NOTICE OF INTENT TO ACT UPON A REGULATION

Notice of Hearing for the Amendment of Regulations of the Board of Health
LCB File No. R148-22 relating to communicable diseases and human immunodeficiency virus (HIV) modernization

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). This public hearing is to be held in conjunction with the State Board of Health meeting on Friday, June 2, 2023.

The State Board of Health will be conducted in person and via videoconference beginning at 9:00 AM (Pacific Time) on Friday, June 2, 2023, at the following locations:

Physical Meeting Locations:
Southern Nevada Health District (SNHD)
Red Rock Trail Rooms A and B
280 S. Decatur Boulevard; Las Vegas, Nevada 89107

State of Nevada - Division of Public and Behavioral Health (DPBH)
Hearing Room No. 303, 3rd Floor
4150 Technology Way; Carson City, Nevada 89706

Microsoft Team Meeting:
https://teams.microsoft.com/l/meetup-join/19%3ameeting_NGY3ZGM2ZjUtMmQ5NC00MzI2LWFhMDMtNmJhZmRjNzk1MWE3%40thread.v2/0?context=%7b%22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%22e2f9f008-841c-437d-b037-927c30ea003e%22%7d

Join By Phone:
+1 775-321-6111 United States, Reno
Phone Conference ID: 286 562 031#

The proposed regulations stem from the passage of Senate Bill (SB) 275 (formerly Bill Draft Request 40-220) and Assembly Bill (AB) 192 (formerly Bill Draft Request 40-453), which were both introduced during the 2021 Nevada 81st Legislative Session and signed by Governor Steve Sisolak on June 4, 2021. SB 275 revises provisions relating to communicable diseases including isolation and quarantine of a case or suspected case of a communicable diseases and removal of duplicative references to HIV and/or AIDS. AB 192 revises provisions governing the testing of pregnant women for certain sexually transmitted infections.

The proposed regulations will update NAC Chapter 441A in accordance with the requirements set forth in SB 275 and AB 192. Current regulations do not require reporters to indicate if a woman who tests positive for syphilis is pregnant or require treatment information.

The proposed regulation will update and require that a report of a pregnant woman who has or is suspected of having syphilis must include, without limitation, the fact that the case occurred in a pregnant woman and if treatment was provided, the

type of treatment that was provided; or if the pregnant woman refused treatment, the fact that the pregnant woman refused treatment.

Additionally, the Centers for Disease Control (CDC) recommends all pregnant women in the U.S. should be screened for syphilis during their pregnancy. Women who test positive should be treated using the most current sexually transmitted infection (STI) treatment recommendations.

Lastly, the bill revises or proposes revision as follows:

- The procedures followed by a county or city board of health or a health authority when isolating, quarantining, or treating certain persons;
- Provisions governing the investigation of a case or suspected case of a communicable disease and an order for a person with a communicable disease to submit to examination and treatment;
- Provisions concerning certain offenses relating to communicable diseases; revising provisions concerning court-ordered testing for a communicable disease;
- Provisions prohibiting the disclosure of information about certain persons investigated by the health authority;
- Provisions requiring the alleged victim of a crime involving sexual penetration to be provided with information concerning sexually transmitted diseases;
- Revising certain terminology used to refer to the human immunodeficiency virus and related matters;
- Reestablishing the Advisory Task Force on HIV Exposure Modernization; and setting forth the duties of the Task Force;
- Abolishing certain crimes relating to the human immunodeficiency virus;
- Repealing certain additional provisions relating to communicable diseases;
- Providing a penalty; and
- Providing other matters properly relating thereto.

1. Anticipated effects on the business and the general public which NAC # 441A regulates:

   a. *Adverse effects*: The DPBH does not anticipate any adverse/negative impacts to businesses or the general public in the State of Nevada.

   b. *Beneficial:* Birth defects can occur in infants born to women who are infected with syphilis prior to or during pregnancy, this is known as congenital syphilis. Congenital syphilis can cause developmental delays and have negative neurologic manifestations. The positive/beneficial effects of AB 192 for the public would be fewer cases of untreated syphilis and lower rates of congenital syphilis. This could result in less overall medical costs to medical systems and lower costs to support children through K-12 education as well as lessen support services costs that an individual who is born with congenital syphilis could require to support in adulthood.

   c. *Immediate:* As soon as the proposed regulations become effective, it would improve the reporting information reported to public health for women who test positive for syphilis during pregnancy. This information will allow disease investigators to provide better investigations and confirm that women are adequately treated in pregnancy to prevent congenital syphilis.

   d. *Long-term:* The long-term positive/beneficial of AB 192 effects to the public in the State of Nevada will reduce the future cost of medical care and cost of support services for those born with congenital syphilis.

2. The Division of Public and Behavioral Health determined the impact on small businesses by soliciting responses through the Public Workshop and Small Business Impact (SBI) questionnaire. SBI Statement was solicited via email to multiple listservs targeting medical providers, health facilities, county and city boards of health and health authorities, as well as community stakeholders. Additionally, the information for the Public Workshop, SBI questionnaire, SBI Statement was also provided online via the State of Nevada, Office of HIV - Regulation Development Processes Website (Link: https://dpbh.nv.gov/Programs/HIV/dta/Policies/HIV_Regulation_Development_Processes/) and posted at the local

health authorities offices. Interested parties could also request a physical copy via email (sent via mail) or in person at our office or the local health departments. The Division of Public and Behavioral Health did not receive any negative feedback regarding the proposed regulations.

3. These proposed regulations will not add any costs to the current regulatory enforcement activities conducted by the Division of Public and Behavioral Health.

4. The proposed regulations do not overlap or duplicate federal, state, or local standards.

5. The proposed regulations do not establish a new fee nor increases an existing fee.

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, Lisa Sherych to be received no later than Five (5) DAYS BEFORE MEETING DATE at the following address:

Secretary, State Board of Health
Division of Public and Behavioral Health
4150 Technology Way, Suite 300
Carson City, NV 89706
stateBOH@health.nv.gov

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
4150 Technology Way, First Floor Lobby
Carson City, NV 89706

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

Nevada Division of Public and Behavioral Health
ATTN: Office of Public Health Investigations & Epidemiology (OPHIE)
500 Damonte Ranch Pkwy., STE 657
Reno, NV 89521

Southern Nevada Health District
280 S. Decatur Blvd.
Las Vegas, NV 89107

Washoe County Health District
1001 E. Ninth St.
Reno, NV 89512

A copy of the regulations and small business impact statement can be found on-line by going to:
https://dpbh.nv.gov/Programs/HIV/dta/Policies/HIV_Regulation_Development_Processes/

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

Tory Johnson, MMgt
Division of Public and Behavioral Health
2290 South Jones Boulevard, Suite # 110,
Las Vegas, NV 89146
Phone: (702) 486-0767
Email: ToJohnson@health.nv.gov

Copies may also be obtained from the Nevada State Library at the address listed below:

Nevada State Library & Archives
100 N. Stewart Street
Carson City, NV 89701

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.

Joe Lombardo
Governor

Richard Whitley, MS
Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

Helping people. It's who we are and what we do.

Lisa Sherych
Administrator

Ihsan Azzam, Ph.D., M.D.
Chief Medical Officer

MEMORANDUM

DATE: February 9th, 2023

TO: Jon Pennell, Chair
State Board of Health

FROM: Lisa Sherych, Secretary
State Board of Health

RE: **Consideration and adoption of the proposed regulation amendment to Nevada Administrative Code (NAC) 441A, Legislative Counsel Bureau (LCB) File No. R148-22**

PURPOSE OF AMENDMENT

The proposed changes will revise Nevada Administrative Code (NAC) Chapter 441A in accordance with Senate Bill (SB) 275 and Assembly Bill (AB) 192 of the 81st Legislative Session and Nevada Revised Statutes (NRS) Chapter 441A.

SUMMARY OF CHANGES TO NEVADA ADMINISTRATIVE CODE (NAC)

The proposed regulations stem from the passage of SB 275 (formerly Bill Draft Request 40-220) and AB 192 (formerly Bill Draft Request 40-453), which were both introduced during the 2021 Nevada 81st Legislative Session and signed by Governor Steve Sisolak on June 4, 2021. SB 275 revises provisions relating to communicable diseases including isolation and quarantine of a case or suspected case of a communicable diseases and removal of duplicative references to HIV and/or AIDS. AB 192 revises provisions governing the testing of pregnant women for certain sexually transmitted infections.

The proposed regulations will update NAC Chapter 441A in accordance with the requirements set forth in SB 275 and AB 192.

Current regulations do not require reporters to indicate if a woman who tests positive for syphilis is pregnant or require that providers give treatment information for pregnant women. The proposed regulation will update and require that a report of a pregnant woman who has or is suspected of having syphilis must include, without limitation, the fact that the case occurred in a pregnant woman and if treatment was provided, the type of treatment that was provided; or if the pregnant woman refused treatment. This aligns with current recommendations from the CDC.

Lastly, the bill revises or proposes revision as follows:

- The procedures followed by a county or city board of health or a health authority when isolating, quarantining, or treating certain persons;
- Provisions governing the investigation of a case or suspected case of a communicable disease and an order for a person with a communicable disease to submit to examination and treatment;

- Provisions concerning certain offenses relating to communicable diseases; revising provisions concerning court-ordered testing for a communicable disease;
- Provisions prohibiting the disclosure of information about certain persons investigated by the health authority;
- Provisions requiring the alleged victim of a crime involving sexual penetration to be provided with information concerning sexually transmitted diseases;
- Revising certain terminology used to refer to the human immunodeficiency virus and related matters;
- Reestablishing the Advisory Task Force on HIV Exposure Modernization; and setting forth the duties of the Task Force;
- Abolishing certain crimes relating to the human immunodeficiency virus;
- Repealing certain additional provisions relating to communicable diseases;
- Providing a penalty; and
- Providing other matters properly relating thereto.

POSSIBLE OUTCOME IF PROPOSED AMENDMENT IS NOT APPROVED

If LCB File No. R148-22 is not approved, NAC Chapter 441A will not follow the requirements set forth in SB 275.

APPLICABILITY OF PROPOSED AMENDMENT

These regulations will apply statewide to all county or city board of health or a health authorities.

PUBLIC COMMENT RECEIVED

The Division of Public and Behavioral Health determined the impact on small businesses by soliciting responses through the Public Workshop and Small Business Impact (SBI) questionnaire. SBI Statement was solicited via email to multiple listservs targeting medical providers, health facilities, county and city boards of health and health authorities, as well as community stakeholders.

Additionally, the information for the Public Workshop, SBI questionnaire, SBI Statement was also provided online via the State of Nevada, Office of HIV - Regulation Development Processes Website (Link: https://dpbh.nv.gov/Programs/HIV/dta/Policies/HIV_Regulation_Development_Processes/) and posted at the local health authorities' offices. Interested parties could also request a physical copy via email (sent via mail) or in person at our office or the local health departments.

The Division of Public and Behavioral Health recorded five (5) responses to the SBI questionnaire. Three (3) responses stated these regulations would have an adverse impact on their businesses, two (2) of these responses included comments. Upon review of the comments, it appeared that these individuals were concerned about the government's utilization of regulations and statutes for disease mitigation during the COVID-19 pandemic, rather than concern directly related to these proposed regulation updates.

One of the five (20%) of the respondents shared positive feedback stating that these regulation updates will improve opportunities to prevent infections such as HIV and advance access to HIV prevention strategies, pregnancy prevention, and STI prevention. They noted that these efforts will prevent long-term complications associated with illness.

PUBLIC WORKSHOP

A public workshop was held on Thursday, January 12, 2023. There were 23 participants who attended the workshop virtually, this includes the three (3) presenters.

Summary of testimony:

- One (1) person from Washoe County Health District commented in favor of the proposed changes. That person also asked a clarifying question about SB 275 which had a provision to remove the term 'AIDS' from regulations and replace with 'HIV'. The presenters responded to confirm that SB 275 was followed, and the proposed regulations did include changes to remove the word 'AIDS' from 441A and update to 'HIV'.

STAFF RECOMMENDATION

Staff recommends the State Board of Health adopts the proposed regulation amendments to NAC 441A, LCB File No. R148-22.

PRESENTER

Julia Peek, DPBH Deputy Administrator
Melissa Peek-Bullock, State Epidemiologist
Tory Johnson, Health Program Manager II – Office of HIV (OoH)

PROPOSED REGULATION OF THE

STATE BOARD OF HEALTH

LCB File No. R148-22

September 8, 2022

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

AUTHORITY: § 1, NRS 439.200, 441A.120, 441A.160 and 441A.180; §§ 2, 3, 5-9 and 21, NRS 439.200, 441A.120 and 441A.160; §§ 4, 24, 29, 30, 34-36, 38, 41-43, 47-55, 57-59 and 61, NRS 439.200, 441A.120 and 441A.180; §§ 10-12, 14-20, 22, 23, 25, 26, 28, 31-33, 37, 39, 40, 44-46, 56 and 60, NRS 439.200 and 441A.120; § 13, NRS 439.200, 441A.120 and 441A.150; § 27, NRS 439.200, 441A.120 and 441A.410.

A REGULATION relating to communicable diseases; revising requirements governing the reporting and investigation of and response to cases of certain communicable diseases; requiring an order of the health authority for a medical examination or isolation, quarantine or treatment to be in accordance with certain provisions of law; prescribing the procedure to appeal such an order; requiring medical or epidemiological evidence to determine the likelihood of transmitting a communicable disease to meet certain standards; requiring the reporting and investigation of cases of certain communicable diseases; removing certain duplicative references; providing that persons with certain communicable diseases are not prohibited from working in a sensitive occupation or accessing a place of public accommodation where such work or access is protected by laws prohibiting discrimination against persons with disabilities; removing requirements that persons who test positive for certain sexually transmitted diseases must obtain medical treatment; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires a health authority who knows, suspects or is informed of the existence of any communicable disease that poses a risk to the health of the public and is in an infectious state, at risk of developing into an infectious state or at risk of developing into a progressed state that endangers the health of the person with the communicable disease to immediately investigate the matter and all circumstances connected with it. Existing law authorizes a health authority to order: (1) any person whom the health authority has a reasonable factual and medical basis to suspect has a communicable disease that is in an infectious state and poses a risk to the health of the public to submit to a medical examination or test to verify the presence of the disease; and (2) the isolation, quarantine or treatment of any person or group of persons to protect the public health. Existing law requires the State Board of Health to adopt regulations prescribing a process by which a person may appeal an order of the Chief Medical

Officer to submit to a medical examination or test. (NRS 441A.160) **Section 21** of this regulation requires any investigation by the health authority of a case of a communicable disease or order of the health authority for a medical examination or test or isolation, quarantine or treatment to comply with provisions of law governing such investigations and orders. **Section 2** of this regulation requires any order issued by the Chief Medical Officer or a representative thereof for a medical examination or test or isolation, quarantine or treatment to: (1) state the factual and medical basis for the order; and (2) be accompanied by a notice explaining certain rights relating to the appeal of the order. **Section 3** of this regulation prescribes the process to appeal such an order.

Existing law prohibits a person who has a communicable disease in an infectious state from: (1) conducting himself or herself in any manner that has a high probability of transmitting the disease to another person; or (2) engaging in any occupation in which there is a high probability that the disease will be transmitted to other persons. A health authority who believes that a person is in violation of those prohibitions is required to issue a warning to the person. A person who continues to be in violation of those prohibitions after receiving a warning is guilty of a misdemeanor. Existing law also provides that any person who, after receiving notice that he or she has tested positive for a communicable disease, intentionally conducts himself or herself in a manner that is specifically intended to transmit the disease to another person and has a high probability of transmitting the disease to another person and, as a consequence, transmits the disease to another person is guilty of a misdemeanor. Existing law requires the State Board of Health to adopt regulations prescribing requirements for determining the sufficiency and legitimacy of medical or epidemiological evidence to determine the likelihood of transmitting a communicable disease for those purposes. (NRS 441A.180) **Section 4** of this regulation requires such medical or epidemiological evidence to meet the standards prescribed in certain scientific publications.

