

CHAPTER 441A - INFECTIOUS DISEASES; REPORTING CONCERNING COMMUNICABLE DISEASES, OVERDOSES AND ATTEMPTED SUICIDES

[NAC-441A Revised Date: 8-26]

GENERAL PROVISIONS

- [441A.010](#) Definitions.
- [441A.015](#) “Active tuberculosis” defined.
- [441A.020](#) “Animal bite” defined.
- [441A.025](#) “Blood and body fluid precautions” defined.
- [441A.030](#) “Carrier” defined.
- [441A.035](#) “Case” defined.
- [441A.037](#) “Centers for Disease Control and Prevention” defined.
- [441A.040](#) “Communicable disease” defined.
- [441A.045](#) “Contact” defined.
- [441A.050](#) “Contact isolation” defined.
- [441A.052](#) “Contact precautions” defined.
- [441A.055](#) “Correctional facility” defined.
- [441A.060](#) “Disease specific precautions” defined.
- [441A.065](#) “Division” defined.
- [441A.070](#) “Drainage and secretion precautions” defined.
- [441A.075](#) “Employee of a child care facility” defined.
- [441A.080](#) “Enteric precautions” defined.
- [441A.085](#) “Extraordinary occurrence of illness” defined.
- [441A.090](#) “Facility for the dependent” defined.
- [441A.095](#) “Food establishment” defined.
- [441A.100](#) “Hand washing” defined.
- [441A.110](#) “Health care provider” defined.
- [441A.112](#) “Home for individual residential care” defined.
- [441A.115](#) “Information of a personal nature” defined.
- [441A.130](#) “Outbreak” defined.
- [441A.135](#) “Owner of an animal” defined.
- [441A.140](#) “Proof of immunity to hepatitis B,” “proof of immunity to measles,” “proof of immunity to rubella” and “proof of immunity to tetanus, diphtheria and mumps” defined.
- [441A.150](#) “Rabies control authority” defined.
- [441A.155](#) “Rabies-susceptible animal” defined.
- [441A.160](#) “Record of immunization” defined.
- [441A.165](#) “Respiratory isolation” defined.

- [441A.170](#) “Sensitive occupation” defined.
- [441A.173](#) “State Public Health Laboratory” defined.
- [441A.175](#) “Strict isolation” defined.
- [441A.180](#) “Suspected case” defined.
- [441A.181](#) “Suspected outbreak” defined.
- [441A.185](#) “Tuberculosis” defined.
- [441A.190](#) “Tuberculosis infection” defined.
- [441A.192](#) “Tuberculosis screening test” defined.
- [441A.195](#) “Universal precautions” defined.
- [441A.198](#) “Attempted suicide” interpreted.
- [441A.200](#) Adoption by reference and availability of certain recommendations, guidelines and publications; most current version of adopted recommendation, guideline or publication deemed adopted; exception.
- [441A.205](#) Persons deemed employees for purposes of this chapter and only for reducing risk of transmitting communicable disease.

REPORTING OF COMMUNICABLE DISEASES

- [441A.225](#) General requirements for certain reports to health authority and rabies control authority; establishment of after-hours reporting system.
- [441A.230](#) Duty of health care provider to report case or suspected case; content of report.
- [441A.235](#) Duty of director or other person in charge of medical laboratory to report findings of communicable disease, causative agent of communicable disease or immune response to causative agent; contents of report; submission of certain microbiologic cultures, subcultures, culture-independent diagnostic tests or other specimen or clinical material; required reporting of results of certain tests relating to human immunodeficiency virus or hepatitis C.
- [441A.240](#) Duty of director or other person in charge of medical facility to report communicable disease; report by infection preventionist; adoption of administrative procedures for reporting; provision of additional records.
- [441A.243](#) Duty of parole officer or probation officer or similar employee of Division of Parole and Probation of Department of Public Safety or local governmental entity to report communicable disease; content of report; cooperation with health authority.
- [441A.245](#) Duty of principal, director or other person in charge of school, child care facility or correctional facility to report communicable disease; content of report; cooperation with health authority; requirements when communicable disease identified in child attending school or child care facility; requirements when risk of outbreak.
- [441A.250](#) Duty of person in charge of blood bank to report findings of communicable disease; content of report.
- [441A.252](#) Duty of insurer to report certain results of test for presence of certain communicable diseases; content of report; method of communication.
- [441A.255](#) Duty of person to report certain other persons he or she knows or suspects of having communicable disease; content of report.
- [441A.260](#) Authority of Chief Medical Officer to require reporting of certain infectious diseases; effective period of such requirements.

DUTIES AND POWERS RELATING TO THE PRESENCE OF COMMUNICABLE DISEASES

- [441A.275](#) Duty of State Public Health Laboratory to provide testing for communicable diseases.

- [441A.280](#) Duty of persons to cooperate with health authority during investigations and carrying out of measures for prevention, suppression and control of communicable diseases.
- [441A.282](#) Order for examination, testing, isolation, quarantine or treatment: Contents.
- [441A.283](#) Order for examination, testing, isolation, quarantine or treatment: Appeal.
- [441A.285](#) Use of precautions in managing bodily fluids in certain facilities.
- [441A.290](#) Duties of district health officer.
- [441A.295](#) Duties of Chief Medical Officer.
- [441A.298](#) Health Authority: Standards for determining likelihood of transmitting communicable disease.
- [441A.300](#) Health authority: Authorization to disclose information of personal nature to certain persons; duty to educate certain persons on transmission, prevention, control, diagnosis and treatment.
- [441A.305](#) Duty of health authority to disclose information of personal nature to certain persons; duties of firefighters, police officers and persons providing emergency medical services; limitation on power of health authority to order test or examination.
- [441A.310](#) Authority of State Board of Health and health authority to disseminate to blood bank identifying data relating to viral hepatitis.

INVESTIGATING, REPORTING, PREVENTING, SUPPRESSING AND CONTROLLING PARTICULAR COMMUNICABLE DISEASES

General Provisions

- [441A.325](#) Compliance with provisions regarding particular communicable diseases.
- [441A.330](#) Definitions.
- [441A.335](#) Provision of information, medical records or reports upon request of health authority; confidentiality of such information, records and reports.

Tuberculosis

- [441A.350](#) Health care provider to report certain cases, suspected cases and latent cases within certain period after discovery.
- [441A.352](#) Registered pharmacist and intern pharmacist to report suspected cases.
- [441A.355](#) Active tuberculosis: Duties and powers of health authority.
- [441A.360](#) Cases and suspected cases: Prohibited acts; duties; discharge from medical supervision.
- [441A.365](#) Contacts: Compliance with regulations; medical evaluation; prohibited acts.
- [441A.370](#) Correctional facilities: Infection control program required; testing and surveillance of employees, independent contractors, volunteers and inmates; investigation for contacts; report of such investigation; course of preventive treatment for person with tuberculosis infection; documentation.
- [441A.375](#) Medical facilities, facilities for the dependent, homes for individual residential care and outpatient facilities: Management of cases and suspected cases; surveillance and testing of certain employees and independent contractors; counseling and preventive treatment.
- [441A.380](#) Admission of persons to certain medical facilities, facilities for the dependent or homes for individual residential care: Testing; respiratory isolation; medical treatment; counseling and preventive treatment; documentation in medical record.
- [441A.385](#) Care of medically indigent patient in State Tuberculosis Control Program; payment of cost.

[441A.390](#) Treatment of case or suspected case by health care provider.

Human Rabies

[441A.400](#) Case or suspected case: Investigation by health authority; standard of care in medical facility.

Animal Rabies

[441A.410](#) Appointment of rabies control authority; ordinance providing for rabies control program; authority of county, city or town to require licenses for dogs, cats and ferrets; duty of county, city or town to provide certain information to Chief Medical Officer or representative thereof.

[441A.412](#) Rabies control authority in certain jurisdictions to maintain record of certificates of vaccinations against rabies; confidentiality of record.

[441A.415](#) Rabies control authority: Investigate report of person bitten by rabies-susceptible animal; ensure proper procedures carried out for confinement, testing, quarantine or euthanasia of biting animal.

[441A.420](#) Rabies control authority to investigate case or suspected case of animal rabies; authority of rabies control authority to enter private property; destruction of head of rabies-susceptible animal prohibited.

[441A.425](#) Management of animals that have bitten persons; responsibility of owner for costs of quarantine, veterinary care and examination.

[441A.430](#) Euthanization or management of animals that have been in close contact with animal suspected or known to have rabies; responsibility of owner for costs of confinement, veterinary care and examination.

[441A.433](#) Animal shelter required to provide for vaccination of dog, cat or ferret released for adoption.

[441A.435](#) Owner required to maintain dog, cat or ferret currently vaccinated; vaccination requirements; exemption by licensed veterinarian; proof that dog, cat or ferret is currently vaccinated or exempted from vaccination required before entering State; impoundment; review of revisions of recommendations for vaccination.

[441A.440](#) Veterinarians: Issuance of certificates of vaccination and rabies vaccination tags; cooperation with investigation by rabies control authority.

[441A.445](#) Prohibited activities on private property involving bat, skunk, raccoon, fox or coyote; relinquishment of animal; exemptions.

Miscellaneous Communicable Diseases

[441A.450](#) Human immunodeficiency virus infection (HIV).

[441A.455](#) Amebiasis.

[441A.460](#) Anthrax.

[441A.463](#) Babesiosis.

[441A.465](#) Botulism.

[441A.475](#) Brucellosis.

[441A.480](#) Campylobacteriosis.

[441A.481](#) *Candida auris*.

[441A.482](#) Carbapenem-resistant Enterobacteriaceae.

[441A.485](#) Chancroid.

[441A.487](#) Chikungunya virus disease.

[441A.490](#) *Chlamydia trachomatis* infection.

[441A.495](#) Cholera.

<u>441A.500</u>	Coccidioidomycosis.
<u>441A.502</u>	Coronavirus disease 2019 (COVID-19).
<u>441A.505</u>	Cryptosporidiosis.
<u>441A.506</u>	Cyclosporiasis.
<u>441A.508</u>	Dengue.
<u>441A.510</u>	Diphtheria.
<u>441A.512</u>	Ehrlichiosis/anaplasmosis.
<u>441A.520</u>	Encephalitis.
<u>441A.525</u>	Extraordinary occurrence of illness.
<u>441A.530</u>	Foodborne disease outbreak.
<u>441A.535</u>	Giardiasis.
<u>441A.540</u>	Gonococcal infection.
<u>441A.545</u>	Granuloma inguinale.
<u>441A.550</u>	<i>Haemophilus influenzae</i> type b.
<u>441A.555</u>	Hansen's disease (leprosy).
<u>441A.557</u>	Hantavirus infection.
<u>441A.560</u>	Hepatitis A: Generally.
<u>441A.565</u>	Hepatitis A: Presence of case in child care facility.
<u>441A.570</u>	Hepatitis B, C and Delta.
<u>441A.572</u>	Hepatitis E.
<u>441A.574</u>	Hepatitis, unspecified.
<u>441A.575</u>	Influenza.
<u>441A.580</u>	Legionellosis.
<u>441A.585</u>	Leptospirosis.
<u>441A.590</u>	Listeriosis.
<u>441A.595</u>	Lyme disease.
<u>441A.600</u>	Lymphogranuloma venereum.
<u>441A.605</u>	Malaria.
<u>441A.610</u>	Measles (rubeola).
<u>441A.615</u>	Meningitis.
<u>441A.620</u>	Meningococcal disease.
<u>441A.623</u>	Monkeypox.
<u>441A.625</u>	Mumps.
<u>441A.630</u>	Pertussis.
<u>441A.635</u>	Plague.
<u>441A.640</u>	Poliovirus infection.
<u>441A.645</u>	Psittacosis.
<u>441A.650</u>	Q fever.
<u>441A.655</u>	Relapsing fever.
<u>441A.660</u>	Respiratory syncytial virus infection.
<u>441A.670</u>	Rotavirus infection.
<u>441A.675</u>	Rubella.
<u>441A.678</u>	Saint Louis encephalitis virus.
<u>441A.680</u>	Salmonellosis.
<u>441A.683</u>	Severe acute respiratory syndrome (SARS).
<u>441A.685</u>	Severe reaction to vaccination.

<u>441A.687</u>	Shiga toxin-producing <i>Escherichia coli</i> .
<u>441A.690</u>	Shigellosis.
<u>441A.691</u>	Smallpox (variola).
<u>441A.692</u>	Spotted fever rickettsioses.
<u>441A.693</u>	<i>Staphylococcus aureus</i> : Vancomycin-resistant and vancomycin-intermediate.
<u>441A.694</u>	Streptococcal toxic shock syndrome.
<u>441A.6945</u>	<i>Streptococcus pneumoniae</i> : Invasive.
<u>441A.695</u>	Syphilis.
<u>441A.700</u>	Tetanus.
<u>441A.705</u>	Toxic shock syndrome, other than streptococcal toxic shock syndrome.
<u>441A.710</u>	Trichinosis.
<u>441A.715</u>	Tularemia.
<u>441A.720</u>	Typhoid fever.
<u>441A.7205</u>	Varicella (chickenpox).
<u>441A.721</u>	Vibriosis.
<u>441A.722</u>	Viral hemorrhagic fever.
<u>441A.723</u>	West Nile virus.
<u>441A.724</u>	Yellow fever.
<u>441A.725</u>	Yersiniosis.
<u>441A.735</u>	Zika virus disease.

IMMUNIZATIONS

<u>441A.750</u>	Records of immunization: Availability for inspection by health authority.
<u>441A.755</u>	University students: Proof of immunity to certain communicable diseases required; exceptions; exclusion from university.

SEXUALLY TRANSMITTED DISEASES

<u>441A.775</u>	“Sexually transmitted disease” defined for purpose of NRS.
<u>441A.776</u>	Procedures for determining which tests for sexually transmitted diseases are medically indicated for patient; duties of provider.

PROSTITUTION

<u>441A.777</u>	“Sex worker” defined.
<u>441A.800</u>	Testing of sex workers; prohibition of certain persons from employment as sex worker; written warning.
<u>441A.802</u>	Screening and confirmatory test for human immunodeficiency virus by a medical laboratory: Requirements.
<u>441A.805</u>	Use of latex or polyurethane prophylactic required.
<u>441A.810</u>	House of prostitution required to post health notice.
<u>441A.815</u>	Person in charge of house of prostitution: Report of presence of communicable disease required; cooperation with health authority required.

ISOLATION AND QUARANTINE OF PERSON OR GROUP OF PERSONS

<u>441A.850</u>	Required contents of document informing persons of their rights.
---------------------------------	--

- [441A.855](#) **Emergency isolation or quarantine: Health authority to provide copy of its order within 24 hours to person taken into custody.**

SYSTEM FOR SYNDROMIC REPORTING AND ACTIVE SURVEILLANCE

- [441A.900](#) **Definitions.**
- [441A.905](#) **“Active surveillance” interpreted.**
- [441A.910](#) **“Major event” interpreted.**
- [441A.915](#) **“Syndromic reporting” interpreted.**
- [441A.920](#) **Reporting of information to system by emergency facility or health care provider.**
- [441A.925](#) **Reporting of information to system by pharmacy.**
- [441A.930](#) **Voluntary program for reporting information to system; acceptance by health authority of information voluntarily reported in lieu of information otherwise required.**
- [441A.935](#) **Reporting of additional information to system upon request by health authority; information of personal nature deemed confidential medical information.**
- [441A.940](#) **Provisions do not prohibit health authority from acquiring information from other sources for inclusion in system.**

REPORTING OF DRUG OVERDOSES

- [441A.950](#) **Definitions.**
- [441A.955](#) **“Discharge” defined.**
- [441A.960](#) **“Drug overdose” defined.**
- [441A.965](#) **Provider of health care required to report drug overdose; exceptions.**
- [441A.970](#) **Contents of report; provision of supplemental or additional information.**
- [441A.975](#) **Adoption of procedures by medical facility to ensure that only one provider of health care reports drug overdose of a patient; adoption of administrative procedures by Chief Medical Officer to track and analyze reports.**

REPORTING OF ATTEMPTED SUICIDE

- [441A.980](#) **Circumstances where report required.**
- [441A.982](#) **Contents of report.**
- [441A.984](#) **Date of report to Chief Medical Officer; provision of supplemental information; administrative procedures to avoid multiple reports; administrative fine; date of report to Patient Protection Commission.**

GENERAL PROVISIONS

NAC 441A.010 Definitions. ([NRS 441A.120](#)) As used in this chapter, unless the context otherwise requires, the words and terms defined in [NAC 441A.015](#) to [441A.195](#), inclusive, have the meanings ascribed to them in those sections.

