STATE OF NEVADA

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August 5, 2015

MEMORANDUM

To: Dr. Stephen Kendall Jones, Vice Chairman
State Board of Health

From: Richard Whitley, MS, Secretary
State Board of Health

Re: Consideration and adoption of proposed regulation changes to "Infectious Diseases; Toxic Agents" as found in Nevada Administrative Code (NAC) 441A: LCB File No. R121-14.

PURPOSE OF AMENDMENT

Nevada Administrative Code (NAC) Chapter 441A (Infectious Diseases; Toxic Agents) provides authorities and requirements related to the investigation, reporting, prevention, and control of communicable diseases. Proposed changes include amendments to NAC 441A.235 eliminating the current threshold requirements for Human Immunodeficiency Virus (HIV) laboratory reporting which will allow the local health authority to increase its capacity and ability to identify new HIV/AIDS cases and improve its ability to control the spread of the virus; amendments to NAC 441A.350-359 improve facility compliance with tuberculosis (TB) screening requirements designed to prevent a public health threat due to TB and enhance local health authority powers to control and prevent the spread of TB; as well as the proposed NAC 441A.247 clarifying which public agencies are required to share health information, the circumstances and procedures for sharing information, and how health information will be handled confidentially. This proposed regulation expands the current infectious disease reporting requirements of NAC 441A.225 by requiring specified agencies to share requested information relevant to an investigation relating to an infectious disease or exposure to a biological, radiological or chemical agent.

SUMMARY OF CHANGES TO NEVADA ADMINISTRATIVE CODE (NAC)

The Board of Health last revised regulations to NAC Chapter 441A, "Infectious Diseases; Toxic Agents" in the year 2011. This resulted in the adoption of proposed regulations. The proposed regulations currently moving forward:

- Amends to require certain public entities to provide to the health authority certain information regarding infectious diseases and exposures to certain potentially dangerous agents, and require the health authority to safeguard protected health information in accordance with state and federal law.

- Existing regulations set forth various recommendations, guidelines and publications that are adopted by reference for the control and prevention of the transmission of certain infectious diseases, and empowers the State Board of Health, with input from the State Health Officer, to determine the suitability for use in this State of any revisions to such recommendations, guidelines and publications.

- Amends this regulation to adopt by reference a new recommendation for the prevention and control of tuberculosis in correctional and detention facilities, updates certain guidelines to more recent editions and adopts a streamlined method for the Chief Medical Officer to determine the suitability for use in Nevada of an updated or revised recommendation or guideline set forth in a publication that is adopted by reference.

- Requires the reporting of certain laboratory results, including certain low lymphocyte counts and expands the laboratory results to be reported to include certain tests for the human immunodeficiency virus (HIV) or its antibodies.

- Change existing references from the State Health Officer to the Chief Medical Officer.

- Expands the reporting requirement to include children less than 5 years of age who show a positive reaction to certain tests for tuberculosis.

- Amends to clarify course of medical treatment for active and suspected cases of tuberculosis follow an effective course of medical treatment be one that is in accordance with a course of medical treatment prescribed by a health care provider in accordance with the recommendations, guidelines and publications adopted by reference.

- Amends to for tuberculosis infections to (1) require each correctional facility to develop and implement an infection control program to prevent and control tuberculosis infections; and (2) revise the requirements for testing certain employees, independent contractors, volunteers and inmates of correctional facilities for tuberculosis infections. Also revises the reporting requirements of cases having active tuberculosis in correctional facilities, including requiring the medical staff of a correctional facility to notify the health authority having jurisdiction where the correctional facility is located when an investigation is carried out to determine contacts with infected individuals.

- Clarifies existing provisions for monitoring and testing of the employees of a medical facility, a facility for the dependent, a home for individual residential care or an outpatient facility to

prevent the transmission of tuberculosis to extend the application of these provisions to independent contractors who work in such a facility or home.

- Revises the tuberculosis screening requirements before admission to a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing or intermediate care as well as revises requirements for those facilities or homes to keep a person in respiratory isolation.

- Amends to allow a rabies control authority to enter private property for the additional purpose of investigating an animal bite and assessing any animal that has been in close contact with another animal suspected or known to have rabies and an animal which has been quarantined to be released to an animal rescue group that possesses a specified tax-exempt status.

- Specifies for influenza the type of testing to be used and provides that, in a county whose population is 700,000 or more (currently Clark County), test results must only be reported by facilities with the capability to report such results electronically.

- Changes the requirement for cases of measles (rubella) excluded from certain public settings and treated with certain precautions for at least 4 days after the onset of rash from 5 days.

POSSIBLE OUTCOME IF PROPOSED AMENDMENT IS NOT APPROVED

If the State Board of Health does not adopt or approve the proposed regulations, the Board would not align with current guidelines and recommendations of The Centers for Disease Control and Prevention. Failure to adopt the proposed regulations would result in a lack of clear direction to both the Division and the medical and correctional community in how to carry out activities to prevent and control communicable diseases in Nevada. Other possible outcomes include missed opportunity to identify and treat HIV and AIDS cases as well as pediatric tuberculosis cases.

