 51. Psittacosis.
- ~~{53.}~~ 52. Q fever.
- ~~{54.}~~ 53. Rabies, human or animal.
- ~~{55.}~~ 54. Relapsing fever.
- ~~{56.}~~ 55. Respiratory syncytial virus infection.
- ~~{57.}~~ 56. Rotavirus infection.
- ~~{58.}~~ 57. Rubella (including congenital rubella syndrome).
- ~~{59.}~~ 58. Saint Louis encephalitis virus (SLEV).
- ~~{60.}~~ 59. Salmonellosis.
- ~~{61.}~~ 60. Severe acute respiratory syndrome (SARS).
- ~~{62.}~~ 61. Severe reaction to immunization.
- ~~{63.}~~ 62. Shiga toxin-producing *Escherichia coli*.
- ~~{64.}~~ 63. Shigellosis.

- ~~{65.}~~ 64. Smallpox (variola).
- ~~{66.}~~ 65. Spotted fever rickettsioses.
- ~~{67.}~~ 66. *Staphylococcus aureus*, vancomycin-intermediate.
- ~~{68.}~~ 67. *Staphylococcus aureus*, vancomycin-resistant.
- ~~{69.}~~ 68. Streptococcal toxic shock syndrome.
- ~~{70.}~~ 69. *Streptococcus pneumoniae* (invasive).
- ~~{71.}~~ 70. Syphilis (including congenital syphilis).
- ~~{72.}~~ 71. Tetanus.
- ~~{73.}~~ 72. Toxic shock syndrome, other than streptococcal toxic shock syndrome.
- ~~{74.}~~ 73. Trichinosis.
- ~~{75.}~~ 74. Tuberculosis.
- ~~{76.}~~ 75. Tularemia.
- ~~{77.}~~ 76. Typhoid fever.
- ~~{78.}~~ 77. Varicella (chickenpox).
- ~~{79.}~~ 78. Vibriosis.
- ~~{80.}~~ 79. Viral hemorrhagic fever.
- ~~{81.}~~ 80. West Nile virus.
- ~~{82.}~~ 81. Yellow fever.
- ~~{83.}~~ 82. Yersiniosis.
- ~~{84.}~~ 83. Zika virus disease.

Sec. 3. NAC 441A.200 is hereby amended to read as follows:

441A.200 1. Except as otherwise provided in subsection 2, the following recommendations, guidelines and publications are adopted by reference:

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

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

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

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

(2) *Manual for the Surveillance of Vaccine-Preventable Diseases*, ~~4th edition~~, published by the United States Department of Health and Human Services and available at no cost on the

Internet at <http://www.cdc.gov/vaccines/pubs/surv-manual/index.html>, or, if that Internet website ceases to exist, from the Division.

(d) The recommended guidelines for the investigation, prevention, suppression and control of communicable diseases contained in *Control of Communicable Diseases Manual*, ~~20th~~ **21st** edition, published by the American Public Health Association and available for the price of ~~38.50~~ **59.50** for members and ~~55.00~~ **85.00** for nonmembers from the American Public Health Association, 800 I Street, N.W., Washington, D.C. 20001-3710, or at the Internet address <http://www.apha.org>.

(e) The recommended guidelines for the investigation, prevention, suppression and control of communicable diseases contained in *Red Book: 2021 Report of the Committee on Infectious Diseases*, ~~30th~~ **32nd** edition, published by the American Academy of Pediatrics and available for the price of ~~75.00~~ **119.95** for members and \$149.95 for nonmembers from the American Academy of Pediatrics, ~~141 Northwest Point Boulevard, Elk Grove Village, Illinois 60007,~~ **345 Park Boulevard, Itasca, Illinois 60143**, or at the Internet address ~~<http://www.aap.org>~~ <https://shop.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 **and human immunodeficiency virus** as are specified in “Sexually Transmitted ~~Diseases~~ **Infections** Treatment Guidelines, ~~2006,~~ **2021,**” *Morbidity and Mortality Weekly Report* ~~55(RR11):1-94, August 4, 2006,~~ **[70(4):1-187, July 23, 2021]**, published by the United States Department of Health and Human Services and available at no cost on the Internet at <http://www.cdc.gov/mmwr>, or, if that Internet website ceases to exist, from the Division.

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

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

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

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

(4) The recommendations of the Centers for Disease Control and Prevention for preventing and controlling tuberculosis in correctional and detention facilities set forth in “Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC,” *Morbidity and Mortality Weekly Report* ~~[55(RR9):1-44,]~~ [\[55\(RR09\):1-44](#), July 7, 2006], published by the United States Department of Health and Human Services and available at no cost on the Internet at <http://www.cdc.gov/mmwr>, or, if that Internet website ceases to exist, from the Division; and

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

(h) The recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in “Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005,” *Morbidity and Mortality Weekly Report* [54(RR17):1-141, December 30, 2005], published by the United States Department of Health and Human Services and available at no cost on the Internet at <http://www.cdc.gov/mmwr>, or, if that Internet website ceases to exist, from the Division.