Existing law requires: (1) a provider of health care who knows of, or provides services to, a person who has or is suspected of having a communicable disease to report that fact to the health authority; and (2) a laboratory director to notify the health authority of the identification by his or her medical laboratory of the presence of any communicable disease in the jurisdiction of that health authority. (NRS 441A.150) Existing law establishes civil and criminal penalties to be imposed on a provider of health care, medical facility or medical laboratory that fails to comply with such requirements. (NRS 441A.920) **Section 10** of this regulation: (1) adds any condition identified as a nationally notifiable condition, babesiosis, *Candida auris*, coronavirus disease 2019, cyclosporiasis and monkeypox to the list of communicable diseases for which such reports must be made; and (2) makes certain clarifications regarding the types of hepatitis B and hepatitis C for which a report must be made. **Section 11** of this regulation adopts by reference certain guidelines relating to the identification, prevention and control of *Candida auris*. **Sections 11, 18 and 19** of this regulation update information relating to certain other publications adopted by reference. **Sections 5-9** of this regulation prescribe requirements governing the investigation of and response to cases of babesiosis, *Candida auris*, coronavirus disease 2019, cyclosporiasis and monkeypox. **Section 12** of this regulation authorizes a health authority to require providers of health care to submit reports of communicable diseases using electronic case reporting. **Section 22** of this regulation revises requirements concerning the reporting of a case of tuberculosis by a health care provider. **Section 45** of this regulation revises the duties of a health authority upon receiving a report of a case of Lyme disease.

Existing regulations: (1) list influenza associated with a hospitalization or the death of a person under 18 years of age as a communicable disease for which a provider of health care, laboratory director and certain other persons must make a report to the health authority; and (2) require the health authority to obtain information concerning each such death. (NAC 441A.040, 441A.225, 441A.575) **Section 10** lists influenza associated with the hospitalization or death of any person as a communicable disease, thereby requiring such persons to report such a hospitalization or death to the health authority. **Section 44** of this regulation requires the health authority to obtain information concerning such a death.

Existing law provides that it is the policy of this State that references to only the human immunodeficiency virus or HIV should be used in the Nevada Administrative Code instead of duplicative references to both human immunodeficiency virus or HIV and acquired immunodeficiency syndrome, acquired immune deficiency syndrome or AIDS. (NRS 233B.062) **Sections 10, 17, 20, 28 and 60** of this regulation remove such duplicative references. **Section 28** also removes a requirement that the health authority seek to identify, locate and notify the victim of a sexual offense in which the perpetrator tested positive for the human immunodeficiency virus.

Existing law requires a report of a pregnant woman who has or is suspected of having syphilis to include the fact that the case occurred in a pregnant woman and: (1) if treatment was provided, the type of treatment that was provided; or (2) if the pregnant woman refused treatment, the fact that the pregnant woman refused treatment. (NRS 441A.150) **Section 13** of this regulation includes this information among the information that a health care provider is required to include in a report of a case of syphilis.

Existing regulations require: (1) the person in charge of a medical laboratory, medical facility, school, child care facility or correctional facility or an insurer to report certain information to the health authority concerning communicable diseases; and (2) the director or other person in charge of a medical laboratory to submit microbiologic cultures, subcultures, culture-independent diagnostic tests or other clinical material to the State Public Health Laboratory or another laboratory designated by the health authority for further diagnosis, confirmation or testing under certain circumstances. (NAC 441A.235, 441A.240, 441A.245, 441A.252) **Section 14** of this regulation additionally requires the submission of such material if: (1) requested by the Chief Medical Officer for phylogenetic analysis; or (2) the material consists of isolates and positive culture-independent specimens of *Candida auris* or specimens suspected to contain *Clostridium botulinum*. **Sections 14 and 17** require the director or other person in charge of a medical laboratory or an insurer to report negative test results for hepatitis C or human immunodeficiency virus. **Section 15** of this regulation requires the director or other person in charge of a medical facility for which a communicable disease is reported to provide additional records pertaining to the communicable disease to the health authority upon request. If the health authority determines that there is a risk of an outbreak of a communicable disease at a school or child care facility, **section 16** of this regulation requires the principal, director or other person in charge of the school or child care facility to: (1) inform the parent or guardian of each child exposed to the communicable disease of the exposure; and (2) provide each such parent or guardian with educational materials relating to monitoring signs and symptoms of infection.

Existing law prohibits the health authority from warning a person with a communicable disease against: (1) engaging in an occupation if the employer of the person would be prohibited from preventing the person from engaging in that occupation by federal or state law prohibiting discrimination against persons with disabilities; or (2) accessing a place of public

accommodation if the place of public accommodation would be prohibited from denying the person access to the place of public accommodation by federal or state law prohibiting discrimination against persons with disabilities. (NRS 441A.180) **Sections 24, 29, 30, 34-36, 38, 41-43, 47-55 and 57-59** of this regulation provide that persons with certain communicable diseases and contacts of such persons are not prohibited from working in a sensitive occupation, attending a school or child care facility or accessing another place of public accommodation where such work, attendance or access, as applicable, is protected by those federal or state laws.

Existing law generally prohibits a health authority from issuing an order requiring the involuntary treatment of a person without a court order requiring the person to submit to treatment. (NRS 441A.160) **Sections 32, 33, 39, 40, 46 and 56** of this regulation remove requirements that persons who have certain sexually transmitted diseases receive medical treatment. **Sections 32, 33, 37**, **39, 40, 46 and 56** of this regulation replace a requirement that the testing, treatment, prevention and control of such sexually transmitted diseases must be in accordance with the guidelines prescribed by a specific publication of the Centers for Disease Control and Prevention of the United States Department of Health and Human Services with a requirement that such testing, treatment, prevention and control must be in accordance with the most current guidelines of the Centers for Disease Control and Prevention. **Section 11** removes the adoption of that publication by reference, and **sections 23, 25-27 and 31** of this regulation make conforming changes to update references to certain other publications adopted by reference. **Section 33** removes a requirement that the health authority must investigate a case having *Chlamydia trachomatis* infection and instead authorizes the health authority to investigate such a case.

Existing regulations define "extraordinary occurrence of illness" to mean: (1) a disease which is not endemic to this State, is unlikely but has the potential to be introduced into this State, is readily transmitted and is likely to be fatal; (2) an outbreak of a communicable disease which is a risk to the public health because it may affect large numbers of persons or because the illness is a newly described communicable disease; or (3) a case of an illness that is known or suspected to be related to an act of intentional transmission or biological terrorism. (NAC 441A.085) Existing regulations require the health authority to investigate a case having an extraordinary occurrence of illness and take measures to prevent and control the extraordinary occurrence of illness in consultation with the Chief Medical Officer. (NAC 441A.525) **Section 37** additionally requires such an investigation and such measures to be in accordance with any guidance issued by the Centers for Disease Control and Prevention relating to the detection and mitigation of and response to the extraordinary occurrence of illness.

Existing regulations require a person who tests positive for certain sexually transmitted diseases to cease and desist from employment as a sex worker. (NAC 441A.800) **Section 61** of this regulation requires a health authority that has reason to believe that a person is continuing employment as a sex worker despite such a positive test to issue a warning to the person.

Section 1. Chapter 441A of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 9, inclusive, of this regulation.

Sec. 2. ***Any order issued by the Chief Medical Officer or a representative thereof pursuant to NRS 441A.160 must:***

1. State the factual and medical basis for the order.

2. Be accompanied by written notice to the person who is the subject of the order of the rights established by section 3 of this regulation. The notice must refer to section 3 of this regulation and read substantially as follows:

1. You have the right to challenge the findings in the order of the Chief Medical Officer or a representative thereof by submitting a written petition to the Division of Public and Behavioral Health of the Department of Health and Human Services not later than 48 hours after receiving the order. If the 48-hour period ends on a Saturday, Sunday or legal holiday, the period is extended to 5:00 p.m. Pacific Standard Time or Pacific Daylight Time, as applicable, of the next working day.

2. You have the right to a hearing upon the written petition.

3. You have the right to be present by live telephonic conferencing or videoconferencing at any proceeding to challenge the order of the Chief Medical Officer or a representative thereof.

4. You have the right to be represented by an attorney. You must pay for the services rendered by the attorney unless you are indigent or you succeed in your challenge.

Sec. 3. *1. Any person who is the subject of an order issued by the Chief Medical Officer or a representative thereof pursuant to NRS 441A.160 to submit to a medical examination or test or for isolation, quarantine or treatment may appeal the order by submitting a petition to the Division. Except as otherwise provided in subsection 5, the petition must be submitted not later than 48 hours after the person who is the subject of the order received the order. The written petition must state:*

(a) The action ordered by the Chief Medical Officer or a representative thereof; and

(b) The reasons for disputing the order, including, without limitation:

(1) The reasons that the factual and medical basis for the order are incorrect; and

(2) The reasons that the petitioner is not a threat to the health of the public if the petitioner is not subjected to a medical examination or test or isolation, quarantine or treatment, as applicable.

2. Except as otherwise provided in subsection 5, the Division shall hold a hearing on a petition received pursuant to subsection 1 as soon as possible and not later than 48 hours after receiving the petition.

3. A person who is the subject of a hearing held pursuant to subsection 2 may:

(a) Attend the hearing by live telephonic conference or videoconference.

(b) Be represented by an attorney. The Division shall pay the cost of the attorney if the person is indigent or succeeds in his or her dispute of the order.

4. Except as otherwise provided in subsection 5, the Division shall issue a decision not later than 24 hours after a hearing held pursuant to subsection 2. A decision pursuant to this subsection is final for the purpose of judicial review pursuant to NRS 233B.130.

5. If any period described in subsection 1, 2 or 4 ends on a Saturday, Sunday or legal holiday, the period is extended to 5:00 p.m. Pacific Standard Time or Pacific Daylight Time, as applicable, of the next working day.

Sec. 4. *Medical or epidemiological evidence to determine the likelihood of transmitting a communicable disease to another person for the purposes of NRS 441A.180 must meet the standards prescribed in the Control of Communicable Diseases Manual or Red Book: 2021 Report of the Committee on Infectious Diseases, adopted by reference in NAC 441A.200.*

Sec. 5. ***The health authority shall investigate each report of a case having babesiosis, as identified by finding the infectious agent in a clinical specimen through testing by a medical laboratory, to:***

1. Confirm the diagnosis;

2. Determine the extent of any outbreak;

3. Identify the source of the infection; and

4. Determine the necessity of initiating measures to control vectors.

Sec. 6. ***1. The health authority shall, within the limits of available resources, investigate each report of a case having Candida auris, as determined in accordance with Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrug-resistant Organisms (MRDOs), "Infection Prevention and Control for Candida auris" and "Candida auris 2019 case definition," adopted by reference in 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 for the control of the infection that are in effect, including, without limitation, precautions concerning contacts and disease-specific precautions.

2. If a case of Candida auris occurs in a medical facility, the medical facility shall take measures to contain the infection in accordance with Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrug-resistant Organisms (MRDOs), "Infection Prevention and Control for Candida auris" and "Candida auris 2019 case definition," adopted by reference in NAC 441A.200.

3. If a medical facility to which a case having Candida auris has been admitted wishes to:

(a) Transfer the case to another medical facility, the transferring facility shall:

(1) Notify the receiving facility of the infection before the transfer; and

(2) Provide instruction to the case concerning the risk, transmission, prevention and control of the infection in accordance with Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrug-resistant Organisms (MRDOs), "Infection Prevention and Control for Candida auris" and "Candida auris 2019 case definition," adopted by reference in NAC 441A.200.

(b) Discharge the case, the medical facility shall provide instruction to the case concerning the risk, transmission, prevention and control of the infection in accordance with Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrug-resistant Organisms (MRDOs), "Infection Prevention and Control for Candida auris" and "Candida auris 2019 case definition," adopted by reference in NAC 441A.200.

4. A medical facility shall provide education to the staff of the medical facility concerning the risk, transmission, prevention and control of Candida auris. Such instruction must be in accordance with Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrug-resistant Organisms (MRDOs), "Infection Prevention and Control for Candida auris" and "Candida auris 2019 case definition," adopted by reference in NAC 441A.200.

Sec. 7. *The health authority shall investigate each report of a case having coronavirus disease 2019 (COVID-19) or suspected case considered to have coronavirus disease 2019 (COVID-19) to:*

1. Confirm the diagnosis;

2. Determine the extent of any outbreak; and

3. Determine the need for measures to prevent, suppress and control the spread of the disease including, without limitation, the need to exclude, isolate or quarantine the case or suspected case and any close contacts of the case or suspected case.

Sec. 8. *1. The health authority shall investigate each report of a case having cyclosporiasis, as identified by the presence of Cyclospora cayetanensis parasites in a clinical stool specimen through testing by a medical laboratory, to:*

(a) Confirm the diagnosis;

(b) Identify the source of the infection; and

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

2. A person excreting Cyclospora cayetanensis parasites shall not work in a sensitive occupation until the person is authorized to do so by the health authority, unless the employer of the person would be prohibited from preventing the person from engaging in that occupation by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 613.330. A health authority may authorize the person to work in a sensitive occupation if the case has not experienced diarrhea for at least 24 hours and there is no indication of poor personal hygiene.

3. The health authority shall instruct a person excreting Cyclospora cayetanensis parasites of the need to wash his or her hands after defecation and the proper method of hand washing.

4. An infant or child excreting Cyclospora cayetanensis parasites shall not attend a child care facility until the infant or child has not experienced diarrhea for at least 24 hours, unless

the child care facility would be prohibited from preventing the infant or child from attending by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 651.050 to 651.120, inclusive. The health authority shall instruct a child care facility attended by an infant or child excreting Cyclospora cayetanensis parasites of the need to wash the hands of the infant or child after defecation, the proper method of hand washing and other practices to control the spread of the infection.

5. If a case having Cyclospora cayetanensis is in a medical facility, the medical facility shall provide care for the case in accordance with precautions established by the medical facility to prevent the spread of enteric communicable diseases or other disease-specific precautions.

Sec. 9. *1. The health authority shall investigate each report of a case having monkeypox or a suspected case considered to have monkeypox to:*

(a) Confirm the diagnosis;

(b) Determine the extent of any outbreak;

(c) Identify the source of the infection;

(d) Identify any susceptible contacts; and

(e) Determine the need for measures to prevent, suppress and control the spread of the disease, including, without limitation, the need to:

(1) Isolate the case or suspected case in accordance with the guidelines of the Centers for Disease Control and Prevention; and

(2) Offer prophylactic treatment to susceptible contacts.

2. A member of the staff of a medical facility shall not have direct contact with a case having monkeypox or a suspected case considered to have monkeypox, unless the member of the staff uses appropriate personal protective equipment.

3. The health authority shall immediately notify the Chief Medical Officer or a designee thereof of a report of a case having monkeypox or a suspected case considered to have monkeypox.

Sec. 10. 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).]~~ ***Any condition identified by the Centers for Disease Control and Prevention as a nationally notifiable condition.***

2. Amebiasis.

3. Animal bite from a rabies-susceptible animal.

4. Anthrax.

5. ***Babesiosis (parasite).***

6. Botulism, foodborne.

~~[6.]~~ ***7.*** Botulism, infant.

~~[7.]~~ ***8.*** Botulism, wound.

~~[8.]~~ ***9.*** Botulism, other than foodborne botulism, infant botulism or wound botulism.

~~[9.]~~ ***10.*** Brucellosis.

~~[10.]~~ ***11.*** Campylobacteriosis.

~~[11.]~~ ***12. Candida auris.***

13. Chancroid.

~~[12.]~~ ***14.*** Chikungunya virus disease.