APPLICABILITY OF PROPOSED AMENDMENT

These regulations will apply to health facilities and laboratories that report infectious diseases and agents to the State.

PUBLIC COMMENT RECEIVED

An outline of opportunities for public comment is as follows:

Pursuant to NRS 233B.0609, the Division of Public and Behavioral Health has requested public comment during the Public Workshop which was held on April 23, 2015 at 1:30pm in Las Vegas and Carson City through a videoconference. Public comment was received from both locations.

An outline of opportunities for public comment follows:

October 23, 2014 a Small Business Impact Questionnaire was sent to licensed laboratories, hospitals, correctional facilities, public health authorities, non- and for-profit animal shelters in Nevada along with a copy of the proposed regulation changes.

April 2, 2015. The public workshop notice, small business impact statement and draft regulations were licensed laboratories, hospitals, correctional facilities, public health authorities, non- and for-profit animal shelters in Nevada. Notice was provided in accordance with the open meeting law.

April 23, 2015: A Public Workshop on LCB File No. R121-14 was held in Carson City and Las Vegas via videoconference.

At this public workshop a total of seven people provided public comment. One person spoke in support for expanding reporting for LTBI cases for under 5 years of age; four people had suggestions for minor clean up or clarifying language suggestions which was addressed and is reflected in the proposed R121-14. Among the other three with comments, one expressed that additional testing for tuberculosis may place a burden on small business.

- Recommendations for modifications to the proposed regulations that were made during the public workshop did have any substantial impact on the intent of the proposed regulations.
- No opposition to the proposed regulation was expressed during the public workshop.

STAFF RECOMMENDATION

Staff recommends the State Board of Health adopt the proposed changes to "Infectious Diseases; Toxic Agents" as found in Nevada Administrative Code (NAC) 441A: LCB File No. R121-14 with the modifications to the TB section language that has been provided.

PRESENTER

Sandra Larson, MPH, Health Program Specialist II

Enclosures

SMALL BUSINESS IMPACT STATEMENT 2015

PROPOSED AMENDMENTS TO NAC 441A

The Division of Public and Behavioral Health (DPBH) has determined that the proposed amendments should have little to no impact upon a small business or the formation, operation or expansion of a small business in Nevada.

A small business is defined in Nevada Revised Statutes NRS 233B as a "business conducted for profit which employs fewer than 150 full-time or part-time employees."

This small business impact statement is made pursuant to NRS 233B.0608 (3) and complies with the requirements of NRS 233B.0609. As required by NRS 233B.0608 (3), this statement identifies the methods used by the agency in determining the impact of the proposed regulation on a small business in sections 1, 2, 3, and 4 below and provides the reasons for the conclusions of the agency in section 8 below followed by the certification by the person responsible for the agency.

Background

Nevada Administrative Code (NAC) Chapter 441A (Infectious Diseases; Toxic Agents) provides authorities and requirements related to the investigation, reporting, prevention, and control of communicable diseases. Proposed changes include amendments to NAC 441A.235 eliminating the current threshold requirements for Human Immunodeficiency Virus (HIV) laboratory reporting which will allow the local health authority to increase its capacity and ability to identify new HIV/AIDS cases and improve its ability to control the spread of the virus; amendments to NAC 441A.350-359 improve facility compliance with tuberculosis (TB) screening requirements designed to prevent a public health threat due to TB and enhance local health authority powers to control and prevent the spread of TB; as well as the proposed NAC 441A.247 clarifying which public agencies are required to share health information, the circumstances and procedures for sharing information, and how health information will be handled confidentially. This proposed regulation expands the current infectious disease reporting requirements of NAC 441A.225 by requiring specified agencies to share requested information relevant to an investigation relating to an infectious disease or exposure to a biological, radiological or chemical agent.

1) **A description of the manner in which comment was solicited from affected small businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary.**

Pursuant to NRS 233B.0608 (2)(a), the Division of Public and Behavioral Health has requested input from licensed laboratories, hospitals, correctional facilities, public health authorities, non- and for-profit animal shelters in Nevada.

A Small Business Impact Questionnaire was sent to licensed laboratories, hospitals, correctional facilities, public health authorities, non- and for-profit animal shelters in Nevada along with a copy of the proposed regulation changes, on October 23, 2014. The questions on the 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?