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

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

(k) “Updated Recommendations for Isolation of Persons with Mumps,” *Morbidity and Mortality Weekly Report* [57(40):1103-1105, October 10, 2008], published by the United States

Department of Health and Human Services and available at no cost on the Internet at <http://www.cdc.gov/mmwr>, or, if that Internet website ceases to exist, from the Division.

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

(m) “Facility Guidance for Control of Carbapenem-resistant ~~Enterobacteriaceae~~ Enterobacteriaceae (CRE),” published by the United States Department of Health and Human Services and available at no cost from the Centers for Disease Control and Prevention ~~of the United States Department of Health and Human Services~~ on the Internet at ~~<https://www.cdc.gov/hai/organisms/cre/cre-toolkit/index.html>,~~ <https://www.cdc.gov/hai/pdfs/cre/CRE-guidance-508.pdf>, or, if that Internet website ceases to exist, from the Division.

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

(o) The guidelines for the prevention, postexposure management and control of rabies as specified in the “Compendium of Animal Rabies Prevention and Control, 2016,” published by

the National Association of State Public Health Veterinarians and available at no cost on the Internet at <http://nasphv.org/documentsCompendiaRabies.html>, or, if that Internet website ceases to exist, from the Division.

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

(q) The recommendations for offering culturally and linguistically appropriate services set forth in “National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care,” published by the United States Department of Health and Human Services and available at no cost on the Internet at <https://thinkculturalhealth.hhs.gov/clas>, or, if that Internet website ceases to exist, from the Division.

(r) “Human Immunodeficiency Virus (HIV) Infection: Screening,” published by the United States Preventative Services Task Force and available at no cost on the Internet at <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening>, or, if that Internet website ceases to exist, from the Division.

(s) “Syphilis Infection in Nonpregnant Adolescents and Adults: Screening,” published by the United States Preventive Services Task Force and available at no cost on the Internet at <https://uspreventiveservicestaskforce.org/uspstf/recommendation/syphilis-infection->

nonpregnant-adults-adolescents-screening, or, if that Internet website ceases to exist, from the Division.

(t) “Chlamydia and Gonorrhea: Screening,” published by the United States Preventive Services Task Force and available at no cost on the Internet at

<https://uspreventiveservicestaskforce.org/uspstf/recommendation/chlamydia-and-gonorrhea-screening>, or, if that Internet website ceases to exist, from the Division.

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

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

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

Sec. 4. 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) ~~Acquired immune deficiency syndrome (AIDS);~~

~~(b)~~ Hepatitis A;

~~(e)~~ (b) Hepatitis B;

~~(d)~~ (c) Hepatitis C;

~~(e)~~ (d) Human immunodeficiency virus (HIV);

~~(f)~~ (e) Syphilis, including congenital syphilis; or

~~(g)~~ (f) Tuberculosis,

↪ shall, within 10 business days after the insurer is notified of the results of the examination or test, report the results of the test to the Chief Medical Officer or a representative thereof.

2. The report must include:

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

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

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

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

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

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

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

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

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

Sec. 5. 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 or her 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) “General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices,” 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*, adopted by reference pursuant to NAC 441A.200; and

(4) *Red Book: ~~2015~~ 2021 Report of the Committee on Infectious Diseases*, 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 Chief Medical Officer, or a representative thereof, as soon as possible of any case reported in his or her 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; 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 or her 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 Chief Medical Officer, or the representative, within 7 days after completing the investigation of the case. The district health officer shall provide all available information requested by the Chief Medical Officer, or the 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 Chief Medical Officer.

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

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

Sec. 6. NAC 441A.295 is hereby amended to read as follows:

441A.295 1. If the Chief Medical Officer knows, suspects or is informed of the existence within his or her jurisdiction of a communicable disease, he or she 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 set forth in:

(1) “General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices,” 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*, adopted by reference pursuant to NAC 441A.200; and

(4) *Red Book: ~~2015~~ 2021 Report of the Committee on Infectious Diseases*, 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 Chief Medical 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 Chief Medical 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 Chief Medical 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. If the Chief Medical Officer suspects that there may be an association between two or more cases infected with the same communicable disease, the Chief Medical 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 Chief Medical Officer shall inform persons within his or her jurisdiction who are subject to the provisions of this chapter of the requirements of this chapter.

Sec. 7. NAC 441A.305 is hereby amended to read as follows:

441A.305 1. Pursuant to subsection 10 of NRS 441A.220, the health authority shall disclose information of a personal nature:

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

(b) Determined by investigation of the health authority,

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

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

3. A firefighter, police officer or person providing emergency medical services shall report to his or her employing agency any exposure to blood, semen, vaginal secretions, saliva, urine, feces, respiratory secretions or other body fluids in a manner likely to have allowed transmission of a communicable disease. Upon receiving the report, the employing agency shall immediately

make available to the exposed employee a confidential medical evaluation and follow-up, in accordance with the postexposure evaluation and follow-up described in the relevant portions of 29 C.F.R. 1910.1030(f).