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R084-06, 7-14-2006; R087-08, 1-13-2011)

NAC 441A.015 “Active tuberculosis” defined. ([NRS 441A.120](#)) “Active tuberculosis” means unhealed pathological changes in the tissues of the body as may be demonstrated by the recovery of tubercle bacilli from the tissues.

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

NAC 441A.020 “Animal bite” defined. ([NRS 441A.120](#)) “Animal bite” means breaking of the skin by the teeth of an animal.

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

NAC 441A.025 “Blood and body fluid precautions” defined. ([NRS 441A.120](#)) “Blood and body fluid precautions” means the recommended procedures:

1. Designed to prevent the transmission of diseases by direct or indirect contact with blood, semen, vaginal secretions, saliva, urine, feces, respiratory secretions or other body fluids; and

2. Set forth in *2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*, adopted by reference pursuant to [NAC 441A.200](#).

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

NAC 441A.030 “Carrier” defined. ([NRS 441A.120](#)) “Carrier” means a person or animal:

1. Known or diagnosed by a health care provider or reported pursuant to the provisions of this chapter to have a communicable disease or infectious agent of a communicable disease in the absence of discernible clinical symptoms; and

2. Who may serve as a potential source of infection.

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

NAC 441A.035 “Case” defined. ([NRS 441A.120](#)) Except as otherwise described in the provisions of this chapter that are applicable to a particular communicable disease, “case” means a person who satisfies the clinical, laboratory and epidemiologic criteria set forth in “Case Definitions for Infectious Conditions Under Public Health Surveillance,” adopted by reference pursuant to [NAC 441A.200](#), to be classified as a confirmed case or probable case of an infectious disease.

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R047-99, 9-27-99; R087-08, 1-13-2011)

NAC 441A.037 “Centers for Disease Control and Prevention” defined. ([NRS 441A.120](#)) “Centers for Disease Control and Prevention” means the Centers for Disease Control and Prevention of the United States Department of Health and Human Services.

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

NAC 441A.040 “Communicable disease” defined. ([NRS 439.200](#), [441A.120](#)) “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.

3. Animal bite from a rabies-susceptible animal.

4. Anthrax.

5. Babesiosis (parasite).

6. Botulism, foodborne.

7. Botulism, infant.

8. Botulism, wound.

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

10. Brucellosis.

11. Campylobacteriosis.

12. *Candida auris*.

13. Chancroid.

14. Chikungunya virus disease.
15. *Chlamydia trachomatis* infection of the genital tract.
16. Cholera.
17. Coccidioidomycosis.
18. Coronavirus disease 2019 (COVID-19).
19. Cryptosporidiosis.
20. Cyclosporiasis (parasite).
21. Dengue.
22. Diphtheria.
23. Ehrlichiosis/anaplasmosis.
24. Encephalitis.
25. Enterobacterales, carbapenem-resistant (CRE), including carbapenem-resistant *Enterobacter* spp., *Escherichia coli* and *Klebsiella* spp.
26. Extraordinary occurrence of illness.
27. Foodborne disease outbreak.
28. Giardiasis.
29. Gonococcal infection.
30. Granuloma inguinale.
31. *Haemophilus influenzae* invasive disease.
32. Hansen's disease (leprosy).
33. Hantavirus.
34. Hemolytic-uremic syndrome (HUS).
35. Hepatitis A.
36. Hepatitis B, acute and chronic.
37. Hepatitis C, perinatal, acute and chronic.
38. Hepatitis Delta.
39. Hepatitis E.
40. Hepatitis, unspecified.
41. Human immunodeficiency virus infection (HIV).
42. Human immunodeficiency virus infection (HIV), stage 3.
43. Influenza that is:
 - (a) Associated with a hospitalization or death; 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.
44. Legionellosis.
45. Leptospirosis.
46. Listeriosis.
47. Lyme disease.
48. Lymphogranuloma venereum.
49. Malaria.
50. Measles (rubeola).
51. Meningitis.
52. Meningococcal disease.

53. Monkeypox.
54. Mumps.
55. Pertussis.
56. Plague.
57. Poliovirus infection.
58. Psittacosis.
59. Q fever.
60. Rabies, human or animal.
61. Relapsing fever.
62. Respiratory syncytial virus infection.
63. Rotavirus infection.
64. Rubella (including congenital rubella syndrome).
65. Saint Louis encephalitis virus (SLEV).
66. Salmonellosis.
67. Severe acute respiratory syndrome (SARS).
68. Severe reaction to immunization.
69. Shiga toxin-producing *Escherichia coli*.
70. Shigellosis.
71. Smallpox (variola).
72. Spotted fever rickettsioses.
73. *Staphylococcus aureus*, vancomycin-intermediate.
74. *Staphylococcus aureus*, vancomycin-resistant.
75. Streptococcal toxic shock syndrome.
76. *Streptococcus pneumoniae* (invasive).
77. Syphilis (including congenital syphilis).
78. Tetanus.
79. Toxic shock syndrome, other than streptococcal toxic shock syndrome.
80. Trichinosis.
81. Tuberculosis.
82. Tularemia.
83. Typhoid fever.
84. Varicella (chickenpox).
85. Vibriosis.
86. Viral hemorrhagic fever.
87. West Nile virus.
88. Yellow fever.
89. Yersiniosis.
90. Zika virus disease.

(Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R087-08, 1-13-2011; R187-18, 6-26-2019; R002-22, 9-29-2023; R148-22, 12-15-2023)

NAC 441A.045 “Contact” defined. ([NRS 441A.120](#)) “Contact” means a person or animal that has been exposed to a case or carrier, or an environment known to be contaminated with an infectious agent of a communicable disease, in a manner likely to cause transmission of the infectious agent.

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

NAC 441A.050 “Contact isolation” defined. ([NRS 441A.120](#)) “Contact isolation” means the recommended procedure designed to prevent transmission of diseases which may be conveyed by direct or close contact between persons as set forth in *2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*, adopted by reference pursuant to [NAC 441A.200](#).

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

NAC 441A.052 “Contact precautions” defined. ([NRS 441A.120](#)) “Contact precautions” means the recommended procedures to prevent the transmission of infectious agents that are spread by direct or indirect contact with a case or the environment of a case set forth in *2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*, adopted by reference pursuant to [NAC 441A.200](#).

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

NAC 441A.055 “Correctional facility” defined. ([NRS 441A.120](#)) “Correctional facility” means any place designated by law for the keeping of persons held in custody under process of law or under lawful arrest.

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

NAC 441A.060 “Disease specific precautions” defined. ([NRS 441A.120](#)) “Disease specific precautions” means the recommended procedures designed specifically for prevention of the transmission of a particular disease set forth in *2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*, adopted by reference pursuant to [NAC 441A.200](#).

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

NAC 441A.065 “Division” defined. ([NRS 441A.120](#)) “Division” means the Division of Public and Behavioral Health of the Department of Human Services.

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

NAC 441A.070 “Drainage and secretion precautions” defined. ([NRS 441A.120](#)) “Drainage and secretion precautions” means the recommended procedures:

1. Designed to prevent transmission of diseases which may be conveyed by direct or indirect contact with purulent material or drainage from a body site; and
2. Set forth in *2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*, adopted by reference pursuant to [NAC 441A.200](#).

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

NAC 441A.075 “Employee of a child care facility” defined. ([NRS 441A.120](#)) “Employee of a child care facility” means a person employed in a child care facility whose duties include the direct care, supervision and guidance of children or staff in the facility.

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

NAC 441A.080 “Enteric precautions” defined. ([NRS 441A.120](#)) “Enteric precautions” means the recommended procedures:

1. Designed to prevent transmission of diseases which may be conveyed by direct or indirect contact with feces or with articles contaminated by feces; and
2. Set forth in *2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*, adopted by reference pursuant to [NAC 441A.200](#).

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

NAC 441A.085 “Extraordinary occurrence of illness” defined. ([NRS 441A.120](#)) “Extraordinary occurrence of illness” means:

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, including, but not limited to, typhus fever.

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, including, but not limited to:

(a) An outbreak of an illness related to a contaminated medical device or product.

(b) An outbreak of an illness suspected to be related to environmental contamination by any infectious or toxic agent.

(c) An outbreak of a newly emerging disease, including, but not limited to, avian influenza.

3. A case of an illness that is known or suspected to be related to an act of intentional transmission or biological terrorism.

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

NAC 441A.090 “Facility for the dependent” defined. ([NRS 441A.120](#)) “Facility for the dependent” has the meaning ascribed to it in [NRS 449.0045](#).

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

NAC 441A.095 “Food establishment” defined. ([NRS 441A.120](#)) “Food establishment” has the meaning ascribed to it in [NRS 446.020](#).

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

NAC 441A.100 “Hand washing” defined. ([NRS 441A.120](#)) “Hand washing” means the vigorous washing of the hands using liquid or granular soap and potable running water, followed by drying the hands using clean paper towels, single-use cloth towels or devices for air drying.

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

NAC 441A.110 “Health care provider” defined. ([NRS 441A.120](#)) “Health care provider” means a provider of health care as defined in [NRS 441A.110](#).

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

NAC 441A.112 “Home for individual residential care” defined. ([NRS 441A.120](#)) “Home for individual residential care” has the meaning ascribed to it in [NRS 449.0105](#).

(Added to NAC by Bd. of Health by R084-06, eff. 7-14-2006)

NAC 441A.115 “Information of a personal nature” defined. ([NRS 441A.120](#)) “Information of a personal nature” includes a person’s name, address, telephone number and social security number, and any other information which the health authority determines to be of a personal nature.

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

NAC 441A.130 “Outbreak” defined. ([NRS 441A.120](#)) “Outbreak” means the occurrence of cases in a community, geographic region or particular population at a rate in excess of that which is normally expected in that community, geographic region or particular population.

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

NAC 441A.135 “Owner of an animal” defined. ([NRS 441A.120](#)) “Owner of an animal” means any person keeping, harboring, having custody of or control of an animal, or permitting any animal to be in his or her residence or on his or her property or premises. The term does not include a veterinarian, an operator of a kennel or a rabies control authority who temporarily maintains on his or her premises an animal owned by another person.

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

NAC 441A.140 “Proof of immunity to hepatitis B,” “proof of immunity to measles,” “proof of immunity to rubella” and “proof of immunity to tetanus, diphtheria and mumps” defined. ([NRS 441A.120](#))

1. “Proof of immunity to hepatitis B” means:

(a) A record of immunization against hepatitis B; or

(b) A statement signed by a licensed physician or the health authority which affirms serologic evidence of immunity to hepatitis B.

2. “Proof of immunity to measles” means:

(a) A record of immunization against measles with live virus vaccine given on or after the date on which the person reached the age of 1 year;

(b) A statement signed by a licensed physician specifying the date when the person had measles;

(c) A statement signed by a licensed physician or the health authority which affirms serologic evidence of immunity to measles; or

(d) Verified date of birth before January 1, 1957.

3. “Proof of immunity to rubella” means:

(a) A record of immunization against rubella with a live virus vaccine given on or after the date on which the person reached the age of 1; or

(b) A statement signed by a licensed physician or the health authority which affirms serologic evidence of immunity to rubella.

4. “Proof of immunity to tetanus, diphtheria and mumps” means:

(a) A record of immunization against tetanus, diphtheria and mumps;

(b) A statement signed by a licensed physician specifying the dates when the person had tetanus, diphtheria and mumps; or

(c) A statement signed by a licensed physician or the health authority which affirms serologic evidence of immunity to tetanus, diphtheria and mumps.

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

NAC 441A.150 “Rabies control authority” defined. ([NRS 441A.120](#)) “Rabies control authority” means the person designated by the legislative body of a town, city or county to administer the rabies control program.

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

NAC 441A.155 “Rabies-susceptible animal” defined. ([NRS 441A.120](#)) “Rabies-susceptible animal” means any mammal, including, but not limited to, a bat, cat, dog, cow, horse, ferret, cougar, coyote, fox, skunk and raccoon, and any wild or exotic carnivorous mammal.

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

NAC 441A.160 “Record of immunization” defined. ([NRS 441A.120](#)) “Record of immunization” means a written certificate from a health care provider on which is recorded the name and date of birth of the person vaccinated, each vaccine antigen administered, and the month and year of administration.

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

NAC 441A.165 “Respiratory isolation” defined. ([NRS 441A.120](#)) “Respiratory isolation” means the recommended procedure:

1. Designed to prevent transmission of communicable diseases by direct contact with respiratory secretions or droplets that are coughed, sneezed or breathed into the environment; and

2. Set forth in *2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*, adopted by reference pursuant to [NAC 441A.200](#).

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

NAC 441A.170 “Sensitive occupation” defined. ([NRS 441A.120](#)) “Sensitive occupation” means an employment that enhances the potential for transmission of a communicable disease to other persons if a person who is infected with the communicable disease in a contagious stage is employed in that employment. Sensitive occupation includes, but is not limited to, employment as a food and beverage handler, employment in a health care facility, employment in a school or employment in a child care facility.

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

NAC 441A.173 “State Public Health Laboratory” defined. ([NRS 441A.120](#)) “State Public Health Laboratory” includes, without limitation, any branch laboratory designated, established or maintained by the University of Nevada School of Medicine pursuant to [NRS 439.240](#).

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

NAC 441A.175 “Strict isolation” defined. ([NRS 441A.120](#)) “Strict isolation” means the recommended procedure designed to prevent the transmission of diseases by both contact and airborne routes set forth in *2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*, adopted by reference pursuant to [NAC 441A.200](#).

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

NAC 441A.180 “Suspected case” defined. ([NRS 441A.120](#)) “Suspected case” means a person or animal who:

1. Satisfies the clinical, laboratory and epidemiologic criteria set forth in “Case Definitions for Infectious Conditions Under Public Health Surveillance,” adopted by reference pursuant to [NAC 441A.200](#), to be classified as a suspected case of:

- (a) Anthrax;
- (b) Botulism, as defined in [NAC 441A.465](#);
- (c) Diphtheria;
- (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) Measles;
- (g) Meningococcal disease;
- (h) Plague;
- (i) Poliovirus infection;
- (j) Rabies (human or animal);
- (k) Rubella;
- (l) Severe acute respiratory syndrome (SARS);

- (m) Smallpox (variola);
- (n) Tuberculosis;
- (o) Tularemia; or
- (p) Viral hemorrhagic fever; or

2. Is considered by a health care provider to possibly have a communicable disease identified in subsection 1 based on:

- (a) Clinical signs and symptoms consistent with the communicable disease; or
- (b) Laboratory evidence indicating the presence of:
 - (1) The communicable disease;
 - (2) The causative agent of the communicable disease; or
 - (3) The person's or animal's immune response to a causative agent of the communicable disease.

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

NAC 441A.181 “Suspected outbreak” defined. ([NRS 441A.120](#)) “Suspected outbreak” means the occurrence of cases and suspected cases in a community, geographic region or particular population at a rate in excess of that which is normally expected in that community, geographic region or particular population or that would satisfy the conditions to constitute an outbreak if the suspected cases were assumed to be cases.

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

NAC 441A.185 “Tuberculosis” defined. ([NRS 441A.120](#)) “Tuberculosis” means any progressive, stable or retrogressive disease process of the lungs, or other organs or structures of the body, attributable to infection with tubercle bacilli.

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

NAC 441A.190 “Tuberculosis infection” defined. ([NRS 441A.120](#)) “Tuberculosis infection” means the presence of tubercle bacilli in the body.