Summary of Response

Summary Of Comments Received (94 responses were received out of 1,581small business impact questionnaires distributed to valid address, only 57 of those responses had less than 155 employees)			
Will a specific regulation have an adverse economic effect upon your business?	**Will the regulation (s) have any beneficial effect upon your business?**	**Do you anticipate any indirect adverse effects upon your business?**	**Do you anticipate any indirect beneficial effects upon your business?**
Yes= 6	Yes= 6	Yes= 5	Yes= 4
No= 47 No Response= 4	No= 48 No Response= 3	No=48 No Response= 4	No= 48 No Response= 5

Number of Respondents out 1,683 mailings*	**Adverse economic effect?**	**Beneficial effect?**	**Indirect adverse effects?**	**Indirect beneficial effects?**
57	6	6	5	4

2) Describe the manner in which the analysis was conducted.

Small business questionnaires and notices of the public workshop were mailed to all licensed laboratories, hospitals, correctional facilities and public health authorities in Nevada on

October 23, 2014. There were a total of 94 responses faxed/mailed back with only fifty-seven (57) whose organization is under 155 employees. Six (6) reported that the changes would have an adverse economic effect on their business and five (5) reported an indirect adverse effect.

3) **The estimated economic effect of the proposed regulation on the small business which it is to regulate including, without limitation both adverse and beneficial effects and both direct and indirect effects.**

Six (6) small businesses indicated that this regulation would have an adverse effect on upon the business. One (1) reported it would incur an additional cost to the company; three (3) reported would require extra staff or staff time; and two (2) did not provide justification.

Six (6) small businesses indicated that this regulation would have a beneficial effect on upon the business. Two (2) reported this would implement into law practices they already follow at their facilities; one (1) said it would control communicable disease right away preventing further exposure; one (1) said it would have a beneficial effect on health care providers because it will safeguard our health; one (1) said that screening of contracted employees lessens the potential for spread; and one (1) did not provide justification.

Five (5) small businesses indicated that this regulation would have an indirect adverse effects upon the business. Two (2) indicated increased cost to business; one (1) indicated it would require additional staff time; and two (2) did not provide justification.

Four (4) small businesses indicated that this regulation would have an indirect beneficial effect upon the business. One (1) indicated this would decrease the possibility of exposure to other employees and patients and increase productivity; two (2) indicated this would improve control and reporting of contagious diseases and protect our community; and one (1) did not provide a justification.

4) **Provide a description of the methods that the agency considered to reduce the impact of the proposed regulation on small businesses and a statement regarding whether the agency actually used any of those methods.**

The Division of Public and Behavioral Health has worked to reduce the impact these proposed regulation changes would have on small business by drafting language that aims to align with national recommendations (i.e. guidelines from the Centers for Disease Control and Prevention) and not place undue burden on any direct entity. Additionally, changes in these regulations that may potential have the most potential for a financial burden to an agency would not apply directly to small business.

5) **The estimated cost to the agency for enforcement of the proposed regulation.**

No cost is expected to enforce this regulation.

6) **If the proposed regulation provides a new fee or increases an existing fee, the total annual amount DPBH expects to collect and the manner in which the money will be used.**

Not applicable

7) **An explanation of why any duplicative or more stringent provisions than federal, state or local standards regulating the same activity are necessary.**

Not applicable

8) **Provide a summary of the reasons for the conclusions of the agency regarding the impact of a regulation on small businesses.**

DPBH has vetted these regulations for years with parties that may be affected and have revised the language to ensure there would not be undue burden on the small businesses impacted. Therefore, DPBH feels these regulations are ready to be adopted and will improve public health practices as a result.

Any other persons interested in obtaining a copy of the summary may e-mail, call, or mail in a request to Sandi Larson at the Division of Public and Behavioral Health at:

Division of Public and Behavioral Health
3811 W. Charleston Blvd, Suite 205
Las Vegas, NV 89102
Sandi Larson
Phone: 702.486.0068
Email: slarson@health.nv.gov

Certification by Person Responsible for the Agency

I, Marta E. Jensen, Acting Administrator of the Division of Public and Behavioral Health certify to the best of my knowledge or belief, a concerted effort was made to determine the impact of the proposed regulation on small businesses and the information contained in this statement was prepared properly and is accurate.

Signature M. Jensen Date: 3/31/15

REVISED PROPOSED REGULATION OF

THE STATE BOARD OF HEALTH

LCB File No. R121-14

August 3, 2015

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

AUTHORITY: §§1-3, 5-8, 10 and 11, NRS 441A.120 and 441A.167; §§4, 9, 12 and 15-18, NRS 441A.120; §§13 and 14, NRS 441A.120 and 441A.410.

A REGULATION relating to communicable diseases; requiring the director of a medical laboratory to report the findings of certain tests or examinations to a health authority; requiring certain public agencies and political subdivisions to provide to a health authority certain information concerning investigations relating to infectious disease or exposure to certain agents; revising provisions related to the investigation, reporting and surveillance of cases and suspected cases of tuberculosis; requiring each correctional facility in this State to develop and implement an infection control program; requiring independent contractors hired by certain facilities to submit to tuberculosis testing; revising tuberculosis screening requirements before the admission of persons to certain facilities; making various other changes relating to communicable diseases; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Sections 2 and 3 of this regulation require certain public entities to provide to the health authority certain information regarding infectious diseases and exposures to certain potentially dangerous agents, and require the health authority to safeguard protected health information in accordance with state and federal law.