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

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

Sec. 8. NAC 441A.450 is hereby amended to read as follows:

441A.450 1. The health authority shall investigate each report of a case having ~~†~~
~~—(a) Acquired immune deficiency syndrome (AIDS); or~~
~~—(b) A†~~ a human immunodeficiency virus infection (HIV), as identified by a confirmed positive human immunodeficiency virus infection (HIV) blood test administered by a medical laboratory,
~~†~~ to confirm the diagnosis and identify each person with whom the case has had sexual relations and each person with whom the case has shared a needle. The health authority shall notify each person so identified of his or her potential exposure and of the availability of counseling and of testing for the presence of human immunodeficiency virus infection (HIV). If a person notified pursuant to this section is unable to obtain counseling as set forth in NRS 441A.336, the health authority shall provide, or ensure the provision of, the counseling.

2. If a case reported pursuant to subsection 1 has donated or sold blood, plasma, sperm or other bodily tissues during the year preceding the diagnosis, the health authority shall make

reasonable efforts to notify the recipient of his or her potential exposure to the human immunodeficiency virus infection (HIV) . ~~for acquired immune deficiency syndrome (AIDS).~~

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

4. If a case reported pursuant to subsection 1 has 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, at any time, a case reported pursuant to subsection 1 requests assistance from the health authority for notifying and counseling persons with whom the case has had sexual relations or persons with whom the case has shared a needle, the health authority shall provide that service.

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

Sec. 9. 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~~ *Infections* Treatment Guidelines, ~~2006,~~ 2021,” adopted by reference pursuant to NAC 441A.200.

5. A health care provider shall follow the procedures set forth in “Sexually Transmitted ~~Diseases~~ *Infections* Treatment Guidelines, ~~2006,~~ 2021,” adopted by reference pursuant to NAC 441A.200, when testing and treating persons with chancroid.

Sec. 10. 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}~~ *Infections* Treatment Guidelines, ~~{2006,}~~ 2021,” adopted by reference pursuant to NAC 441A.200.

5. A health care provider shall follow the procedures set forth in “Sexually Transmitted ~~{Diseases}~~ *Infections* Treatment Guidelines, ~~{2006,}~~ 2021,” 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. 11. 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~~ *Infections* Treatment Guidelines, ~~{2006,}~~ 2021,” adopted by reference pursuant to NAC 441A.200.

5. A health care provider shall follow the procedures set forth in “Sexually Transmitted ~~Diseases~~ *Infections* Treatment Guidelines, ~~{2006,}~~ 2021,” 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. 12. 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~~ *Infections* Treatment Guidelines, ~~{2006,}~~ 2021,” adopted by reference pursuant to NAC 441A.200.

5. A health care provider shall follow the procedures set forth in “Sexually Transmitted ~~Diseases~~ *Infections* Treatment Guidelines, ~~{2006,}~~ 2021,” adopted by reference pursuant to NAC 441A.200, when testing and treating persons with granuloma inguinale.

Sec. 13. 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~~ *Infections* Treatment Guidelines, ~~2006,~~ 2021,” adopted by reference pursuant to NAC 441A.200.

5. A health care provider shall follow the procedures set forth in “Sexually Transmitted ~~Diseases~~ *Infections* Treatment Guidelines, ~~2006,~~ 2021,” adopted by reference pursuant to NAC 441A.200, when testing and treating persons with lymphogranuloma venereum.

Sec. 14. 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~~ *Infections* Treatment Guidelines, ~~2006,~~ 2021,” adopted by reference pursuant to NAC 441A.200.

5. A health care provider shall follow the procedures set forth in “Sexually Transmitted ~~Diseases~~ *Infections* Treatment Guidelines, ~~2006,~~ 2021,” 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. 15. NAC 441A.775 is hereby amended to read as follows:

441A.775 As used in NRS 441A.240 to 441A.330, inclusive, “sexually transmitted disease” means a bacterial, viral, fungal or parasitic disease which may be transmitted through sexual contact, including, but not limited to:

1. ~~Acquired immune deficiency syndrome (AIDS).~~
- ~~2.~~ Acute pelvic inflammatory disease.
- ~~3.~~ 2. Chancroid.
- ~~4.~~ 3. *Chlamydia trachomatis* infection of the genital tract.
- ~~5.~~ 4. Genital herpes simplex.
- ~~6.~~ 5. Genital human papilloma virus infection.
- ~~7.~~ 6. Gonorrhea.

- ~~{8.}~~ **7.** Granuloma inguinale.
- ~~{9.}~~ **8.** Hepatitis B infection.
- ~~{10.}~~ **9.** Human immunodeficiency virus infection (HIV).
- ~~{11.}~~ **10.** Lymphogranuloma venereum.
- ~~{12.}~~ **11.** Nongonococcal urethritis.
- ~~{13.}~~ **12.** Syphilis.