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MEMORANDUM

DATE: February 1, 2019

TO: Jon Pennell, Chairman
State Board of Health

FROM: Julie Kotchevar, PhD
Administrator, DPBH

RE: Consideration and adoption of the proposed regulation amendment(s) to NAC 441A, "Infectious Diseases; Toxic Agents," LCB File No. R187-18

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. The proposed amendments will: 1) re-align Nevada's regulations with updated national guidelines and recommendations for notifiable and reportable diseases by adding and removing reporting requirements, and 2) provide clarity by removing and cleaning up ambiguous wording and providing clear guidelines for reporting and follow-up for reportable diseases.

SUMMARY OF CHANGES TO NEVADA ADMINISTRATIVE CODE (NAC)

The Board of Health last revised regulations to NAC Chapter 441A, "Infectious Diseases; Toxic Agents" in 2014. 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 Amends to add diseases (Chikungunya virus disease, Dengue, Carbapenem-resistant, Enterobacteriaceae, St Louis Encephalitis virus, Shiga toxin-producing Escherichia coli, Varicella, and Zika virus disease) to the list of diseases considered communicable diseases in

this State and: (1) require the health authority to investigate each report of those diseases; and (2) determine certain measures to contain such infections.

- Adopts by reference certain guidelines relating to communicable diseases and provides an Internet website on which any changes to a recommendation, guideline or publication adopted by reference will be available from the Division of Public and Behavioral Health of the Department of Health and Human Services.
- Revises the period for reporting cases or suspected cases of certain communicable diseases.
- Amends this regulation to authorize a person in charge of a medical laboratory to submit culture-independent diagnostic tests to the State Public Health Laboratory or other laboratory designated by the health authority under certain circumstances.
- Amends the testing and treatment information of a TB case having or suspected of having active tuberculosis who have shown a positive reaction to a diagnostic test or completed a course of treatment for tuberculosis and requires a health care provider to notify the health authority within 24 hours of discovery.
- Revises provisions concerning control of tuberculosis.
- Removing requirements that a dog, cat or ferret which: (1) has not been vaccinated for rabies and has been in close contact with a rabid animal must be euthanized; and (2) has been vaccinated for rabies and has been in close contact with a rabid animal must be revaccinated. Instead requires a dog, cat or ferret that has been in close contact with a rabid animal to be managed per certain guidelines, regardless of whether the dog, cat or ferret has been vaccinated for rabies.
- Prohibits certain persons who suffer from campylobacteriosis, cryptosporidiosis, Shiga toxin-producing *Escherichia coli*, giardiasis or yersiniosis and certain contacts of such persons from working in sensitive occupations for a prescribed time period, as well as authorizes the health authority to order any additional exclusion, testing or treatment of any person that the health authority determines is necessary to prevent further transmission of the infection.
- Revises the regulation for the health authority to obtain sufficient information of only certain cases having influenza for surveillance and reporting purposes.
- Changes requirements for a case or suspected case considered to have measles to be excluded from any occupation which has frequent contact with the public.
- Revises the period that a child who has not been immunized to measles because of a medical or religious exemption is excluded from a school or child care in which a case or suspected case considered to have measles is reported.
- Amends the existing regulations for a health authority to also investigate each suspected pertussis case reported.
- Requires a health authority to investigate and obtain sufficient information about each case of rotavirus infection for the purpose of surveillance.
- Removes the requirement that the health authority investigates each report of a case having a severe reaction to an immunization and instead requires a person who administers a vaccine to which the patient has an adverse reaction to report the adverse reaction in accordance with federal law and authorizes the health authority and the Division to take any action necessary to ensure compliance with this reporting requirement.

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 be out of compliance with certain sections of the Nevada Revised Statutes (NRS) Chapter 457 including:

- NRS 457.230, NRS.457.240 requiring the Board to establish by regulation the requirement to report incidences of other neoplasms to the system;
- NRS 457.230 requiring the Board to establish by regulation the requirement for any provider of health care who diagnoses or provides treatment for cancer or other neoplasms to report to the system;
- NRS.457.250 requiring the Board to establish by regulation to remove the fee imposed on a health care facility that abstracts information from its own records;
- NRS 457.250 outlines new statutory penalties to be imposed on a health care facility for violations of this section.

If the State Board of Health does not adopt or approve the proposed regulations, the Board would also 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.

In addition, new cancer cases would continue to be missed due to lack of reporting. The Nevada Central Cancer Registry (NCCR) has not achieved national data standards for five years. Until recently, complete and high-quality cancer cases were reported through hospital cancer registries because cancer cases were primarily diagnosed and treated in a hospital. With advances in medicine, patients are often diagnosed and treated outside the hospital setting. The proposed regulation will enforce the existing reporting mandate from facilities that provide screening, diagnostic or therapeutic services, and providers of health care who diagnose and treat cancer. And, there will be a lack of clear direction to both the Division and the medical industry in how to carry out the provisions of NRS 457.

APPLICABILITY OF PROPOSED AMENDMENT

These regulations will apply to laboratories, medical providers, and health facilities that are required to report infectious diseases and agents to the State as well as the health authorities who investigate and complete disease surveillance.

PUBLIC COMMENT RECEIVED

Pursuant to NRS 233B.0609, the Division of Public and Behavioral Health requested public comment during a Public Workshop which was held on September 24, 2018, at 1:00 p.m. in Las Vegas and Carson City through a videoconference. There were seventeen people who attended the workshop (six in Las Vegas and eleven in Carson City), eight indicated on the sign in sheet that they supported the proposed regulations, zero opposed, and nine did not indicate a stance.

At this workshop, a total of two people provided public comment; both were received from the Carson City location. One person spoke in support of the regulations only requesting clarifying language to the proposed regulations which were addressed and are reflected in the proposed R187-18. Another individual spoke, asking for clarification to Varicella, Influenza and Tuberculosis changes for health

facilities and reporting requirements. There was no opposition to the proposed regulation expressed during the public workshop.

STAFF RECOMMENDATION

Staff recommends the State Board of Health adopt the proposed regulation amendments to NAC, 441A, “Infectious Diseases, Toxic Agents”, LCB File No. R187-18.

PRESENTER

Kyle Devine, MSW, Clinical Program Manager
Nevada Division of Public and Behavioral Health, Disease Prevention and Investigation

Enclosures
LCB File No. R187-18

PROPOSED REGULATION OF THE

STATE BOARD OF HEALTH

LCB File No. R187-18

January 28, 2019

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

AUTHORITY: §§1-10, 13-15 and 17-26, NRS 439.200 and 441A.120; §§11 and 12, NRS 439.200, 441A.120 and 441A.167; §16, NRS 439.200, 441A.120 and 441A.410

A REGULATION relating to communicable diseases; adding certain communicable diseases to the list of communicable diseases required to be reported to the health authority and the Chief Medical Officer; requiring the health authority to investigate each report of those communicable diseases; adopting certain guidelines relating to communicable diseases by reference; revising requirements governing the reporting and control of certain communicable diseases; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires the State Board of Health to adopt regulations governing the control of communicable diseases in this State. (NRS 441A.120) Existing regulations require a health care provider, the director of a medical laboratory or medical facility and certain other persons to report to the health authority with jurisdiction and, in some cases, the Chief Medical Officer, cases of communicable disease in this State. (NAC 441A.230-441A.255) Existing regulations also require the health authority to investigate each report of certain communicable diseases. (NAC 441A.355, 441A.400, 441A.450-441A.574, 441A.580-441A.735) **Section 8** of this regulation adds certain diseases to the list of diseases considered communicable diseases in this State. **Sections 2-7** of this regulation: (1) require the health authority to investigate each report of those diseases; and (2) determine certain measures to contain such infections. **Section 9** of this regulation adopts by reference certain guidelines relating to communicable diseases. **Section 9** also provides that, if an Internet website on which a recommendation, guideline or publication adopted by reference ceases to exist, the recommendation, guideline or publication will be available from the Division of Public and Behavioral Health of the Department of Health and Human Services. **Section 10** of this regulation revises the period for reporting cases or suspected cases of certain communicable diseases.