Existing regulations set forth various recommendations, guidelines and publications that are adopted by reference for the control and prevention of the transmission of certain infectious diseases, and empowers the State Board of Health, with input from the State Health Officer, to determine the suitability for use in this State of any revisions to such recommendations, guidelines and publications. (NAC 441A.200) **Section 4** of this regulation adopts by reference a new recommendation for the prevention and control of tuberculosis in correctional and detention facilities, updates certain guidelines to more recent editions and adopts a streamlined method for

the Chief Medical Officer to determine the suitability for use in Nevada of an updated or revised recommendation or guideline set forth in a publication that is adopted by reference.

Existing regulations require the reporting of certain laboratory results, including certain low lymphocyte counts, to the State Health Officer. (NAC 441A.235) **Section 5** of this regulation changes the required recipient of the results from the State Health Officer to the Chief Medical Officer (the Chief Medical Officer replaced the State Health Officer pursuant to chapter 489, Statutes of Nevada 2013, p. 2991), and expands the laboratory results to be reported to include certain tests for the human immunodeficiency virus (HIV) or its antibodies. **Sections 6 and 7** of this regulation also change existing references from the State Health Officer to the Chief Medical Officer.

Existing regulations require a health care provider to report to the health authority certain cases of active tuberculosis or suspected active tuberculosis. (NAC 441A.350) **Section 8** of this regulation expands the reporting requirement to include children less than 5 years of age who show a positive reaction to certain tests for tuberculosis. Existing regulations require the health authority to ensure that active and suspected cases of tuberculosis follow an effective course of medical treatment. (NAC 441A.355) **Section 9** of this regulation requires that such a course of medical treatment be one that is in accordance with a course of medical treatment prescribed by a health care provider in accordance with the recommendations, guidelines and publications adopted by reference pursuant to NAC 441A.200, as amended by **section 4**.

Existing regulations govern the investigation, reporting, prevention, suppression and control of tuberculosis infections. (NAC 441A.350-441A.390) **Section 10** of this regulation: (1) requires each correctional facility to develop and implement an infection control program to prevent and control tuberculosis infections; and (2) revises the requirements for testing certain employees, independent contractors, volunteers and inmates of correctional facilities for tuberculosis infections. **Section 10** also revises the reporting requirements of cases having active tuberculosis in correctional facilities, including requiring the medical staff of a correctional facility to notify the health authority having jurisdiction where the correctional facility is located when an investigation is carried out to determine contacts with infected individuals.

The existing provisions of NAC 441A.375 provide for the monitoring and testing of the employees of a medical facility, a facility for the dependent, a home for individual residential care or an outpatient facility to prevent the transmission of tuberculosis. **Section 11** of this regulation extends the application of these provisions to independent contractors who work in such a facility or home.

Section 12 of this regulation revises the tuberculosis screening requirements before admission to a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing or intermediate care. **Section 12** also revises requirements for those facilities or homes to keep a person in respiratory isolation.

Existing regulations allow a rabies control authority to enter private property for certain enumerated purposes. (NAC 441A.420) **Section 13** of this regulation allows a rabies control authority to enter private property for the additional purpose of investigating an animal bite and assessing any animal that has been in close contact with another animal suspected or known to have rabies. Existing regulations provide for the management, quarantine, veterinary care and examination of animals that have bitten persons. (NAC 441A.425) **Section 14** of this regulation allows an animal which has been quarantined to be released to an animal rescue group that possesses a specified tax-exempt status.

Existing regulations specify the manner in which a health authority, for purposes of surveillance, is to identify cases of influenza and the presence of influenza viruses. (NAC 441A.575) **Section 15** of this regulation specifies the type of testing to be used and provides that, in a county whose population is 700,000 or more (currently Clark County), test results must only be reported by facilities with the capability to report such results electronically. Existing regulations set forth that cases of measles (rubeola) are to be excluded from certain public settings and treated with certain precautions for at least 5 days after the onset of rash. (NAC 441A.610) **Section 16** of this regulation reduces that period from 5 days to 4 days.

Section 1. Chapter 441A of NAC is hereby amended by adding thereto the provisions set forth as sections 2 and 3 of this act.

Sec. 2. ***As used in NRS 441A.167 and section 3 of this regulation:***

1. "Law enforcement agency" means an agency, office or bureau, the primary duty of which is to enforce the law.

2. "Political subdivision" means any:

(a) County;

(b) Incorporated city;

(c) Unincorporated town; or

(d) Airport authority created by a special legislative act.

3. "Public agency" means an agency, bureau, board, commission, department or division of this State.