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R084-06, 7-14-2006)

NAC 441A.192 “Tuberculosis screening test” defined. ([NRS 441A.120](#)) “Tuberculosis screening test” means any tuberculosis screening test that has been:

- 1. Approved by the Food and Drug Administration; and
- 2. Endorsed by the Centers for Disease Control and Prevention.

(Added to NAC by Bd. of Health by R084-06, eff. 7-14-2006)

NAC 441A.195 “Universal precautions” defined. ([NRS 441A.120](#)) “Universal precautions” means standard procedures 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,” adopted by reference pursuant to [NAC 441A.200](#).

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

NAC 441A.198 “Attempted suicide” interpreted. ([NRS 441A.120](#), [441A.150](#)) For the purposes of this chapter and [chapter 441A](#) of NRS, the Board will interpret the term “attempted suicide” to mean an action that:

- 1. Is intended to cause the death of the same person who committed the action but does not cause the death of that person;

2. Results in the person receiving services from a provider of health care in a clinical setting; and

3. Corresponds to the code “suicide and suicide attempt” as established in the International Classification of Diseases, Tenth Revision, Clinical Modification, or any successor classification system, adopted by the National Center for Health Statistics and the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services.

(Added to NAC by Bd. of Health by R153-22, eff. 6-2-2023)

NAC 441A.200 Adoption by reference and availability of certain recommendations, guidelines and publications; most current version of adopted recommendation, guideline or publication deemed adopted; exception. ([NRS 439.200](#), [441A.120](#), [441A.315](#))

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/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, 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 <https://shop.aap.org>.

(f) 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.

(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.

(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.

(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.

(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.

(k) “Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection,” *Morbidity and Mortality Weekly Report* [57(RR09):1-

83, November 7, 2008], published by the United States Department of Health and Human Services and available at no cost on the Internet at <http://www.cdc.gov/mmwr>, or, if that Internet website ceases to exist, from the Division.

(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/organisms/cre/cre-facilities.html>, or, if that Internet website ceases to exist, from the Division.

(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/mdro-guides/containment-strategy.html>, or, if that Internet website ceases to exist, from the Division.

(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.

(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.

(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.

(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.

(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.

(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.

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R047-99, 9-27-99; R084-06, 7-14-2006; R087-08, 1-13-2011; R121-14, 10-27-2015; R187-18, 6-26-2019; R002-22, 9-29-2023; R148-22, 12-15-2023)

NAC 441A.205 Persons deemed employees for purposes of this chapter and only for reducing risk of transmitting communicable disease. ([NRS 441A.120](#)) A person who performs any of the duties that would otherwise be performed by an employee in a sensitive occupation, whether or not for compensation, and whether or not pursuant to a contract, shall be deemed an employee for purposes of this chapter and only for the purpose of reducing the risk of transmitting a communicable disease.

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

REPORTING OF COMMUNICABLE DISEASES

NAC 441A.225 General requirements for certain reports to health authority and rabies control authority; establishment of after-hours reporting system. ([NRS 439.200, 441A.120](#))

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. 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.

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.

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.

6. Except as otherwise required pursuant to subsection 2, a report to the health authority made pursuant to subsection 3, 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.

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. 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.

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.

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R087-08, 1-13-2011; R187-18, 6-26-2019; R148-22, 12-15-2023)

NAC 441A.230 Duty of health care provider to report case or suspected case; content of report. ([NRS 439.200](#), [441A.120](#), [441A.150](#))

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.

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R087-08, 1-13-2011; R148-22, 12-15-2023)

NAC 441A.235 Duty of director or other person in charge of medical laboratory to report findings of communicable disease, causative agent of communicable disease or immune response to causative agent; contents of report; submission of certain microbiologic cultures, subcultures, culture-independent diagnostic tests or other specimen or clinical material; required reporting of results of certain tests relating to human immunodeficiency virus or hepatitis C. ([NRS 439.200](#), [441A.120](#), [441A.167](#))

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

(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.;
- (7) Specimens suspected to contain *Clostridium botulinum*;
- (8) Isolates of *Clostridium tetani*;
- (9) Isolates of *Corynebacterium diphtheriae*;
- (10) Isolates of *Coxiella burnetii*;
- (11) Isolates of *E. coli* O157:H7;
- (12) Isolates of *Francisella tularensis*;
- (13) Isolates of *Haemophilus influenza* (invasive only);
- (14) Isolates of *Legionella* spp.;
- (15) Isolates of *Listeria monocytogenes*;
- (16) Isolates of *Mycobacterium* spp.;
- (17) Isolates of *Neisseria meningitidis* from a sterile site;
- (18) Blood smears containing *Plasmodium* spp.;
- (19) Isolates of *Salmonella* spp.;
- (20) Isolates of, or broth positive results for, Shiga toxin-producing *Escherichia coli*;
- (21) Isolates of *Shigella* spp.;
- (22) Isolates of *Vibrio* spp.;
- (23) Isolates of Vancomycin-intermediate *Staphylococcus aureus*;
- (24) Isolates of Vancomycin-resistant *Staphylococcus aureus*;
- (25) Isolates of *Yersinia pestis*; or
- (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.

(Added to NAC by Bd. of Health, eff. 1-24-92; A 11-1-95; R087-08, 1-13-2011; R121-14, 10-27-2015; R187-18, 6-26-2019; R148-22, 12-15-2023)

NAC 441A.240 Duty of director or other person in charge of medical facility to report communicable disease; report by infection preventionist; adoption of administrative procedures for reporting; provision of additional records. ([NRS 439.200, 441A.120](#))

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.

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R087-08, 1-13-2011; R148-22, 12-15-2023)

NAC 441A.243 Duty of parole officer or probation officer or similar employee of Division of Parole and Probation of Department of Public Safety or local governmental entity to report communicable disease; content of report; cooperation with health authority. ([NRS 441A.120](#))

1. A person who is employed by the Division of Parole and Probation of the Department of Public Safety or by a local governmental entity as a parole officer or probation officer or to perform similar duties and who knows or suspects that a parolee or probationer under his or her supervision has a communicable disease shall report the communicable disease to the health authority having jurisdiction where the parolee or probationer resides. The report must be made in the manner provided in [NAC 441A.225](#).

2. The report must include:

(a) The name of 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. A person who makes a report pursuant to subsection 1 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.

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

NAC 441A.245 Duty of principal, director or other person in charge of school, child care facility or correctional facility to report communicable disease; content of report; cooperation with health authority; requirements when communicable disease identified in child attending school or child care facility; requirements when risk of outbreak. ([NRS 439.200](#), [441A.120](#))

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.

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R087-08, 1-13-2011; R148-22, 12-15-2023)

NAC 441A.250 Duty of person in charge of blood bank to report findings of communicable disease; content of report. ([NRS 441A.120](#))

1. A person in charge of a blood bank in which a test or examination of any specimen derived from the human body yields evidence suggesting the presence of a communicable disease shall report his or her findings to the health authority having jurisdiction where the blood bank is located. The report must be made in the manner provided in [NAC 441A.225](#).

2. The report must include:

- (a) The name, address and, if available, telephone number, and the age or date of birth of the person from whom the specimen was obtained.
- (b) The date and location at which the specimen was obtained.
- (c) The type of test or examination performed on the specimen.
- (d) The date on which the test or examination was performed.
- (e) The result of the test or examination.
- (f) Any other information requested by the health authority, if available.

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

NAC 441A.252 Duty of insurer to report certain results of test for presence of certain communicable diseases; content of report; method of communication. ([NRS 439.200, 441A.120](#))

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:

- (a) The presence of hepatitis A;
- (b) The presence of hepatitis B;
- (c) The presence or absence of hepatitis C;
- (d) The presence or absence of human immunodeficiency virus (HIV);
- (e) The presence of syphilis, including congenital syphilis; or
- (f) The presence of tuberculosis,

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

2. The report must include:

- (a) The name and description of the examination or test performed;
- (b) The name of the communicable disease or suspected communicable disease;
- (c) The date and result of the examination or test performed;
- (d) The name, address and telephone number of the insurer who required or requested the examination or test;
- (e) The name, address and, if available, telephone number, and the age or date of birth of the person who was examined or tested;
- (f) The name, address and telephone number of the person who performed the examination or ordered the test;
- (g) The name, address and telephone number of the medical laboratory that performed the test; and
- (h) Any other information the Chief Medical Officer or the representative may request.

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

(Added to NAC by Bd. of Health, R047-99, eff. 9-27-99; A by R087-08, 1-13-2011; R002-22, 9-29-2023; R148-22, 12-15-2023)

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

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

2. The report must include:

- (a) The communicable disease or suspected communicable disease.
- (b) The name, address and, if available, telephone number of the person known or suspected to have a communicable disease.
- (c) The name, address and telephone number of the person making the report.
- (d) Any other information requested by the health authority, if available.

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

NAC 441A.260 Authority of Chief Medical Officer to require reporting of certain infectious diseases; effective period of such requirements. ([NRS 441A.120](#))

1. The Chief Medical Officer may require the reporting of a case having an infectious disease not specified in [NAC 441A.040](#), or a suspected case considered to have an infectious disease not specified in [NAC 441A.180](#), if:

- (a) The disease is recently acknowledged as a public health concern;
- (b) Epidemiologic investigation of cases or suspected cases may contribute to understanding, controlling or preventing the disease; and
- (c) Written notification is provided to all health authorities specifying:
 - (1) The additional reporting requirements concerning the disease; and
 - (2) The justification for the additional reporting requirements.

2. A requirement of reporting an additional disease adopted by the Chief Medical Officer pursuant to subsection 1 is effective for no longer than 36 months from the date of written notification to health authorities of the reporting requirement.

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

DUTIES AND POWERS RELATING TO THE PRESENCE OF COMMUNICABLE DISEASES

NAC 441A.275 Duty of State Public Health Laboratory to provide testing for communicable diseases. ([NRS 441A.120](#)) Upon approval by the health authority and within available appropriations, the State Public Health Laboratory shall provide testing for communicable diseases at no charge to a case, suspected case, carrier, health care provider, medical laboratory or health authority.

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

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

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

2. The carrying out of measures for the prevention, suppression and control of a communicable disease, including procedures of exclusion, isolation and quarantine.

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

NAC 441A.282 Order for examination, testing, isolation, quarantine or treatment: Contents. ([NRS 439.200](#), [441A.120](#), [441A.160](#)) 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 [NAC 441A.283](#). The notice must refer to [NAC 441A.283](#) 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 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.

(Added to NAC by Bd. of Health by R148-22, eff. 12-15-2023)

NAC 441A.283 Order for examination, testing, isolation, quarantine or treatment: Appeal. ([NRS 439.200](#), [441A.120](#), [441A.160](#))

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.

(Added to NAC by Bd. of Health by R148-22, eff. 12-15-2023)

NAC 441A.285 Use of precautions in managing bodily fluids in certain facilities. ([NRS 441A.120](#)) In medical facilities, schools, child care facilities, correctional facilities and facilities which perform body piercing or tattooing, exposure to blood, semen, vaginal secretions, saliva, urine, feces, respiratory secretions and other body fluids must be managed in accordance with universal precautions and blood and body fluid precautions.

(Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96)

NAC 441A.290 Duties of district health officer. ([NRS 439.200](#), [441A.120](#), [441A.167](#))

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

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

suppression and control of communicable disease set forth in:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(3) Notify the Chief Medical Officer.

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

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

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R047-99, 9-27-99; R087-08, 1-13-2011; R121-14, 10-27-2015; R002-22, 9-29-2023)

NAC 441A.295 Duties of Chief Medical Officer. ([NRS 439.200](#), [441A.120](#), [441A.167](#))

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R087-08, 1-13-2011; R121-14, 10-27-2015; R002-22, 9-29-2023)

NAC 441A.298 Health Authority: Standards for determining likelihood of transmitting communicable disease. ([NRS 439.200](#), [441A.120](#), [441A.180](#)) 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](#).

(Added to NAC by Bd. of Health by R148-22, eff. 12-15-2023)

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

1. Pursuant to subsection 6 of [NRS 441A.220](#), information of a personal nature provided by a person making a report of a case or suspected case or provided by the person having a communicable disease, or determined by investigation of the health authority, may be disclosed by the health authority to:

(a) A person who has been exposed, in a manner determined by the health authority likely to have allowed transmission of a communicable disease, 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.

(b) The parent or legal guardian of a case or suspected case or of a person described in paragraph (a) if determined by the health authority to be necessary for the protection of the parent or legal guardian or for the well-being of the case, suspected case or person described in paragraph (a).

(c) The health care provider of a case or suspected case or of a person described in paragraph (a) if determined by the health authority to be necessary for the protection of the health care provider or for the well-being of the case, suspected case or person described in paragraph (a).

(d) The employer of a person having a communicable disease if that person is employed in a sensitive occupation and the health authority determines that the potential for transmission of the disease is enhanced by his or her employment.

(e) The principal, director or other person in charge of a medical facility, school, child care facility, correctional facility or licensed house of prostitution if:

(1) A person attending, working, residing or being cared for in the medical facility, school, child care facility, correctional facility or licensed house of prostitution has a communicable disease; and

(2) The health authority determines that the potential for transmission of the disease is enhanced by the activities of the person described in subparagraph (1).

(f) An animal control officer of any town, city or county, or of any state or federal agency, for the purpose of an investigation of a report of an animal bite by a rabies-susceptible animal.

(g) Any other person determined by the health authority through an investigation of a case to be at risk for acquiring the communicable disease.

2. Information of a personal nature must not be disclosed to a person pursuant to subsection 1 unless the health authority has determined that the person has been or is likely to be exposed sufficiently to the causative agent of a communicable disease as to have allowed transmission of the disease.

3. The health authority making a disclosure pursuant to subsection 1 shall disclose only that information of a personal nature which is necessary for the protection of the person to whom it is disclosed.

4. If a health authority has determined that a person has been exposed 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, he or she shall take reasonable measures to educate the exposed person on the transmission, prevention, control, diagnosis and treatment of the disease.

(Added to NAC by Bd. of Health, eff. 1-24-92; A 10-22-93)

NAC 441A.305 Duty of health authority to disclose information of personal nature to certain persons; duties of firefighters, police officers and persons providing emergency

medical services; limitation on power of health authority to order test or examination.
([NRS 439.200](#), [441A.120](#))

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.

(Added to NAC by Bd. of Health, eff. 1-24-92; A 10-22-93; R002-22, 9-29-2023; R148-22, 12-15-2023)

NAC 441A.310 Authority of State Board of Health and health authority to disseminate to blood bank identifying data relating to viral hepatitis. ([NRS 441A.120](#), [460.020](#)) The State Board of Health or a health authority may disseminate to any blood bank in this State identifying data about any case or carrier of viral hepatitis. The identifying data may include the name, age, date of birth, sex, race, county of residence and social security number of the case or carrier and the type of viral hepatitis.

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

**INVESTIGATING, REPORTING, PREVENTING, SUPPRESSING AND
CONTROLLING PARTICULAR COMMUNICABLE DISEASES**

General Provisions

NAC 441A.325 Compliance with provisions regarding particular communicable diseases. ([NRS 439.200](#), [441A.120](#), [441A.160](#))

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](#).

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R148-22, 12-15-2023)

NAC 441A.330 Definitions. ([NRS 439.200](#), [441A.120](#), [441A.167](#)) As used in [NRS 441A.167](#) and [NAC 441A.335](#):

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

2. “Political subdivision” means any:

- (a) County;
- (b) Incorporated city;
- (c) Unincorporated town; or
- (d) Airport authority created by a special legislative act.

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

(Added to NAC by Bd. of Health by R121-14, eff. 10-27-2015)

NAC 441A.335 Provision of information, medical records or reports upon request of health authority; confidentiality of such information, records and reports. ([NRS 439.200](#), [441A.120](#), [441A.167](#))

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

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

(Added to NAC by Bd. of Health by R121-14, eff. 10-27-2015)

Tuberculosis

NAC 441A.350 Health care provider to report certain cases, suspected cases and latent cases within certain period after discovery. ([NRS 439.200](#), [441A.120](#), [441A.167](#))

1. A health care provider shall 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:

(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](#); or

(b) Has completed a course of medical treatment prescribed by a health care provider in accordance with the guidelines adopted by reference in paragraph (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.