Existing regulations require the director or other person in charge of a medical laboratory to submit microbiologic cultures, subcultures or other specimens or clinical material from certain bacterial infections to the State Public Health Laboratory or other laboratory designated by the health authority under certain circumstances. (NAC 441A.235) **Section 11** of this regulation additionally authorizes a person in charge of a medical laboratory to submit culture-independent diagnostic tests. **Section 12** of this regulation requires a health care provider to notify the health authority within 24 hours of discovery of any case having or suspected of having active tuberculosis who has shown a positive reaction to a diagnostic test or completed a course of treatment for tuberculosis. **Sections 13-15** of this regulation revise provisions concerning control of tuberculosis. **Section 16** of this regulation removes requirements that a dog, cat or ferret which: (1) has not been vaccinated for rabies and has been in close contact with a rabid animal must be euthanized; and (2) has been vaccinated for rabies and has been in close contact with a rabid animal must be revaccinated. **Section 16** instead requires a dog, cat or ferret that has been in close contact with a rabid animal to be managed according to certain guidelines, regardless of whether the dog, cat or ferret has been vaccinated for rabies. **Sections 17-20 and 26** of this regulation prohibit certain persons who suffer from campylobacteriosis, cryptosporidiosis, Shiga toxin-producing *Escherichia coli,* giardiasis or yersiniosis and certain contacts of such persons from working in sensitive occupations for a prescribed time period. **Sections 18-20** also authorize the health authority to order any additional exclusion, testing or treatment of any person that the health authority determines is necessary to prevent further transmission of the infection.

Existing regulations require the health authority to obtain sufficient information of each case having influenza for surveillance and reporting. (NAC 441A.575) **Section 21** of this regulation narrows this requirement to apply only to certain cases having influenza. **Section 22** of this regulation requires a case or suspected case considered to have measles to be excluded from any occupation involving frequent contact with the public. **Section 22** also revises the period that a child who has not been immunized to measles because of a medical or religious exemption is excluded from a school or child care in which a case or suspected case considered to have measles is reported.

Existing regulations require the health authority to investigate each report of a case having pertussis. (NAC 441A.630) **Section 23** of this regulation also requires the health authority to investigate each report of a case suspected of having pertussis. **Section 24** of this regulation revises the purposes for which the health authority is required to investigate each report of a case having rotavirus infection.

Existing regulations require the health authority to investigate each report of a case having a severe reaction to immunization. (NAC 441A.685) **Section 25** of this regulation removes this requirement and instead requires a person who administers a vaccine to which the patient has an adverse reaction to report the adverse reaction in accordance with federal law. **Section 25** also authorizes the health authority and the Division to take any action necessary to ensure compliance with this reporting requirement.

Section 1. Chapter 441A of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 7, inclusive, of this regulation.

Sec. 2. ***1. The health authority shall, within the limits of available resources, investigate each report of a case having carbapenem-resistant Enterobacteriaceae, as determined in accordance with the publication adopted by reference in paragraph (p) of subsection 1 of NAC 441A.200, to:***

(a) Confirm the diagnosis;

(b) Determine the extent of any outbreak;

(c) Identify, categorize and evaluate contacts; and

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

2. If a case having carbapenem-resistant Enterobacteriaceae is in a medical facility, the medical facility shall:

(a) Take measures to contain the infection in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraphs (m) and (n) of subsection 1 of NAC 441A.200;

(b) If the facility wishes to transfer the case to another medical facility, notify the medical facility to which the case will be transferred of the infection and provide instruction to the case concerning the risk, transmission, prevention and control of the infection in accordance with the guidelines adopted by reference in paragraph (b) of subsection 1 of NAC 441A.200; and

(c) If the medical facility discharges the case, provide instructions to the case concerning the risk, transmission, prevention and control of the infection in accordance with the guidelines adopted by reference in paragraph (b) of subsection 1 of NAC 441A.200.

3. A medical facility shall provide education to employees on the risk, transmission, prevention and control of carbapenem-resistant Enterobacteriaceae in accordance with the guidelines adopted by reference in paragraph (b) of subsection 1 of NAC 441A.200.

Sec. 3. *The health authority shall investigate each report of a case having chikungunya virus disease to:*

1. Confirm the diagnosis;

2. Search for other cases; and

3. Determine the need for measures to prevent, suppress or control the spread of the infection.

Sec. 4. *The health authority shall investigate each report of a case having dengue to:*

1. Confirm the diagnosis;

2. Search for other cases; and

3. Determine the need for measures to prevent, suppress or control the spread of the infection.

Sec. 5. *The health authority shall investigate each report of a case having Saint Louis encephalitis virus to:*

1. Confirm the diagnosis;

2. Search for other cases; and

3. Determine the need for measures to prevent, suppress or control the spread of the infection.

Sec. 6. *1. The health authority shall investigate each report of a case having varicella (chickenpox) to:*

(a) Confirm the diagnosis;

(b) Determine the extent of any outbreak;

(c) Identify any child care facility or school attended by the case; and

(d) Obtain sufficient information about the case for surveillance.

2. A case having varicella (chickenpox) shall not attend a child care facility or school until all blisters have dried into scabs. The health authority shall instruct the child care facility or school attended by the case of necessary measures to prevent the further transmission of varicella (chickenpox).

Sec. 7. *The health authority shall investigate each report of a case infected with zika virus disease to:*

1. Confirm the diagnosis;

2. Search for other cases; and

3. Determine the need for measures to prevent, suppress or control the spread of the infection.

Sec. 8. NAC 441A.040 is hereby amended to read as follows:

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

1. Acquired immune deficiency syndrome (AIDS).

2. Amebiasis.

3. Animal bite from a rabies-susceptible animal.

4. Anthrax.

5. Botulism, foodborne.

6. Botulism, infant.

7. Botulism, wound.

8. Botulism, other than foodborne botulism, infant botulism or wound botulism.

9. Brucellosis.

10. Campylobacteriosis.

11. Chancroid.

12. ***Chikungunya virus disease.***

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

~~[13.]~~ ***14.*** Cholera.

~~[14.]~~ ***15.*** Coccidioidomycosis.

~~[15.]~~ ***16.*** Cryptosporidiosis.

~~[16.]~~ ***17. Dengue.***

18. Diphtheria.

~~[17.]~~ ***19.*** Ehrlichiosis/anaplasmosis.

~~[18.]~~ ***20.*** Encephalitis.

~~[19. Enterohemorrhagic Escherichia coli (Shiga toxin-producing E. coli, including E. coli O157:H7).]~~

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

~~[20.]~~ ***22.*** Extraordinary occurrence of illness.