~~[13.]~~ ***15.*** *Chlamydia trachomatis* infection of the genital tract.

~~[14.]~~ ***16.*** Cholera.

~~[15.]~~ ***17.*** Coccidioidomycosis.

~~[16.]~~ ***18. Coronavirus disease 2019 (COVID-19).***

19. Cryptosporidiosis.

~~[17.]~~ ***20. Cyclosporiasis (parasite).***

21. Dengue.

~~[18.]~~ ***22.*** Diphtheria.

~~[19.]~~ ***23.*** Ehrlichiosis/anaplasmosis.

~~[20.]~~ ***24.*** Encephalitis.

~~[21.]~~ ***25.*** Enterobacteriaceae, carbapenem-resistant (CRE), including carbapenem-resistant *Enterobacter* spp., *Escherichia coli* and *Klebsiella* spp.

~~[22.]~~ ***26.*** Extraordinary occurrence of illness.

~~[23.]~~ ***27.*** Foodborne disease outbreak.

~~[24.]~~ ***28.*** Giardiasis.

~~[25.]~~ ***29.*** Gonococcal infection.

~~[26.]~~ ***30.*** Granuloma inguinale.

~~[27.]~~ ***31.*** *Haemophilus influenzae* ~~[type b]~~ invasive disease.

~~[28.]~~ ***32.*** Hansen's disease (leprosy).

~~[29.]~~ ***33.*** Hantavirus.

~~[30.]~~ ***34.*** Hemolytic-uremic syndrome (HUS).

~~[31.]~~ ***35.*** Hepatitis A.

~~[32.]~~ ***36.*** Hepatitis B ~~[.~~

~~33.]~~ ***, acute and chronic.***

37. Hepatitis C ~~[.~~

~~34.]~~ ***, perinatal, acute and chronic.***

38. Hepatitis Delta.

~~[35.]~~ ***39.*** Hepatitis E.

~~[36.]~~ ***40.*** Hepatitis, unspecified.

~~[37.]~~ ***41.*** Human immunodeficiency virus infection (HIV).

~~[38.]~~ ***42. Human immunodeficiency virus infection (HIV), stage 3.***

43. Influenza that is:

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

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

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

(2) Is novel or untypeable.

~~[39.]~~ ***44.*** Legionellosis.

~~[40.]~~ ***45.*** Leptospirosis.

~~[41.]~~ ***46.*** Listeriosis.

~~[42.]~~ ***47.*** Lyme disease.

~~[43.]~~ ***48.*** Lymphogranuloma venereum.

~~[44.]~~ ***49.*** Malaria.

~~[45.]~~ ***50.*** Measles (rubeola).

~~[46.]~~ ***51.*** Meningitis.

~~[47.]~~ ***52.*** Meningococcal disease.

~~[48.]~~ ***53. Monkeypox.***

54. Mumps.

~~[49.]~~ ***55.*** Pertussis.

~~[50.]~~ ***56.*** Plague.

~~[51.]~~ ***57.*** Poliovirus infection.

~~[52.]~~ ***58.*** Psittacosis.

~~[53.]~~ ***59.*** Q fever.

~~[54.]~~ ***60.*** Rabies, human or animal.

~~[55.]~~ ***61.*** Relapsing fever.

~~[56.]~~ ***62.*** Respiratory syncytial virus infection.

~~[57.]~~ ***63.*** Rotavirus infection.

~~[58.]~~ ***64.*** Rubella (including congenital rubella syndrome).

~~[59.]~~ ***65.*** Saint Louis encephalitis virus (SLEV).

~~[60.]~~ ***66.*** Salmonellosis.

~~[61.]~~ ***67.*** Severe acute respiratory syndrome (SARS).

~~[62.]~~ ***68.*** Severe reaction to immunization.

~~[63.]~~ ***69.*** Shiga toxin-producing *Escherichia coli*.

~~[64.]~~ ***70.*** Shigellosis.

~~[65.]~~ ***71.*** Smallpox (variola).

~~[66.]~~ ***72.*** Spotted fever riskettsioses.

~~[67.]~~ ***73.*** *Staphylococcus aureus*, vancomycin-intermediate.

~~[68.]~~ ***74.*** *Staphylococcus aureus*, vancomycin-resistant.

~~[69.]~~ ***75.*** Streptococcal toxic shock syndrome.

~~[70.]~~ ***76.*** *Streptococcus pneumoniae* (invasive).

~~[71.]~~ ***77.*** Syphilis (including congenital syphilis).

~~[72.]~~ ***78.*** Tetanus.

~~[73.]~~ ***79.*** Toxic shock syndrome, other than streptococcal toxic shock syndrome.

~~[74.]~~ ***80.*** Trichinosis.

~~[75.]~~ ***81.*** Tuberculosis.

~~[76.]~~ ***82.*** Tularemia.

~~[77.]~~ ***83.*** Typhoid fever.

~~[78.]~~ ***84.*** Varicella (chickenpox).

~~[79.]~~ ***85.*** Vibriosis.

~~[80.]~~ ***86.*** Viral hemorrhagic fever.

~~[81.]~~ ***87.*** West Nile virus.

~~[82.]~~ ***88.*** Yellow fever.

~~[83.]~~ ***89.*** Yersiniosis.

~~[84.]~~ ***90.*** Zika virus disease.

Sec. 11. NAC 441A.200 is hereby amended to read as follows:

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

(a) The standard precautions to prevent transmission of disease by contact with blood or other body fluids as recommended by the Centers for Disease Control and Prevention in "Perspectives in Disease Prevention and Health Promotion Update: Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and Other Bloodborne Pathogens in Health-Care Settings," *Morbidity and Mortality Weekly Report* [37(24):377-388,

June 24, 1988], published by the United States Department of Health and Human Services and available at no cost on the Internet at **http://www.cdc.gov/mmwr**, or, if that Internet website ceases to exist, from the Division.

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

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

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

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

(d) The recommended guidelines for the investigation, prevention, suppression and control of communicable diseases contained in *Control of Communicable Diseases Manual*, ~~[20th]~~ ***21st*** edition, published by the American Public Health Association and available for the price of

~~[$38.50]~~ ***$59.50*** for members and ~~[$55.00]~~ ***$85.00*** for nonmembers from the American Public Health Association, ~~[800 I Street, N.W., Washington, D.C. 20001-3710,]~~ ***The Bleachery, 143 West Street, New Milford, Connecticut 06776,*** 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]~~ ***2021*** *Report of the Committee on Infectious Diseases*, ~~[30th]~~ ***32nd*** edition, published by the American Academy of Pediatrics and available for the price of ~~[$75.00]~~ ***$119.95*** for members and $149.95 for nonmembers from the American Academy of Pediatrics, ~~[141 Northwest Point Boulevard, Elk Grove Village,]~~ ***345 Park Boulevard, Itasca,*** Illinois ~~[60007,]~~ ***60143,*** 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(RR09):1-44, July 7, 2006], published by the United States Department of Health and Human Services and available at no cost on the Internet at **http://www.cdc.gov/mmwr**, or, if that Internet website ceases to exist, from the Division; and

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

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

~~[(k)]~~ ***(j)*** "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)]~~ ***(k)*** "Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection," *Morbidity and Mortality Weekly Report* [57(RR09):1-63, 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)]~~ ***(l)*** 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,]~~ ***https://www.cdc.gov/hai/pdfs/cre/CRE-guidance-508.pdf,*** or, if that Internet website ceases to exist, from the Division.

~~[(n)]~~ ***(m)*** Interim ~~[guidance]~~ ***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,]~~ ***https://www.cdc.gov/hai/pdfs/containment/Health-Response-Contain-MDRO-H.pdf,*** or, if that Internet website ceases to exist, from the Division.

~~[(o)]~~ ***(n)*** 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)]~~ ***(o)*** "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/,]~~ ***https://ndc.services.cdc.gov/case-***

definitions/carbapenemase-producing-carbapenem-resistant-enterobacteriaceae-2018/, or, if that Internet website ceases to exist, from the Division.

(p) "Infection Prevention and Control for Candida auris," published by the United States Department of Health and Human Services and available at no cost on the Internet at https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html, or, if that Internet website ceases to exist, from the Division.

(q) "Candida auris 2019 case definition," published by the United States Department of Health and Human Services and available at no cost on the Internet at https://ndc.services.cdc.gov/case-definitions/candida-auris-2019/, or, if that Internet website ceases to exist, from the Division.

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

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

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

Sec. 12. 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]~~ ***Except as required pursuant to subsection 2, 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, ***including, without limitation, electronic case reporting,*** in the form and manner specified by the health authority.

2. ***The health authority may require a report of a case or suspected case to be made using electronic case reporting.***

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

(a) Wound botulism;

(b) Brucellosis;

(c) Cholera;

(d) Diphtheria;

(e) *Haemophilus influenzae* type b;

(f) Hepatitis A;

(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.]~~ ***5.*** 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;

(d) Tuberculosis; or

(e) Pertussis.

~~[5. A]~~ ***6. Except as otherwise required pursuant to subsection 2, a*** report to the health authority made pursuant to subsection ~~[2,]~~ 3 ***,*** ~~[or]~~ 4 ***or 5*** 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.]~~ ***7.*** 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]~~ ***Except as otherwise required pursuant to subsection 2, 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.]~~ ***8.*** Each health authority and rabies control authority shall establish and maintain an after-hours reporting system.

9. As used in this section, "electronic case reporting" means the automated, real-time exchange of information concerning cases between electronic health records and the health authority.

Sec. 13. NAC 441A.230 is hereby amended to read as follows:

441A.230 1. Except as otherwise provided in NAC 441A.240, a health care provider who knows of, or provides services to, a case or suspected case shall report the case or suspected case to the health authority having jurisdiction where the office of the health care provider is located. The report must be made in the manner provided in NAC 441A.225.

2. The report must include:

(a) The communicable disease or suspected communicable disease.

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

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

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

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

(f) The date of onset of the communicable disease, if available.

(g) ***If the case or suspected case relates to a pregnant person who has or is suspected of having syphilis, the information required by NRS 441A.150 for the case or suspected case.***

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

Sec. 14. 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) ***Requested by the Chief Medical Officer or a representative thereof for the purpose of phylogenetic analysis;***

(c) 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)]~~ ***(d)*** 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 and positive culture-independent specimens of Candida auris;***

(6) Isolates of *Campylobacter* spp.;

~~[(6) Isolates of]~~ ***(7) Specimens suspected to contain*** *Clostridium botulinum*;

~~[(7)]~~ ***(8)*** Isolates of *Clostridium tetani*;

~~[(8)]~~ ***(9)*** Isolates of *Corynebacterium diptheriae*;

~~[(9)]~~ ***(10)*** Isolates of *Coxiella burnetii*;

~~[(10)]~~ ***(11)*** Isolates of *E. coli* O157:H7;

~~[(11)]~~ ***(12)*** Isolates of *Francisella tularensis*;

~~[(12)]~~ ***(13)*** Isolates of *Haemophilus influenza* (invasive only);

~~[(13)]~~ ***(14)*** Isolates of *Legionella* spp.;

~~[(14)]~~ ***(15)*** Isolates of *Listeria monocytogenes*;

~~(15)~~ ***(16)*** Isolates of *Mycobacterium* spp.;

~~(16)~~ ***(17)*** Isolates of *Neisseria meningitidis* from a sterile site;

~~(17)~~ ***(18)*** Blood smears containing *Plasmodium* spp.;

~~(18)~~ ***(19)*** Isolates of *Salmonella* spp.;

~~(19)~~ ***(20)*** Isolates of, or broth positive results for, Shiga toxin-producing *Escherichia coli*;

~~(20)~~ ***(21)*** Isolates of *Shigella* spp.;

~~(21)~~ ***(22)*** Isolates of *Vibrio* spp.;

~~(22)~~ ***(23)*** Isolates of Vancomycin-intermediate *Staphylococcus aureus*;

~~(23)~~ ***(24)*** Isolates of Vancomycin-resistant *Staphylococcus aureus*;

~~(24)~~ ***(25)*** Isolates of *Yersinia pestis*; or

~~(25)~~ ***(26)*** 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.

7. With respect to a test described in subsection 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).

8. The director or other person in charge of a medical laboratory shall report to the health authority negative results of any test or examination conducted by the medical laboratory for hepatitis C or the human immunodeficiency virus (HIV) in the manner provided in NAC 441A.225. Such a report must include, without limitation:

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

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

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

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

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

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

Sec. 15. NAC 441A.240 is hereby amended to read as follows:

441A.240 1. Except as otherwise provided in subsection 2, the director or other person in charge of a medical facility who knows of or suspects the presence of a communicable disease

within the medical facility shall report the communicable disease to the health authority having jurisdiction where the medical facility is located. The report must be made in the manner provided in NAC 441A.225.

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

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

(a) Require the designated infection preventionist to:

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

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

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

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

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

(c) Establish specific procedures for, without limitation:

(1) Submitting a report to the infection preventionist outside his or her regular business hours;

(2) Submitting a report if the infection preventionist is not available; and

(3) Ensuring that a report submitted to the infection preventionist is made in a manner that enables the infection preventionist to submit the report to the health authority in the manner provided in NAC 441A.225.

4. If a medical facility adopts administrative procedures pursuant to subsection 2, the director or other person in charge of the medical facility shall:

(a) Ensure that the administrative procedures are revised or amended as necessary; and

(b) Provide the administrative procedures, and each revision and amendment thereto, to:

(1) The health authority having jurisdiction where the medical facility is located;

(2) Each health care provider in the medical facility;

(3) The director or other person in charge of a laboratory in the medical facility; and

(4) The designated infection preventionist, his or her representative and any other person who assists the infection preventionist in carrying out his or her duties.

5. A report submitted to a designated infection preventionist pursuant to this section must:

(a) If submitted by the director or other person in charge of a laboratory in the medical facility, comply with NAC 441A.235; or

(b) If submitted by a health care provider in the medical facility, comply with NAC 441A.230.

6. If requested by the health authority, the director or other person in charge of a medical facility for which a report is made pursuant to subsection 1 or 2 shall provide additional records pertaining to the communicable disease that is the subject of the report, including, without limitation:

(a) Proof of treatment; and

(b) Negative results from laboratory testing.

Sec. 16. NAC 441A.245 is hereby amended to read as follows:

441A.245 1. The principal, director or other person in charge of a school, child care facility or correctional facility who knows of or suspects the presence of a communicable disease within the school, child care facility or correctional facility shall report the communicable disease to the health authority having jurisdiction where the school, child care facility or correctional facility is located. Except as otherwise provided in this section, the report must be made in the manner provided in NAC 441A.225.

2. The report must include:

(a) The communicable disease or suspected communicable disease.

(b) The name, address and, if available, telephone number of the person known or suspected to have the communicable disease.

(c) The name, address and telephone number of the person making the report.

(d) The occupation, employer, age, sex, race and date of birth of the person known or suspected to have the communicable disease, if available.

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

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

3. The principal, director or other person in charge of a school, child care facility or correctional facility shall promptly cooperate with the health authority during:

(a) An investigation of the circumstances or cause of a case, suspected case, outbreak or suspected outbreak.

(b) The carrying out of measures for the prevention, suppression and control of a communicable disease, including, without limitation, procedures of exclusion, isolation and quarantine.

4. If a communicable disease is identified in a child attending a school or child care facility:

(a) The principal, director or other person in charge of the school or child care facility shall report the communicable disease to the health authority on the same day on which the disease is identified.

(b) The health authority shall begin the investigation of the report of the communicable disease immediately upon receipt of the report.

5. If the health authority determines that there is a risk of an outbreak of a communicable disease identified pursuant to subsection 4, the principal, director or other person in charge of the school or child care facility shall:

(a) Inform the parent or guardian of each child exposed to the communicable disease; and

(b) Provide the parent or guardian of each child exposed to the communicable disease with educational materials relating to monitoring signs and symptoms of infection.