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R121-14, 10-27-2015; R187-18, 6-26-2019; R148-22, 12-15-2023)

NAC 441A.352 Registered pharmacist and intern pharmacist to report suspected cases. ([NRS 441A.120](#))

1. A registered pharmacist or intern pharmacist shall submit a report to the health authority identifying a person as a suspected case considered to have tuberculosis if the registered pharmacist or intern pharmacist:

(a) Dispenses two or more of the following prescription drugs to the person:

(1) Ethambutol;

(2) Isoniazid;

(3) Pyrazinamide;

(4) Streptomycin; or

(5) Any member of the rifamycin group of drugs, including, but not limited to, rifabutin, rifampin and rifapentine; and

(b) Has not previously submitted a report concerning the person to the health authority.

2. The report must:

(a) Be submitted to the health authority having jurisdiction where the prescription drugs were dispensed;

(b) Be made in the manner provided in [NAC 441A.225](#); and

(c) Include, without limitation:

(1) The name, address and telephone number of the person to whom the prescription drug was dispensed;

(2) The date of birth of the person to whom the prescription drug was dispensed;

(3) The name, address and telephone number of the registered pharmacist or intern pharmacist making the report;

(4) The name and telephone number of the health care provider who wrote the prescription;

(5) The date on which the prescription was written; and

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

3. As used in this section:

- (a) "Dispense" has the meaning ascribed to it in [NRS 639.0065](#).
- (b) "Intern pharmacist" has the meaning ascribed to it in [NRS 639.0086](#).
- (c) "Registered pharmacist" has the meaning ascribed to it in [NRS 639.015](#).

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

NAC 441A.355 Active tuberculosis: Duties and powers of health authority. ([NRS 439.200](#), [441A.120](#))

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 (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.

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R084-06, 7-14-2006; R121-14, 10-27-2015; R187-18, 6-26-2019; R148-22, 12-15-2023)

NAC 441A.360 Cases and suspected cases: Prohibited acts; duties; discharge from medical supervision. ([NRS 441A.120](#))

1. A case having tuberculosis or a suspected case considered to have tuberculosis shall not work in a sensitive occupation or attend a child care facility or school unless determined to be noninfectious by the health authority.

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

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

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

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

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

NAC 441A.365 Contacts: Compliance with regulations; medical evaluation; prohibited acts. ([NRS 441A.120](#))

1. A contact of a case having tuberculosis or suspected case considered to have tuberculosis shall comply with all rules and regulations issued by the State Board of Health and shall submit to a medical evaluation to determine the presence of active tuberculosis or tuberculosis infection.

2. If the tuberculosis screening test administered pursuant to subsection 3 of [NAC 441A.355](#) is positive, or if there is radiological evidence of active tuberculosis in the lungs, the contact shall submit to further medical evaluation. An order to submit to a medical examination may be issued by the health authority if the contact fails to report for a medical evaluation when requested to do so by the health authority.

3. A contact residing in the same household as a case having tuberculosis or suspected case considered to have tuberculosis shall not work in a sensitive occupation or attend a child care facility or school unless he or she is asymptomatic and is authorized to do so by the health authority.

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R084-06, 7-14-2006)

NAC 441A.370 Correctional facilities: Infection control program required; testing and surveillance of employees, independent contractors, volunteers and inmates; investigation for contacts; report of such investigation; course of preventive treatment for person with tuberculosis infection; documentation. ([NRS 439.200](#), [441A.120](#), [441A.167](#))

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

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

3. An inmate in the custody of a correctional facility must meet any applicable screening guidelines and recommendations set forth in the recommendations, guidelines and publications adopted by reference pursuant to [NAC 441A.200](#).

4. If a tuberculosis screening test administered pursuant to subsection 2 or 3 is negative, the person must be retested in accordance with any applicable testing guidelines and

recommendations set forth in the recommendations, guidelines and publications adopted by reference pursuant to [NAC 441A.200](#).

5. If a tuberculosis screening test administered pursuant to subsection 2 or 3 is positive or if the person has a documented history of a positive tuberculosis screening test and has not completed an adequate course of medical treatment, the person shall submit to a chest X-ray and a medical evaluation to determine the presence of active tuberculosis.

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

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

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

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

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

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R084-06, 7-14-2006; R121-14, 10-27-2015)

NAC 441A.375 Medical facilities, facilities for the dependent, homes for individual residential care and outpatient facilities: Management of cases and suspected cases; surveillance and testing of certain employees and independent contractors; counseling and preventive treatment. ([NRS 439.200](#), [441A.120](#), [441A.167](#), [449.448](#))

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 (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 (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 (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 (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](#).

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R084-06, 7-14-2006; R179-09, 7-22-2010; R121-14, 10-27-2015; R187-18, 6-26-2019; R148-22, 12-15-2023)

NAC 441A.380 Admission of persons to certain medical facilities, facilities for the dependent or homes for individual residential care: Testing; respiratory isolation; medical treatment; counseling and preventive treatment; documentation in medical record. ([NRS 439.200](#), [441A.120](#))

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 (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 (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 (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 (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 (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.

(Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R084-06, 7-14-2006; R121-14, 10-27-2015; R187-18, 6-26-2019; R148-22, 12-15-2023)

NAC 441A.385 Care of medically indigent patient in State Tuberculosis Control Program; payment of cost. ([NRS 441A.120](#))

1. The care of a person who has been accepted as a medically indigent patient in the State Tuberculosis Control Program:

(a) Is the responsibility of the designated agent of the Division; and

(b) Must be continuous until the person is discharged from medical care,

↪ whether the patient is hospitalized or receiving treatment as an outpatient.

2. If a person under the care of the State Tuberculosis Control Program is no longer medically indigent, the person shall pay all or part of the cost of his or her care, as determined by his or her ability to pay.

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

NAC 441A.390 Treatment of case or suspected case by health care provider. ([NRS 441A.120](#)) A health care provider shall treat a case having active tuberculosis or tuberculosis infection or a suspected case considered to have active tuberculosis or tuberculosis infection with a chemotherapeutic regimen approved by the health authority.

(Added to NAC by Bd. of Health, eff. 1-24-92; A 10-22-93)

Human Rabies

NAC 441A.400 Case or suspected case: Investigation by health authority; standard of care in medical facility. ([NRS 441A.120](#), [441A.410](#))

1. The health authority shall investigate each report of a case having human rabies or suspected case considered to have human rabies to confirm the diagnosis, to identify any

contacts, to identify the source of the infection and to make recommendations for postexposure rabies prophylaxis.

2. If a case having human rabies or suspected case considered to have human rabies is in a medical facility, the medical facility shall provide care to the case in accordance with strict isolation or other appropriate disease specific precautions.

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

Animal Rabies

NAC 441A.410 Appointment of rabies control authority; ordinance providing for rabies control program; authority of county, city or town to require licenses for dogs, cats and ferrets; duty of county, city or town to provide certain information to Chief Medical Officer or representative thereof. ([NRS 441A.120](#), [441A.410](#))

1. Each county, city and town shall appoint a rabies control authority and enact an ordinance providing for a rabies control program. The ordinance must include a provision:

(a) Requiring all dogs, cats and ferrets in its jurisdiction to be vaccinated against rabies as prescribed in [NAC 441A.435](#).

(b) Authorizing the rabies control authority in the county, city or town to issue a citation to the owner of a dog, cat or ferret which is not vaccinated against rabies as prescribed in [NAC 441A.435](#) and providing that only a certificate of vaccination against rabies issued pursuant to [NAC 441A.440](#) is acceptable as proof of vaccination against rabies.

2. A county, city or town may require an owner of a dog, cat or ferret to obtain a license for each dog, cat or ferret owned.

3. A county, city or town shall provide:

(a) The name, address and telephone number of the rabies control authority appointed pursuant to subsection 1 to the Chief Medical Officer or a representative thereof within 30 days after the appointment of the rabies control authority; and

(b) A copy of the ordinance enacted pursuant to subsection 1 to the Chief Medical Officer or the representative within 30 days after the ordinance is enacted.

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R047-99, 9-27-99)

NAC 441A.412 Rabies control authority in certain jurisdictions to maintain record of certificates of vaccinations against rabies; confidentiality of record. ([NRS 441A.120](#), [441A.410](#)) The rabies control authority of each town, city or county whose population is more than 50,000 shall maintain a record of the certificates of vaccinations against rabies that is organized according to the names of the owners of the vaccinated animals. The record of the certificates of vaccinations against rabies maintained by the rabies control authority is confidential and may be disclosed only to an animal control authority or health authority or pursuant to a court order.

(Added to NAC by Bd. of Health by R047-99, eff. 9-27-99)

NAC 441A.415 Rabies control authority: Investigate report of person bitten by rabies-susceptible animal; ensure proper procedures carried out for confinement, testing, quarantine or euthanasia of biting animal. ([NRS 441A.120](#), [441A.410](#))

1. The rabies control authority shall investigate each report of a person bitten by a rabies-susceptible animal to confirm the report, to gather information about the circumstances of the biting incident, to determine the disposition of the biting animal and to make recommendations for postexposure rabies prophylaxis. If the rabies control authority is not the health authority, all recommendations for postexposure prophylaxis shall be made in accordance with a protocol established by the health authority.

2. The rabies control authority shall ensure that the proper procedures are carried out for the confinement, testing, quarantine or euthanasia of the biting animal as specified in [NAC 441A.425](#). Lagomorphs (rabbits and hares) and rodents must be submitted for laboratory testing only under exceptional circumstances such as an unprovoked attack.

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

NAC 441A.420 Rabies control authority to investigate case or suspected case of animal rabies; authority of rabies control authority to enter private property; destruction of head of rabies-susceptible animal prohibited. ([NRS 439.200](#), [441A.120](#), [441A.410](#))

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

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

3. The rabies control authority may enter private property for the purpose of:

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

(b) Seizing an animal that has bitten a person;

(c) Determining if any animal kept or harbored therein has rabies or has been exposed to rabies; or

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

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

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R121-14, 10-27-2015)

NAC 441A.425 Management of animals that have bitten persons; responsibility of owner for costs of quarantine, veterinary care and examination. ([NRS 439.200](#), [441A.120](#), [441A.410](#))

1. Except as otherwise provided in subsections 2 and 3, the rabies control authority shall cause a dog, cat or ferret, regardless of current vaccination against rabies, which has bitten a person, to be quarantined and, for 10 days following the bite, to be observed under the supervision of a licensed veterinarian or any other person designated by the rabies control authority. The dog, cat or ferret must be quarantined within an enclosure or with restraints deemed adequate by the rabies control authority to prevent direct contact with a person or an animal.

2. If a dog which has bitten a person is owned by a canine unit of a law enforcement agency or is a service animal or service animal in training, the rabies control authority may waive the requirement that the dog be quarantined if:

(a) The bite occurred while the dog was carrying out his or her normal duties for the law enforcement agency or as a service animal or service animal in training;

(b) The dog has been vaccinated against rabies pursuant to [NAC 441A.435](#); and

(c) For 10 days following the bite, the dog is observed under the supervision of a licensed veterinarian or any other person designated by the rabies control authority.

3. A dog, cat or ferret which has bitten a person may be euthanized and tested for rabies without a period of quarantine if:

(a) The animal is so ill or severely injured that it would be inhumane to keep it alive;

(b) In the opinion of the health authority or licensed veterinarian, the animal exhibits paralysis or neurological or behavioral symptoms that are consistent with rabies; or

(c) The behavior of the animal is so fractious or aggressive that it is not possible for the rabies control authority to manage the animal safely.

4. The dog, cat or ferret must be examined by a licensed veterinarian at the first sign of illness during the 10 days of observation. Any illness must be reported immediately to the rabies control authority. If signs of rabies develop during the 10 days of observation, the dog, cat or ferret must be euthanized and its head removed and shipped under refrigeration, but not frozen, for examination at the laboratory of the State Department of Agriculture. If at the end of the quarantine period, the animal is free of all signs of rabies:

(a) The animal must be returned to its owner upon payment of all costs of quarantine and veterinary care and examination; or

(b) The animal may be euthanized in the manner prescribed by the rabies control authority if the owner of the animal cannot be located. The head of the animal is not required to be submitted to the laboratory of the State Department of Agriculture for examination.

5. A bat, raccoon, skunk or fox which has bitten a person must be euthanized immediately without a period of quarantine and the head submitted for laboratory examination.

6. An animal of any other species which has bitten a person must be managed as deemed appropriate in the discretion of the rabies control authority. The rabies control authority shall consult with the health authority concerning the management of such an animal.

7. The owner of an animal quarantined pursuant to the provisions of this chapter is responsible for all costs of quarantine and veterinary care and examination.

8. The person responsible for supervising an animal quarantined pursuant to subsection 1 shall not release the animal to any person other than:

(a) The owner of the animal at the time it was quarantined;

(b) A member of the immediate family of the person described in paragraph (a); or

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

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

9. As used in this section:

(a) “Service animal” has the meaning ascribed to it in [NRS 426.097](#).

(b) “Service animal in training” has the meaning ascribed to it in [NRS 426.099](#).

(Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R047-99, 9-27-99; R087-08, 1-13-2011; R121-14, 10-27-2015)

NAC 441A.430 Euthanization or management of animals that have been in close contact with animal suspected or known to have rabies; responsibility of owner for costs of confinement, veterinary care and examination. ([NRS 439.200](#), [441A.120](#), [441A.410](#))

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 [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.

(Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R047-99, 9-27-99; R187-18, 6-26-2019; R148-22, 12-15-2023)

NAC 441A.433 Animal shelter required to provide for vaccination of dog, cat or ferret released for adoption. ([NRS 441A.120](#), [441A.410](#))

1. Before releasing a dog, cat or ferret for adoption, an animal shelter shall:

(a) Have the dog, cat or ferret vaccinated against rabies in the manner prescribed in [NAC 441A.435](#) and provide the person who adopts the dog, cat or ferret with a certificate of vaccination issued pursuant to [NAC 441A.440](#); or

(b) Issue to the person who adopts the dog, cat or ferret a voucher which can be presented to a licensed veterinarian as payment for the vaccination of the dog, cat or ferret.

2. To defray the costs of complying with the requirements of subsection 1, an animal shelter may impose and collect a fee from each person who adopts a dog, cat or ferret from the animal shelter. The fee must not exceed the administrative costs of complying with subsection 1, plus the actual cost of the vaccination.

3. As used in this section, “animal shelter” has the meaning ascribed to it in [NRS 574.240](#).

(Added to NAC by Bd. of Health, eff. 3-28-96)

NAC 441A.435 Owner required to maintain dog, cat or ferret currently vaccinated; vaccination requirements; exemption by licensed veterinarian; proof that dog, cat or ferret is currently vaccinated or exempted from vaccination required before entering State; impoundment; review of revisions of recommendations for vaccination. ([NRS 441A.120](#), [441A.410](#))

1. An owner of a dog, cat or ferret shall maintain the dog, cat or ferret currently vaccinated against rabies in accordance with the provisions of this section and the recommendations set forth in the *Compendium of Animal Rabies Prevention and Control*, 2008 edition, published by the National Association of State Public Health Veterinarians, Inc., which is hereby adopted by reference. The publication is available, free of charge, on the Internet at <http://www.nasphv.org>.

2. A dog or cat must be vaccinated against rabies with a vaccine that is designed to provide protection from rabies for 3 years. The provisions of this subsection do not prohibit the vaccination of a dog or cat against rabies with a vaccine that is designed to provide protection from rabies for a longer period if recommended in the *Compendium of Animal Rabies Prevention and Control*, adopted by reference pursuant to subsection 1.

