

REGULATIONS

EXCERPTS FROM THE NEVADA ADMINISTRATIVE CODE CHAPTER 441A – COMMUNICABLE DISEASES

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

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

2. The report must include:

(a) The communicable disease or suspected communicable disease.

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

(c) The name, address and telephone number of the health care provider making the report.

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

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

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

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

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

1. The director or other person in charge of a medical laboratory in which a test or examination of any specimen derived from the

human body yields evidence suggesting the presence of 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, age or date of birth, address, and, if available, telephone number of the person from whom the specimen was obtained.

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

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

(e) 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 Public Health Laboratory or other laboratory designated by the State Health Officer for diagnosis, confirmation or further testing if so required by the State Health Officer; 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 persons in charge of the medical laboratory with a copy of the list; or the

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microbiologic cultures, subcultures, or other specimens or clinical material consist of isolates or blood smears pursuant to subsection 3 of NAC 441.235.

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.

(Added to NAC by Bd. of Health, eff. 1-24-92; A 11-1-95; R087-08, 1-13-2011)

NAC 441A.240 Duty of director or other person in charge of medical facility to report communicable disease; report by infection preventionist; adoption of administrative procedures for reporting.(NRS 441A.120)

1. The director or other person in charge of a medical facility who knows of or suspects the presence of a communicable disease within the medical facility shall report the communicable disease to the health authority having jurisdiction where the medical facility is located.

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

2. If a medical facility has a designated infection preventionist, administrative procedures may be established by which all communicable diseases known or suspected within the medical facility, including its laboratories and outpatient locations, are reported to the health authority through the medical facility's infection preventionist or his or her representative. The report must be made in the manner provided in NAC 441A.225. Notwithstanding any other provision of this chapter, a director or other person in charge of a laboratory in a medical facility or a health care provider in a medical facility is not required to report a known or suspected communicable disease in the medical facility to the health authority if he or she makes a report to the infection preventionist in accordance with the provisions of this section.

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

(a) Require the designated infection preventionist to:

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

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

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

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

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

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(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.

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

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

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

2. The report must include:

(a) The communicable disease or suspected communicable disease.

(b) The name, address 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.

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

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

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

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notification to health authorities of the reporting requirement.

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

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

1. An investigation of the circumstances or cause of a case, suspected case, outbreak or suspected outbreak.
2. The carrying out of measures for the prevention, suppression and control of a communicable disease, including procedures of exclusion, isolation and quarantine.

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

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

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