Sec. 17. NAC 441A.252 is hereby amended to read as follows:

441A.252 1. Each insurer who requires or requests an applicant for a policy of life insurance or any other person to be examined or subjected to any medical, clinical or laboratory test that produces evidence consistent with ***:*** ~~[the presence of:]~~

(a) ~~[Acquired immune deficiency syndrome (AIDS);~~

~~(b) Hepatitis]~~ ***The presence of hepatitis*** A;

~~[(c) Hepatitis]~~ ***(b) The presence of hepatitis*** B;

~~[(d) Hepatitis]~~ ***(c) The presence or absence of hepatitis*** C;

~~[(e) Human]~~ ***(d) The presence or absence of human*** immunodeficiency virus (HIV);

~~[(f) Syphilis,]~~ ***(e) The presence of syphilis,*** including congenital syphilis; or

~~[(g) Tuberculosis,]~~ ***(f) The presence of tuberculosis,***

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

2. The report must include:

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

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

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

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

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

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

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

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

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

Sec. 18. NAC 441A.290 is hereby amended to read as follows:

441A.290 1. A district health officer who knows, suspects or is informed of the existence within his or her jurisdiction of a communicable disease shall:

(a) Use as a guideline for the investigation, prevention, suppression and control of the communicable disease, the recommended guidelines for the investigation, prevention, suppression and control of communicable disease set forth in:

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

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

(3) *Control of Communicable Diseases Manual*, adopted by reference pursuant to NAC 441A.200; and

(4) *Red Book:* ~~[2015]~~ ***2021*** *Report of the Committee on Infectious Diseases*, adopted by reference pursuant to NAC 441A.200; and

(b) Carry out the measures for the investigation, prevention, suppression and control of the communicable disease specified in this chapter.

2. Upon receiving a report from a medical laboratory pursuant to NAC 441A.235, the district health officer shall notify the health care provider who ordered the test or examination and discuss the circumstances of the case or suspected case before initiating an investigation or notifying the case or suspected case. If, after a reasonable effort, the district health officer is unable to notify the health care provider who ordered the test or examination before the time an

investigation must be initiated to protect the public health, the district health officer may proceed with the investigation, including notifying the case or suspected case, and may carry out measures for the prevention, suppression and control of the communicable disease.

3. The district health officer shall notify the Chief Medical Officer, or a representative thereof, as soon as possible of any case reported in his or her jurisdiction:

(a) Having anthrax, foodborne botulism, botulism other than foodborne botulism, infant botulism or wound botulism, cholera, diphtheria, extraordinary occurrence of illness, measles, plague, rabies, rubella, severe acute respiratory syndrome (SARS), smallpox (variola), tularemia or typhoid fever;

(b) That is part of a foodborne disease outbreak; or

(c) That is known or suspected to be related to an act of intentional transmission or biological terrorism.

4. The district health officer shall prepare a case report for each case reported in his or her jurisdiction pursuant to the provisions of this chapter. The report must be made on a form approved or provided by the Division and be submitted to the Chief Medical Officer, or the representative, within 7 days after completing the investigation of the case. The district health officer shall provide all available information requested by the Chief Medical Officer, or the representative, for each case reported, unless the provision of that information is prohibited by federal law.

5. If the district health officer suspects that there may be an association between two or more cases infected with the same communicable disease, the district health officer shall:

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

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

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

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

(3) Notify the Chief Medical Officer.

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

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

Sec. 19. NAC 441A.295 is hereby amended to read as follows:

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

(a) Use as a guideline for the investigation, prevention, suppression and control of the communicable disease, the recommended guidelines for the investigation, prevention, suppression and control of the communicable disease set forth in:

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

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

(3) *Control of Communicable Diseases Manual*, adopted by reference pursuant to NAC 441A.200; and

(4) *Red Book:* ~~[2015]~~ ***2021*** *Report of the Committee on Infectious Diseases*, adopted by reference pursuant to NAC 441A.200; and

(b) Carry out the measures for the investigation, prevention, suppression and control of the communicable disease specified in the provisions of this chapter.

2. Upon receiving a report from a medical laboratory pursuant to NAC 441A.235, the Chief Medical Officer shall contact the health care provider who ordered the test or examination and discuss the circumstances of the case or suspected case before initiating an investigation or contacting the case or suspected case. If, after a reasonable effort, the Chief Medical Officer is unable to contact the health care provider who ordered the test or examination before the time when an investigation must be initiated to protect the public health, the Chief Medical Officer may proceed with the investigation, including contacting the case or suspected case, and may carry out measures for the prevention, suppression and control of the communicable disease.

3. If the Chief Medical Officer suspects that there may be an association between two or more cases infected with the same communicable disease, the Chief Medical Officer shall:

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

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

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

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

4. The Chief Medical Officer shall inform persons within his or her jurisdiction who are subject to the provisions of this chapter of the requirements of this chapter.

Sec. 20. NAC 441A.305 is hereby amended to read as follows:

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

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

(b) Determined by investigation of the health authority,

➥ to a firefighter, police officer or person providing emergency medical services if the information relates to a communicable disease significantly related to that occupation. The communicable diseases which are significantly related to the occupation of a firefighter, police officer or person providing emergency medical services are ~~[acquired immune deficiency syndrome (AIDS),]~~ ***human immunodeficiency virus infection (HIV), stage 3,*** human immunodeficiency virus infection (HIV), diphtheria, hepatitis B, hepatitis C, hepatitis delta, measles, meningococcal disease, plague, rabies and tuberculosis.

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

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

of a communicable disease. Upon receiving the report, the employing agency shall immediately make available to the exposed employee a confidential medical evaluation and follow-up, in accordance with the postexposure evaluation and follow-up described in the relevant portions of 29 C.F.R. 1910.1030(f).

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

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

Sec. 21. NAC 441A.325 is hereby amended to read as follows:

441A.325 ***1.*** Notwithstanding any other provision of this chapter, a case or suspected case must be investigated, reported, prevented, suppressed and controlled in a manner consistent with the provisions of this chapter which are applicable to the particular communicable disease.

2. Each investigation of a case or suspected case of a communicable disease and each order issued by the health authority requiring a person to submit to a medical examination or test or for the isolation, quarantine or treatment of a person or group of persons pursuant to this chapter must comply with the provisions of NRS 441A.160.

Sec. 22. NAC 441A.350 is hereby amended to read as follows:

441A.350 ***1.*** A health care provider shall ~~[notify]~~ ***report to*** 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.]~~ ***(a)*** 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;

~~[2. Has shown a positive reaction to the Mantoux tuberculin skin test or another diagnostic test recognized by the United States Food and Drug Administration;]~~ or

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

2. A health care provider shall report to the health authority within 5 days after the discovery of any case having latent tuberculosis, where the case has:

(a) Shown a positive reaction to the Mantoux tuberculin skin test, interferon gamma release assay or another diagnostic test recognized by the United States Food and Drug Administration;

(b) No radiological evidence of active tuberculosis in the lungs;

(c) No signs or symptoms consistent with tuberculosis disease; and

(d) No documented prior tuberculosis infection.

3. A report made pursuant to subsection 2 must include:

(a) The information required by NAC 441A.230;

(b) The type of tuberculosis screening test used, the date on which the test was performed and the result of the test;

(c) The date and result of any chest radiograph;

(d) The date and result of a physical examination for signs or symptoms consistent with tuberculosis disease;

(e) The identification of any immunocompromising conditions of the case or planned immunosuppression in the case; and

(f) The date on which treatment for tuberculosis is initiated or refused by the case.

Sec. 23. 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)]~~ *(f)* of subsection 1 of NAC 441A.200.

4. If a child who is less than 5 years of age or other high-risk contact has a negative initial tuberculosis screening test pursuant to subsection 3, 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. 24. NAC 441A.360 is hereby amended to read as follows:

441A.360 1. A case having tuberculosis or a suspected case considered to have tuberculosis shall not ~~[work]~~ ***:***

(a) Work in a sensitive occupation ***unless determined to be noninfectious by the health authority or the employer of the case or suspected case would be prohibited from preventing the person from engaging in that occupation by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 613.330;*** or ~~[attend]~~

(b) Attend a child care facility or school unless determined to be noninfectious by the health authority ~~[.]~~ ***or the child care facility or school would be prohibited from preventing the case or suspected case from attending by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 651.050 to 651.120, inclusive.***

2. A case having tuberculosis or a suspected case considered to have tuberculosis shall not act in a manner which is likely to transmit tuberculosis and shall submit to medical evaluation, treatment and isolation as ordered by the health authority.

3. A case having tuberculosis or a suspected case considered to have tuberculosis shall, upon request by his or her health care provider or the health authority, report the source of his or her infection and information about any previous treatment for tuberculosis.

4. A case having tuberculosis or a suspected case considered to have tuberculosis shall comply with all rules and regulations issued by the State Board of Health and all orders issued by the health authority.

5. A case having tuberculosis or a suspected case considered to have tuberculosis may be discharged from medical supervision only after determined to be cured by the health authority.

Sec. 25. 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)]~~ ***(g)*** 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)]~~ ***(g)*** 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.

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)]~~ ***(g)*** of subsection 1 of NAC 441A.200.

5. An employee or independent contractor described in subsection 2 who has a documented history of a positive tuberculosis screening test 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; 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.

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)]~~ ***(f)*** of subsection 1 of NAC 441A.200.

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.

9. As used in this section, "outpatient facility" has the meaning ascribed to it in NAC 449.999417.

Sec. 26. 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)]~~ ***(g)*** 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 or home 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)]~~ ***(g)*** 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)]~~ ***(g)*** 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 health care provider has obtained not less than three consecutive negative sputum AFB 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)]~~ *(f)* 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)]~~ ***(g)*** 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. 27. 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. 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 guidelines ***for the prevention, postexposure management and control of rabies as specified in the "Compendium of Animal Rabies Prevention and Control, 2016,"*** 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.

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.

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

441A.450 1. The health authority shall investigate each report of a case having:

(a) ~~[Acquired immune deficiency syndrome (AIDS);]~~ ***A human immunodeficiency virus infection (HIV), stage 3, as identified by a confirmed positive laboratory test or through a condition designated by the Centers for Disease Control and Prevention as defining such an infection;*** or

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

2. If a case reported pursuant to subsection 1 has donated or sold blood, plasma, sperm or other bodily tissues during the year preceding the diagnosis, the health authority shall make reasonable efforts to notify the recipient of his or her potential exposure to the human immunodeficiency virus infection (HIV) **.** ~~[or acquired immune deficiency syndrome (AIDS).~~

~~3. If a case is reported pursuant to subsection 1 because of a sexual offense, the health authority shall seek the identity and location of the victim and make reasonable efforts to notify~~

~~the victim of his or her possible exposure and to advise him or her of the availability of counseling and testing for human immunodeficiency virus infection (HIV).~~

~~4.~~ ***3.*** If a case reported pursuant to subsection 1 has active tuberculosis or tuberculosis infection, the health authority shall make reasonable efforts to ensure that appropriate remedial and medical treatment of the tuberculosis or infection is provided.

~~5.~~ ***4.*** If, at any time, a case reported pursuant to subsection 1 requests assistance from the health authority for notifying and counseling persons with whom the case has had sexual relations or persons with whom the case has shared a needle, the health authority shall provide that service.

~~6.~~ ***5.*** If a case reported pursuant to subsection 1 is in a medical facility, the medical facility shall provide care to the case in accordance with blood and body fluid precautions and, if another communicable disease is present, universal precautions or the appropriate disease specific precautions.

Sec. 29. NAC 441A.455 is hereby amended to read as follows:

441A.455 1. The health authority shall investigate each report of a case having amebiasis to confirm the diagnosis, to identify any contacts, to identify the source of infection, to determine if the case is employed in a sensitive occupation or is a child attending a child care facility and to determine if there is any contact residing in the same household as the case who is employed in a sensitive occupation.

2. Except as otherwise provided in this subsection, a person excreting *Entamoeba histolytica* shall not work in a sensitive occupation unless authorized to do so by the health authority. A person excreting *Entamoeba histolytica* may work in a sensitive occupation if:

(a) An effective antiparasitic regimen has been completed by the person and has been confirmed by his or her health care provider;

(b) Three fecal specimens that are collected from the person at least 24 hours apart and at least 48 hours after cessation of antiparasitic therapy fail to show *Entamoeba histolytica* organisms upon testing by a medical laboratory or the person receives a negative result on an antigen test that is approved by the Food and Drug Administration of the United States Department of Health and Human Services for the detection of *Entamoeba histolytica*; ~~[or]~~

(c) The person is asymptomatic and there is no indication of poor personal hygiene ~~[.]~~ ***; or***

(d) The employer of the person would be prohibited from preventing the person from engaging in that occupation by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 613.330.

3. A symptomatic contact residing in the same household as the case having amebiasis shall not work in a sensitive occupation until at least one fecal specimen is submitted for examination. If the specimen shows *Entamoeba histolytica* upon testing by a medical laboratory, the contact is deemed a case subject to the provisions of this section.

4. The health authority shall instruct a person excreting *Entamoeba histolytica* of the need and proper method of hand washing after defecation.

5. An infant or child who is excreting *Entamoeba histolytica* shall not attend a child care facility until asymptomatic ~~[.]~~ ***, unless the child care facility would be prohibited from preventing the infant or child from attending by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 651.050 to 651.120, inclusive.*** The health authority shall instruct a child care facility where an infant or child excreting *Entamoeba histolytica* is attending

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

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

Sec. 30. 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 ~~[.]~~ ***, unless the employer of the person would be prohibited from preventing the person from engaging in that occupation by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 613.330.*** 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 ~~[.]~~ ***, unless the child care facility would be prohibited from preventing the infant or child from attending by the Americans with Disabilities Act of 1990,***

42 U.S.C. §§ 12101 et seq., or NRS 651.050 to 651.120, inclusive. 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. 31. NAC 441A.482 is hereby amended to read as follows:

441A.482 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]~~ ***"Carbapenemase Producing Carbapenem-Resistant Enterobacteriaceae (CP-CRE) 2018 Case Definition,"*** 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]~~ ***Facility Guidance for Control of Carbapenem-resistant Enterobacteriaceae (CRE) and Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrug-resistant Organisms (MRDOs),*** 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]~~ ***2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, as*** 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]~~ ***2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, as*** 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]~~ ***2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, as*** adopted by reference in ~~[paragraph (b) of subsection 1 of]~~ NAC 441A.200.

Sec. 32. NAC 441A.485 is hereby amended to read as follows:

441A.485 1. The health authority shall investigate each report of a case having chancroid to confirm the diagnosis, to determine the source or possible source of the infection and to ensure that the case and any contacts have received appropriate testing and medical treatment.

2. ~~[Except as otherwise provided in NRS 441A.210, a person having chancroid shall obtain medical treatment for the disease.~~

~~3.]~~ The health care provider for a person having chancroid shall notify the health authority immediately if the person fails to obtain medical treatment or fails to complete the prescribed course of medical treatment. ~~[Except as otherwise provided in NRS 441A.210, the]~~ ***The*** health authority shall take action to ensure that the person ~~[receives]~~ ***is offered*** appropriate medical treatment for the disease.

~~[4.]~~ ***3.*** A clinic, dispensary or health care provider that accepts supplies or aid from the Division shall provide counseling and take such measures for the testing, treatment, prevention, suppression and control of chancroid as are specified in ~~[“Sexually Transmitted Diseases Treatment Guidelines, 2006,” adopted by reference pursuant to NAC 441A.200.]~~ ***the most current guidelines for the testing, treatment, prevention, suppression and control of sexually transmitted diseases issued by the Centers for Disease Control and Prevention.***

~~[5.]~~ ***4.*** A health care provider shall follow the procedures set forth in ~~[“Sexually Transmitted Diseases Treatment Guidelines, 2006,” adopted by reference pursuant to NAC 441A.200,]~~ ***the most current guidelines for the testing for and treatment of sexually transmitted diseases issued by the Centers for Disease Control and Prevention*** when testing and treating persons with chancroid.