3. A ferret must be vaccinated against rabies annually. The provisions of this subsection do not prohibit the vaccination of a ferret against rabies with a vaccine that is designed to provide protection from rabies for a longer period if recommended in the *Compendium of Animal Rabies Prevention and Control*, adopted by reference pursuant to subsection 1.

4. A licensed veterinarian may exempt a dog, cat or ferret from vaccination for health reasons. The veterinarian shall record the reasons for the exemption and a specific description of the dog, cat or ferret, including the name, age, sex, breed and color on a rabies vaccination certificate which must bear the owner's name and address. The veterinarian shall record whether the reason for the exemption is permanent and, if it is not, the date the exemption expires.

5. A dog, cat or ferret that is exempted from or is too young for vaccination against rabies must be confined to the premises of the owner or kept under physical restraint by the owner.

6. The owner shall not allow a dog, cat or ferret over 3 months of age to enter this State unless the owner has in his or her immediate possession written proof that the dog, cat or ferret is currently vaccinated against rabies or has an exemption for health reasons.

7. If the owner of a dog, cat or ferret violates any provision of this section, the rabies control authority may impound the dog, cat or ferret.

8. If the *Compendium of Animal Rabies Prevention and Control*, adopted by reference pursuant to subsection 1, is revised, the Board will review the revision to determine its suitability for this State. The Board will consider any objection to the revision filed by the Administrator of the Division of Animal Industry of the State Department of Agriculture pursuant to subsection 10. If the Board determines that the revision is not suitable for this State, the Board will:

(a) Hold a public hearing to review its determination within 6 months after the date of publication of the revision; and

(b) Give notice of that hearing.

9. If, after a hearing held pursuant to subsection 8, the Board does not revise its determination, the Board will give notice within 30 days after the hearing that the revision is not suitable for this State. If the Board does not give such notice, the revision becomes part of the *Compendium of Animal Rabies Prevention and Control*, adopted by reference pursuant to subsection 1.

10. The Administrator of the Division of Animal Industry of the State Department of Agriculture may review any revision of the recommendations for vaccination against rabies of dogs, cats and ferrets set forth in the *Compendium of Animal Rabies Prevention and Control*, adopted by reference pursuant to subsection 1, to determine whether the revision is appropriate for application in this State. For the purpose of enforcing the provisions of this section, a revision of the recommendations shall be deemed to be effective in this State 10 days after its publication unless:

(a) The Administrator of the Division of Animal Industry of the State Department of Agriculture files an objection to the revision with the Board; or

(b) The Board gives notice, pursuant to subsection 9, that the revision is not suitable for this State.

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R047-99, 9-27-99; R087-08, 1-13-2011)

NAC 441A.440 Veterinarians: Issuance of certificates of vaccination and rabies vaccination tags; cooperation with investigation by rabies control authority. ([NRS 441A.120](#), [441A.410](#))

1. A veterinarian who vaccinates an animal against rabies shall complete three copies of a certificate of vaccination against rabies for the animal vaccinated. The certificate of vaccination against rabies must include, but is not limited to:

(a) The name and address of the owner of the animal.

(b) A description of the animal, including the name, age, sex, breed, color and weight of the animal.

(c) The date the vaccination was administered.

(d) The product name of the vaccine used.

- (e) The lot number of the vaccine.
 - (f) The date the animal is due for revaccination based on the duration of immunity provided by the vaccine according to its label.
 - (g) The number on the rabies vaccination tag issued pursuant to subsection 3.
 - (h) The name, address and license number of the veterinarian.
 - (i) The signature of the veterinarian who administered the vaccine. The signature may be handwritten, stamped or produced by a computer.
2. The veterinarian shall:
- (a) Provide the original copy of the certificate of vaccination to the owner of the animal;
 - (b) Provide a copy of the certificate of vaccination to the rabies control authority; and
 - (c) Retain a copy of the certificate of vaccination for the period that the vaccination is current.
3. A veterinarian who vaccinates an animal against rabies shall issue to the owner a metal rabies vaccination tag, serially numbered to match the number on the certificate of vaccination against rabies. A rabies vaccination tag must not conflict with the shape or color of local license tags.
4. A veterinarian shall cooperate with any investigation of an animal bite, or of a case having rabies or suspected case considered to have rabies, by providing all information requested by the rabies control authority.

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R047-99, 9-27-99)

NAC 441A.445 Prohibited activities on private property involving bat, skunk, raccoon, fox or coyote; relinquishment of animal; exemptions. ([NRS 441A.120](#), [441A.410](#))

1. Except as otherwise provided in subsection 2:
- (a) A person shall not intentionally keep, harbor or in any way care for, maintain, lodge or feed on private property, a bat, skunk, raccoon, fox or coyote.
 - (b) Any person violating the provisions of paragraph (a) of this subsection shall, upon request of the rabies control authority and the Department of Wildlife, relinquish the animal to the rabies control authority or the Department.
2. The rabies control authority and the Department may grant to any person an exemption from the provisions of this section.

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

Miscellaneous Communicable Diseases

NAC 441A.450 Human immunodeficiency virus infection (HIV). ([NRS 439.200](#), [441A.120](#))

1. The health authority shall investigate each report of a case having:
- (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 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.

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.

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.

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R087-08, 1-13-2011; R002-22, 9-29-2023; R148-22, 12-15-2023)

NAC 441A.455 Amebiasis. ([NRS 441A.120](#))

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

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

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

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

(c) The person is asymptomatic and there is no indication of poor personal hygiene.

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

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

5. An infant or child who is excreting *Entamoeba histolytica* shall not attend a child care facility until asymptomatic. The health authority shall instruct a child care facility where an infant or child excreting *Entamoeba histolytica* is attending of the need and proper method of hand washing and other practices for the control of infection which prevent the transmission of amebiasis.

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

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

NAC 441A.460 Anthrax. ([NRS 441A.120](#))

1. The health authority shall investigate each report of a case having anthrax or suspected case considered to have anthrax to confirm the diagnosis, to determine the extent of any outbreak of the infection and to identify the source of infection.

2. The health authority shall notify the Chief Medical Officer if the source of infection is suspected to be occupational. The Chief Medical Officer shall notify the appropriate regulatory agency of any suspected occupational exposure.

3. The health authority shall notify the Chief Medical Officer if the source of infection is suspected to be an infected animal. The Chief Medical Officer shall notify the Administrator of the Division of Animal Industry of the State Department of Agriculture (State Veterinarian), who shall immediately investigate the report and shall carry out necessary measures for the prevention, suppression and control of the transmission of the disease from animals to humans.

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

5. If a case having anthrax 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.

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

NAC 441A.463 Babesiosis. ([NRS 439.200](#), [441A.120](#), [441A.160](#)) 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.

(Added to NAC by Bd. of Health by R148-22, eff. 12-15-2023)

NAC 441A.465 Botulism. ([NRS 441A.120](#))

1. The health authority shall investigate each report of a case having botulism or suspected case considered to have botulism to confirm the diagnosis, to identify the source of intoxication, to identify other exposed persons and to obtain and submit environmental samples for laboratory testing.

2. If the source of intoxication is foodborne, the health authority shall properly dispose of contaminated food and utensils in order to prevent further ingestion of the contaminated food or other contact of the toxin with a person or animal.

3. If the case having botulism is an infant, the health authority shall search for other cases to determine whether to rule out foodborne botulism.

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

5. As used in this section, “botulism” includes, without limitation, foodborne botulism, infant botulism, wound botulism, and botulism, other than foodborne botulism, infant botulism or wound botulism.

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

NAC 441A.475 Brucellosis. ([NRS 441A.120](#))

1. The health authority shall investigate each report of a case having brucellosis to confirm the diagnosis and to identify the source of infection.

2. The health authority shall notify the Chief Medical Officer if the source of infection is suspected to be an infected animal. The Chief Medical Officer shall notify the Administrator of the Division of Animal Industry of the State Department of Agriculture (State Veterinarian) who shall immediately investigate the report and shall take all necessary measures for the prevention, suppression and control of the disease in animals.

3. The health authority shall notify the Chief Medical Officer if the source of infection is suspected to be occupational. The Chief Medical Officer shall notify the appropriate regulatory agency of any suspected occupational exposure.

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

NAC 441A.480 *Campylobacteriosis.* ([NRS 439.200](#), [441A.120](#))

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

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

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

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

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

4. An infant or child who is excreting *Campylobacter* spp. shall not attend a child care facility until asymptomatic. The health authority shall instruct a child care facility where an infant or child who is excreting *Campylobacter* spp. is attending of the need and proper method of hand washing and other practices for the control of infection which prevent the transmission of campylobacteriosis.

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

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

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R187-18, 6-26-2019)

NAC 441A.481 *Candida auris.* ([NRS 439.200](#), [441A.120](#), [441A.160](#))

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](#).

(Added to NAC by Bd. of Health by R148-22, eff. 12-15-2023)

NAC 441A.482 Carbapenem-resistant Enterobacteriaceae. ([NRS 439.200](#), [441A.120](#))

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 “Carbapenemase Producing Carbapenem-Resistant Enterobacteriaceae (CP-CRE) 2018 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 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 *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 [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 *2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*, as adopted by reference in [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 *2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*, as adopted by reference in [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 *2007*

Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, as adopted by reference in [NAC 441A.200](#).

(Added to NAC by Bd. of Health by R187-18, eff. 6-26-2019; A by R148-22, 12-15-2023)

NAC 441A.485 Chancroid. ([NRS 439.200](#), [441A.120](#))

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. 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. The health authority shall take action to ensure that the person is offered appropriate medical treatment for the disease.

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 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.

4. A health care provider shall follow the procedures set forth in 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.

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R087-08, 1-13-2011; R002-22, 9-29-2023; R148-22, 12-15-2023)

NAC 441A.487 Chikungunya virus disease. ([NRS 439.200](#), [441A.120](#)) The health authority shall investigate each report of a case having chikungunya virus disease to:

1. Confirm the diagnosis;
2. Search for other cases; and
3. Determine the need for measures to prevent, suppress or control the spread of the infection.

(Added to NAC by Bd. of Health by R187-18, eff. 6-26-2019)

NAC 441A.490 *Chlamydia trachomatis* infection. ([NRS 439.200](#), [441A.120](#))

1. The health authority 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. 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. The health authority shall take action to ensure that the person is offered appropriate medical treatment for the infection.

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 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.

4. A health care provider shall follow the procedures set forth in 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.

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 appropriate

disease specific precautions.

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R087-08, 1-13-2011; R002-22, 9-29-2023; R148-22, 12-15-2023)

NAC 441A.495 Cholera. ([NRS 441A.120](#))

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

2. A person excreting *Vibrio cholerae* shall not work in a sensitive occupation until authorized to do so by the health authority. The health authority may authorize a case who is excreting *Vibrio cholerae* to work in a sensitive occupation if:

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

(b) The person is asymptomatic.

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

(a) The contact is asymptomatic; and

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

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

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

5. An infant or child who is excreting *Vibrio cholerae* shall not attend a child care facility. The health authority shall instruct a child care facility where an infant or child who is excreting *Vibrio cholerae* is attending of the need and proper method of hand washing and other practices for the control of infection which prevent the transmission of cholera.

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

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

NAC 441A.500 Coccidioidomycosis. ([NRS 441A.120](#))

1. The health authority shall confirm each reported case having coccidioidomycosis identified by histopathological evidence, by the isolation and identification of fungus in clinical specimens, by demonstration of a specific serologic response in acute and convalescent sera, or by a positive precipitin test in combination with a compatible clinical syndrome. The health authority shall obtain sufficient information about each case for the purpose of surveillance.

2. When an association is suspected among two or more cases described in subsection 1, the health authority shall conduct an investigation to determine whether there is a common source of infection.

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

NAC 441A.502 Coronavirus disease 2019 (COVID-19). ([NRS 439.200](#), [441A.120](#), [441A.160](#)) 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.

(Added to NAC by Bd. of Health by R148-22, eff. 12-15-2023)

NAC 441A.505 Cryptosporidiosis. ([NRS 439.200](#), [441A.120](#))

1. The health authority shall investigate each report of a case having cryptosporidiosis, identified by the detection of *Cryptosporidium* organisms or DNA in stool, intestinal samples, biopsy specimens or other biological samples upon testing by a medical laboratory, to:

- (a) Confirm the diagnosis;
- (b) Identify any contacts;
- (c) Identify the source of infection;
- (d) Determine if the case is employed in a sensitive occupation or is a child attending a child care facility; and
- (e) Determine if there is a contact residing in the same household as the case who is employed in a sensitive occupation.

2. Unless authorized by the health authority, a person who has diarrhea and a fecal specimen that is positive for *Cryptosporidium* and any symptomatic contact residing in the same household as such a person shall not work in a sensitive occupation until at least 48 hours after the diarrhea has resolved. The health authority may order any additional exclusion, testing or treatment of any person that the health authority determines is necessary to prevent further transmission of *Cryptosporidium*.

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

4. Unless authorized by the health authority, an infant or child who is excreting *Cryptosporidium* spp. and whose diarrhea is unresolved or has been resolved for less than 24 hours shall not attend a child care facility. The health authority shall instruct a child care facility where an infant or child who is excreting *Cryptosporidium* spp. is attending of the need and proper method of hand washing and other practices for the control of infection which prevent the transmission of cryptosporidiosis.

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

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R187-18, 6-26-2019)

NAC 441A.506 Cyclosporiasis. ([NRS 439.200](#), [441A.120](#), [441A.160](#))

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.

(Added to NAC by Bd. of Health by R148-22, eff. 12-15-2023)

NAC 441A.508 Dengue. ([NRS 439.200](#), [441A.120](#)) The health authority shall investigate each report of a case having dengue to:

1. Confirm the diagnosis;
2. Search for other cases; and
3. Determine the need for measures to prevent, suppress or control the spread of the infection.

(Added to NAC by Bd. of Health by R187-18, eff. 6-26-2019)

NAC 441A.510 Diphtheria. ([NRS 441A.120](#))

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

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

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

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

5. A contact of a case, suspected case or carrier of diphtheria shall not work in a sensitive occupation unless it has been determined that the contact is not a carrier by a health care provider by means of testing a nasopharyngeal specimen or a specimen from another site suspected to be infected. The health authority may waive this restriction.

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

NAC 441A.512 Ehrlichiosis/anaplasmosis. ([NRS 441A.120](#)) The health authority shall investigate each report of a case having ehrlichiosis/anaplasmosis to:

1. Confirm the diagnosis; and
2. Determine the geographic location where the exposure to the disease occurred.

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

NAC 441A.520 Encephalitis. ([NRS 441A.120](#))

1. A report to the health authority of a case having encephalitis (arthropod-borne and unspecified viral) must include the specific viral, bacterial, fungal or parasitic cause of the disease if known.

2. The health authority shall investigate each report of a case of encephalitis (arthropod-borne and unspecified viral) to confirm the diagnosis and to search for other cases.

3. If an association is suspected among two or more cases having encephalitis (arthropod-borne and unspecified viral), the health authority shall conduct an investigation to determine whether there is an existence of a common source of infection.

4. If a health authority identifies a common source of infection and determines that the common source of infection is a threat to the general welfare of the community, the health authority shall inform the public of the common source of infection and shall provide education on the risk, transmission, prevention and control of encephalitis.

5. If a case having encephalitis is in a medical facility, the medical facility shall provide care to the case in accordance with enteric precautions or other appropriate disease specific precautions for the duration of the illness or for 7 days after the onset of the illness, whichever period is longer.

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

NAC 441A.525 Extraordinary occurrence of illness. ([NRS 439.200](#), [441A.120](#))

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.

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R087-08, 1-13-2011; R148-22, 12-15-2023)

NAC 441A.530 Foodborne disease outbreak. ([NRS 441A.120](#))

1. The health authority shall investigate each report of an outbreak or suspected outbreak of illness known or suspected to be caused by a contaminated food or beverage.

2. The health authority shall conduct an epidemiological investigation of each report of an outbreak or suspected outbreak to confirm its existence, to identify the source, to determine the number of persons exposed to the source, to interview potentially exposed persons, to

collect and submit clinical and environmental samples for laboratory testing and to determine the need to institute measures to control the outbreak or suspected outbreak.