Sec. 3. *1. A public agency, law enforcement agency or political subdivision that receives a request for information, medical records or reports from a health authority pursuant to subsection 1 of NRS 441A.167 shall provide the information, medical records or reports to the health authority within 10 calendar days after receiving the request.*

2. A health authority that receives information, medical records or reports from a public agency, law enforcement agency or political subdivision shall ensure that any protected health information remains confidential to the extent required by state and federal law and the regulations adopted pursuant thereto.

Sec. 4. NAC 441A.200 is hereby amended to read as follows:

441A.200 1. ~~[The]~~ ***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/.**

(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 ~~[http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf.]~~ ***http:/www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf.***

(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/**; 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.***

(d) The recommended guidelines for the investigation, prevention, suppression and control of communicable diseases contained in *Control of Communicable Diseases Manual*, ~~[19th]~~ ***20th*** edition, published by the American Public Health Association and available for the price of ~~[$25]~~ ***$38.50*** for members and ~~[$35]~~ ***$55.00*** for nonmembers from the American Public Health Association, 800 I Street, N.W., Washington, D.C. 20001-3710, or at the Internet address **http://www.apha.org**.

(e) The recommended guidelines for the investigation, prevention, suppression and control of communicable diseases contained in *Red Book:* ~~[2009]~~ ***2015*** *Report of the Committee on Infectious Diseases*, ~~[28th]~~ ***30th*** edition, published by the American Academy of Pediatrics and available for the price of ~~[$99.95]~~ ***$75.00*** for members and ~~[$114.95]~~ ***$149.95*** for nonmembers

from the American Academy of Pediatrics, 141 Northwest Point Boulevard, Elk Grove Village, Illinois 60007, or at the Internet address **http://www.aap.org**.

(f) The recommendations for the testing, treatment, prevention, suppression and control of chancroid, *Chlamydia trachomatis*, gonococcal infection, granuloma inguinale, lymphogranuloma venereum and infectious syphilis as are specified in "Sexually Transmitted Diseases Treatment Guidelines, 2006," *Morbidity and Mortality Weekly Report* [55(RR11):1-94, August 4, 2006], published by the United States Department of Health and Human Services and available at no cost on the Internet at **http://www.cdc.gov/mmwr/**.

(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/**;

(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 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/** ~~[.]~~ ***;***

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

(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**.

(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/**.

(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 each revision of a recommendation, guideline or publication adopted by reference pursuant to subsection 1 to recommend whether the revision is appropriate for application in this State and shall submit the recommendation to the Board for its review at the next regularly scheduled meeting of the Board following the publication of the revision.]~~ ***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***

exist, the last version of the recommendation, guideline or publication that was published before the agency or entity ceased to exist shall be deemed to be the current version.

Sec. 5. NAC 441A.235 is hereby amended to read as follows:

441A.235 1. Except as otherwise provided in NAC 441A.240, the director or other person in charge of a medical laboratory in which a test or examination of any specimen derived from the human body yields evidence suggesting the presence of a communicable disease, a causative agent of a communicable disease or an immune response to a causative agent of a communicable disease shall:

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

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

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

2. The report must include:

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

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

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

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

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

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

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

(a) Requested by the health authority;

(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 diptheriae*;

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

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

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

6. With respect to a test described in subsection 5, if the interpretation of the laboratory diagnostic testing algorithm is positive, indicating the presence of infection with the human immunodeficiency virus (HIV), the laboratory must report to the health authority:

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

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

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

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

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

Sec. 6. 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:* ~~[2009]~~ ***2015*** *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 ~~[State Health]~~ ***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 ~~[State Health]~~ ***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 ~~[State Health]~~ ***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 ~~[State Health]~~ ***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. 7. NAC 441A.295 is hereby amended to read as follows:

441A.295 1. If the ~~[State Health]~~ ***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:* ~~[2009]~~ ***2015*** *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 ~~[State Health]~~ ***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 ~~[State Health]~~ ***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 ~~[State Health]~~ ***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 ~~[State Health]~~ ***Chief Medical*** Officer suspects that there may be an association between two or more cases infected with the same communicable disease, the ~~[State Health]~~ ***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 ~~[State Health]~~ ***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. 8. NAC 441A.350 is hereby amended to read as follows:

441A.350 A health care provider shall notify the health authority within 24 hours of discovery of any case having active tuberculosis or any suspected case considered to have active tuberculosis who ~~[fails]~~ ***:***

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

2. Is a child less than 5 years of age, regardless of whether the child has received a bacillus Calmette-Guerin (BCG) vaccination, who has shown a positive reaction to the Mantoux tuberculin skin test or other recognized diagnostic test.