~~[21.]~~ ***23.*** Foodborne disease outbreak.

~~[22.]~~ ***24.*** Giardiasis.

~~[23.]~~ ***25.*** Gonococcal infection.

~~[24.]~~ ***26.*** Granuloma inguinale.

~~[25.]~~ ***27.*** *Haemophilus influenzae* type b invasive disease.

~~[26.]~~ ***28.*** Hansen's disease (leprosy).

~~[27.]~~ ***29.*** Hantavirus.

~~[28.]~~ ***30.*** Hemolytic-uremic syndrome (HUS).

~~[29.]~~ ***31.*** Hepatitis A.

~~[30.]~~ ***32.*** Hepatitis B.

~~[31.]~~ ***33.*** Hepatitis C.

~~[32.]~~ ***34.*** Hepatitis Delta.

~~[33.]~~ ***35.*** Hepatitis E.

~~[34.]~~ ***36.*** Hepatitis, unspecified.

~~[35.]~~ ***37.*** Human immunodeficiency virus infection (HIV).

~~[36.]~~ ***38.*** Influenza ~~[.]~~ ***that is:***

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

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

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

(2) Is novel or untypeable.

~~[37.]~~ ***39.*** Legionellosis.

~~[38.]~~ ***40.*** Leptospirosis.

~~[39.]~~ ***41.*** Listeriosis.

~~[40.]~~ ***42.*** Lyme disease.

~~[41.]~~ ***43.*** Lymphogranuloma venereum.

~~[42.]~~ ***44.*** Malaria.

~~[43.]~~ ***45.*** Measles (rubeola).

~~[44.]~~ ***46.*** Meningitis.

~~[45.]~~ ***47.*** Meningococcal disease.

~~[46.]~~ ***48.*** Mumps.

~~[47.]~~ ***49.*** Pertussis.

~~[48.]~~ ***50.*** Plague.

~~[49.]~~ ***51.*** Poliovirus infection.

~~[50.]~~ ***52.*** Psittacosis.

~~[51.]~~ ***53.*** Q fever.

~~[52.]~~ ***54.*** Rabies, human or animal.

~~[53.]~~ ***55.*** Relapsing fever.

~~[54.]~~ ***56.*** Respiratory syncytial virus infection.

~~[55.]~~ ***57.*** Rotavirus infection.

~~[56.]~~ ***58.*** Rubella (including congenital rubella syndrome).

~~[57.]~~ ***59. Saint Louis encephalitis virus (SLEV).***

60. Salmonellosis.

~~[58.]~~ ***61.*** Severe acute respiratory syndrome (SARS).

~~[59.]~~ ***62.*** Severe reaction to immunization.

~~[60.]~~ ***63. Shiga toxin-producing Escherichia coli.***

64. Shigellosis.

~~[61.]~~ ***65.*** Smallpox (variola).

~~[62.]~~ ***66.*** Spotted fever riskettsioses.

~~[63.]~~ ***67.*** *Staphylococcus aureus*, vancomycin-intermediate.

~~[64.]~~ ***68.*** *Staphylococcus aureus*, vancomycin-resistant.

~~[65.]~~ ***69.*** Streptococcal toxic shock syndrome.

~~[66.]~~ ***70.*** *Streptococcus pneumoniae* (invasive).

~~[67.]~~ ***71.*** Syphilis (including congenital syphilis).

~~[68.]~~ ***72.*** Tetanus.

~~[69.]~~ ***73.*** Toxic shock syndrome, other than streptococcal toxic shock syndrome.

~~[70.]~~ ***74.*** Trichinosis.

~~[71.]~~ ***75.*** Tuberculosis.

~~[72.]~~ ***76.*** Tularemia.

~~[73.]~~ ***77.*** Typhoid fever.

~~[74.]~~ ***78. Varicella (chickenpox).***

79. Vibriosis.

~~[75.]~~ ***80.*** Viral hemorrhagic fever.

~~[76.]~~ ***81.*** West Nile virus.

~~[77.]~~ ***82.*** Yellow fever.

~~[78.]~~ ***83.*** Yersiniosis.

84. Zika virus disease.

Sec. 9. NAC 441A.200 is hereby amended to read as follows:

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

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

(b) The Centers for Disease Control and Prevention's *2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*, published by the United States Department of Health and Human Services and available at no cost on the Internet at ~~[http:/www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf.]~~ ***https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines.pdf, or, if that Internet website ceases to exist, from the Division.***

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

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

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

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

(e) The recommended guidelines for the investigation, prevention, suppression and control of communicable diseases contained in *Red Book: 2015 Report of the Committee on Infectious Diseases*, 30th edition, published by the American Academy of Pediatrics and available for the price of $75.00 for members and $149.95 for nonmembers from the American Academy of Pediatrics, 141 Northwest Point Boulevard, Elk Grove Village, Illinois 60007, or at the Internet address **http://www.aap.org**.

(f) The recommendations for the testing, treatment, prevention, suppression and control of chancroid, *Chlamydia trachomatis*, gonococcal infection, granuloma inguinale,

lymphogranuloma venereum and infectious syphilis as are specified in "Sexually Transmitted Diseases Treatment Guidelines, 2006," *Morbidity and Mortality Weekly Report* [55(RR11):1-94, August 4, 2006], published by the United States Department of Health and Human Services and available at no cost on the Internet at **http://www.cdc.gov/mmwr** ~~[/.]~~ ***, or, if that Internet website ceases to exist, from the Division.***

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

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

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

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

(4) The recommendations of the Centers for Disease Control and Prevention for preventing and controlling tuberculosis in correctional and detention facilities set forth in

"Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC," *Morbidity and Mortality Weekly Report* [55(RR9):1-44, July 7, 2006], published by the United States Department of Health and Human Services and available at no cost on the Internet at **http://www.cdc.gov/mmwr** ~~[/;]~~ ***, or, if that Internet website ceases to exist, from the Division;*** and

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

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

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

(j) "Recommended Antimicrobial Agents for Treatment and Postexposure Prophylaxis of Pertussis: 2005 CDC Guidelines," *Morbidity and Mortality Weekly Report* [54(RR14):1-16,

December 9, 2005], published by the United States Department of Health and Human Services and available at no cost on the Internet at **http://www.cdc.gov/mmwr** ~~[/.]~~ ***, or, if that Internet website ceases to exist, from the Division.***

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

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

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

(n) "Interim guidance for a Health Response to Contain Novel or Targeted Multidrug-resistant Organisms (MRDOs)," published by the United States Department of Health and Human Services and available at no cost from the Centers for Disease Control and Prevention of the United States Department of Health and Human Services on the Internet at

https://www.cdc.gov/hai/outbreaks/docs/Health-Response-Contain-MDRO.pdf, or, if that Internet website ceases to exist, from the Division.