3. The owner, manager or any other person in charge of a food establishment shall promptly cooperate with the health authority in all matters relating to the investigation of a foodborne disease outbreak, including, but not limited to:

(a) Providing information, including names and addresses of patrons and employees, work schedules of employees, histories of illnesses of employees, menus and any other information requested by the health authority.

(b) Providing access to employees for interviewing and obtaining clinical specimens.

(c) Providing food, beverage and environmental samples for laboratory testing.

(d) Cooperating with the efforts of the health authority to carry out procedures for the prevention, suppression and control of the foodborne disease outbreak, including, without limitation, procedures of exclusion, isolation and quarantine.

4. The health authority shall submit a written report summarizing his or her investigation to the Chief Medical Officer within 7 days of completing the investigation. The report must include the:

(a) Event, food, beverage or other vehicle suspected of transmitting the foodborne disease.

(b) Number of persons exposed.

(c) Number of persons known to have become ill from the source.

(d) Symptoms experienced by the persons who became ill.

(e) Epidemic curve for the outbreak.

(f) Incubation period of the illness.

(g) Results of tests performed by a medical laboratory.

(h) Conclusions of the health authority concerning the cause of the outbreak.

(i) Measures instituted for the control of the outbreak, if any.

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

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

NAC 441A.535 Giardiasis. ([NRS 439.200](#), [441A.120](#))

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

2. Unless authorized by the health authority, a person having diarrhea and a fecal specimen that has tested positive for the presence of *Giardia lamblia* organisms, antigen or DNA and any symptomatic contact residing in the same household as such a case shall not work in a sensitive occupation until at least 48 hours after the diarrhea has resolved. The health authority shall order any additional exclusion, testing or treatment of any person that the health authority determines is necessary to prevent further transmission of *Giardia lamblia*.

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

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

5. The health authority may prohibit an asymptomatic infant or child who is excreting *Giardia lamblia* cysts from attending a child care facility if the health authority considers such exclusion necessary in order to stop transmission of the *Giardia lamblia* within the child care facility.

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

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

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R087-08, 1-13-2011; R187-18, 6-26-2019)

NAC 441A.540 Gonococcal infection. ([NRS 439.200](#), [441A.120](#))

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. 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. The health authority shall take action to ensure that the person is offered appropriate medical treatment for the infection.

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 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.

4. A health care provider shall follow the procedures set forth in 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.

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.

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R087-08, 1-13-2011; R002-22, 9-29-2023; R148-22, 12-15-2023)

NAC 441A.545 Granuloma inguinale. ([NRS 439.200](#), [441A.120](#))

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. 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. The health authority shall take action to ensure that the person is offered appropriate medical treatment for the disease.

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 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.

4. A health care provider shall follow the procedures set forth in 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.

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R087-08, 1-13-2011; R002-22, 9-29-2023; R148-22, 12-15-2023)

NAC 441A.550 *Haemophilus influenzae* type b. ([NRS 441A.120](#))

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

- (a) Confirm the diagnosis;
- (b) Determine the extent of any outbreak;
- (c) Determine if the case is a child attending a child care facility; and
- (d) Identify any contacts and determine the need for antimicrobial prophylaxis of any contacts.

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

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

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

3. A person diagnosed as having a disease caused by invasive *Haemophilus influenzae* type b shall not attend a child care facility or a private or public school while the disease is in a communicable form.

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

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

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

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

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

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

7. If a case having a disease caused by invasive *Haemophilus influenzae* type b is in a child care facility or a medical facility where there is no contact who is less than 2 years of age, and two persons have been diagnosed as having a disease caused by invasive *Haemophilus influenzae* type b within 60 days, each child and member of the staff in the child care facility or medical facility shall complete a course of antimicrobial prophylaxis, unless medically contraindicated, regardless of whether the child or member of the staff has received an immunization against *Haemophilus influenzae* type b.

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

NAC 441A.555 Hansen's disease (leprosy). ([NRS 441A.120](#))

1. The health authority shall investigate each report of a case having Hansen's disease (leprosy) to confirm the diagnosis and to identify any contacts residing in the same household as the case.

2. A contact residing in the same household as a case having Hansen's disease (leprosy) shall obtain an examination by a physician for signs of the disease as soon as possible after diagnosis of the index case, and at 6- to 12-month intervals for not less than 5 years after his or her last contact with the case while infectious.

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

NAC 441A.557 Hantavirus infection. ([NRS 441A.120](#))

1. The health authority shall investigate each report of:

(a) A case having a hantavirus infection, as identified by serological testing for hantaviral antibodies, immunohistochemistry studies, polymerase chain reaction studies or other appropriate laboratory studies; and

(b) A suspected case having a hantavirus infection, as identified by the presence of symptoms consistent with hantavirus pulmonary syndrome.

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

(a) Confirm the diagnosis;

(b) Determine the extent of any outbreak of hantavirus; and

(c) Determine the source of the infection.

(Added to NAC by Bd. of Health, eff. 3-28-96)

NAC 441A.560 Hepatitis A: Generally. ([NRS 441A.120](#))

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

2. Except as otherwise provided in this section, a case having hepatitis A and any contact residing in the same household as a case having hepatitis A shall not work in a sensitive occupation. The health authority may waive the provisions of this section if a case or contact is considered not to be infectious.

3. Except as otherwise provided in this section, a child having hepatitis A shall not attend a child care facility. The health authority may waive the provisions of this section if the child is considered not to be infectious.

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

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

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

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

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

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

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

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

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

NAC 441A.565 Hepatitis A: Presence of case in child care facility. ([NRS 441A.120](#))

1. If a case having hepatitis A is an employee or a child in a child care facility and there are no children in diapers in the child care facility, the health authority shall offer appropriate prophylaxis to all employees and children in contact with the case and who have not been vaccinated against hepatitis A.

2. The health authority shall offer appropriate prophylaxis to all employees and enrolled children in a child care facility who have not been vaccinated against hepatitis A if a child in diapers is enrolled in the child care facility and:

(a) A case having hepatitis A is an employee or a child in the child care facility; or

(b) A case having hepatitis A has occurred in the households of two or more children in the child care facility.

3. If recognition of an outbreak of hepatitis A is delayed by 3 or more weeks from the onset of the index case, or if hepatitis A has occurred in three or more families of children enrolled in a child care facility, the health authority shall offer appropriate prophylaxis to all employees and enrolled children in the child care facility who have not been vaccinated against hepatitis A and to contacts who have not been vaccinated against hepatitis A residing in the same household as a child 3 years of age, or less, who is enrolled in the child care facility.

4. If a case having hepatitis A is an employee or a child in a child care facility, the principal, director or other person in charge of the child care facility shall notify, in writing, the employees of the child care facility and the parents or legal guardians of children enrolled in the child care facility of the potential exposure of the children enrolled in the child care facility to hepatitis A, of the recommendations for prophylaxis and of the need for surveillance for development of symptoms.

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

NAC 441A.570 Hepatitis B, C and Delta. ([NRS 441A.120](#))

1. The health authority shall investigate each report of:

(a) An acute case of hepatitis B, C or Delta; or

(b) A pregnant woman who is positive for hepatitis B surface antigen upon testing of a blood specimen by a medical laboratory,

➔ to confirm the diagnosis, to identify any carriers or other cases, to identify the contacts of the case, to identify the source of the infection and to determine the need for postexposure prophylaxis for the contacts.

2. The health authority shall notify any persons with whom the case having hepatitis B, C or Delta has had sexual relations and any person with whom the case has shared a needle of their potential exposure to the disease. The notification must inform such persons of:

(a) The modes of transmission of the disease;

(b) Methods to prevent transmission of the disease; and

(c) Their potential need for postexposure prophylaxis, immunization and testing for the presence of hepatitis B, C or Delta in accordance with the applicable recommendations, guidelines and publications adopted by reference pursuant to [NAC 441A.200](#).

3. A pregnant woman must be screened by her health care provider for the presence of hepatitis B surface antigen. The health care provider shall refer a pregnant woman who is positive for hepatitis B surface antigen to the health authority.

4. The health care provider of an infant born to a woman carrying hepatitis B surface antigen shall ensure that the infant is given hepatitis B immune globulin and hepatitis B vaccine within 12 hours of birth, with the vaccine series being completed on a schedule established by the Division.

5. If a case having hepatitis B, C or Delta or a carrier of hepatitis B, C or Delta is in a medical facility, the medical facility shall provide care to the case or carrier in accordance with blood and body fluid precautions and universal precautions.

6. The health authority may require a non-acute case having hepatitis B, C or Delta, the health care provider of the case and any other person with information about the case to provide information to the health authority to the extent necessary for the purpose of surveillance and to protect the public health.

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

NAC 441A.572 Hepatitis E. ([NRS 441A.120](#))

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

2. Except as otherwise provided in this section, a case having hepatitis E shall not work in a sensitive occupation. The health authority may waive the provisions of this subsection if a case is considered not to be infectious.

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

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

NAC 441A.574 Hepatitis, unspecified. ([NRS 441A.120](#))

1. The health authority shall investigate each report of a case having acute unspecified hepatitis to determine the cause of the hepatitis.

2. If the health authority determines that the hepatitis is caused by the:

(a) Hepatitis A virus, the health authority shall take further action, as appropriate, pursuant to [NAC 441A.560](#) and [441A.565](#);

(b) Hepatitis B, C or Delta virus, the health authority shall take further action pursuant to [NAC 441A.570](#); or

(c) Hepatitis E virus, the health authority shall take further action pursuant to [NAC 441A.572](#).

3. If the health authority is unable to determine the cause of the hepatitis or determines that the hepatitis is caused by an unidentified infectious agent, the health authority shall take appropriate measures for the prevention, suppression and control of the disease.

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

NAC 441A.575 Influenza. ([NRS 439.200](#), [441A.120](#))

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 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.

2. 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.

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R121-14, 10-27-2015; R187-18, 6-26-2019; R148-22, 12-15-2023)

NAC 441A.580 Legionellosis. ([NRS 441A.120](#))

1. The health authority shall investigate each report of a case having legionellosis to confirm the diagnosis and to gather information for the case report.

2. If two or more cases having legionellosis occur among associated persons, the health authority shall investigate to determine the extent of the outbreak and to identify a common environmental source.

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

NAC 441A.585 Leptospirosis. ([NRS 441A.120](#))

1. The health authority shall investigate each report of a case having leptospirosis to confirm the diagnosis, to identify any contacts, carriers or other cases and to identify the source of the infection.

2. If the source of infection is suspected to be an infected animal, environmental contamination or occupational exposure, the health authority shall notify the Chief Medical Officer. The Chief Medical Officer shall notify the appropriate regulatory agency responsible for controlling the source of the disease.

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

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

NAC 441A.590 Listeriosis. ([NRS 441A.120](#))

1. The health authority shall investigate each report of a case having listeriosis to confirm the diagnosis, to identify any carriers or other cases, to identify the source of the infection and

to determine if there is an outbreak.

2. If the source of infection is suspected to be an infected animal, a contaminated product or an occupational exposure, the health authority shall notify the Chief Medical Officer. The Chief Medical Officer shall notify the appropriate regulatory agency responsible for controlling the source of the disease.

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

NAC 441A.595 Lyme disease. ([NRS 439.200](#), [441A.120](#)) The health authority shall investigate each report of a case having Lyme disease, 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.

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R148-22, 12-15-2023)

NAC 441A.600 Lymphogranuloma venereum. ([NRS 439.200](#), [441A.120](#))

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. 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. The health authority shall take action to ensure that the person is offered appropriate medical treatment for the disease.

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 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.

4. A health care provider shall follow the procedures set forth in 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.

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R087-08, 1-13-2011; R002-22, 9-29-2023; R148-22, 12-15-2023)

NAC 441A.605 Malaria. ([NRS 441A.120](#))

1. The health authority shall investigate each report of a case having malaria to confirm the diagnosis and to determine the type and source of the infection.

2. If transmission of malaria may have occurred in this State, the health authority shall conduct an entomologic investigation to determine the extent of mosquito activity and to institute control measures, if necessary.

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

4. The person in charge of a blood bank shall use all reasonable means to elicit from any person who applies to donate blood whether he or she has or has had malaria, or has traveled in, visited or immigrated from an area endemic for malaria, or whether he or she has taken antimalarial drugs. The blood bank shall not accept any blood from a person who refuses to supply such information.

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

NAC 441A.610 Measles (rubeola). ([NRS 439.200](#), [441A.120](#))

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

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

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

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

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

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

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

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

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

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

(2) If the child has not been immunized to measles because of a medical or religious exemption, from the 5th day after the first exposure through the 21st day after the last exposure.

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R121-14, 10-27-2015; R187-18, 6-26-2019)

NAC 441A.615 Meningitis. ([NRS 441A.120](#))

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

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

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

4. A child having meningitis must be excluded from attendance at child care facilities and schools until 7 days after the onset of symptoms.

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

6. A case of meningitis caused by:

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

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

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

NAC 441A.620 Meningococcal disease. ([NRS 441A.120](#))

1. The health authority shall investigate each report of a case having invasive disease caused by *Neisseria meningitidis* (meningococcal disease), including bacteremia, meningitis and septic arthritis to:

- (a) Confirm the diagnosis;
- (b) Determine the extent of any outbreak;
- (c) Identify any contacts; and
- (d) Determine the need for antimicrobial prophylaxis or immunization of contacts.

2. The health authority shall recommend antimicrobial prophylaxis to any person who has had intimate exposure to nasopharyngeal secretions, including, but not limited to:

- (a) A contact residing in the same household as the case;
- (b) A contact sharing crowded quarters with the case, including, but not limited to, miners, prisoners and soldiers;
- (c) A contact who is a member of the staff of a child care facility or a child attending a child care facility; and
- (d) A first responder giving mouth-to-mouth resuscitation.

3. If a case having invasive disease caused by *Neisseria meningitidis* is in a medical facility, the medical facility shall provide care to the case in accordance with respiratory isolation or other appropriate disease specific precautions until 24 hours after initiation of effective therapy.

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

NAC 441A.623 Monkeypox. ([NRS 439.200](#), [441A.120](#), [441A.160](#))

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.

(Added to NAC by Bd. of Health by R148-22, eff. 12-15-2023)

NAC 441A.625 Mumps. ([NRS 441A.120](#))

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

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

3. A case having mumps must be excluded from child care facilities, schools, sporting events sponsored by schools, sensitive occupations, public gatherings, and from contact with a susceptible person who does not reside in the same household as the case in accordance with the recommendations set forth in "Updated Recommendations for Isolation of Persons with Mumps," adopted by reference pursuant to [NAC 441A.200](#).

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

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

NAC 441A.630 Pertussis. ([NRS 439.200](#), [441A.120](#))

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.

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R087-08, 1-13-2011; R121-14, 10-27-2015; R187-18, 6-26-2019; R148-22, 12-15-2023)

NAC 441A.635 Plague. ([NRS 441A.120](#))

1. The health authority shall investigate each report of a case having plague or suspected case considered to have plague to confirm the diagnosis, to determine the extent of any outbreak, to determine the source of infection and to determine if there has been person-to-person transmission of the disease.

2. If a case having plague has pulmonary involvement, the health authority shall immediately identify and notify any contacts of the case and shall place them under surveillance for 7 days and advise them of antimicrobial prophylaxis. Any contact who declines antimicrobial prophylaxis must be placed in strict isolation with careful surveillance for 7 days.

3. If a case having pneumonic plague is in a medical facility, the medical facility shall provide care to the case in accordance with strict isolation or other appropriate disease specific precautions. If a case having bubonic plague 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. If a case having septicemic plague is in a medical facility, the medical facility shall provide care to the case in accordance with universal precautions.

4. If zoonotic plague is suspected by the health authority, he or she shall conduct an environmental investigation to determine the animal source of the plague and shall take such measures as are necessary to control the suspected plague vectors.