Sec. 33. NAC 441A.490 is hereby amended to read as follows:

441A.490 1. The health authority ~~[shall]~~ ***may*** investigate each report of a case having *Chlamydia trachomatis* infection of the genital tract to confirm the diagnosis, to determine the source or possible source of the infection and to ensure that the case and any contacts have received appropriate testing and medical treatment for the infection.

2. ~~[Except as otherwise provided in NRS 441A.210, a person with Chlamydia trachomatis infection shall obtain medical treatment for the infection.~~

~~3.]~~ The health care provider for a person with *Chlamydia trachomatis* infection shall notify the health authority immediately if the person fails to obtain medical treatment or fails to complete the prescribed course of medical treatment. ~~[Except as otherwise provided in NRS 441A.210, the]~~ ***The*** health authority shall take action to ensure that the person ~~[receives]~~ ***is offered*** appropriate medical treatment for the infection.

~~[4.]~~ ***3.*** A clinic, dispensary or health care provider that accepts supplies or aid from the Division shall provide counseling and take such measures for the testing, treatment, prevention, suppression and control of *Chlamydia trachomatis* infection as are specified in ~~[“Sexually Transmitted Diseases Treatment Guidelines, 2006,” adopted by reference pursuant to NAC 441A.200.]~~ ***the most current guidelines for the testing, treatment, prevention, suppression and control of sexually transmitted diseases issued by the Centers for Disease Control and Prevention.***

~~[5.]~~ ***4.*** A health care provider shall follow the procedures set forth in ~~[“Sexually Transmitted Diseases Treatment Guidelines, 2006,” adopted by reference pursuant to NAC 441A.200,]~~ ***the most current guidelines for the testing for and treatment of sexually transmitted diseases issued by the Centers for Disease Control and Prevention*** when testing and treating persons with *Chlamydia trachomatis* infection.

~~[6.]~~ ***5.*** If a case having *Chlamydia trachomatis* infection of the genital tract is in a medical facility, the medical facility shall provide care to the case in accordance with ~~[drainage and secretion precautions or other]~~ appropriate disease specific precautions.

Sec. 34. NAC 441A.495 is hereby amended to read as follows:

441A.495 1. The health authority shall investigate each report of a case having cholera to confirm the diagnosis, to determine the extent of any outbreak, to identify any carriers or contacts, to identify the source of infection, to determine if the case is employed in a sensitive occupation or is a child attending a child care facility and to determine if there is a contact residing in the same household as the case who is employed in a sensitive occupation.

2. A person excreting *Vibrio cholerae* shall not work in a sensitive occupation until authorized to do so by the health authority ~~[.]~~ ***, unless the employer of the person would be prohibited from preventing the person from engaging in that occupation by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 613.330.*** The health authority may authorize a case who is excreting *Vibrio cholerae* 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 *Vibrio cholerae* organisms upon testing by a medical laboratory; and

(b) The person is asymptomatic.

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

(a) The contact is asymptomatic; and

(b) At least one fecal specimen, collected from the contact, is examined and shows no *Vibrio cholerae* organisms.

➥ If the specimen examined pursuant to paragraph (b) shows *Vibrio cholerae* organisms upon testing by a medical laboratory, the contact is deemed a case subject to the provisions of this section.

4. The health authority shall instruct cases and carriers of *Vibrio cholerae* of the need and proper method of hand washing after defecation.

5. An infant or child who is excreting *Vibrio cholerae* shall not attend a child care facility ~~.~~ ***, unless the child care facility would be prohibited from preventing the infant or child from attending by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 651.050 to 651.120, inclusive.*** The health authority shall instruct a child care facility where an infant or child who is excreting *Vibrio cholerae* is attending of the need and proper method of hand washing and other practices for the control of infection which prevent the transmission of cholera.

6. If a case having cholera 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. 35. 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 *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. ~~[Unless authorized by the health authority, a]~~ ***A*** person 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 ~~[.]~~ ***, unless authorized by the health authority or unless the employer of the person or contact would be prohibited from preventing the person or contact from engaging in that occupation by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 613.330.*** 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. The health authority shall instruct cases and carriers of *Cryptosporidium* spp. of the need and proper method of hand washing after defecation.

4. ~~[Unless authorized by the health authority, an]~~ ***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 ~~[.]~~ ***, unless authorized by the health authority or unless the child care facility would be prohibited from preventing the infant or child from attending by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 651.050 to 651.120, inclusive.*** 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.

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. 36. NAC 441A.510 is hereby amended to read as follows:

441A.510 1. The health authority shall investigate each report of a case having diphtheria or suspected case considered to have diphtheria to determine if the isolated organism is a toxigenic strain of *Corynebacterium diphtheriae*, to determine the extent of any outbreak, to identify any carriers or contacts and to identify the source of the infection.

2. If a case having oropharyngeal toxigenic diphtheria or a suspected case considered to have oropharyngeal toxigenic diphtheria is in a medical facility, the medical facility shall provide care to the case or suspected case in accordance with procedures of strict isolation and other appropriate disease specific precautions. The health authority having jurisdiction where the medical facility is located may waive the requirement of isolation if two specimens from the nose and two specimens from the throat, taken from the case or suspected case at least 24 hours apart and at least 24 hours after cessation of antibiotic therapy, fail to show toxigenic *Corynebacterium diphtheriae* organisms upon testing by a medical laboratory.

3. If a case having cutaneous toxigenic diphtheria or a suspected case considered to have cutaneous toxigenic diphtheria is in a medical facility, the medical facility shall require contact isolation of the case or suspected case or provide care to the case or suspected case in accordance with the appropriate disease specific precautions. The health authority having jurisdiction where the medical facility is located may waive the requirement of isolation after two specimens from

the wound of the case or suspected case fail to show toxigenic *Corynebacterium diphtheriae* organisms upon testing by a medical laboratory.

4. The health authority shall offer immunization against diphtheria to any contacts of a case, suspected case or carrier of diphtheria.

5. A contact of a case, suspected case or carrier of diphtheria shall not work in a sensitive occupation ***,*** unless ***the employer of the case, suspected case or carrier would be prohibited from preventing the case, suspected case or carrier from engaging in that occupation by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 613.330 or*** it has been determined that the contact is not a carrier by a health care provider by means of testing a nasopharyngeal specimen or a specimen from another site suspected to be infected. The health authority may waive this restriction.

Sec. 37. NAC 441A.525 is hereby amended to read as follows:

441A.525 1. The health authority shall investigate each report of a case having an extraordinary occurrence of illness or suspected case considered to have an extraordinary occurrence of illness to confirm the diagnosis, to determine the extent of any outbreak, to identify the source of infection or illness, to determine if there is a risk to the health or welfare of the public and to determine if management by a public health agency is feasible.

2. The health authority shall carry out the investigation and measures for the prevention and control of the extraordinary occurrence of illness in consultation with the Chief Medical Officer ~~[.]~~ ***and any guidance issued by the Centers for Disease Control and Prevention relating to the detection and mitigation of and response to the extraordinary occurrence of illness.*** The Chief Medical Officer may investigate an extraordinary occurrence of illness by conducting a special study.

3. The health authority shall notify the Chief Medical Officer if the source of infection or illness is known or suspected to be related to an act of intentional transmission or biological terrorism.

Sec. 38. 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. ~~[Unless authorized by the health authority, a]~~ ***A*** person 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 at least 48 hours after the diarrhea has resolved ~~[.]~~ ***, unless authorized by the health authority or unless the employer of the person or contact would be prohibited from preventing the person or contact from engaging in that occupation by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 613.330.*** 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. The health authority shall instruct a person excreting *Giardia lamblia* of the need and proper method of hand washing after defecation.

4. ~~[Unless authorized to do so by a health authority, an]~~ ***An*** infant or child who has diarrhea and a fecal 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 48 hours ~~[.]~~ ***, unless authorized by the***

health authority or unless the child care facility would be prohibited from preventing the infant or child from attending by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 651.050 to 651.120, inclusive. 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*.

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 *Giardia lamblia* within the child care facility.

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.

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. 39. NAC 441A.540 is hereby amended to read as follows:

441A.540 1. The health authority shall investigate each report of a case having gonococcal infection to confirm the diagnosis, to determine the source or possible source of the infection and to ensure that the case and any contacts have received appropriate testing and medical treatment for the infection.

2. ~~[Except as otherwise provided in NRS 441A.210, a person having gonococcal infection shall obtain medical treatment for the infection.~~

~~3.]~~ The health care provider for a person with gonococcal infection shall notify the health authority immediately if the person fails to obtain medical treatment or fails to complete the prescribed course of medical treatment. ~~[Except as otherwise provided in NRS 441A.210, the]~~ ***The*** health authority shall take action to ensure that the person ~~[receives]~~ ***is offered*** appropriate medical treatment for the infection.

~~[4.]~~ ***3.*** A clinic, dispensary or health care provider that accepts supplies or aid from the Division shall provide counseling and take such measures for the testing, treatment, prevention, suppression and control of gonococcal infection as are specified in ~~["Sexually Transmitted Diseases Treatment Guidelines, 2006," adopted by reference pursuant to NAC 441A.200.]~~ ***the most current guidelines for the testing, treatment, prevention, suppression and control of sexually transmitted diseases issued by the Centers for Disease Control and Prevention.***

~~[5.]~~ ***4.*** A health care provider shall follow the procedures set forth in ~~["Sexually Transmitted Diseases Treatment Guidelines, 2006," adopted by reference pursuant to NAC 441A.200,]~~ ***the most current guidelines for the testing for and treatment of sexually transmitted diseases issued by the Centers for Disease Control and Prevention*** when testing and treating persons with gonococcal infection.

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

Sec. 40. NAC 441A.545 is hereby amended to read as follows:

441A.545 1. The health authority shall investigate each report of a case having granuloma inguinale to confirm the diagnosis, to determine the source or possible source of the infection

and to ensure that the case and any contacts have received appropriate testing and medical treatment for the disease.

2. ~~[Except as otherwise provided in NRS 441A.210, a person with granuloma inguinale shall obtain medical treatment for the disease.~~

~~3.]~~ The health care provider for a person with granuloma inguinale shall notify the health authority immediately if the person fails to submit to medical treatment or fails to complete the prescribed course of medical treatment. ~~[Except as otherwise provided in NRS 441A.210, the]~~ ***The*** health authority shall take action to ensure that the person ~~[receives]~~ ***is offered*** appropriate medical treatment for the disease.

~~[4.]~~ ***3.*** A clinic, dispensary or health care provider that accepts supplies or aid from the Division shall provide counseling and take such measures for the testing, treatment, prevention, suppression and control of granuloma inguinale as are specified in ~~["Sexually Transmitted Diseases Treatment Guidelines, 2006," adopted by reference pursuant to NAC 441A.200.]~~ ***the most current guidelines for the testing, treatment, prevention, suppression and control of sexually transmitted diseases issued by the Centers for Disease Control and Prevention.***

~~[5.]~~ ***4.*** A health care provider shall follow the procedures set forth in ~~["Sexually Transmitted Diseases Treatment Guidelines, 2006," adopted by reference pursuant to NAC 441A.200,]~~ ***the most current guidelines for the testing for and treatment of sexually transmitted diseases issued by the Centers for Disease Control and Prevention*** when testing and treating persons with granuloma inguinale.

Sec. 41. NAC 441A.550 is hereby amended to read as follows:

441A.550 1. The health authority shall investigate each report of a case having an invasive disease caused by *Haemophilus influenzae* type b, which includes bacteremia, meningitis, epiglottitis, septic arthritis, cellulitis, pericarditis, endocarditis, osteomyelitis and pneumonia, to:

(a) Confirm the diagnosis;

(b) Determine the extent of any outbreak;

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

(d) Identify any contacts and determine the need for antimicrobial prophylaxis of any contacts.

2. The health authority shall recommend to a health care provider providing services to a case having a disease caused by invasive *Haemophilus influenzae* type b that the following preventive measures be taken:

(a) If the case is in a medical facility and upon discharge will return to a child care facility or a household where there will be a contact who is less than 4 years of age, the case be prescribed a course of prophylactic antimicrobial therapy before being discharged, unless medically contraindicated.

(b) If the case resides in a household where there is a contact who is less than 4 years of age, antimicrobial prophylaxis be prescribed for all contacts in the household, unless medically contraindicated, as soon as possible after diagnosis of the case.

3. A person diagnosed as having a disease caused by invasive *Haemophilus influenzae* type b shall not attend a child care facility or a private or public school while the disease is in a communicable form ~~[.]~~ ***, unless the child care facility or school would be prohibited from preventing the person from attending by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 651.050 to 651.120, inclusive.***

4. If a case having a disease caused by invasive *Haemophilus influenzae* type b is in a medical facility, the medical facility shall provide care to the case in accordance with respiratory isolation or other appropriate disease specific precautions.

5. If a case having a disease caused by invasive *Haemophilus influenzae* type b is in a child care facility or a medical facility where there is a contact who is less than 2 years of age, the child care facility or medical facility shall provide written notice to the parents or legal guardians of all children in the same classroom or care unit as the case, regardless of whether the children have received an immunization against *Haemophilus influenzae* type b. The notice must inform the parent:

(a) That the child has been exposed to a disease caused by invasive *Haemophilus influenzae* type b;

(b) To seek medical advice promptly if the child develops symptoms suggestive of a disease caused by invasive *Haemophilus influenzae* type b; and

(c) That initiation of antimicrobial prophylaxis is required, unless medically contraindicated, for the child as a condition of readmission to the child care facility or medical facility.

6. If a case having a disease caused by invasive *Haemophilus influenzae* type b is in a child care facility or a medical facility where there is a contact who is less than 2 years of age, each employee of the child care facility or medical facility shall complete a course of antimicrobial prophylaxis, unless medically contraindicated.

7. If a case having a disease caused by invasive *Haemophilus influenzae* type b is in a child care facility or a medical facility where there is no contact who is less than 2 years of age, and two persons have been diagnosed as having a disease caused by invasive *Haemophilus influenzae* type b within 60 days, each child and member of the staff in the child care facility or

medical facility shall complete a course of antimicrobial prophylaxis, unless medically contraindicated, regardless of whether the child or member of the staff has received an immunization against *Haemophilus influenzae* type b.

Sec. 42. NAC 441A.560 is hereby amended to read as follows:

441A.560 1. The health authority shall investigate each report of a case having hepatitis A to confirm the diagnosis, to identify any contacts or other cases, to identify the source of the infection, to determine if the case is employed in a sensitive occupation or is a child attending a child care facility and to determine the need for administration of prophylaxis to contacts of the case.

2. Except as otherwise provided in this ~~[section,]~~ ***subsection,*** a case having hepatitis A and any contact residing in the same household as a case having hepatitis A shall not work in a sensitive occupation ~~[.]~~ ***, unless, for a case, the employer of the case would be prohibited from preventing the case or contact from engaging in that occupation by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 613.330.*** The health authority may waive the provisions of this ~~[section]~~ ***subsection*** if a case or contact is considered not to be infectious.

3. Except as otherwise provided in this ~~[section, a]~~ ***subsection, an infant or*** child having hepatitis A shall not attend a child care facility ~~[.]~~ ***, unless the child care facility would be prohibited from preventing the infant or child from attending by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 651.050 to 651.120, inclusive.*** The health authority may waive the provisions of this ~~[section]~~ ***subsection*** if the child is considered not to be infectious.

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

5. The health authority shall instruct cases having hepatitis A and contacts of cases having hepatitis A of the need for and proper method of hand washing after defecation.

6. Upon learning of a contact through his or her investigation, the health authority shall offer and provide appropriate prophylaxis to a contact who has not been vaccinated against hepatitis A if the contact's last contact to the case having hepatitis A was within the preceding 2 weeks and while the case was in a communicable stage.