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

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

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

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

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

Sec. 10. NAC 441A.225 is hereby amended to read as follows:

441A.225 1. Except as otherwise provided in this section, a report of a case or suspected case, which is required to be made pursuant to the provisions of this chapter, must be made to the health authority during the regular business hours of the health authority on the first working day following the identification of the case or suspected case. The report may be made by:

(a) Telephone;

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

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

2. A report must be made immediately after identifying a case having or a suspected case considered to have:

(a) Anthrax;

(b) Foodborne botulism;

(c) Botulism, other than foodborne botulism ~~[, infant botulism]~~ or wound botulism;

(d) Extraordinary occurrence of illness;

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

(f) Meningococcal disease;

(g) Plague;

(h) Rabies, human;

(i) Poliovirus infection;

(j) Severe acute respiratory syndrome (SARS);

(k) Smallpox (variola);

(l) Tularemia;

(m) Viral hemorrhagic fever; or

(n) Any infection or disease that is known or suspected to be related to an act of intentional transmission or biological terrorism, or that is or is considered possibly to be part of an outbreak or a suspected outbreak.

3. A report must be made to the health authority within 24 hours after identifying a case having:

(a) ~~[Infant botulism;~~

~~(b)]~~ Wound botulism;

~~[(c)]~~ ***(b)*** Brucellosis;

~~[(d)]~~ ***(c)*** Cholera;

~~[(e)]~~ ***(d)*** Diphtheria;

~~[(f)]~~ ***(e)*** *Haemophilus influenzae* type b;

~~[(g)]~~ ***(f)*** Hepatitis A;

~~[(h)]~~ ***(g)*** Hepatitis E;

(h) Influenza death in a person under 18 years of age;

(i) Measles;

(j) Mumps;

(k) Pertussis;

(l) Rubella;

(m) Typhoid fever; or

(n) Tuberculosis.

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

(a) Diphtheria;

(b) Measles;

(c) Rubella; ~~[or]~~

(d) Tuberculosis ~~[.]~~ ***; or***

(e) Pertussis.

5. A report to the health authority made pursuant to subsection 2, 3 or 4 must be made by telephone if it is made during the regular business hours of the health authority or using the after-hours reporting system if the report is made at any other time.

6. A report of animal rabies or an animal bite by a rabies-susceptible animal must be made to the health authority or to the rabies control authority, if designated by the health authority, within 24 hours after identifying the case. The report must be made by telephone if it is made

during the regular business hours of the health authority or rabies control authority, as applicable, or using the after-hours reporting system if the report is made at any other time.

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

Sec. 11. 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 Chief Medical Officer.

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

2. The report must include:

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

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

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

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

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

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

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

(a) Requested by the health authority;

(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;]~~ ***Shiga toxin-producing Escherichia 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, ***culture-independent diagnostic tests*** or other specimens or clinical material, if available, must be submitted pursuant

to subsection 3. For each communicable disease included on the list, the health authority must specify:

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

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

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

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

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

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

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

(b) The test was conducted to monitor the progression of a human immunodeficiency virus (HIV) infection, including, without limitation, all levels of CD4, ***human immunodeficiency***

virus (HIV) nucleotide sequences or genotype results and both detectable and undetectable viral loads.

~~[6.]~~ ***7.*** With respect to a test described in subsection ~~[5,]~~ ***6,*** if the interpretation of the laboratory diagnostic testing algorithm is positive, indicating the presence of infection with the human immunodeficiency virus (HIV), the laboratory must report to the health authority:

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

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

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

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

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

Sec. 12. 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:

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

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

Sec. 13. 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 the course of medical treatment prescribed by a health care provider in accordance with the recommendations, guidelines and publications adopted by reference pursuant to NAC 441A.200, or is isolated or quarantined to protect the public health. Except as otherwise provided in NRS 441A.210, if the case or suspected case refuses to submit himself or herself for examination or medical treatment, the health authority shall, pursuant to NRS 441A.160, issue an order requiring the case or

suspected case to submit to any medical examination or test which is necessary to verify the presence of active tuberculosis and shall issue an order requiring the isolation, quarantine or medical treatment of the case or suspected case if he or she believes such action is necessary to protect the public health.

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

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

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

4. ~~[~~A~~]~~ ***If a*** child ***who is less than 5 years of age*** or other high-risk contact ~~[~~whose~~]~~ ***has a negative*** initial tuberculosis screening test ~~[~~administered~~]~~ pursuant to subsection 3 ~~[~~is negative must be advised to~~]~~ ***, the health authority shall advise the contact or his or her parent or guardian, as applicable, that the contact should*** take preventive treatment, unless medically

contraindicated. Preventive treatment may be discontinued if the second tuberculosis screening test administered pursuant to subsection 3 is negative.

5. The health authority may 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. 14. 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 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, the employee or independent contractor must have a:

(a) Physical examination or certification from a health care provider which indicates that the employee or independent contractor is in a state of good health and is free from active tuberculosis and any other communicable disease 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. ~~[An annual]~~

4. ***A*** tuberculosis screening test must be administered ***to each employee or independent contractor described in subsection 3 not later than 12 months after the last day of the month on which the employee accepted the offer of employment, and annually*** thereafter, unless the medical director of the facility or a designee thereof 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.]~~ ***5.*** An employee or independent contractor described in subsection 2 who has a documented history of a positive tuberculosis screening test ~~[is]~~ ***shall, not later than 6 months after commencing employment, submit to a chest radiograph or produce documentation of a***

chest radiograph and be declared free of tuberculosis disease based on the results of that chest radiograph. Such an employee or independent contractor:

(a) Is exempt from screening with blood or skin tests or ***additional*** chest radiographs ~~[. Such an employee or independent contractor must]~~ ***; and***

(b) Must be evaluated at least annually for signs and symptoms of tuberculosis.

6. An employee or independent contractor ***described in subsection 2*** 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.]~~ ***7.*** Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.

~~[6.]~~ ***8.*** 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 or independent contractor must be evaluated for tuberculosis.

~~[7.]~~ ***9.*** As used in this section, "outpatient facility" has the meaning ascribed to it in NAC 449.999417.

Sec. 15. NAC 441A.380 is hereby amended to read as follows:

441A.380 1. 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:

(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.

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 tuberculosis screening test annually thereafter, unless the medical director or a designee thereof determines that the risk of exposure is appropriate for 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 ***shall, upon admission to a facility described in subsection 1, submit to a chest radiograph or produce documentation of a chest radiograph and be declared free of tuberculosis disease based on the results of that chest radiograph. Such a person*** is exempt from 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 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 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:

(a) Determines ***, in accordance with the guidelines adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200,*** that the person does not have active tuberculosis or certifies ***in accordance with those guidelines*** 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:

(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.]~~ ***smear results, with the specimens being collected at intervals of 8 to 24 hours and at least one specimen collected during the early morning; and***

(b) If the health care provider determines that the person likely suffers from active tuberculosis disease:

(1) The person has been on a prescribed course of medical treatment for at least 14 days and his or her clinical symptoms are improving; and

(2) The health care provider has determined that the tuberculosis is not likely to be drug resistant.

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, as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.

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.

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. 16. NAC 441A.430 is hereby amended to read as follows:

441A.430 1. Except as otherwise provided in this section, a wild or exotic animal that is rabies-susceptible and in close contact with an animal suspected or known to have rabies must be euthanized immediately. The rabies control authority may exempt a rare or valuable animal from the provisions of this section.