Sec. 9. NAC 441A.355 is hereby amended to read as follows:

441A.355 1. The health authority shall investigate each report of a case having active tuberculosis or *a* suspected case considered to have active tuberculosis to confirm the diagnosis, to identify any contacts, to identify any associated cases, to identify the source of infection and to ensure that the case or suspected case is under the care of a health care provider who has completed a diagnostic evaluation and has instituted an effective course of medical treatment ~~[.]~~ *prescribed by a health care provider in accordance with the recommendations, guidelines and publications adopted by reference pursuant to NAC 441A.200.*

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

3. The health authority shall evaluate for tuberculosis infection any contact of a case having active tuberculosis. A tuberculosis screening test must be administered to a contact residing in the same household as the case or other similarly close contact. If the tuberculosis screening test is negative, the tuberculosis screening test must be repeated 8 to 10 weeks after the last date of exposure to the case having active tuberculosis. If the initial or second tuberculosis screening test is positive, the contact must be referred for a chest X ray and medical evaluation for active tuberculosis. Any contact found to have active tuberculosis or tuberculosis infection must be advised to complete ~~[an effective]~~ ***a*** course of treatment ~~[in]~~ ***that is:***

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

(b) In accordance with the recommendations for the counseling of and effective treatment for a person having active tuberculosis or tuberculosis infection ~~[in accordance with the guidelines of the Centers for Disease Control and Prevention as]~~ adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.

4. A child or other high-risk contact whose initial tuberculosis screening test administered pursuant to subsection 3 is negative must be advised to take preventive treatment, unless medically contraindicated. Preventive treatment may be discontinued if the second tuberculosis screening test administered pursuant to subsection 3 is negative.

5. The health authority may issue an order for a medical examination to any contact who refuses to submit to a medical examination pursuant to subsection 3, to determine if he or she has active tuberculosis or tuberculosis infection.

Sec. 10. NAC 441A.370 is hereby amended to read as follows:

441A.370 1. ***Each correctional facility in this State shall develop and implement an infection control program to prevent and control tuberculosis infections within the correctional facility. The correctional facility shall consult with the health authority having jurisdiction where the correctional facility is located in developing and implementing the infection control program.***

2. An employee ***, independent contractor or volunteer*** of a correctional facility who ***provides direct services to an inmate in the custody of the correctional facility and who*** does not have a documented history of a positive tuberculosis screening test shall submit to such test ~~[upon initial employment by]~~ ***before first commencing to work in*** the correctional facility.

~~[2.]~~ ***3.*** An inmate ~~[who is expected to remain]~~ in ***the custody of*** a correctional facility ~~[for at least 6 continuous months and who does not have a documented history of a positive tuberculosis screening test shall submit to such test upon initial detention in the correctional facility.~~

~~3.]~~ ***must meet any applicable screening guidelines and recommendations set forth in the recommendations, guidelines and publications adopted by reference pursuant to NAC 441A.200.***

4. If a tuberculosis screening test administered pursuant to subsection ~~[1 or]~~ 2 ***or 3*** is negative, the person ~~[shall]~~ ***must*** be retested ~~[annually.~~

~~4.]~~ ***in accordance with any applicable testing guidelines and recommendations set forth in the recommendations, guidelines and publications adopted by reference pursuant to NAC 441A.200.***

5. If a ~~[skin]~~ ***tuberculosis screening*** test administered pursuant to subsection ~~[1 or]~~ 2 ***or 3*** is positive or if the person has a documented history of a positive tuberculosis screening test and

has not completed an adequate course of medical treatment, the person shall submit to a chest X ray and a medical evaluation to determine the presence of active tuberculosis.

~~[5.]~~ ***6.*** Surveillance of employees ***, independent contractors and volunteers*** of a correctional facility and inmates must be maintained for the purpose of identifying any development of symptoms of active tuberculosis. If active tuberculosis is suspected or diagnosed, the case or suspected case must be cared for in a manner consistent with the provisions of NAC 441A.375.

~~[6.]~~ ***7.*** If a case having active tuberculosis is located in a correctional facility, the medical staff of the correctional facility shall carry out an investigation ***in cooperation with the local health authority having jurisdiction where the correctional facility is located*** for contacts in a manner consistent with the provisions of NAC 441A.355.

~~[7.]~~ ***8. The medical staff of the correctional facility shall submit a report to the health authority having jurisdiction where the correctional facility is located within 7 days after initiating an investigation required pursuant to subsection 7. The report must include, without limitation, the name, sex, date of birth, address and lab result of each person who may have been exposed to tuberculosis as a result of the case having active tuberculosis.***

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

~~[8.]~~ ***10.*** Any action carried out pursuant to this section and the results thereof must be documented in the person's medical record.

Sec. 11. NAC 441A.375 is hereby amended to read as follows:

441A.375 1. A case having tuberculosis or ***a*** suspected case considered to have tuberculosis in a medical facility, a facility for the dependent or ***an*** outpatient facility must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.

2. A medical facility, a facility for the dependent, a home for individual residential care or an outpatient facility shall maintain surveillance of employees ***and independent contractors*** of the facility or home ***, who provide direct services to a patient, resident or client of the facility or home,*** for tuberculosis and tuberculosis infection. The surveillance of ***such*** employees ***and independent contractors*** must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.