7. If a food or beverage handler has hepatitis A, the health authority shall determine the potential for transmission of the communicable disease within the food establishment. If the health authority determines that there is a potential for transmission of the communicable disease, he or she shall:

(a) Offer appropriate prophylaxis to other food and beverage handlers in the workplace who have had contact with the food or beverage handler having hepatitis A and who have not been vaccinated against hepatitis A.

(b) If warranted under the circumstances, make a public announcement to inform patrons of their potential exposure.

8. The employer of a food or beverage handler who declines prophylaxis pursuant to paragraph (a) of subsection 7 and has not been vaccinated against hepatitis A shall observe the food or beverage handler and report to the health authority if the food or beverage handler develops any symptoms of hepatitis A during the 45 days after refusing prophylaxis.

9. The employer of a food or beverage handler shall instruct the food and beverage handler of the need and proper method of hand washing after defecation.

Sec. 43. NAC 441A.572 is hereby amended to read as follows:

441A.572 1. The health authority shall investigate each report of a case having hepatitis E to confirm the diagnosis, identify any contacts or other cases, determine the extent of any outbreak, identify the source of the infection and determine if the case is employed in a sensitive occupation or is a child attending a school or child care facility.

2. Except as otherwise provided in this ~~[section,]~~ ***subsection,*** a case having hepatitis E shall not work in a sensitive occupation ~~[.]~~ ***, unless the employer of the case would be prohibited from preventing the person from engaging in that occupation by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 613.330.*** The health authority may waive the provisions of this subsection if a case is considered not to be infectious.

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

Sec. 44. NAC 441A.575 is hereby amended to read as follows:

441A.575 1. The health authority shall:

(a) For purposes of surveillance and reporting, obtain sufficient information of each:

(1) Case having influenza 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.

Sec. 45. NAC 441A.595 is hereby amended to read as follows:

441A.595 The health authority shall investigate each report of a case having Lyme disease ~~[to confirm the diagnosis and to determine the geographic location where the exposure to the disease occurred.]~~ ***, as identified by finding the infections agent in a clinical specimen through testing by a medical laboratory, to:***

1. Confirm the diagnosis;

2. Determine the extent of any outbreak;

3. Identify the source of the infection; and

4. Determine the necessity of initiating measures for the control of vectors.

Sec. 46. NAC 441A.600 is hereby amended to read as follows:

441A.600 1. The health authority shall investigate each report of a case having lymphogranuloma venereum to confirm the diagnosis, to determine the source or possible source of the infection and to ensure the case and any contacts have received appropriate testing and medical treatment for the disease.

2. ~~[Except as otherwise provided in NRS 441A.210, a person with lymphogranuloma venereum shall obtain medical treatment for the disease.~~

~~3.]~~ The health care provider for a person with lymphogranuloma venereum shall notify the health authority immediately if the person fails to submit to medical treatment or fails to complete the prescribed course of medical treatment. ~~[Except as otherwise provided in NRS 441A.210, the]~~ ***The*** health authority shall take action to ensure that the person ~~[receives]~~ ***is offered*** appropriate medical treatment for the disease.

~~[4.]~~ ***3.*** A clinic, dispensary or health care provider that accepts supplies or aid from the Division shall provide counseling and take such measures for the testing, treatment, prevention, suppression and control of lymphogranuloma venereum as are specified in ~~[~~"Sexually Transmitted Diseases Treatment Guidelines, 2006," adopted by reference pursuant to NAC 441A.200.~~]~~ ***the most current guidelines for the testing, treatment, prevention, suppression and control of sexually transmitted diseases issued by the Centers for Disease Control and Prevention.***

~~[5.]~~ ***4.*** A health care provider shall follow the procedures set forth in ~~[~~"Sexually Transmitted Diseases Treatment Guidelines, 2006," adopted by reference pursuant to NAC 441A.200,~~]~~ ***the most current guidelines for the testing for and treatment of sexually transmitted diseases issued by the Centers for Disease Control and Prevention*** when testing and treating persons with lymphogranuloma venereum.

Sec. 47. 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]~~ ***Except as otherwise provided in this subsection, 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. ***A case having measles or a suspected case considered to have measles may:***

(a) Work in a sensitive occupation or other occupation involving frequent contact with the public if the employer of the case or suspected case would be prohibited from preventing the case or suspected case from engaging in that occupation by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 613.330.

(b) Attend a child care facility or school or access another place of public accommodation if the child care facility, school or other place of public accommodation would be prohibited from preventing the case or suspected case from attending or accessing, as applicable, by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 651.050 to 651.120, inclusive.

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, from the 5th day after the first exposure through the 21st day after the last exposure.

Sec. 48. NAC 441A.615 is hereby amended to read as follows:

441A.615 1. A report of a case having meningitis must include the specific viral, bacterial, fungal or parasitic cause of the disease, if known.

2. The health authority shall investigate each report of a case having meningitis to obtain sufficient information for the case report.

3. If an association is suspected among two or more cases, the health authority shall conduct an investigation to determine the existence of a common source of infection.

4. A child having meningitis must be excluded from attendance at ***a*** child care ~~[facilities and schools]~~ ***facility or school*** until 7 days after the onset of symptoms ~~[.]~~ ***, unless the child care facility or school would be prohibited from preventing the child from attending by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 651.050 to 651.120, inclusive.***

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

6. A case of meningitis caused by:

(a) *Neisseria meningitidis* (meningococcal disease) must be managed according to the procedures specified in NAC 441A.620.

(b) *Haemophilus influenzae* type b (invasive disease) shall be managed according to the procedures specified in NAC 441A.550.

Sec. 49. NAC 441A.625 is hereby amended to read as follows:

441A.625 1. The health authority shall investigate each report of a case having mumps to confirm the diagnosis, to determine the history of immunization of the case and to determine the source of the infection.

2. The health authority shall offer immunization against mumps to any susceptible contact.

3. ~~[A]~~ ***Except as otherwise provided in this subsection, a*** case having mumps must be excluded from child care facilities, schools, sporting events sponsored by schools, sensitive occupations, public gatherings, and from contact with a susceptible person who does not reside in the same household as the case in accordance with the recommendations set forth in "Updated Recommendations for Isolation of Persons with Mumps," adopted by reference pursuant to NAC 441A.200. ***A case having mumps may attend a child care facility or school or access another***

place of public accommodation if the child care facility, school or other place of public accommodation would be prohibited from preventing the case from attending or accessing, as applicable, by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 651.050 to 651.120, inclusive.

4. If a case having mumps is in a medical facility, the medical facility shall provide care to the case in accordance with respiratory isolation or other appropriate disease specific precautions in accordance with the recommendations set forth in "Updated Recommendations for Isolation of Persons with Mumps," adopted by reference pursuant to NAC 441A.200.

Sec. 50. 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]~~ ***Except as otherwise provided in this subsection, a*** case having pertussis must be excluded from child care facilities, schools, sporting events sponsored by schools, sensitive occupations, public gatherings, and from contact with susceptible persons not residing in the same household as the case for 21 days after the date of onset of the illness or for 5 days after the date of initiation of medical treatment specific for pertussis as set forth in "Recommended Antimicrobial Agents for ***the*** Treatment and Postexposure Prophylaxis of Pertussis: 2005 CDC Guidelines," adopted by reference pursuant to NAC 441A.200. ***A case having pertussis may attend a child care facility or school or access another place of public accommodation if the child care facility, school or other place of public accommodation would be prohibited from***

preventing the case from attending or accessing, as applicable, by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 651.050 to 651.120, inclusive.

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

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

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

6. The health authority shall recommend antimicrobial prophylaxis consisting of an appropriate course of an effective antimicrobial agent in accordance with "Recommended Antimicrobial Agents for ***the*** Treatment and Postexposure Prophylaxis of Pertussis: 2005 CDC Guidelines," adopted by reference pursuant to NAC 441A.200.

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

Sec. 51. 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) Obtain sufficient information for surveillance.

2. An infant or child having rotaviral diarrhea shall not attend a child care facility until asymptomatic ~~[.]~~ ***, unless the child care facility would be prohibited from preventing the infant or child from attending by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 651.050 to 651.120, inclusive.*** 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. 52. NAC 441A.675 is hereby amended to read as follows:

441A.675 1. The health authority shall investigate each report of a case having rubella or suspected case considered to have rubella to confirm the diagnosis, to determine the extent of any outbreak, to identify the source or suspected source of the infection, to identify any contacts who are pregnant and susceptible to rubella and to determine the need for exclusion, isolation and immunization.

2. The health authority shall refer a contact who is pregnant for serological testing to determine susceptibility or early infection and for thorough medical consultation.

3. ~~[A]~~ ***Except as otherwise provided in this subsection, a*** case having rubella or a suspected case considered to have rubella must, for at least 7 days after the onset of rash, be excluded from attending child care facilities, schools, sporting events sponsored by schools, sensitive occupations and public gatherings, and from contact with all pregnant women or other susceptible persons outside the household. ***A case having rubella or a suspected case considered to have rubella may attend a child care facility or school or access another place of public accommodation if the child care facility, school or other place of public accommodation would be prohibited from preventing the case from attending or accessing, as applicable, by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 651.050 to 651.120, inclusive.***

4. If a case having rubella or a suspected case considered to have rubella is in a medical facility, the medical facility shall provide care to the case or suspected case in accordance with contact isolation or other appropriate disease specific precautions.

5. An employee of a medical facility shall not have direct contact with any case having rubella, any suspected case considered to have rubella or with any patient who is or may be pregnant, unless the employee provides proof of immunity to rubella.

6. On the same day that a report of a case having rubella or a suspected case considered to have rubella 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 or suspected cases 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 rubella.

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

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

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

Sec. 53. NAC 441A.680 is hereby amended to read as follows:

441A.680 1. The health authority shall investigate each case having salmonellosis, as identified by the finding of a person infected with or excreting *Salmonella* spp. organisms upon testing of a clinical specimen by a medical laboratory, to:

(a) Confirm the diagnosis;

(b) Determine the extent of any outbreak;

(c) Identify any contact of the case;

(d) Identify any carrier;

(e) Identify the source of infection;

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

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

2. A person excreting *Salmonella* spp. shall not work in a sensitive occupation ***,*** unless authorized to do so by the health authority ~~[.]~~ ***or unless the employer of the person would be prohibited from preventing the person from engaging in that occupation by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 613.330.*** The health authority may authorize a person excreting *Salmonella* spp. to work in a sensitive occupation if:

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

(b) The health authority determines that:

(1) The case is asymptomatic;

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

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

3. A contact residing in the same household as a case having salmonellosis shall not work in a sensitive occupation ***,*** unless authorized to do so by the health authority ~~[.]~~ ***or unless the employer of the contact would be prohibited from preventing the person from engaging in that occupation by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 613.330.*** The health authority may authorize the contact to work in a sensitive occupation if the contact:

(a) Has submitted at least one fecal specimen for examination by a medical laboratory; or

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

➥ If a fecal specimen submitted for examination pursuant to paragraph (a) shows *Salmonella* spp. organisms, the contact shall be considered a case subject to the provisions of this section.

4. A person who excretes *Salmonella* spp. for not less than 4 weeks and not more than 1 year after onset of acute illness is a convalescent carrier and shall not engage in a sensitive occupation unless ~~[at]~~ ***:***

(a) At least two consecutive fecal specimens, taken at least 24 hours apart, fail to show *Salmonella* spp. organisms upon testing by a medical laboratory ~~[.]~~ ***; or***

(b) The employer of the person would be prohibited from preventing the person from engaging in that occupation by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 613.330.

5. A person who excretes *Salmonella* spp. for more than 1 year after onset of acute illness is a chronic carrier and shall not engage in a sensitive occupation unless ~~[three]~~ ***:***

(a) Three consecutive fecal specimens, taken at least 72 hours apart, fail to show *Salmonella* spp. organisms upon testing by a medical laboratory ~~[.]~~ ***; or***

(b) The employer of the person would be prohibited from preventing the person from engaging in that occupation by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 613.330.

6. The health authority shall instruct a case having salmonellosis or a carrier of *Salmonella* spp. of the need and proper method of hand washing after defecation.

7. An infant or child excreting *Salmonella* spp. shall not attend a child care facility or school until asymptomatic ~~[.]~~ ***, unless the child care facility or school would be prohibited from preventing the infant or child from attending by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 651.050 to 651.120, inclusive.*** The health authority shall instruct a child care facility where an infant or child who is excreting *Salmonella* spp. is

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

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

Sec. 54. NAC 441A.687 is hereby amended to read as follows:

441A.687 1. The health authority shall investigate each report of:

(a) A case having Shiga toxin-producing *Escherichia coli*, as identified by clinical specimens that demonstrate the presence of Shiga toxin-producing *Escherichia coli* or specific toxins upon testing by a medical laboratory; and

(b) A suspected case considered to have 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 Shiga toxin-producing *Escherichia coli* shall not work in a sensitive occupation **,** unless authorized to do so by a health authority ~~.~~ ***or unless the employer of the person would be prohibited from preventing the person from engaging in that occupation by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 613.330.*** 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 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 Shiga toxin-producing *Escherichia coli* of the need for and proper method of hand washing after defecation.

6. ~~[Unless authorized by the health authority, an]~~ ***An*** infant or child excreting Shiga toxin-producing *Escherichia coli* shall not attend a child care facility until he or she has been asymptomatic for at least 24 hours ~~[.]~~ ***, unless authorized by the health authority or unless the child care facility would be prohibited from preventing the infant or child from attending by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 651.050 to 651.120, inclusive.*** The health authority:

(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 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 Shiga toxin-producing *Escherichia coli*.

7. If a case having 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.

Sec. 55. NAC 441A.690 is hereby amended to read as follows:

441A.690 1. The health authority shall investigate each report of a case having shigellosis to confirm the diagnosis, to determine the extent of any outbreak, to identify any carriers of the infection, to identify any contacts, to identify the source of the infection, to determine if the case is employed in a sensitive occupation or is a child attending a child care facility and to determine if there is a contact residing in the same household as the case who is employed in a sensitive occupation.

2. A person excreting *Shigella* spp. shall not work in a sensitive occupation ***,*** unless authorized to do so by the health authority ~~.~~ ***or unless the employer of the person would be prohibited from preventing the person from engaging in that occupation by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 613.330.*** The health authority may authorize a person excreting *Shigella* spp. to work in a sensitive occupation if:

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

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

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

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

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

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

➥ If a fecal specimen submitted for examination pursuant to paragraph (a) shows *Shigella* spp. organisms, the contact shall be considered a case subject to the provisions of this section.

4. The health authority shall instruct a case having shigellosis or a carrier of *Shigella* spp. of the need and proper method of hand washing after defecation.

5. An infant or child excreting *Shigella* spp. shall not attend a child care facility or school until asymptomatic ~~[.]~~ ***, unless the child care facility or school would be prohibited from preventing the infant or child from attending by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 651.050 to 651.120, inclusive.*** The health authority shall instruct a child care facility where an infant or child who is excreting *Shigella* spp. is attending of the need and proper method of hand washing and other practices for the control of infection which prevent the transmission of shigellosis.

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

Sec. 56. NAC 441A.695 is hereby amended to read as follows:

441A.695 1. The health authority shall investigate each report of a case having congenital, primary, secondary, early latent, late latent or late syphilis to:

(a) Confirm the diagnosis;

(b) Determine the source or possible source of the infection; and

(c) Ensure that the case and any contact ~~[has received]~~ ***is offered*** appropriate testing and treatment for the infection.

2. ~~[Except as otherwise provided in NRS 441A.210, a person having infectious syphilis shall be required to submit to specific treatment for the infection.~~

~~3.]~~ The health care provider for a person with infectious syphilis shall notify the health authority immediately if the person fails to submit to medical treatment or fails to complete the prescribed course of medical treatment. ~~[Except as otherwise provided in NRS 441A.210, the]~~ ***The*** health authority shall take action to ensure that the person ~~[receives]~~ ***is offered*** appropriate medical treatment for the infection.