2. ~~[Unless the owner of the animal objects, a]~~ ***A*** dog, cat or ferret ~~[which has not been vaccinated pursuant to NAC 441A.435 and]~~ which is considered by the rabies control authority to have been in close contact with an animal suspected or known to have rabies must be ~~[euthanized immediately. If the owner of the animal objects, 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 for 180 days, under the supervision of a licensed veterinarian or any other person designated by the rabies control authority. The dog, cat or ferret must be vaccinated 1 month before release.~~

~~3. A dog, cat or ferret which has been vaccinated pursuant to NAC 441A.435 and which is considered by the rabies control authority to have been in close contact with an animal suspected or known to have rabies must be:~~

~~(a) Immediately revaccinated and confined for 45 days in a manner prescribed by the rabies control authority; or~~

~~(b) Upon the request of the owner of the dog, cat or ferret, euthanized.~~

~~4.]~~ ***managed according to the guidelines adopted by reference in paragraph (o) of subsection 1 of NAC 441A.200, regardless of whether the dog, cat or ferret has been vaccinated pursuant to NAC 441A.433 and 441A.435. If the animal is euthanized prior to the completion of the management process, the head of the animal must be removed and submitted to the State Department of Agriculture to test for rabies.***

3. A domesticated animal of a rabies-susceptible species, other than a dog, cat or ferret, which is considered by the rabies control authority to have been in close contact with an animal

suspected or known to have rabies must be managed according to the discretion of the rabies control authority.

~~[5.]~~ ***4.*** The owner of an animal confined pursuant to the provisions of this section is responsible for all costs of confinement and veterinary care and examination.

~~[6.]~~ ***5.*** As used in this section, "in close contact with an animal suspected or known to have rabies" means, within the past 180 days, to have been bitten, mouthed or mauled by, or closely confined on the same premises with, an animal suspected or known to have rabies.

Sec. 17. NAC 441A.480 is hereby amended to read as follows:

441A.480 1. The health authority shall investigate each report of a case having campylobacteriosis to confirm the diagnosis, to identify the source of infection and to determine if the case is employed in a sensitive occupation or is a child attending a child care facility.

2. A person excreting *Campylobacter* spp. shall not work in a sensitive occupation until authorized to do so by the health authority. The health authority may authorize a person excreting *Campylobacter* spp. to work in a sensitive occupation if:

(a) At least two fecal specimens, which are collected from the case at least 24 hours apart and at least 48 hours after cessation of antimicrobial therapy, fail to show *Campylobacter* spp. organisms upon testing by a medical laboratory; or

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

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

4. An infant or child who is excreting *Campylobacter* spp. shall not attend a child care facility until asymptomatic. The health authority shall instruct a child care facility where an

infant or child who is excreting *Campylobacter* spp. is attending of the need and proper method of hand washing and other practices for the control of infection which prevent the transmission of campylobacteriosis.

5. ***A person residing in the same household as a case having campylobacteriosis shall not work in a sensitive occupation unless authorized by the health authority.***

6. If a case having campylobacteriosis is in a medical facility, the medical facility shall provide care to the case in accordance with enteric precautions or other appropriate disease specific precautions.

Sec. 18. NAC 441A.505 is hereby amended to read as follows:

441A.505 1. The health authority shall investigate each report of a case having cryptosporidiosis, identified by the detection of ~~[oocysts in fecal smears or of the life cycle stages of the parasites in intestinal]~~ ***Cryptosporidium organisms or DNA in stool, intestinal samples,*** biopsy specimens ***or other biological samples*** upon testing by a medical laboratory, to:

(a) Confirm the diagnosis;

(b) Identify any contacts;

(c) Identify the source of infection;

(d) Determine if the case is employed in a sensitive occupation or is a child attending a child care facility; and

(e) Determine if there is a contact residing in the same household as the case who is employed in a sensitive occupation.

2. ~~[A]~~ ***Unless authorized by the health authority, a*** person ~~[excreting Cryptosporidium spp. shall not work in a sensitive occupation unless authorized to do so by the health authority. The health authority may authorize the case to work in a sensitive occupation if:~~

~~(a) Two fecal specimens, collected from the case at least 24 hours apart, fail to show Cryptosporidium spp. organisms upon testing by a medical laboratory; or~~

~~(b) The case is asymptomatic and there is no indication of poor personal hygiene.]~~ ***who has diarrhea and a fecal specimen that is positive for Cryptosporidium and any symptomatic contact residing in the same household as such a person shall not work in a sensitive occupation until at least 48 hours after the diarrhea has resolved. The health authority may order any additional exclusion, testing or treatment of any person that the health authority determines is necessary to prevent further transmission of Cryptosporidium.***

3. ~~[A symptomatic contact residing in the same household as a case shall not work in a sensitive occupation until at least one fecal specimen has been submitted for examination. If the specimen shows Cryptosporidium spp. upon testing by a medical laboratory, the contact shall be considered a case subject to the provisions of this section.~~

~~4.]~~ The health authority shall instruct cases and carriers of *Cryptosporidium* spp. of the need and proper method of hand washing after defecation.

~~[5. An]~~

4. Unless authorized by the health authority, an infant or child who is excreting *Cryptosporidium* spp. ***and whose diarrhea is unresolved or has been resolved for less than 24 hours*** shall not attend a child care facility. The health authority shall instruct a child care facility where an infant or child who is excreting *Cryptosporidium* spp. is attending of the need and

proper method of hand washing and other practices for the control of infection which prevent the transmission of cryptosporidiosis.

~~[6.]~~ ***5.*** If a case having cryptosporidiosis is in a medical facility, the medical facility shall provide care to the case in accordance with enteric precautions or other appropriate disease specific precautions.

Sec. 19. NAC 441A.515 is hereby amended to read as follows:

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

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

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

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

(a) Confirm the diagnosis;

(b) Identify the source of infection; and

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

3. A person excreting ~~[Enterohemorrhagic E.]~~ ***Shiga toxin-producing Escherichia*** *coli* shall not work in a sensitive occupation unless authorized to do so by a health authority. The health authority may authorize the case to work in a sensitive occupation if:

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

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

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

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

~~[5. An]~~

6. Unless authorized by the health authority, an infant or child excreting ~~[Enterohemorrhagic E.]~~ ***Shiga toxin-producing Escherichia*** *coli* shall not attend a child care facility until ***he or she has been*** asymptomatic ~~[.]~~ ***for at least 24 hours.*** The health authority ~~[shall]~~ ***:***

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

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

~~[6.]~~ ***7.*** If a case having ~~[Enterohemorrhagic E.]~~ ***Shiga toxin-producing Escherichia*** *coli* is in a medical facility, the medical facility shall provide care to the case in accordance with enteric precautions or other appropriate disease specific precautions.

~~[7. As used in this section, "Enterohemorrhagic E. coli" means Shiga toxin-producing Escherichia coli, including E. coli O157:H7.]~~

Sec. 20. NAC 441A.535 is hereby amended to read as follows:

441A.535 1. The health authority shall investigate each report of a case having giardiasis to confirm the diagnosis, to identify any contacts and the source of infection, to determine if the case is employed in a sensitive occupation or is a child attending a child care facility and to determine if there is a household contact who is employed in a sensitive occupation.

