REVISED ADOPTED REGULATION OF THE

STATE BOARD OF HEALTH

LCB File No. R148-22

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 19, NRS 439.200, 441A.120 and 441A.160; §§ 4 and 37, NRS 439.200, 441A.120 and 441A.180; §§ 10-12, 14-18, 20-23 and 25-36, NRS 439.200 and 441A.120; § 13, NRS 439.200, 441A.120 and 441A.150; § 24, 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 requirements that persons who test positive for certain sexually transmitted diseases 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 19** 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. **Sections 10 and 25** of this regulation also specify human immunodeficiency virus (HIV), stage 3, as a condition reportable separately from other cases of HIV, and **section 18** of this regulation makes a conforming change to add a necessary reference to human immunodeficiency virus, stage 3. **Section 11** of this regulation adopts by reference certain guidelines relating to the identification, prevention and control of *Candida auris*. **Sections 11 and 35** 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 20** of this regulation revises requirements concerning the reporting of a case of tuberculosis by a health care provider. **Section 33** 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 32** of this regulation requires the health authority to obtain information concerning such a death.

Existing regulations require the health authority to investigate each report of a case having human immunodeficiency virus infection, as identified by a positive blood test for HIV administered by a medical laboratory. If such a case is reported because of a sexual offense, existing regulations require the health authority to attempt to identify and locate the victim, notify him or her of the possible exposure to HIV and advise him or her of the availability of counseling and testing for HIV. (NAC 441A.450) However, the provisions of law that formerly required HIV testing for any person charged with a sexual offense were repealed by the Legislature in 2021. (Chapter 491, Statutes of Nevada 2021, at page 3199) Given the absence of testing or a report in such a case, **section 25** of this regulation removes the requirement that the health authority seek to identify, locate and notify the victim of the offense.

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 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 27, 28, 30, 31, 34 and 36** of this regulation remove requirements that persons who have certain sexually transmitted diseases receive medical treatment. **Sections 27, 28, 30, 31, 34 and 36** 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 21-24 and 26** of this regulation make conforming changes to update references to certain other publications adopted by reference. **Section 28** 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 29** 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 37** 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 (MDROs)," "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 (MDROs)," "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 (MDROs)," "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 (MDROs)," "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 (MDROs)," "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. 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. 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. ***Any condition identified by the Centers for Disease Control and Prevention as a nationally notifiable condition.***

2. Amebiasis.

~~[2.]~~ ***3.*** Animal bite from a rabies-susceptible animal.

~~[3.]~~ ***4.*** Anthrax.

~~[4.]~~ ***5. Babesiosis (parasite).***

6. Botulism, foodborne.

~~[5.]~~ ***7.*** Botulism, infant.

~~[6.]~~ ***8.*** Botulism, wound.

~~[7.]~~ ***9.*** Botulism, other than foodborne botulism, infant botulism or wound botulism.

~~[8.]~~ ***10.*** Brucellosis.

~~[9.]~~ ***11.*** Campylobacteriosis.

~~[10.]~~ ***12. Candida auris.***

13. Chancroid.

~~[11.]~~ ***14.*** Chikungunya virus disease.

~~[12.]~~ ***15.*** *Chlamydia trachomatis* infection of the genital tract.

~~[13.]~~ ***16.*** Cholera.

~~[14.]~~ ***17.*** Coccidioidomycosis.

~~[15.]~~ ***18. Coronavirus disease 2019 (COVID-19).***

19. Cryptosporidiosis.

~~[16.]~~ ***20. Cyclosporiasis (parasite).***

21. Dengue.

~~[17.]~~ ***22.*** Diphtheria.

~~[18.]~~ ***23.*** Ehrlichiosis/anaplasmosis.

~~[19.]~~ ***24.*** Encephalitis.

~~[20.]~~ ***25.*** Enterobacterales, carbapenem-resistant (CRE), including carbapenem-resistant *Enterobacter* spp., *Escherichia coli* and *Klebsiella* spp.

~~[21.]~~ ***26.*** Extraordinary occurrence of illness.

~~[22.]~~ ***27.*** Foodborne disease outbreak.

~~[23.]~~ ***28.*** Giardiasis.

~~[24.]~~ ***29.*** Gonococcal infection.

~~[25.]~~ ***30.*** Granuloma inguinale.

~~[26.]~~ ***31.*** *Haemophilus influenzae* ~~[type b]~~ invasive disease.

~~[27.]~~ ***32.*** Hansen's disease (leprosy).

~~[28.]~~ ***33.*** Hantavirus.

~~[29.]~~ ***34.*** Hemolytic-uremic syndrome (HUS).