~~[4.]~~ ***3.*** A clinic, dispensary or health care provider that accepts supplies or aid from the Division shall provide counseling and take such measures for the testing, treatment, prevention, suppression and control of infectious syphilis as are specified in ~~[“Sexually Transmitted Diseases Treatment Guidelines, 2006,” adopted by reference pursuant to NAC 441A.200.]~~ ***the most current guidelines for the testing, treatment, prevention, suppression and control of sexually transmitted diseases issued by the Centers for Disease Control and Prevention.***

~~[5.]~~ ***4.*** A health care provider shall follow the procedures set forth in ~~[“Sexually Transmitted Diseases Treatment Guidelines, 2006,” adopted by reference pursuant to NAC 441A.200,]~~ ***the most current guidelines for the testing for and treatment of sexually transmitted diseases issued by the Centers for Disease Control and Prevention*** when testing and treating a person with infectious syphilis.

~~[6.]~~ ***5.*** If a case having infectious syphilis is in a medical facility, the medical facility shall provide care to the case in accordance with ~~[drainage and secretion]~~ ***appropriate*** precautions ~~[.]~~ ***specific to the treatment of syphilis.***

~~[7.]~~ ***6.*** As used in this section, "infectious syphilis" means congenital, primary, secondary and early latent syphilis.

Sec. 57. NAC 441A.720 is hereby amended to read as follows:

441A.720 1. The health authority shall investigate each report of a case having typhoid fever, as identified by the finding of a person infected with or excreting *Salmonella typhi* organisms upon testing of a clinical specimen by a medical laboratory, to:

(a) Confirm the diagnosis;

(b) Determine the extent of any outbreak;

(c) Identify any contacts;

(d) Identify any carriers of the infection;

(e) Identify the source of the infection;

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

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

2. A person excreting *Salmonella typhi* shall not work in a sensitive occupation ***,*** unless authorized to do so by the health authority ~~[.]~~ ***or unless the employer of the person would be prohibited from preventing the person from engaging in that occupation by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 613.330.*** The health authority

may authorize a person excreting *Salmonella typhi* to work in a sensitive occupation if at least three fecal specimens collected from the case:

(a) At least 24 hours apart;

(b) At least 48 hours after cessation of antimicrobial therapy; and

(c) At least 1 month after onset of the illness,

↪ fail to show *Salmonella typhi* organisms upon testing by a medical laboratory.

3. A contact residing in the same household as a case having typhoid fever shall not work in a sensitive occupation unless he or she has submitted at least two fecal specimens, collected at least 24 hours apart, for examination by a medical laboratory, is asymptomatic and is authorized to work in a sensitive occupation by the health authority. If a specimen submitted for examination shows *Salmonella typhi* organisms, the contact shall be considered a case subject to the provisions of this section.

4. A person who excretes *Salmonella typhi* for not less than 4 weeks and not more than 1 year after onset of acute illness is a convalescent carrier and shall not engage in a sensitive occupation unless ~~[at]~~ ***:***

(a) At least three consecutive fecal specimens and three consecutive urine specimens, taken at least 1 month apart, fail to show *Salmonella typhi* organisms upon testing by a medical laboratory ~~[.]~~ ***; or***

(b) The employer of the person would be prohibited from preventing the person from engaging in that occupation by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 613.330.

5. A person who excretes *Salmonella typhi* for more than 1 year after onset of acute illness is a chronic carrier and shall not engage in a sensitive occupation unless ~~[six]~~ ***:***

(a) Six consecutive fecal specimens, taken at least 1 month apart, and six consecutive urine specimens, taken at least 1 month apart, fail to show *Salmonella typhi* organisms upon testing by a medical laboratory ~~.~~ ***; or***

(b) The employer of the person would be prohibited from preventing the person from engaging in that occupation by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 613.330.

6. A carrier of *Salmonella typhi* is subject to the supervision of the health authority until released from the status of a carrier by the health authority.

7. The health authority shall instruct a person excreting *Salmonella typhi* of the need and proper method of hand washing after defecation.

8. An infant or child excreting *Salmonella typhi* shall not attend a child care facility or school until released to do so by the health authority ~~.~~ ***, unless the child care facility or school would be prohibited from preventing the infant or child from attending by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 651.050 to 651.120, inclusive.*** The health authority shall instruct a child care facility where an infant or child who is excreting *Salmonella typhi* is attending of the need and proper method of hand washing and other practices for the control of infection which prevent the transmission of typhoid fever.

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

Sec. 58. NAC 441A.7205 is hereby amended to read as follows:

441A.7205 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 ~~[.]~~ ***, unless the child care facility or school would be prohibited from preventing the case from attending by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 651.050 to 651.120, inclusive.*** 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. 59. 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]~~ ***, unless*** authorized to do so by a health authority ~~[.]~~ ***or unless the employer of the person would be prohibited from preventing the person from engaging in that occupation by the Americans***

with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 613.330. 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 ~~[.]~~ ***, unless the child care facility would be prohibited from preventing the infant or child from attending by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 651.050 to 651.120, inclusive.*** 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.

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.

Sec. 60. NAC 441A.775 is hereby amended to read as follows:

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

1. ~~[Acquired immune deficiency syndrome (AIDS).~~

~~2.]~~ Acute pelvic inflammatory disease.

~~[3.]~~ ***2.*** Chancroid.

~~[4.]~~ ***3.*** *Chlamydia trachomatis* infection of the genital tract.

~~[5.]~~ ***4.*** Genital herpes simplex.

~~[6.]~~ ***5.*** Genital human papilloma virus infection.

~~[7.]~~ ***6.*** Gonorrhea.

~~[8.]~~ ***7.*** Granuloma inguinale.

~~[9.]~~ ***8.*** Hepatitis B infection.

~~[10.]~~ ***9.*** Human immunodeficiency virus infection (HIV).

~~[11.]~~ ***10.*** Lymphogranuloma venereum.

~~[12.]~~ ***11.*** Nongonococcal urethritis.

~~[13.]~~ ***12.*** Syphilis.

Sec. 61. NAC 441A.800 is hereby amended to read as follows:

441A.800 1. A person seeking employment as a sex worker shall submit to the State Public Health Laboratory or a medical laboratory licensed pursuant to chapter 652 of NRS and certified by the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services:

(a) A sample of blood for a test to confirm the presence or absence of human immunodeficiency virus infection (HIV) and syphilis.

(b) If the person is female and has a uterine cervix, a cervical specimen for a test to confirm the presence or absence of gonorrhea and *Chlamydia trachomatis* by culture or antigen detection or nucleic acid testing.

(c) If the person is female and does not have a uterine cervix, a high vaginal specimen for a test to confirm the presence or absence of gonorrhea and *Chlamydia trachomatis* by culture or antigen detection or nucleic acid testing.

(d) If the person is male or transgendered, a urethral specimen for a test to confirm the presence or absence of gonorrhea and *Chlamydia trachomatis* by culture or antigen detection or nucleic acid testing.

(e) If the person is seeking employment in a licensed house of prostitution which does not have a written policy that explicitly prohibits engaging in any form of anal intercourse, a rectal specimen for a test to confirm the presence or absence of gonorrhea and *Chlamydia trachomatis* by culture or antigen detection or nucleic acid testing.

2. A person must not be employed as a sex worker until the State Public Health Laboratory or a medical laboratory licensed pursuant to chapter 652 of NRS and certified by the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services has reported that the tests required pursuant to subsection 1 do not show the presence of infectious syphilis, gonorrhea, *Chlamydia trachomatis* or infection with the human immunodeficiency virus (HIV).

3. A person employed as a sex worker shall submit to the State Public Health Laboratory or a medical laboratory licensed pursuant to chapter 652 of NRS and certified by the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services:

(a) Once each month, a sample of blood for a test to confirm the presence or absence of:

(1) Infection with the human immunodeficiency virus (HIV); and

(2) Syphilis.

(b) Once each week if the sex worker is female and has a uterine cervix, a cervical specimen for a test to confirm the presence or absence of gonorrhea and *Chlamydia trachomatis* by culture or antigen detection or nucleic acid testing.

(c) Once each week if the sex worker is female and does not have a uterine cervix, a high vaginal specimen for a test to confirm the presence or absence of gonorrhea and *Chlamydia trachomatis* by culture or antigen detection or nucleic acid testing.

(d) Once each week if the sex worker is male or transgendered, a urethral specimen for a test to confirm the presence or absence of gonorrhea and *Chlamydia trachomatis* by culture or antigen detection or nucleic acid testing.

(e) Once each week if the sex worker is employed in a licensed house of prostitution which does not have a written policy that explicitly prohibits engaging in any form of anal intercourse, a rectal specimen for a test to confirm the presence or absence of gonorrhea and *Chlamydia trachomatis* by culture or antigen detection or nucleic acid testing.

4. If a test required pursuant to this section shows the presence of infectious syphilis, gonorrhea, *Chlamydia trachomatis* or infection with the human immunodeficiency virus (HIV), the person shall immediately cease and desist from employment as a sex worker. ***A health authority that has reason to believe that a person is in violation of this subsection shall issue a written warning to the person pursuant to NRS 441A.180.***

5. Each sample and specimen required pursuant to this section must be collected under the supervision of a licensed health care professional and must be identified by, as applicable:

(a) The name of the sex worker from whom the sample or specimen was collected, as that name appears on the local work permit card of the sex worker; or

(b) The name of the person from whom the sample or specimen was collected, as that name appears on the application of the person for a local work permit card.

6. Each laboratory test required pursuant to this section must be approved by the Food and Drug Administration of the United States Department of Health and Human Services for the purpose for which it is administered or must have been validated by a laboratory certified by the Secretary of Health and Human Services pursuant to 42 U.S.C. § 263a.

SMALL BUSINESS IMPACT STATEMENT 2022

PROPOSED AMENDMENTS TO NAC 441 THROUGH LCB FILE NO. R148-22

The Division of Public and Behavioral Health (DPBH) has determined that the proposed amendments will have adverse effect upon Nevada-Licensed Healthcare Facilities and impact, 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

The Nevada Department of Health and Human Services (DHHS) has drafted revisions to Nevada Administrative Code (NAC) chapter 441 in accordance with Senate Bill 275 (SB 275) and Assembly Bill 192 (AB 192) of the 2021 legislative session.

SB 275 revises provisions relating to communicable diseases including isolation and quarantine of a case or suspected case of a communicable diseases and removal of duplicative references to HIV and/or AIDS. AB 192 revises provisions governing the testing of pregnant women for certain sexually transmitted infections. The proposed regulations will update NAC Chapter 441A in accordance with the requirements set forth in SB 275 and AB 192.

Current regulations do not require reporters to indicate if a woman who tests positive for syphilis is pregnant or require treatment information. The proposed regulation will update and require that a report of a pregnant woman who has or is suspected of having syphilis must include, without limitation, the fact that the case occurred in a pregnant woman and if treatment was provided, the type of treatment that was provided; or if the pregnant woman refused treatment, the fact that the pregnant woman refused treatment.

Additionally, the Centers for Disease Control and Prevention (CDC) recommends all pregnant women in the U.S. should be screened for syphilis during their pregnancy. Women who test positive should be treated using the most current STI treatment recommendations.

In addition to changes brought forth because of SB 275 and AB 192, R148-22 will update NAC 441A in the following ways:

- Add the following conditions as reportable communicable diseases:
  - Any condition identified by the Centers for Disease Control and Prevention as a nationally notifiable condition
  - Babesiosis (parasite)
  - Candida auris
  - Coronavirus disease 2019 (COVID-19)
  - Cyclosporiasis (parasite)
  - Monkeypox
- Update reporting requirements for:
  - *Haemophilus influenzae* invasive disease, removes the requirement for it to be type b
  - Hepatitis B, specify acute and chronic
  - Hepatitis C, specify perinatal, acute, and chronic
  - Influenza, removed the reference to persons under 18 years of age
- Update references to current recommended treatment guidelines (i.e., reference was to a manual published in 2015, updated to 2021)
- Add reporting requirement for electronic case reporting
- Add requirement for medical laboratories to report negative results for Hepatitis C and HIV
- Add requirement for health care providers to provide negative results or proof of treatment for a specific person if requested by the health authority
- Add requirement for schools to inform parents or guardians of children who might have been exposed to a communicable disease and for schools to provide information to parents so they can monitor children for sign and symptoms of the communicable disease to which they were exposed
- Update reporting requirements for tuberculosis testing and treatment
- Update investigation requirement for chlamydia and gonorrhea, specifying that the health authority *may* investigate each case, rather than *shall*
- Update treatment language for sexually transmitted infections, specifying that a person shall be *offered* treatment, rather than *receives* treatment
- Update investigation criteria for Lyme Disease to better align with CDC guidance
- Add additional exclusion criteria from schools for individuals who test positive for measles
- Prohibit the exclusion of workers from sensitive occupations should exclusion of the person be prohibited by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 613.330
- Prohibit the exclusion children from a childcare facility or school should exclusion of the person be prohibited by Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 651.050 to 651.120, inclusive

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.

The survey was posted on October 31, 2022 as an online survey to the websites for the Office of HIV and the Office of Public Health Investigations and Epidemiology (OPHIE).

Individuals had the option to complete the survey online or mail, fax or email your completed form on or prior to Tuesday, November 16, 2022, to:

Tory Johnson, HIV Section Manager
Community Health Services
1840 East Sahara Avenue, Suite 110-111
Las Vegas, NV 89104
Phone Number: (702) 486-0767
Email Address: tojohnson@health.nv.gov
FAX: (702) 486-8101

Pursuant to NRS 233B.0608 (2)(a), the Division of Public and Behavioral Health (DPBH) requested input from all Nevada-licensed health facilities. DPBH also requested input from all county health officers, county epidemiologists, and the Ryan White Part B Listserv, and listserv subscribers interested in information related to health facilities from Health Care Quality Compliance regulators. A Small Business Impact Questionnaire along with a copy of the proposed regulation changes were emailed to 48 county health officers and county epidemiologists and 74 Ryan Part B partners on November 1, 2022. A Small Business Impact Questionnaire along with a copy of the proposed regulation changes were emailed to 2,625 recipients which included all Nevada-licensed health facilities and listserv subscribers interested in information related to health facilities from Health Care Quality Compliance regulators, on November 9, 2022. The survey was originally scheduled to close on November 15, but was extended to November 16, 5pm.

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

Out of the small-business impact questionnaires sent out when the questionnaire was distributed, five (5) responses were received.

Summary Of Comments Received (5 responses were received out of 2,747 small business impact questionnaires distributed)			
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: 3	Yes: 1	Yes: 1	Yes: 1
No: 2	No: 4	No: 4	No: 4
No Response: 0	No Response: 0	No Response: 0	No Response: 0

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

An online small business impact survey was distributed via email and posted publicly to two DPBH websites, as described above. All questionnaire responses were conducted via the web, and none were received via email, fax, or mail. The proposed regulations, as well as existing regulations, were reviewed. The OPHIE Manager and the Office of HIV Section Manager analyzed the information from the questionnaire to determine if the proposed regulation had an impact on small businesses or if it was existing regulations that had an impact on small businesses. This statement was prepared by the OPHIE Manager and the HIV Section Manager.

A Public Workshop will be held on Friday, December 16, 2022 to continue to obtain feedback on the proposed regulations.

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.