2. ~~[A]~~ ***Unless authorized by the health authority, a*** person ~~[excreting]~~ ***having diarrhea and a fecal specimen that has tested positive for the presence of*** *Giardia lamblia* ***organisms, antigen or DNA and any symptomatic contact residing in the same household as such a case*** shall not work in a sensitive occupation until ~~[authorized to do so by the health authority. The health authority may authorize the case to work in a sensitive occupation if:~~

~~(a) Three fecal specimens, collected from the case at least 24 hours apart and at least 48 hours after cessation of antiparasitic therapy, fail to show Giardia lamblia organisms upon testing by a medical laboratory or the case receives a negative result on an antigen test that is approved by~~

~~the Food and Drug Administration of the United States Department of Health and Human Services for the detection of Giardia lamblia; or~~

~~(b) The case is asymptomatic and there is no indication of poor personal hygiene.]~~ ***at least 48 hours after the diarrhea has resolved. The health authority shall order any additional exclusion, testing or treatment of any person that the health authority determines is necessary to prevent further transmission of Giardia lamblia.***

3. ~~[A symptomatic contact residing in the same household as a case shall not work in a sensitive occupation until at least one fecal specimen has been submitted for examination. If the specimen shows Giardia lamblia upon testing by a medical laboratory, the contact shall be considered a case subject to the provisions of this section.~~

~~4.]~~ The health authority shall instruct a person excreting *Giardia lamblia* of the need and proper method of hand washing after defecation.

~~[5.]~~ ***4.*** Unless authorized to do so by a health authority, an infant or child who has diarrhea and a ~~[positive]~~ fecal ~~[examination]~~ ***specimen that has tested positive*** for ***the presence of*** *Giardia lamblia* ***organisms, antigen or DNA*** shall not attend a child care facility unless antiparasitic therapy has been initiated and the diarrhea has resolved for more than ~~[24]~~ ***48*** hours. ***The health authority shall order any additional exclusion, testing or treatment of any person that the health authority determines is necessary to prevent further transmission of Giardia lamblia.***

~~[6.]~~ ***5.*** The health authority may prohibit an asymptomatic infant or child who is excreting *Giardia lamblia* cysts from attending a child care facility if the health authority considers such

exclusion necessary in order to stop transmission of the ~~[communicable disease]~~ ***Giardia lamblia*** within the child care facility.

~~[7.]~~ ***6.*** The health authority shall instruct a child care facility where an infant or child who is excreting *Giardia lamblia* cysts is attending of the need and proper method of hand washing and other practices for the control of infection which prevent the transmission of giardiasis.

~~[8.]~~ ***7.*** If a case having *Giardia lamblia* is in a medical facility, the medical facility shall provide care to the case in accordance with enteric precautions or other appropriate disease specific precautions.

Sec. 21. NAC 441A.575 is hereby amended to read as follows:

441A.575 1. The health authority shall ~~[, for]~~ ***:***

(a) For purposes of surveillance ~~[,]~~ ***and reporting,*** obtain sufficient information of each ~~[case]~~ ***:***

(1) Case having influenza ~~[, as identified by:~~

~~(a) The presence of influenza viruses in clinical specimens 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.]~~ ***that:***

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

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

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

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

(1) Confirm the diagnosis;

(2) Determine the extent of any outbreak;

(3) Determine the source of infection;

(4) Identify and evaluate any contacts; and

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

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

~~[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. 22. 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, ***other occupations involving frequent contact with the public,*** public gatherings, and from contact with susceptible persons outside of his or her household for at least 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 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.]~~ ***from the 5th day after the first exposure through the 21st day after the last exposure.***

Sec. 23. 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 ***or suspected of 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 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 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 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. 24. NAC 441A.670 is hereby amended to read as follows:

441A.670 1. The health authority shall investigate each report of a case having rotavirus infection, as identified by laboratory confirmation of the presence of rotavirus in clinical specimens or by the demonstration of a specific serologic response in acute and convalescent sera, to:

(a) Confirm the diagnosis; ***and***

(b) ~~[Determine the source of the infection;~~

~~(c) Determine if the case is a child attending a child care facility; and~~

~~(d)]~~ Obtain ***sufficient*** information for ~~[the case report.]~~ ***surveillance.***

2. An infant or child having rotaviral diarrhea shall not attend a child care facility until asymptomatic. The health authority shall instruct a child care facility where an infant or child having rotaviral diarrhea is attending of the need and proper method of hand washing and other practices for the control of infection which prevent the transmission of rotavirus.

3. If a case having rotavirus infection is in a medical facility, the medical facility shall provide care to the case in accordance with enteric precautions or other appropriate disease specific precautions.

Sec. 25. NAC 441A.685 is hereby amended to read as follows:

441A.685 ~~[1. The health authority shall investigate each report of a case having a severe reaction to immunization to confirm the diagnosis and to document the circumstances pertaining to the reported reaction.]~~ ***If an occurrence described in 42 U.S.C. § 300aa-25(b) results from a vaccination administered in this State, the person who administered that vaccine must report the occurrence as required by that section.*** The health authority ~~[shall transmit such information to]~~ ***and*** the Division ~~[.~~

~~2. As used in this section, a "severe reaction to immunization" means a severe or unusual event related either directly or indirectly to the receipt of a vaccine, which occurred within 30 days after the receipt of a vaccine and resulted in the death of the person vaccinated or the need for the person vaccinated to consult a health care provider.]~~ ***may take any action necessary to ensure compliance with the requirements of this section.***

Sec. 26. NAC 441A.725 is hereby amended to read as follows:

441A.725 1. A health authority shall investigate each report of a case having yersiniosis, as identified by the presence of *Yersinia* spp. organisms in clinical specimens or by the demonstration of a specific serologic response in acute and convalescent sera upon testing by a medical laboratory, to:

(a) Confirm the diagnosis;

(b) Identify the source of infection; and

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

2. A person excreting *Yersinia* spp. shall not work in a sensitive occupation until authorized to do so by a health authority. A health authority may authorize the case to work in a sensitive occupation if:

(a) Two fecal specimens, collected from the case at least 24 hours apart and at least 48 hours after cessation of antimicrobial therapy, fail to show *Yersinia* spp. organisms upon testing by a medical laboratory; or

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

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

4. ***A contact residing in the same household as a case having yersiniosis shall not work in a sensitive occupation unless authorized by a health authority.***

5. An infant or child excreting *Yersinia* spp. shall not attend a child care facility until asymptomatic. The health authority shall instruct a child care facility where an infant or child

who is excreting *Yersinia* spp. is attending of the need and proper method of hand washing and other practices for the control of infection which prevent the transmission of yersiniosis.

~~[5.]~~ ***6.*** If a case having yersiniosis is in a medical facility, the medical facility shall provide care to the case in accordance with enteric precautions or other appropriate disease specific precautions.

SMALL BUSINESS IMPACT STATEMENT 2018

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 authority and requirements related to the investigation, reporting, prevention, and control of communicable diseases. The proposed regulation amendments will align reportable conditions with nationally notifiable reportable diseases by adding and removing reporting requirements; provide clarity by removing and cleaning up ambiguous wording and providing clear guidelines for reporting and follow-up for reportable diseases; and, realign Nevada's regulations with updated national guidelines and recommendations.

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, public health authorities in Nevada.

A Small Business Impact Questionnaire was sent to licensed laboratories, hospitals, public health authorities along with a copy of the proposed regulation changes, on July 12, 2018. 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 (25 responses were received out of 2,590 small business impact questionnaires distributed, 18 met the criteria for Small Business of less than 150 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=4	Yes=2	Yes=2
No=10 No response=2	No=8 No response=6	No=9 No response=7	No=9 No response=7

Number of Respondents out	**Adverse economic effect?**	**Beneficial effect?**	**Indirect adverse effects?**	**Indirect beneficial effects?**
2,590	6	4	3	2

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

Small business questionnaires were mailed to all licensed laboratories, hospitals, and public health authorities in Nevada on July 12, 2018. There was a total of 25 responses via electronic survey with only eighteen (18) whose organization is under 155 employees. Six (6) reported that the changes would have an adverse economic effect on their business and two (2) 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; one (1) reported it is difficult to ascertain the cost impact at this time; and, four (4) did not provide justification.