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

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

NAC 441A.640 Poliovirus infection. ([NRS 441A.120](#))

1. The health authority shall investigate each report of a case having a poliovirus infection to confirm the diagnosis, to determine the extent of any outbreak, to determine the source of the infection, to identify any susceptible contacts and to determine the need for immunization of contacts.

2. The health authority shall offer immunization against polio to all susceptible contacts.

3. If a poliovirus infection is identified within a school or child care facility, the health authority may exclude a child inadequately immunized against polio from attending the child care facility or school.

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

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

NAC 441A.645 Psittacosis. ([NRS 441A.120](#))

1. The health authority shall investigate each report of a case having psittacosis to confirm the diagnosis, to determine the extent of any outbreak and to identify the source or suspected source of the infection.

2. The health authority shall report to the Chief Medical Officer any identified source or suspected source of infection. The Chief Medical Officer shall notify the Administrator of the Division of Animal Industry of the State Department of Agriculture (State Veterinarian), or other appropriate regulatory agency, if birds or other animals are involved.

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

NAC 441A.650 Q fever. ([NRS 441A.120](#))

1. The health authority shall investigate each report of a case having Q fever, as identified by detection of the infectious agent in clinical specimens or by the demonstration of a specific

serologic response in acute and convalescent sera upon testing by a medical laboratory, to:

- (a) Confirm the diagnosis;
- (b) Determine the extent of any outbreak; and
- (c) Identify the source or suspected source of the infection.

2. Any identified or suspected source of infection of Q fever must be reported to the Chief Medical Officer. The Chief Medical Officer shall notify the Administrator of the Division of Animal Industry of the State Department of Agriculture (State Veterinarian) if animals are involved, or the appropriate regulatory agency if the exposure is suspected to be occupational.

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

NAC 441A.655 Relapsing fever. ([NRS 441A.120](#)) The health authority shall investigate each report of a case having relapsing fever, as identified by the finding of the infectious agent in clinical specimens upon 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.

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

NAC 441A.660 Respiratory syncytial virus infection. ([NRS 441A.120](#)) The health authority shall investigate each report of a case having respiratory syncytial virus infection, as identified by the finding of respiratory syncytial virus in clinical specimens or by demonstration of a specific serologic response in acute and convalescent sera upon testing by a medical laboratory, to:

1. Confirm the diagnosis; and
2. Obtain sufficient information about the case for the purpose of surveillance.

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

NAC 441A.670 Rotavirus infection. ([NRS 439.200](#), [441A.120](#))

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

- (a) Confirm the diagnosis; and
- (b) Obtain sufficient information for surveillance.

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

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

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R187-18, 6-26-2019)

NAC 441A.675 Rubella. ([NRS 441A.120](#))

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

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

3. A case having rubella or a suspected case considered to have rubella must, for at least 7 days after the onset of rash, be excluded from attending child care facilities, schools, sporting events sponsored by schools, sensitive occupations and public gatherings, and from contact with all pregnant women or other susceptible persons outside the household.

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

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

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

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

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

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

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

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

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

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

NAC 441A.678 Saint Louis encephalitis virus. ([NRS 439.200](#), [441A.120](#)) The health authority shall investigate each report of a case having Saint Louis encephalitis virus to:

1. Confirm the diagnosis;

2. Search for other cases; and

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

(Added to NAC by Bd. of Health by R187-18, eff. 6-26-2019)

NAC 441A.680 Salmonellosis. ([NRS 441A.120](#))

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

(a) Confirm the diagnosis;

(b) Determine the extent of any outbreak;

(c) Identify any contact of the case;

(d) Identify any carrier;

(e) Identify the source of infection;

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

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

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

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

(b) The health authority determines that:

- (1) The case is asymptomatic;
- (2) The risk of disease transmission is negligible; and
- (3) There is no indication of poor personal hygiene.

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

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

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

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

4. A person who excretes *Salmonella* spp. for not less than 4 weeks and not more than 1 year after onset of acute illness is a convalescent carrier and shall not engage in a sensitive occupation unless at least two consecutive fecal specimens, taken at least 24 hours apart, fail to show *Salmonella* spp. organisms upon testing by a medical laboratory.

5. A person who excretes *Salmonella* spp. for more than 1 year after onset of acute illness is a chronic carrier and shall not engage in a sensitive occupation unless three consecutive fecal specimens, taken at least 72 hours apart, fail to show *Salmonella* spp. organisms upon testing by a medical laboratory.

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

7. An infant or child excreting *Salmonella* spp. shall not attend a child care facility or school until asymptomatic. The health authority shall instruct a child care facility where an infant or child who is excreting *Salmonella* spp. is attending of the need and proper method of hand washing and other practices for the control of infection which prevent the transmission of salmonellosis.

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

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

NAC 441A.683 Severe acute respiratory syndrome (SARS). ([NRS 441A.120](#)) The health authority shall investigate each report of a case having severe acute respiratory syndrome (SARS) or a suspected case considered to have severe acute respiratory syndrome (SARS) 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.

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

NAC 441A.685 Severe reaction to vaccination. ([NRS 439.200](#), [441A.120](#)) If an occurrence described in 42 U.S.C. § 300aa-25(b) results from a vaccination administered in

this State, the person who administered that vaccine must report the occurrence as required by that section. The health authority and the Division may take any action necessary to ensure compliance with the requirements of this section.

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R187-18, 6-26-2019)

NAC 441A.687 Shiga toxin-producing *Escherichia coli*. ([NRS 439.200](#), [441A.120](#))

1. The health authority shall investigate each report of:

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

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

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

(a) Confirm the diagnosis;

(b) Identify the source of infection; and

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

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

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

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

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

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

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

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

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

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

(Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R087-08, 1-13-2011; R187-18, 6-26-2019)—
(Substituted in revision for NAC 441A.515)

NAC 441A.690 Shigellosis. ([NRS 441A.120](#))

1. The health authority shall investigate each report of a case having shigellosis to confirm the diagnosis, to determine the extent of any outbreak, to identify any carriers of the

infection, to identify any contacts, to identify the source of the infection, to determine if the case is employed in a sensitive occupation or is a child attending a child care facility and to determine if there is a contact residing in the same household as the case who is employed in a sensitive occupation.

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

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

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

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

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

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

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

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

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

5. An infant or child excreting *Shigella* spp. shall not attend a child care facility or school until asymptomatic. The health authority shall instruct a child care facility where an infant or child who is excreting *Shigella* spp. is attending of the need and proper method of hand washing and other practices for the control of infection which prevent the transmission of shigellosis.

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

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

NAC 441A.691 Smallpox (variola). ([NRS 441A.120](#))

1. The health authority shall investigate each report of a case having smallpox or a suspected case considered to have smallpox 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;

(2) Immunize or quarantine any susceptible contacts; and

(3) Quarantine any susceptible contact who refuses immunization or for whom immunization may be inappropriate.

2. Except as otherwise provided in this section, a case having smallpox or a suspected case considered to have smallpox must be isolated from all persons who may be susceptible to the disease until any lesions on the case have healed.

3. If a case having smallpox or a suspected case considered to have smallpox is treated in a medical facility, the medical facility shall provide care to the case or suspected case as directed by the health authority until any lesions on the case have healed.

4. An employee of a medical facility shall not have direct contact with a case having smallpox or with a suspected case considered to have smallpox unless the employee provides proof of immunity to smallpox or uses appropriate personal protective equipment.

5. The health authority shall immediately notify the Chief Medical Officer of a report of a case having smallpox or a suspected case considered to have smallpox.

6. As used in this section, “smallpox” means smallpox (variola).

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

NAC 441A.692 Spotted fever rickettsioses. ([NRS 441A.120](#)) The health authority shall investigate each report of a case having spotted fever rickettsioses to confirm the diagnosis, to determine the extent of any outbreak and to identify the source of the infection.

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R087-08, 1-13-2011)—(Substituted in revision for NAC 441A.665)

NAC 441A.693 *Staphylococcus aureus*: Vancomycin-resistant and vancomycin-intermediate. ([NRS 441A.120](#))

1. The health authority shall investigate each report of a case having vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus* to:

(a) Confirm the diagnosis;

(b) Identify, categorize and evaluate contacts; and

(c) Evaluate the efficacy of any contact precautions, disease specific precautions or other infection control precautions that are in effect.

2. If the case having vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus* is in a medical facility, the medical facility must:

(a) Provide care to the case in accordance with appropriate disease specific precautions, including, without limitation:

(1) Isolating the case in a private room;

(2) Minimizing the number of persons providing care to the case; and

(3) Requiring any person who provides care to the case to use contact precautions, including, without limitation:

(I) Wearing a sanitary mask and eye protection if performing a procedure that is likely to cause the provider of care to come into contact with contaminated material; and

(II) Using a cleansing agent for hand washing that is appropriate for the disease;

(b) Dedicate for use only on the case any nondisposable item that cannot be cleaned and disinfected between uses;

(c) Inform and educate the appropriate persons about:

(1) The presence in the medical facility of a case with vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus*; and

(2) The need to observe contact precautions, disease specific precautions and other infection control precautions;

(d) Determine whether transmission of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus* has already occurred by performing baseline cultures of specimens from the hands and nares of:

(1) Any person who has had physical contact with the case;

(2) Each health care provider of the case; and

(3) Any roommate of the case;

(e) Assess the efficacy of any contact precautions, disease specific precautions or other infection control precautions that are in effect by testing the appropriate personnel for the acquisition of an isolate of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus*; and

(f) Consult with the health authority before transferring or discharging the case from the medical facility.

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

NAC 441A.694 Streptococcal toxic shock syndrome. ([NRS 441A.120](#)) The health authority shall investigate each report of a case having streptococcal toxic shock syndrome 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, procedures to exclude, isolate or quarantine the case.

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

NAC 441A.6945 *Streptococcus pneumoniae*: Invasive. ([NRS 441A.120](#)) The health authority shall investigate each report of a case having invasive *Streptococcus pneumoniae* 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, procedures to exclude, isolate or quarantine the case.

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

NAC 441A.695 Syphilis. ([NRS 439.200](#), [441A.120](#))

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 is offered appropriate testing and treatment for the infection.

2. 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. The health authority shall take action to ensure that the person is offered appropriate medical treatment for the infection.

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 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.

4. A health care provider shall follow the procedures set forth in 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.

5. If a case having infectious syphilis is in a medical facility, the medical facility shall provide care to the case in accordance with appropriate precautions specific to the treatment of syphilis.

6. As used in this section, “infectious syphilis” means congenital, primary, secondary and early latent syphilis.

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R087-08, 1-13-2011; R002-22, 9-29-2023; R148-22, 12-15-2023)

NAC 441A.700 Tetanus. ([NRS 441A.120](#)) The health authority shall investigate each report of a case having tetanus to confirm the diagnosis, to determine the status of immunization of the case and to obtain sufficient information about the case for the purpose of surveillance.

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

NAC 441A.705 Toxic shock syndrome, other than streptococcal toxic shock syndrome. ([NRS 441A.120](#)) The health authority shall investigate each report of a case having toxic shock syndrome, other than streptococcal toxic shock syndrome, to confirm the diagnosis, to obtain specific clinical information on the syndrome and to learn more about the etiology, risk factors and prevention of the syndrome.

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

NAC 441A.710 Trichinosis. ([NRS 441A.120](#)) The health authority shall investigate each report of a case having trichinosis to confirm the diagnosis, to determine the extent of any outbreak, to identify the source of the infection and to confiscate samples of meat for laboratory testing. The health authority shall report any identified source of infection within 24 hours of discovery to the Chief Medical Officer. The Chief Medical Officer shall notify the Administrator of the Division of Animal Industry of the State Department of Agriculture (State Veterinarian) or other appropriate regulatory agency.

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

NAC 441A.715 Tularemia. ([NRS 441A.120](#))

1. The health authority shall investigate each report of a case having tularemia or suspected case considered to have tularemia to confirm the diagnosis and to identify the source of the infection.

2. If a case having pneumonic tularemia is in a medical facility, the medical facility shall provide care to the case in accordance with isolation precautions for not less than 48 hours after the initiation of treatment specific for the disease. A case with open lesions must be cared for in general accordance with drainage and secretion precautions or other appropriate disease specific precautions.

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

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

NAC 441A.720 Typhoid fever. ([NRS 441A.120](#))

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

- (a) Confirm the diagnosis;
- (b) Determine the extent of any outbreak;
- (c) Identify any contacts;
- (d) Identify any carriers of the infection;
- (e) Identify the source of the infection;

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

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

2. A person excreting *Salmonella typhi* shall not work in a sensitive occupation unless authorized to do so by the health authority. The health authority may authorize a person excreting *Salmonella typhi* to work in a sensitive occupation if at least three fecal specimens collected from the case:

- (a) At least 24 hours apart;
- (b) At least 48 hours after cessation of antimicrobial therapy; and
- (c) At least 1 month after onset of the illness,

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

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

4. A person who excretes *Salmonella typhi* for not less than 4 weeks and not more than 1 year after onset of acute illness is a convalescent carrier and shall not engage in a sensitive occupation unless at least three consecutive fecal specimens and three consecutive urine specimens, taken at least 1 month apart, fail to show *Salmonella typhi* organisms upon testing by a medical laboratory.

5. A person who excretes *Salmonella typhi* for more than 1 year after onset of acute illness is a chronic carrier and shall not engage in a sensitive occupation unless six consecutive fecal specimens, taken at least 1 month apart, and six consecutive urine specimens, taken at least 1 month apart, fail to show *Salmonella typhi* organisms upon testing by a medical laboratory.

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

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

8. An infant or child excreting *Salmonella typhi* shall not attend a child care facility or school until released to do so by the health authority. The health authority shall instruct a child care facility where an infant or child who is excreting *Salmonella typhi* is attending of the need and proper method of hand washing and other practices for the control of infection which prevent the transmission of typhoid fever.

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

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

NAC 441A.7205 Varicella (chickenpox). ([NRS 439.200](#), [441A.120](#))

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

- (a) Confirm the diagnosis;
- (b) Determine the extent of any outbreak;
- (c) Identify any child care facility or school attended by the case; and
- (d) Obtain sufficient information about the case for surveillance.

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

(Added to NAC by Bd. of Health by R187-18, eff. 6-26-2019)

NAC 441A.721 Vibriosis. ([NRS 441A.120](#)) The health authority shall investigate each report of a case having vibriosis, as identified by the finding of a person infected with or excreting *Vibrio* spp. organisms, other than *Vibrio cholerae* organisms, upon testing of a clinical specimen by a medical laboratory, to:

1. Confirm the diagnosis;
2. Identify any contacts or other cases;
3. Determine the extent of any outbreak; and
4. Identify the source of the infection.

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

NAC 441A.722 Viral hemorrhagic fever. ([NRS 441A.120](#))

1. The health authority shall investigate each report of a case having viral hemorrhagic fever or a suspected case considered to have viral hemorrhagic fever 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; and
- (2) Quarantine any susceptible contacts.

2. Except as otherwise provided in this section, a case having viral hemorrhagic fever or a suspected case considered to have viral hemorrhagic fever must be isolated from all persons until the case or suspected case is no longer considered to be infectious.

3. If a case having viral hemorrhagic fever or a suspected case considered to have viral hemorrhagic fever is treated in a medical facility, the medical facility shall provide care to the case or suspected case in accordance with strict isolation or other appropriate disease specific precautions until the case or suspected case is no longer considered to be infectious.

4. An employee of a medical facility shall not have direct contact with a case having viral hemorrhagic fever or with a suspected case considered to have viral hemorrhagic fever unless the employee uses appropriate personal protective equipment.

5. The health authority shall immediately notify the Chief Medical Officer of a report of a case having viral hemorrhagic fever or a suspected case considered to have viral hemorrhagic fever.

6. As used in this section, “viral hemorrhagic fever” means infection with:

- (a) A filovirus, including, but not limited to, Ebola virus or Marburg virus;
- (b) An Old World arenavirus, including, but not limited to, Lassa virus or Lujo virus;
- (c) A New World arenavirus, including, but not limited to, Guanarito virus, Machupo virus, Junin virus or Sabia virus; or
- (d) A nairovirus, including, but not limited to, Crimean-Congo hemorrhagic fever virus.