Three out of five (60%) of respondents believe the regulations will have an adverse economic impact on their business. Two respondents provided critical feedback:

- One respondent described their concerns as a small business owner and their employees being impacted by COVID-19 masking. They stated that when masks became required, they lost employees and struggled to continue staffing their business. However, masking is not a component of the proposed regulations. Their other concerns were about other agencies during COVID-19 outside DPBH and do not directly relate to these regulations.
- The second respondent described their concern that the regulations impact all people with arbitrary health measures and expressed their concern that if they as an owner/sole employee of the business is unable to work as a result of regulations, then their business would shut down.
- Both these respondents stated that regulations require small businesses to spend additional money, oftentimes when they are already in a precarious financial situation. While this is a valid concern for business owners, is appears this concern is related to a higher-level concern from these individuals about the government's utilization of regulations and statutes for disease mitigation and does not directly relate to these proposed regulation updates.

One of the five (20%) of the respondents shared positive feedback stating that these regulation updates will improve opportunities to prevent infections such as HIV and advance access to HIV prevention strategies, pregnancy prevention, and STI prevention. They noted that these efforts will prevent long-term complications associated with illness.

Anticipated effects on the business and on the general public:

A. *Adverse effects*: The Division of Public and Behavioral Health does not anticipate any adverse/negative impacts to businesses or the general public in the State of Nevada.
B. *Beneficial:* Birth defects can occur in infants born to women who are infected with syphilis prior to or during pregnancy, this is known as congenital syphilis. Congenital syphilis can cause developmental delays and have negative neurologic manifestations. The positive/beneficial effects of AB 192 for the public would be fewer cases of untreated syphilis and lower rates of congenital syphilis. This could result in less overall medical costs to medical systems and lower costs to support children through K-12 education as well as lessen support services costs that an individual who is born with congenital syphilis could require to support in adulthood.
C. *Immediate:* As soon as the proposed regulations become effective, it would improve the reporting information reported to public health for women who test positive for syphilis during pregnancy. This information will allow disease investigators to provide better investigations and confirm that women are adequately treated in pregnancy to prevent congenital syphilis.
D. *Long-term:* The long-term positive/beneficial of AB 192 effects to the public in the State of Nevada

will reduce the future cost of medical care and cost of support services for those born with congenital syphilis.

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.

In addition to distributing the small business impact survey, the Division of Public and Behavioral Health has held several opportunities for stakeholders to provide input and comments regarding the proposed regulations, including soliciting feedback from state and county health officers, epidemiologists, and the Nevada State Public Health Lab before finalizing the draft regulations. A Public Workshop will be held on Friday, December 16, 2022, to allow for further input by the public regarding the proposed. These comments will be taken into consideration for possible further revisions to the regulations to reduce the economic impact on facilities.

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

There is no direct cost to the agency for enforcement of the proposed regulations.

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.

The proposed regulations do not provide for a new fee or increase any existing fee.

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

The proposed regulations are not duplicative or more stringent than any federal, state, or local standards.

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

In summary, the proposed regulations Legislative Counsel Bureau (LCB) file no. R148-22, in carrying out the provisions of AB 192 and SB 275 to update NAC 441A, will not cause an adverse financial impact on the programs and/or small businesses. LCB file no. R148-22 will significantly benefit residents within the State of Nevada by:

1. Destigmatizing HIV.
2. Increasing opportunities for testing of HIV and STDs, particularly syphilis testing for pregnant women.
3. Reducing the future cost of medical care and treatment of late diagnosis of HIV and STDs, particularly by preventing congenital syphilis.
4. Lower rates of communicable diseases through improved disease mitigation requirements and additional reporting.

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

Lindsey Kinsinger
500 Damonte Ranch Pkwy #657
Reno, NV 89521
Phone: (775) 434-4358
Email: lkinsinger@health.nv.gov

Certification by Person Responsible for the Agency

I, Lisa Sherych, 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  Date: 11/29/2022

NOTICE OF PUBLIC WORKSHOP
For Proposed Amendments to Nevada Administrative Code (NAC) Chapter 441A

NOTICE IS HEREBY GIVEN that the Division of Public and Behavioral Health (DPBH) will hold a public workshop to consider an errata to proposed regulations in Legislative Counsel Bureau (LCB) File No. R002-22 and File No. R148-22 amending Nevada Administrative Code (NAC) Chapter 441A in accordance with Senate Bill (SB) 211, Assembly Bill 192, and Senate Bill 275 of the 81st Session of the Nevada Legislature which occurred in 2021 and Nevada Revised Statutes (NRS) 441A.

The workshop will be conducted via videoconference and will have a call-in option available beginning at 9:00 AM on Thursday, January 12, 2023, by using the information provided below to join on your computer or by calling in via telephone. If you have difficulties joining in by computer, you can call in utilizing the number below:

Microsoft Teams Meeting:
https://teams.microsoft.com/l/meetup-join/19%3ameeting_MzNjYWUwMzgtNzUzMy00ODVmLWEzYWQtNTdmMDQ4MTVhMzFh%40thread.v2/0?context=%7b%22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%228f8a0486-03d9-4431-9c80-8cafa9f2d92e%22%7d

Meeting ID: 210 656 597 332
Passcode: 2jKiKE
Download Teams | Join on the web

Or call in (audio only)
+1 775-321-6111,,715783597# United States, Reno
Phone Conference ID: 715 783 597#

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

AGENDA
1. Introduction of the workshop process
2. Public comment on errata to proposed regulation Legislative Council Bureau (LCB) file no. R002-22 amending Nevada Administrative Code (NAC) Chapter 441A in accordance with Senate Bill (SB) 211 of the 2021 Legislative Session and Nevada Revised Statutes (NRS) Chapter 441A.
3. Public comment on errata to proposed regulation LCB file no. R148-22 amending NAC 441A in accordance with Assembly Bill (AB) 192 and SB 275 of the 81st Legislative Session of 2021 and NRS Chapter 441A.
4. Public Comment

Summary of LCB file no. R002-22

The proposed changes will revise NAC Chapter 441A in accordance with SB 211 and NRS Chapter 441A.

The proposed regulations stem from the passage of SB 211 (formerly Bill Draft Request [BDR] 40-563), which was introduced during the Nevada 81st Legislative Session and signed by Governor Steve Sisolak on June 4, 2021. The bill establishes requirements relating to testing for sexually transmitted diseases (STD) and human immunodeficiency virus (HIV). The proposed regulations will update NAC Chapter 441A in accordance with the requirements set forth in SB 211.

Current regulations do not outline the requirement to consult with patients about whether they wish to be tested for HIV or STDs. The proposed regulation will update and require certain emergency medical service providers in a hospital or primary care setting to inquire if their patient would like HIV or STD testing. Additionally, the medical provider must assist the patient in obtaining a test(s) where practical and medically indicated. The errata further defines when a test is medically indicated and provides the United States Preventive Services Task Force (USPSTF) guidelines, under these provisions.

There are several public health reasons for bringing this change forward:

1) Nevada ranked 5th for the highest rates of HIV diagnoses in 2019.
2) Nevada ranked 1st for Primary and Secondary Syphilis in 2019.
3) Nevada ranked 4th for Congenital Syphilis in 2019.
4) Nevada ranked 17th for Chlamydia in 2019.
5) Nevada ranked 15th for Gonorrhea in 2019.

Additionally:

- The Centers for Disease Control and Prevention (CDC) recommends that individuals between the ages of 13 and 64 years get tested for HIV and STD as part of routine health care.
- The CDC also recommends more frequent screening of HIV and STDs (e.g., once every 3 or 6 months) for individuals with increased risk of infections.
- The United States Preventive Services Task Force (USPSTF) provides a "Grade A" recommendation that clinicians screen for HIV and STDs in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk of infection should also be screened.

1. Anticipated effects on the business and on the general public:
   A. *Adverse effects*: The Division of Public and Behavioral Health does not anticipate any adverse/negative impacts to businesses or the general public in the State of Nevada. It would also eliminate patients' need or awkwardness/shyness to self-advocate for HIV and STD testing.
   B. *Beneficial:* The positive/beneficial effects of 2021 SB 211 to businesses in the State of Nevada would be increased billing for HIV and STDs.
   C. *Immediate:* As soon as the proposed regulations become effective, it would increase opportunities for testing HIV and STDs across Nevada. Additionally, it would create an open dialogue with medical providers regarding any behaviors impacting their patient's health. All insurances in Nevada are required to cover HIV and STD testing following USPSTF and CDC Guidelines.
   D. *Long-term:* The long-term positive/beneficial of SB 211 effects to the public in the State of Nevada will reduce the future cost of medical care and treatment of late diagnosis of HIV and STDs. Additionally, it will destigmatize HIV and STDs among medical providers and the public. Lastly, this bill will decrease HIV and STD occurrence in the State of Nevada and potentially end the HIV epidemic in Nevada.

2. These proposed regulations will not add any costs to the current regulatory enforcement activities conducted by the DPBH. Additionally, the proposed regulations do not provide for a new fee or increase any existing fee.

The proposed regulations are not duplicative or more stringent than any federal, state, or local standards.

Summary of LCB file no. R148-22

The proposed changes will revise Nevada Administrative Code (NAC) Chapter 441A in accordance with Senate Bill (SB) 275 and Assembly Bill (AB) 192 of the 81st Legislative Session and Nevada Revised Statutes (NRS) Chapter 441A.

The proposed regulations stem from the passage of SB 275 (formerly Bill Draft Request 40-220) and AB 192 (formerly Bill Draft Request 40-453), which were both introduced during the 2021 Nevada 81st Legislative Session and signed by Governor Steve Sisolak on June 4, 2021. SB 275 revises provisions relating to communicable diseases including isolation and quarantine of a case or suspected case of a communicable diseases and removal of duplicative references to HIV and/or AIDS. AB 192 revises provisions governing the testing of pregnant women for certain sexually transmitted infections. The proposed regulations will update NAC Chapter 441A in accordance with the requirements set forth in SB 275 and AB 192. Current regulations do not require reporters to indicate if a woman who tests positive for syphilis is pregnant or require treatment information. The proposed regulation will update and require that a report of a pregnant woman who has or is suspected of having syphilis must include, without limitation, the fact that the case occurred in a pregnant woman and if treatment was provided, the type of treatment that was provided; or if the pregnant woman refused treatment, the fact that the pregnant woman refused treatment.

Additionally, the CDC recommends all pregnant women in the U.S. should be screened for syphilis during their pregnancy. Women who test positive should be treated using the most current sexually transmitted infection (STI) treatment recommendations.

Lastly, the bill revises or proposes revision as follows:

- The procedures followed by a county or city board of health or a health authority when isolating, quarantining, or treating certain persons;
- Provisions governing the investigation of a case or suspected case of a communicable disease and an order for a person with a communicable disease to submit to examination and treatment;
- Provisions concerning certain offenses relating to communicable diseases; revising provisions concerning court-ordered testing for a communicable disease;
- Provisions prohibiting the disclosure of information about certain persons investigated by the health authority;
- Provisions requiring the alleged victim of a crime involving sexual penetration to be provided with information concerning sexually transmitted diseases;
- Revising certain terminology used to refer to the human immunodeficiency virus and related matters; reestablishing the Advisory Task Force on HIV Exposure Modernization;
- Setting forth the duties of the Task Force;
- Abolishing certain crimes relating to the human immunodeficiency virus;
- Repealing certain additional provisions relating to communicable diseases;
- Providing a penalty; and
- Providing other matters properly relating thereto.

There are several public health reasons for bringing these changes forward:

1) Nevada ranked 5th for the highest rates of HIV diagnoses in 2019.
2) Nevada ranked 1st for Primary and Secondary Syphilis in 2019.
3) Nevada ranked 4th for Congenital Syphilis in 2019.

Anticipated effects on the business and on the general public:

A. *Adverse effects*: The DPBH does not anticipate any adverse/negative impacts to businesses or the general public in the State of Nevada.
B. *Beneficial:* Birth defects can occur in infants born to women who are infected with syphilis prior to or during pregnancy, this is known as congenital syphilis. Congenital syphilis can cause developmental delays and have negative neurologic manifestations. The positive/beneficial effects of AB 192 for the public would be fewer cases of untreated syphilis and lower rates of congenital syphilis. This could result in less overall medical costs to medical systems and lower costs to support children through K-12 education as well as lessen support services costs that an individual who is born with congenital syphilis could require to support in adulthood.
C. *Immediate:* As soon as the proposed regulations become effective, it would improve the reporting information reported to public health for women who test positive for syphilis during pregnancy. This information will allow disease investigators to provide better investigations and confirm that women are adequately treated in pregnancy to prevent congenital syphilis.
D. *Long-term:* The long-term positive/beneficial of AB 192 effects to the public in the State of Nevada will reduce the future cost of medical care and cost of support services for those born with congenital syphilis.

In addition to changes brought forth because of SB 275 and AB 192, R148-22 will update NAC 441A in the following ways:

- Add the following conditions as reportable communicable diseases:
  - Any condition identified by the CDC as a nationally notifiable condition
  - Babesiosis (parasite)
  - Candida auris
  - Coronavirus disease 2019 (COVID-19)
  - Cyclosporiasis (parasite)
  - Monkeypox
- Update reporting requirements for:
  - *Haemophilus influenzae* invasive disease, removes the requirement for it to be type b
  - Hepatitis B, specify acute and chronic
  - Hepatitis C, specify perinatal, acute, and chronic
  - Influenza, removed the reference to persons under 18 years of age
- Update references to current recommended treatment guidelines (i.e., reference was to a manual published in 2015, updated to 2021)
- Add reporting requirement for electronic case reporting
- Add requirement for medical laboratories to report negative results for Hepatitis C and HIV
- Add requirement for health care providers to provide negative results or proof of treatment for a specific person if requested by the health authority
- Add requirement for schools to inform parents or guardians of children who might have been exposed to a communicable disease and for schools to provide information to parents so they can monitor children for sign and symptoms of the communicable disease to which they were exposed
- Update reporting requirements for tuberculosis testing and treatment
- Update investigation requirement for chlamydia and gonorrhea, specifying that the health authority *may* investigate each case, rather than *shall*

- Update treatment language for sexually transmitted infections, specifying that a person shall be *offered* treatment, rather than *receives* treatment
- Update investigation criteria for Lyme Disease to better align with CDC guidance
- Add additional exclusion criteria from schools for individuals who test positive for measles
- Prohibit the exclusion of workers from sensitive occupations should exclusion of the person be prohibited by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 613.330
- Prohibit the exclusion children from a childcare facility or school should exclusion of the person be prohibited by Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or NRS 651.050 to 651.120, inclusive

Members of the public may make oral comments at this meeting. Persons wishing to submit written testimony or documentary evidence more than two typed, 8-1/2" x 11" pages must submit the material to Tory Johnson at the Division of Public and Behavioral Health at the following address:

Tory Johnson
Division of Public and Behavioral Health
1840 East Sahara Avenue Suite 110-111
Las Vegas, NV 89104
Phone: (702) 486-0767
Email: ToJohnson@health.nv.gov

Members of the public who require special accommodations or assistance at the workshops are required to notify Tory Johnson, Health Program Manager II, in writing to the DPBH, 1840 East Sahara Avenue Suite 110-111 Las Vegas, NV 89104, by calling 702-486-0767 or via email at: tojohnson@health.nv.gov at least five (5) working days prior to the date of the public workshop.

You may contact Tory Johnson by calling (702) 486-0767 or via email at tojohnson@health.nv.gov for further information on the proposed regulations or how to obtain copies of the supporting documents.

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

1. Nevada Division of Public and Behavioral Health - 4150 Technology Way, Suite# 300 Carson City, NV 89706
2. Nevada Division of Public and Behavioral Health - 1840 East Sahara Avenue Suite 110-111 Las Vegas, NV 89104
3. Nevada State Legislature - 401 S Carson St, Carson City, NV 89701
4. Southern Nevada Health District - 280 S Decatur Blvd, Las Vegas, NV 89107
5. Washoe County Health District - 1001 E 9th St B, Reno, NV 89512

A copy of the regulations and small business impact statement can be found on-line by going to: https://dpbh.nv.gov/Programs/HIV/dta/Policies/HIV_Regulation_Development_Processes/

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 Office of HIV (702) 486-0767 in Las Vegas.