3. Before ~~[initial employment, a person employed]~~ ***an employee or independent contractor described in subsection 2 first commences to work*** in a medical facility, a facility for the dependent, a home for individual residential care or an outpatient facility ~~[shall]~~ ***, the employee or independent contractor must*** have a:

(a) Physical examination or certification from a ~~[licensed physician]~~ ***health care provider which indicates*** that the ~~[person]~~ ***employee or independent contractor*** is in a state of good health ~~[,]~~ ***and*** is free from active tuberculosis and any other communicable disease ~~[in a contagious stage;]~~ ***which may, in the opinion of that health care provider, pose an immediate threat to the patients, residents or clients of the medical facility, facility for the dependent, home for individual residential care or outpatient facility;*** and

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

↪ If the employee ***or independent contractor*** has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. ~~[A single]~~ ***An*** annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or a designee thereof ~~[or another licensed physician]~~ determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination ~~[.]~~ ***at least annually.*** The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.

4. An employee ~~[with]~~ ***or independent contractor described in subsection 2 who has*** a documented history of a positive tuberculosis screening test is exempt from screening with ***blood or*** skin tests or chest radiographs ***.*** ~~[unless the]~~ ***Such an employee or independent contractor must be evaluated at least annually for signs and symptoms of tuberculosis. An*** employee ***or independent contractor who*** develops ***signs or*** symptoms ***which are*** suggestive of tuberculosis ~~[.]~~ ***must submit to diagnostic tuberculosis screening testing for the presence of active tuberculosis as required by the medical director or other person in charge of the applicable facility or home, or his or her designee.***

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

~~6.]~~ Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines ~~[of the Centers for Disease Control and Prevention as]~~ adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.

~~[7.]~~ ***6.*** A medical facility shall maintain surveillance of employees ***and independent contractors described in subsection 2*** for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee ~~[shall]~~ ***or independent contractor must*** be evaluated for tuberculosis.

~~[8.]~~ ***7.*** As used in this section, "outpatient facility" has the meaning ascribed to it in NAC 449.999417.

Sec. 12. NAC 441A.380 is hereby amended to read as follows:

441A.380 1. Except as otherwise provided in this section, ~~[before admitting a person to a medical facility for extended care, skilled nursing or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility.~~

~~2. Except as otherwise provided in this section,]~~ the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing or intermediate care shall:

(a) Before admitting a person to the facility or home, determine if the person:

(1) Has had a cough for more than 3 weeks;

(2) Has a cough which is productive;

(3) Has blood in his or her sputum;

(4) Has a fever which is not associated with a cold, flu or other apparent illness;

(5) Is experiencing night sweats;

(6) Is experiencing unexplained weight loss; or

(7) Has been in close contact with a person who has active tuberculosis.

(b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless ~~[there]~~ ***:***

(1) The person had a documented tuberculosis screening test within the immediately preceding 12 months, the tuberculosis screening test is negative and the person does not exhibit any of the signs or symptoms of tuberculosis set forth in paragraph (a); or

(2) There is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner.

(c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. ~~[After]~~

2. Except as otherwise provided in this section, after a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a ~~[single]~~

tuberculosis screening test annually thereafter, unless the medical director or a designee thereof ~~[or another licensed physician]~~ determines that the risk of exposure is appropriate for ~~[a lesser frequency of]~~ testing ***at a more frequent or less frequent interval*** and documents that determination ~~[.]~~ ***at least annually.*** The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.

3. A person with a documented history of a positive tuberculosis screening test is exempt from ~~[skin testing and routine]~~ annual ***tuberculosis screening tests and*** chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of ***signs or*** symptoms of tuberculosis.

4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that the person has one or more of the other symptoms described in paragraph (a) of subsection ~~[2,]~~ ***1,*** the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines ~~[of the Centers for Disease Control and Prevention as]~~ adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis.

5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home or, if he or she has already been admitted, shall not allow the person to remain in the facility or home, unless the

facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider ~~[determines]~~ ***:***

(a) Determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he or she is no longer infectious ~~[.]~~ ***; and***

(b) Coordinates a plan for the treatment and discharge of the person with the health authority having jurisdiction where the facility is located.

6. A health care provider shall not ***determine that the person does not have active tuberculosis or*** certify that a person with active tuberculosis is not infectious ***pursuant to subsection 5*** unless ~~[the]~~ ***:***

(a) The person has been on a prescribed course of medical treatment for at least 14 days; and

(b) The health care provider has obtained not less than three consecutive negative sputum AFB smears which were collected on separate days.

~~[6.]~~ ***7.*** If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis , ~~[. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention]~~ as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.

~~[7.]~~ ***8.*** The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the

guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.

~~[8.]~~ ***9.*** The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person's medical record.