Four (4) small businesses indicated that this regulation would have a beneficial effect on upon the business and did not provide justification.

Three (3) small businesses indicated that this regulation would have an indirect adverse effect upon the business. One (1) indicated costs associated with testing and reporting, staff time; one (1) indicated it increases levels of communication (i.e. triple reports made); and, one (1) indicated reported it is difficult to ascertain the impact at this time.

Three (3) small businesses indicated that this regulation would have an indirect beneficial effect upon the business. One (1) indicated this would unnecessary testing; and, two (2) 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 allowed for several opportunities for licensed laboratories, hospitals, public health authorities to provide input and comments regarding the proposed 441A regulations, including the economic impact the proposed regulations may have on licensed laboratories, hospitals, public health authorities. Modifications to the proposed regulations have been made as a result of this input. Workshops will be held on September 17, 2018 allowing for further input by licensed laboratories, hospitals, public health authorities and public regarding the proposed regulations and how they will impact them. These comments will be taken into consideration for possible further revisions to the regulations to reduce the economic impact on facilities.

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 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 Sandra 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
Sandra Larson
Phone: 702.486.0068
Email: slarson@health.nv.gov

Certification by Person Responsible for the Agency

I, Julie Kotchevar, 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 Julie Kotchevar Date: 8-31-18

NOTICE OF PUBLIC HEARING

Intent to Adopt Regulations
(LCB File No. R187-18)

NOTICE IS HEREBY GIVEN that the State Board of Health will hold a public hearing to consider amendments to Chapter 441A of Nevada Administrative Code (NAC), Infectious Disease; Toxic Agents. This public hearing is to be held in conjunction with the State Board of Health meeting on March 8, 2019.

The State Board of Health will be conducted via videoconference beginning at 9:00 a.m. on Friday, March 8, 2019 at the following locations:

Division of Public and Behavioral Health 4150 Technology Way Room #303 Carson City, NV 89706	Grant Sawyer Office Building 555 E. Washington Ave. Room #5100 Las Vegas, NV 89101

The proposed changes to NAC 441A include the following:

- Amends to add diseases (Chikungunya virus disease, Dengue, Carbapenem-resistant, Enterobacteriaceae, St Louis Encephalitis virus, Shiga toxin-producing Escherichia coli, Varicella, and Zika virus disease) to the list of diseases considered communicable diseases in this State and: (1) require the health authority to investigate each report of those diseases; and (2) determine certain measures to contain such infections.
- Adopts by reference certain guidelines relating to communicable diseases. Also provides that, if an Internet website on which a recommendation, guideline or publication adopted by reference ceases to exist, the recommendation, guideline or publication will be available from the Division of Public and Behavioral Health of the Department of Health and Human Services.
- Revises the period for reporting cases or suspected cases of certain communicable diseases.
- Amends this regulation to authorize a person in charge of a medical laboratory to submit culture-independent diagnostic tests to the State Public Health Laboratory or other laboratory designated by the health authority under certain circumstances.
- Amends the testing and treatment information of a TB case having or suspected of having active tuberculosis who have shown a positive reaction to a diagnostic test or completed a course of treatment for tuberculosis and requires a health care provider to notify the health authority within 24 hours of discovery.
- Revises provisions concerning control of tuberculosis.

- Amends this regulation by removing requirements that a dog, cat or ferret which: (1) has not been vaccinated for rabies and has been in close contact with a rabid animal must be euthanized; and (2) has been vaccinated for rabies and has been in close contact with a rabid animal must be revaccinated. Instead requires a dog, cat or ferret that has been in close contact with a rabid animal to be managed according to certain guidelines, regardless of whether the dog, cat or ferret has been vaccinated for rabies.
- Amends regulations to prohibit certain persons who suffer from campylobacteriosis, cryptosporidiosis, Shiga toxin-producing *Escherichia coli,* giardiasis or yersiniosis and certain contacts of such persons from working in sensitive occupations for a prescribed time period, as well as authorizes the health authority to order any additional exclusion, testing or treatment of any person that the health authority determines is necessary to prevent further transmission of the infection.
- Revises the regulation for the health authority to obtain sufficient information of only to certain cases having influenza for surveillance and reporting purposes.
- Changes to the requirements for a case or suspected case considered to have measles to be excluded from any occupation involving frequent contact with the public.
- Revises the period that a child who has not been immunized to measles because of a medical or religious exemption is excluded from a school or child care in which a case or suspected case considered to have measles is reported.
- Amends the existing regulations for a health authority to also investigate each report suspected pertussis cases reported.
- Revises the regulations purposes for which the health authority is required to investigate each report of a case having rotavirus infection.
- Amends regulations to remove the requirement that the health authority investigates each report of a case having a severe reaction to immunization and instead requires a person who administers a vaccine to which the patient has an adverse reaction to report the adverse reaction in accordance with federal law. Also authorizes the health authority and the Division to take any action necessary to ensure compliance with this reporting requirement.

1. Anticipated effects on the business which NAC 433 regulates:
    A. *Adverse effects*: May have a negative economic impact on laboratories or small business because of additional costs and staff resources needed to meet testing requirements.
    B. *Beneficial:* Anticipated benefits would improve the prevention and control of communicable diseases; align with CDC recommendations and guidelines; benefit effect on health care providers and protect them from potential exposures.
    C. *Immediate:* The stated adverse and beneficial effects would be immediate impacts as soon as the proposed regulations become effective.
    D. *Long-term:* The long-term impacts would be the same as the immediate impacts as it

would not be expected that the impacts would go away.

2. Anticipated effects on the public:

A. *Adverse*: None anticipated.
B. *Beneficial:* Increased patient and public safety.
C. *Immediate*: Increased patient and public safety.
D. *Long-term:* Increased patient and public safety.

3. The estimated cost to the Division of Public and Behavioral Health for enforcement of the proposed regulations is estimated to be $0. Currently it is expected that the provisions of these regulations would be incorporated into current processes utilizing existing staff therefore no cost ($0) to the agency for enforcement is anticipated.

The proposed regulations do not overlap or duplicate any other Nevada state regulations.

Members of the public may make oral comments at this meeting. Persons wishing to submit written testimony or documentary evidence in excess of two typed, 8-1/2" x 11" pages must submit the material to the Board's Secretary, Julie Kotchevar, PhD to be received no later than February 26, 2019 at the following address:

Secretary, State Board of Health
Division of Public and Behavioral Health
4150 Technology Way, Suite 300
Carson City, NV 89706

Written comments, testimony, or documentary evidence in excess of two typed pages will not be accepted at the time of the hearing. The purpose of this requirement is to allow Board members adequate time to review the documents.