~~[30.]~~ ***35.*** Hepatitis A.

~~[31.]~~ ***36.*** Hepatitis B ~~[.~~

~~32.]~~ ***, acute and chronic.***

37. Hepatitis C ~~[.~~

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

38. Hepatitis Delta.

~~[34.]~~ ***39.*** Hepatitis E.

~~[35.]~~ ***40.*** Hepatitis, unspecified.

~~[36.]~~ ***41.*** Human immunodeficiency virus infection (HIV).

~~[37.]~~ ***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.

~~[38.]~~ ***44.*** Legionellosis.

~~[39.]~~ ***45.*** Leptospirosis.

~~[40.]~~ ***46.*** Listeriosis.

~~[41.]~~ ***47.*** Lyme disease.

~~[42.]~~ ***48.*** Lymphogranuloma venereum.

~~[43.]~~ ***49.*** Malaria.

~~[44.]~~ ***50.*** Measles (rubeola).

~~[45.]~~ ***51.*** Meningitis.

~~[46.]~~ ***52.*** Meningococcal disease.

~~[47.]~~ ***53. Monkeypox.***

54. Mumps.

~~[48.]~~ ***55.*** Pertussis.

~~[49.]~~ ***56.*** Plague.

~~[50.]~~ ***57.*** Poliovirus infection.

~~[51.]~~ ***58.*** Psittacosis.

~~[52.]~~ ***59.*** Q fever.

~~[53.]~~ ***60.*** Rabies, human or animal.

~~[54.]~~ ***61.*** Relapsing fever.

~~[55.]~~ ***62.*** Respiratory syncytial virus infection.

~~[56.]~~ ***63.*** Rotavirus infection.

~~[57.]~~ ***64.*** Rubella (including congenital rubella syndrome).

~~[58.]~~ ***65.*** Saint Louis encephalitis virus (SLEV).

~~[59.]~~ ***66.*** Salmonellosis.

~~[60.]~~ ***67.*** Severe acute respiratory syndrome (SARS).

~~[61.]~~ ***68.*** Severe reaction to immunization.

~~[62.]~~ ***69.*** Shiga toxin-producing *Escherichia coli*.

~~[63.]~~ ***70.*** Shigellosis.

~~[64.]~~ ***71.*** Smallpox (variola).

~~[65.]~~ ***72.*** Spotted fever riskettsioses.

~~[66.]~~ ***73.*** *Staphylococcus aureus*, vancomycin-intermediate.

~~[67.]~~ ***74.*** *Staphylococcus aureus*, vancomycin-resistant.

~~[68.]~~ ***75.*** Streptococcal toxic shock syndrome.

~~[69.]~~ ***76.*** *Streptococcus pneumoniae* (invasive).

~~[70.]~~ ***77.*** Syphilis (including congenital syphilis).

~~[71.]~~ ***78.*** Tetanus.

~~[72.]~~ ***79.*** Toxic shock syndrome, other than streptococcal toxic shock syndrome.

~~[73.]~~ ***80.*** Trichinosis.

~~[74.]~~ ***81.*** Tuberculosis.

~~[75.]~~ ***82.*** Tularemia.

~~[76.]~~ ***83.*** Typhoid fever.

~~[77.]~~ ***84.*** Varicella (chickenpox).

~~[78.]~~ ***85.*** Vibriosis.

~~[79.]~~ ***86.*** Viral hemorrhagic fever.

~~[80.]~~ ***87.*** West Nile virus.

~~[81.]~~ ***88.*** Yellow fever.

~~[82.]~~ ***89.*** Yersiniosis.

~~[83.]~~ ***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-H.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*, 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*, 21st edition, published by the American Public Health Association and available for the price of $59.50 for members and $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:* 2021 *Report of the Committee on Infectious Diseases*, 32nd edition, published by the American Academy of Pediatrics and available for the price of $119.95 for members and $149.95 for nonmembers from the American Academy of Pediatrics, 345 Park Boulevard, Itasca, Illinois 60143, or at the Internet address ~~[http://www.aap.org.]~~ ***https://shop.aap.org.***

(f) ~~[The recommendations for the testing, treatment, prevention, suppression and control of chancroid, Chlamydia trachomatis, gonococcal infection, granuloma inguinale, lymphogranuloma venereum, infectious syphilis and human immunodeficiency virus as are specified in "Sexually Transmitted Infections Treatment Guidelines, 2021," Morbidity and~~

~~Mortality Weekly Report [70(4):1-187, July 23, 2021], published by the United States Department of Health and Human Services and available at no cost on the Internet at http://www.cdc.gov/mmwr, or, if that Internet website ceases to exist, from the Division.~~

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

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

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

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

(4) The recommendations of the Centers for Disease Control and Prevention for preventing and controlling tuberculosis in correctional and detention facilities set forth in "Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC," *Morbidity and Mortality Weekly Report* [55(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 on the Internet at ~~[https://www.cdc.gov/hai/pdfs/cre/CRE-guidance-508.pdf,]~~ ***https://www.cdc.gov/hai/organisms/cre/cre-facilities.html,*** or, if that Internet website ceases to exist, from the Division.