Sec. 13. NAC 441A.420 is hereby amended to read as follows:

441A.420 1. The rabies control authority shall investigate each report of a case having animal rabies or suspected case considered to have animal rabies to confirm the diagnosis, to identify the source of infection, to identify any human or animal contacts, to order the disposition of rabid or suspected rabid animals and to make recommendations for postexposure rabies prophylaxis.

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

3. The rabies control authority may enter private property for the purpose of ~~[seizing]~~ ***:***

(a) Investigating an animal bite and assessing any animal that has been in close contact with another animal suspected or known to have rabies;

(b) Seizing an animal that has bitten a person ~~[, to determine]~~ ***;***

(c) Determining if any animal kept or harbored therein has rabies or has been exposed to rabies ~~[, or to implement]~~ ***; or***

(d) Implementing orders for quarantine, confinement, confiscation or euthanasia of an animal.

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

Sec. 14. 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 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 or her normal duties for the law enforcement agency or as a 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. An animal of any other species 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]~~ ***:***

(a) The owner of the animal at the time it was quarantined ~~[or a]~~ ***;***

(b) A member of the immediate family of ~~[that]~~ ***the*** person ~~[.]~~ ***described in paragraph (a); or***

(c) An entity or organization, the primary purpose of which is to protect animals from harm, abuse or neglect and that is exempt from federal taxation pursuant to 26 U.S.C. § 501(c)(3).

➥ The history of an animal quarantined pursuant to subsection 1 must be made available to health authorities upon request.

9. As used in this section:

(a) "Service animal" has the meaning ascribed to it in NRS 426.097.

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

Sec. 15. NAC 441A.575 is hereby amended to read as follows:

441A.575 1. The health authority shall, for purposes of surveillance, obtain sufficient information of each case having influenza, as identified by ~~[confirmation by a medical laboratory of the]~~ ***:***

(a) The presence of influenza viruses in clinical specimens ~~[, by demonstration of a specific serologic response in acute and convalescent sera or by a compatible clinical syndrome.]~~ ***tested by a medical laboratory using either viral culture or polymerase chain reaction; or***

(b) A positive rapid influenza diagnostic test in a patient with an influenza-like illness.

2. ***In a county whose population is 700,000 or more, the results of a test conducted pursuant to paragraph (a) or (b) of subsection 1 must only be reported in accordance with***

NAC 441A.225 by a facility which possesses the ability to transmit laboratory results electronically.

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

4. As used in this section, "influenza-like illness" means an illness that, in the absence of a known cause other than influenza, is characterized by:

(a) A fever equal to or greater than 100 degrees Fahrenheit; and

(b) A cough or sore throat, or both.

Sec. 16. NAC 441A.610 is hereby amended to read as follows:

441A.610 1. The health authority shall investigate each report of a case having measles (rubeola) or suspected case considered to have measles (rubeola) to classify the case, to determine the extent of any outbreak, to identify the source of the infection, to identify any susceptible contacts and to determine the need for exclusion, isolation and immunization of the case and any contacts.

2. A case having measles or a suspected case considered to have measles must be excluded from child care facilities, schools, sporting events sponsored by schools, sensitive occupations, public gatherings, and from contact with susceptible persons outside of his or her household for at least ~~[5]~~ *4* days after the onset of rash.

3. If a case having measles or a suspected case considered to have measles is in a medical facility, the medical facility shall provide care to the case or suspected case in accordance with respiratory isolation or other appropriate disease specific precautions for at least ~~[5]~~ *4* days after the onset of rash.

4. An employee of a medical facility shall not have direct contact with any case or suspected case unless the employee has provided proof of immunity to measles.

5. On the same day that a report of a case having measles or suspected case considered to have measles in a school or child care facility is received, the principal, director or other person in charge of the school or child care facility shall:

(a) Conduct an inquiry into absenteeism to determine the existence of any other cases of the illness in the school or child care facility.

(b) Report the case or suspected case to the health authority.

(c) Review the records of immunization of all enrolled children to identify those who are not adequately immunized against measles.

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

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

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

Sec. 17. 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 21 days after the last exposure or until the case and the contact have received at least 5 days of 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 a pertussis-containing vaccine or has not received a dose of 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 an appropriate course of an effective antimicrobial agent 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. 18. NAC 449.782 is hereby amended to read as follows:

449.782 A home health agency shall establish written policies concerning the qualifications, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for:

1. Wage and hour policies;

2. Eligibility for vacation, sick leave and other fringe benefits;

3. The orientation of all health personnel to the policies and objectives of the agency, training while on the job, and continuing education;

4. Periodic evaluation of employees' performances;

5. Job descriptions for each category of personnel which are specific and include the type of activity each may carry out;

6. The maintenance of employee records which confirm that personnel policies are followed; and

7. The maintenance of a health record for each employee as required by ~~[NAC 441A.375.]~~ ***chapter 441A of NAC.***