A copy of the notice and proposed regulations are on file for inspection and/or may be copied at the following locations during normal business hours:

Nevada Division of Public and Behavioral Health Nevada State Library

727 Fairview Drive, Suite E
Carson City, NV 89701

100 Stewart Street
Carson City, NV 89701

Nevada Division of Public and Behavioral Health
4220 S. Maryland Parkway, Suite 810, Building D
Las Vegas, NV 89119

A copy of the regulations and small business impact statement can be found on-line by going to: http://dpbh.nv.gov/Programs/OPHIE/dta/Statutes/Public_Health_Informatics_and_Epidemiology_(OPHIE)_-_Statutes/

A copy of the public hearing notice can also be found at Nevada Legislature's web page: https://www.leg.state.nv.us/App/Notice/A/

Copies may be obtained in person, by mail, or by calling the Division of Public and Behavioral Health at (775) 684-1030 in Carson City or (702) 486-6515 in Las Vegas.
Copies may also be obtained from any of the public libraries listed below:

Carson City Library
900 North Roop Street
Carson City, NV 89702

Churchill County Library
553 South Main Street
Fallon, NV 89406

Clark County District Library
1401 East Flamingo Road
Las Vegas, NV 89119

Douglas County Library
1625 Library Lane
Minden, NV 89423

Elko County Library
720 Court Street
Elko, NV 89801

Esmeralda County Library
Corner of Crook and 4th Street
Goldfield, NV 89013-0484

Eureka Branch Library
80 South Monroe Street
Eureka, NV 89316-0283

Henderson District Public Library
280 South Green Valley Parkway
Henderson, NV 89012

Humboldt County Library
85 East 5th Street
Winnemucca, NV 89445-3095

Lander County Library
625 South Broad Street
Battle Mountain, NV 89820-0141

Lincoln County Library
93 Maine Street

Lyon County Library
20 Nevin Way

Pioche, NV 89043-0330

Mineral County Library
110 1st Street
Hawthorne, NV 89415-1390

Pershing County Library
1125 Central Avenue
Lovelock, NV 89419-0781

Tonopah Public Library
167 Central Street
Tonopah, NV 89049-0449

White Pine County Library
950 Campton Street
Ely, NV 89301-1965

Yerington, NV 89447-2399

Pahrump Library District
701 East Street
Pahrump, NV 89041-0578

Storey County Library
95 South R Street
Virginia City, NV 89440-0014

Washoe County Library
301 South Center Street
Reno, NV 89505-2151

Per NRS 233B.064(2), upon adoption of any regulation, the agency, if requested to do so by an interested person, either prior to adoption or within 30 days thereafter, shall issue a concise statement of the principal reasons for and against its adoption, and incorporate therein its reason for overruling the consideration urged against its adoption.

NOTICE OF PUBLIC WORKSHOP

NOTICE IS HEREBY GIVEN that the Division of Public and Behavioral Health will hold a public workshop to consider amendments to Nevada Administrative Code (NAC) Chapter 441A.

The workshop will be conducted via videoconference beginning at 1:00 PM on Monday, September 24, 2018, at the following locations:

Nevada Division of Public and Behavioral Health 4150 Technology Way, Room 303 Carson City, NV 89706	Southern Nevada Health District Red Rock Conference Room 280 S Decatur Blvd Las Vegas, NV 89107

These workshops will be conducted in accordance with NRS 241.020, Nevada's Open Meeting Law.

AGENDA

1. Introduction of workshop process
2. Public comment on proposed amendments to Nevada Administrative Code Chapter 441A.
3. Public Comment

The proposed changes will revise Chapter 441A of the Nevada Administrative Code.

R187-18I is being proposed in accordance with NRS 449.0302.

The proposed regulations provide provisions for:

- Align reportable conditions with nationally notifiable reportable diseases by adding and removing reporting requirements; provide clarity by removing and cleaning up ambiguous wording and providing clear guidelines for reporting and follow-up for reportable diseases; and; re-align Nevada's regulations with updated national guidelines and recommendations.

Members of the public may make oral comments at this meeting. Persons wishing to submit written testimony or documentary evidence may submit the material to Sandra Larson, State Epidemiologist at the following address:

Nevada Division of Public and Behavioral Health
3811 W. Charleston Blvd, Suite 205
702.486.0490 (FAX)

Members of the public who require special accommodations or assistance at the workshops are required to notify Sandra Larson, State Epidemiologist, in writing to the Division of Public and Behavioral Health, 3811 W. Charleston Blvd, Suite 205, or by calling (702) 486-0068 at least five (5) working days prior to the date of the public workshop.

You may contact Sandra Larson by calling 702.486.0068 for further information on the proposed regulations.

A copy of the notice and the proposed regulations are on file for inspection and/or may be copied at the following locations during normal business hours:

Division of Public and Behavioral Health
4150 Technology Way
Carson City, NV 89706

Division of Public and Behavioral Health
3811 W. Charleston Blvd, Suite 205
Las Vegas, NV 89102

Nevada State Library and Archives
100 Stewart Street
Carson City, NV

A copy of the regulations and small business impact statement can be found on-line by going to: http://dpbh.nv.gov/Programs/OPHIE/dta/Statutes/Public_Health_Informatics_and_Epidemiology_(OPHIE)_-_Statutes/

A copy of this notice has been posted at the following locations:

1. Division of Public and Behavioral Health, 4150 Technology Way, First Floor Lobby, Carson City
2. Nevada State Library and Archives, 100 Stewart Street, Carson City
3. Legislative Building, 401 S. Carson Street, Carson City
4. Grant Sawyer Building, 555 E. Washington Avenue, Las Vegas
5. Washoe County District Health Department, 9TH and Wells, Reno
6. Division of Public and Behavioral Health's web page: http://health.nv.gov/

Copies may be obtained in person, by mail, or by calling (702) 486-0068.

Copies may also be obtained from any of the public libraries listed below:

Carson City Library
900 North Roop Street
Carson City, NV 89702

Churchill County Library
553 South Main Street
Fallon, NV 89406

Clark County District Library
833 Las Vegas Boulevard North

Douglas County Library
1625 Library Lane

Las Vegas, NV 89101

Minden, NV 89423

Elko County Library
720 Court Street
Elko, NV 89801

Esmeralda County Library
Corner of Crook and 4th Street
Goldfield, NV 89013-0484

Eureka Branch Library
210 South Monroe Street
Eureka, NV 89316-0283

Henderson District Public Library
280 South Water Street
Henderson, NV 89105

Humboldt County Library
85 East 5th Street
Winnemucca, NV 89445-3095

Lander County Library
625 South Broad Street
Battle Mountain, NV 89820-0141

Lincoln County Library
93 Maine Street
Pioche, NV 89043-0330

Lyon County Library
20 Nevin Way
Yerington, NV 89447-2399

Mineral County Library
110 1st Street
Hawthorne, NV 89415-1390

Pahrump Library District
701 East Street
Pahrump, NV 89041-0578

Pershing County Library
1125 Central Avenue
Lovelock, NV 89419-0781

Storey County Library
95 South R Street
Virginia City, NV 89440-0014

Tonopah Public Library
167 Central Street
Tonopah, NV 89049-0449

Washoe County Library
301 South Center Street
Reno, NV 89505-2151

White Pine County Library
950 Campton Street
Ely, NV 89301-1965

Per NRS 233B.064(2), upon adoption of any regulations, the agency, if requested to do so by an interested person, either prior to adoption or within 30 days thereafter, shall issue a concise statement of the principal reasons for and against its adoption, and incorporate therein its reason for overruling the consideration urged against its adoption.