~~[(n)]~~ ***(m)*** "Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrug-resistant Organisms (MDROs)," published by the United States Department of Health and Human Services and available at no cost from the Centers for Disease Control and Prevention on the Internet at ~~[https://www.cdc.gov/hai/pdfs/containment/Health-Response-~~

~~Contain-MDRO-H.pdf,~~] ***https://www.cdc.gov/hai/mdro-guides/containment-strategy.html,*** 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://ndc.services.cdc.gov/case-definitions/carbapenemase-producing-carbapenem-resistant-enterobacteriaceae-2018/**, or, if that Internet website ceases to exist, from the Division.

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

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

~~[(s)]~~ ***(r)*** "Syphilis Infection in Nonpregnant Adolescents and Adults: Screening," published by the United States Preventive Services Task Force and available at no cost on the Internet at **https://uspreventiveservicestaskforce.org/uspstf/recommendation/syphilis-infection-nonpregnant-adults-adolescents-screening**, or, if that Internet website ceases to exist, from the Division.

~~[(t)]~~ ***(s)*** "Chlamydia and Gonorrhea: Screening," published by the United States Preventive Services Task Force and available at no cost on the Internet at **https://uspreventiveservicestaskforce.org/uspstf/recommendation/chlamydia-and-gonorrhea-screening**, or, if that Internet website ceases to exist, from the Division.

(t) "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.

(u) "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) ~~[H~~epatitis~~]~~ ***The presence of hepatitis*** A;

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

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

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

(e) Syphilis, ***The presence of syphilis,*** including congenital syphilis; or

(f) ~~[Tuberculosis,]~~ ***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.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 ***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. 19. 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. 20. 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. 21. 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. 22. 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. 23. 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. 24. 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. 25. 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]~~ ***:***

(a) 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).

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

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

~~[5.]~~ ***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. 26. 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 (MDROs),"*** 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. 27. 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 Infections Treatment Guidelines, 2021,” 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 Infections Treatment Guidelines, 2021,” 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. 28. 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 Infections Treatment Guidelines, 2021,” 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 Infections Treatment Guidelines, 2021” 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. 29. 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. 30. 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 Infections Treatment Guidelines, 2021," 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 Infections Treatment Guidelines, 2021," 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. 31. 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 Infections Treatment Guidelines, 2021," 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 Infections Treatment Guidelines, 2021," 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. 32. 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. 33. 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. 34. 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 Infections Treatment Guidelines, 2021," 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 Infections Treatment Guidelines, 2021," 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. 35. NAC 441A.630 is hereby amended to read as follows:

441A.630 1. The health authority shall investigate each report of a case having pertussis or suspected of having pertussis to confirm the diagnosis, to determine the extent of any outbreak, to identify any susceptible contacts, to identify the source of the infection and to determine the need for exclusion, immunization and antimicrobial prophylaxis.

2. A case having pertussis must be excluded from child care facilities, schools, sporting events sponsored by schools, sensitive occupations, public gatherings, and from contact with susceptible persons not residing in the same household as the case for 21 days after the date of onset of the illness or for 5 days after the date of initiation of medical treatment specific for pertussis as set forth in "Recommended Antimicrobial Agents for ***the*** Treatment and Postexposure Prophylaxis of Pertussis: 2005 CDC Guidelines," adopted by reference pursuant to NAC 441A.200.

3. A contact who is less than 7 years of age and is inadequately immunized against pertussis and who resides in the same household as a case having pertussis must be excluded from schools, child care facilities, sporting events sponsored by schools, public gatherings, and from contact with susceptible persons not residing in the same household for 21 days after the last exposure or until the case and the contact have received at least 5 days of appropriate

antimicrobial therapy or prophylaxis specific for pertussis as set forth in "Recommended Antimicrobial Agents for ***the*** Treatment and Postexposure Prophylaxis of Pertussis: 2005 CDC Guidelines," adopted by reference pursuant to NAC 441A.200.

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

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

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

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

Sec. 36. 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 Infections Treatment Guidelines, 2021," 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 Infections Treatment Guidelines, 2021," 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. 37. 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.