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

NAC 441A.723 West Nile virus. ([NRS 441A.120](#)) The health authority shall investigate each report of a case infected with the West Nile virus to:

1. Confirm the diagnosis;
2. Search for other cases; and

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

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

NAC 441A.724 Yellow fever. ([NRS 441A.120](#))

1. The health authority shall investigate each report of a case having yellow fever to:
 - (a) Confirm the diagnosis; and
 - (b) Determine the type and source of the infection.
2. If a case having yellow fever is treated in a medical facility, the medical facility shall provide care to the case in accordance with universal precautions or other appropriate disease specific precautions.

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

NAC 441A.725 Yersiniosis. ([NRS 439.200](#), [441A.120](#))

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

- (a) Confirm the diagnosis;
- (b) Identify the source of infection; and
- (c) Determine if the case is employed in a sensitive occupation or is a child attending a child care facility.

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

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

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

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

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

5. An infant or child excreting *Yersinia* spp. shall not attend a child care facility until asymptomatic. The health authority shall instruct a child care facility where an infant or child who is excreting *Yersinia* spp. is attending of the need and proper method of hand washing and other practices for the control of infection which prevent the transmission of yersiniosis.

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

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R187-18, 6-26-2019)

NAC 441A.735 Zika virus disease. ([NRS 439.200](#), [441A.120](#)) The health authority shall investigate each report of a case infected with zika virus disease to:

1. Confirm the diagnosis;
2. Search for other cases; and
3. Determine the need for measures to prevent, suppress or control the spread of the infection.

(Added to NAC by Bd. of Health by R187-18, eff. 6-26-2019)

IMMUNIZATIONS

NAC 441A.750 Records of immunization: Availability for inspection by health authority. ([NRS 441A.120](#)) The record of immunization of a person required to be

immunized by the provisions of this chapter must be made available for inspection by the health authority upon request.

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

NAC 441A.755 University students: Proof of immunity to certain communicable diseases required; exceptions; exclusion from university. ([NRS 439.200](#), [441A.120](#))

1. Except as otherwise provided in subsection 10 or unless excused because of religious belief or medical condition, a person shall not attend a university until he or she submits to the university proof of immunity to tetanus, diphtheria, measles, mumps, rubella and any other disease specified by the State Board of Health. The Division shall establish the immunization schedule required for admission of the student.

2. Except as otherwise provided in subsection 10 or unless excused because of religious belief or medical condition, a person who:

(a) Is less than 23 years of age; and

(b) Is enrolled as a freshman,

↪ shall not attend a university until he or she submits to the university proof of immunity to *Neisseria meningitidis*. The Division shall establish the immunization schedule required for admission of the student.

3. A student may enroll in the university conditionally if the student, or if the student is a minor, the parent or legal guardian of the student, submits a record of immunization stating that the student is in the process of obtaining the required immunizations, and that record shows that the student has made satisfactory progress toward obtaining those immunizations.

4. The university shall retain the proof of immunity on a computerized record or on a form provided by the Division.

5. The university shall not refuse to enroll a student because he or she has not been immunized if the student, or if the student is a minor, the parent or legal guardian of the student, has submitted to the university a written statement indicating that his or her religious belief prohibits immunizations. The university shall keep the statement on file. A statement submitted pursuant to this subsection must be submitted to the university:

(a) Annually, according to the registration schedule of the university for the duration of the enrollment of the student at the university; and

(b) On a form provided by the Division.

6. If the medical condition of a student does not permit him or her to be immunized to the extent required, the student, or if the student is a minor, the parent or legal guardian of the student, must submit to the university a statement of that fact written by a licensed physician. The university shall keep the statement on file. A statement submitted pursuant to this subsection must be submitted to the university on a form provided by the Division.

7. If additional requirements of immunity are imposed by law after a student has been enrolled in the university, the student, or if the student is a minor, the parent or legal guardian of the student, shall submit an additional proof of immunity to the university stating that the student has met the new requirements of immunity.

8. If the health authority determines that, at the university, there is a case having a communicable disease against which immunity is required for admission to the university, and a student who has not submitted proof of immunity to that disease is attending that university, the president of the university shall require that:

(a) The student be immunized; or

(b) The student be excluded from the university until allowed to return by the health authority.

9. A student shall not attend a university from which he or she is excluded until allowed to return by the health authority. The parent or legal guardian of a student, if the student is a

minor, shall not allow the student to attend a university from which he or she is excluded until allowed to return by the health authority.

10. Any student who is enrolled in a program of distance education and who does not attend a class on campus is exempt from the requirements of this section.

11. As used in this section:

(a) "Postsecondary educational institution" has the meaning ascribed to it in [NRS 394.099](#).

(b) "University" means any university within the Nevada System of Higher Education or any private postsecondary educational institution.

(Added to NAC by Bd. of Health, eff. 1-24-92; A 10-22-93; R079-06, 7-14-2006; R099-07, 10-31-2007; R052-16, 11-2-2016; R046-20, 12-29-2020, eff. 7-1-2021)

SEXUALLY TRANSMITTED DISEASES

NAC 441A.775 "Sexually transmitted disease" defined for purpose of NRS. ([NRS 439.200](#), [441A.120](#)) As used in [NRS 441A.240](#) to [441A.330](#), inclusive, "sexually transmitted disease" means a bacterial, viral, fungal or parasitic disease which may be transmitted through sexual contact, including, but not limited to:

1. Acute pelvic inflammatory disease.
2. Chancroid.
3. *Chlamydia trachomatis* infection of the genital tract.
4. Genital herpes simplex.
5. Genital human papilloma virus infection.
6. Gonorrhea.
7. Granuloma inguinale.
8. Hepatitis B infection.
9. Human immunodeficiency virus infection (HIV).
10. Lymphogranuloma venereum.
11. Nongonococcal urethritis.
12. Syphilis.

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R022-22, 9-29-2023)

NAC 441A.776 Procedures for determining which tests for sexually transmitted diseases are medically indicated for patient; duties of provider. ([NRS 439.200](#), [441A.120](#), [441A.315](#))

1. When making a determination pursuant to subsection 1 of [NRS 441A.315](#) concerning which tests for sexually transmitted diseases are medically indicated for a patient, a physician, physician assistant, advanced practice registered nurse or midwife shall follow the procedures set forth in "Chlamydia and Gonorrhea: Screening," "Human Immunodeficiency Virus (HIV) Infection: Screening" and "Syphilis Infection in Nonpregnant Adolescents and Adults: Screening," as adopted by reference in [NAC 441A.200](#).

2. A physician, physician assistant, advanced practice registered nurse or midwife who performs the actions required by subsection 1 of [NRS 441A.315](#) shall:

(a) Document in the record of the patient:

(1) Whether any tests for sexually transmitted diseases were offered to the patient and, if so, which tests were offered; and

(2) For each test offered to the patient, whether the patient agreed to the performance of the test; and

(b) Communicate with the patient concerning testing for sexually transmitted diseases in accordance with "National Standards for Culturally and Linguistically Appropriate Services

(CLAS) in Health and Health Care,” as adopted by reference in [NAC 441A.200](#).

(Added to NAC by Bd. of Health by R002-22, eff. 9-29-2023)

PROSTITUTION

NAC 441A.777 “Sex worker” defined. ([NRS 441A.120](#)) As used in [NAC 441A.777](#) to [441A.815](#), inclusive, “sex worker” means a prostitute who is employed by or has a contract to work in a licensed house of prostitution.

(Added to NAC by Bd. of Health by R089-10, eff. 10-15-2010)

NAC 441A.800 Testing of sex workers; prohibition of certain persons from employment as sex worker; written warning. ([NRS 439.200](#), [441A.120](#), [441A.180](#))

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.

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R089-10, 10-15-2010; R148-22, 12-15-2023)

NAC 441A.802 Screening and confirmatory test for human immunodeficiency virus by a medical laboratory: Requirements. ([NRS 441A.120](#)) Upon receiving a sample of blood pursuant to [NRS 201.356](#), a medical laboratory licensed pursuant to [chapter 652](#) of NRS shall perform a screening and confirmatory test for exposure to the human immunodeficiency virus. The screening and confirmatory tests used by the medical laboratory must be approved by the Food and Drug Administration or the State Board of Health.

(Added to NAC by Bd. of Health, eff. 10-22-93)

NAC 441A.805 Use of latex or polyurethane prophylactic required. ([NRS 441A.120](#))

1. A person employed as a sex worker shall require each patron to wear and use a latex or polyurethane prophylactic while the patron is engaging in any form of sexual intercourse involving the insertion of the penis into the vagina, anus or mouth of the sex worker, oral-genital contact or any touching of the sexual organs or other intimate parts of a person.

2. A person employed as a sex worker shall wear and use a latex or polyurethane prophylactic while the sex worker is engaging in any form of sexual intercourse involving the insertion of the penis into the vagina, anus or mouth of the patron, oral-genital contact or any touching of the sexual organs or other intimate parts of a person.

(Added to NAC by Bd. of Health, eff. 1-24-92; A R089-10, 10-15-2010)

NAC 441A.810 House of prostitution required to post health notice. ([NRS 441A.120](#)) The person in charge of a licensed house of prostitution shall post a health notice provided by the Division. The cost and mounting of the notice is the responsibility of the house of prostitution. The notice must be posted in a prominent location which is readily noticeable by patrons of the establishment and is approved by the Division.

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

NAC 441A.815 Person in charge of house of prostitution: Report of presence of communicable disease required; cooperation with health authority required. ([NRS](#)

[441A.120](#))

1. The person in charge of a licensed house of prostitution who knows of or suspects the presence of a communicable disease within the house of prostitution shall report the disease to the health authority having jurisdiction where the house of prostitution is located.

2. A report of a communicable disease must be made to the health authority in accordance with the provisions set forth in [NAC 441A.225](#).

3. A report must include:

(a) The communicable disease or suspected communicable disease;

(b) The name and the address or telephone number of the case or suspected case;

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

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

(e) The date of onset and the date of diagnosis of the disease; and

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

4. The person in charge of a licensed house of prostitution shall promptly cooperate with the health authority during:

(a) The investigation of the circumstances or cause of a case or suspected case, or of an outbreak or suspected outbreak; and

(b) The carrying out of measures for the prevention, suppression or control of a communicable disease, including procedures of exclusion, isolation and quarantine.

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

ISOLATION AND QUARANTINE OF PERSON OR GROUP OF PERSONS

NAC 441A.850 Required contents of document informing persons of their rights. ([NRS 441A.120](#), [441A.510](#)) A health authority that is required, pursuant to [NRS 441A.510](#), to provide a person whom it isolates or quarantines with a document informing the person of his or her rights shall provide the person with the document as soon as reasonably practicable, but not later than 24 hours, after the person is placed in isolation or quarantined. The document must read substantially as follows:

1. You have the right to make a reasonable number of completed telephone calls from the place where you are isolated or quarantined as soon as reasonably possible after you are isolated or quarantined. ([NRS 441A.520](#))

2. You have the right to possess and use a cellular phone or any other similar means of communication to make and receive calls in the place where you are being isolated or quarantined. ([NRS 441A.520](#))

3. You have the right to refuse treatment, and you may not be required to submit to involuntary treatment unless a court orders you to submit to the treatment. ([NRS 441A.530](#))

4. If you voluntarily consent to be isolated or quarantined in a medical facility and the facility subsequently changes your status to an emergency isolation or quarantine:

(a) You have the right to immediately challenge your detention in court; and

(b) You have the right to be released not later than 48 hours after the medical facility changes your status unless:

(1) You voluntarily consent to continue to be isolated or quarantined; or

(2) A health authority files a petition in court to continue your involuntary isolation or quarantine. ([NRS 441A.540](#))

5. If you are detained in a medical facility, a residence or other safe location under emergency isolation or quarantine:

(a) You have the right to immediately challenge your detention in court; and

(b) You have the right to be released not later than 72 hours after you are detained unless:

(1) You voluntarily consent to continue to be isolated or quarantined; or

(2) A health authority files a petition in court to continue your involuntary isolation or quarantine. ([NRS 441A.550](#))

6. If a health authority files a petition in court for your involuntary isolation or quarantine:

(a) You have the right to a hearing before a judge within 5 judicial days after the health authority files its petition. ([NRS 441A.620](#))

(b) You will be examined by at least one court-appointed physician before your hearing. ([NRS 441A.630](#))

(c) You have the right to be represented by an attorney. Unless you retain an attorney of your choice, the judge will appoint an attorney to represent you. You must pay for the services rendered by your appointed attorney unless you are indigent or you succeed in your challenge to your isolation or quarantine. ([NRS 441A.660](#))

(d) You have the right to be present by live telephonic conferencing or videoconferencing at any proceeding held by the judge and to testify on your own behalf to the extent that you can do so without endangering the health of others. ([NRS 441A.680](#))

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

NAC 441A.855 Emergency isolation or quarantine: Health authority to provide copy of its order within 24 hours to person taken into custody. ([NRS 441A.120](#), [441A.560](#)) A health authority that, pursuant to [NRS 441A.560](#), takes a person or group of persons into custody under emergency isolation or quarantine pursuant to its own order and without a warrant shall provide each person with a copy of the order as soon as reasonably practicable, but not later than 24 hours, after the person is taken into custody.

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

SYSTEM FOR SYNDROMIC REPORTING AND ACTIVE SURVEILLANCE

NAC 441A.900 Definitions. ([NRS 441A.120](#), [441A.125](#)) As used in [NAC 441A.900](#) to [441A.940](#), inclusive, unless the context otherwise requires:

1. “Emergency facility” means:

(a) A hospital that provides emergency services and care, including, without limitation, services and care provided through an emergency department or emergency room; and

(b) An independent center for emergency medical care as defined in [NRS 449.013](#).

2. “Pharmacy” has the meaning ascribed to it in [NRS 639.012](#).

3. “System for syndromic reporting and active surveillance” means the system for syndromic reporting and active surveillance developed by the Board pursuant to [NRS 441A.125](#).

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

NAC 441A.905 “Active surveillance” interpreted. ([NRS 441A.120](#), [441A.125](#)) The Board interprets the term “active surveillance,” as used in [NRS 441A.125](#) and [NAC 441A.900](#) to [441A.940](#), inclusive, to mean that the health authority has initiated contact with an

emergency facility, a health care provider or a pharmacy to obtain information relating to public health, including, without limitation, information concerning the number of patients who were cared for at the emergency facility or by the health care provider, the medical diagnoses of those patients, and other information concerning the signs or symptoms of disease.

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

NAC 441A.910 “Major event” interpreted. ([NRS 441A.120](#), [441A.125](#)) The Board interprets the term “major event,” as used in [NRS 441A.125](#) and [NAC 441A.900](#) to [441A.940](#), inclusive, to mean:

1. An assembly, meeting or other gathering of persons in this State that the health authority determines may be the object of an act of biological terrorism because the gathering is unusually large or attended by one or more public figures, including, without limitation, a head of state;

2. A determination by the Secretary of the United States Department of Homeland Security that the threat of a terrorist attack on the United States or to a particular geographic region or industrial sector is “severe”;

3. A state of emergency or declaration of disaster proclaimed by the Governor or resolved by the Legislature pursuant to [NRS 414.070](#);

4. A known or suspected release of a biological or chemical agent within the United States that may pose a threat to the public health in this State;

5. A known or suspected national, pandemic or global outbreak of disease; or

6. A local outbreak within this State of an illness that is known or suspected to be related to the use of a biological, chemical or radiological weapon.

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

NAC 441A.915 “Syndromic reporting” interpreted. ([NRS 441A.120](#), [441A.125](#)) The Board interprets the term “syndromic reporting,” as used in [NRS 441A.125](#) and [NAC 441A.900](#) to [441A.940](#), inclusive, to mean the collection and analysis of health-related data that precede diagnosis and may warrant a public health response because it signals a sufficient probability of a case, an outbreak of disease or other public health emergency.

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

NAC 441A.920 Reporting of information to system by emergency facility or health care provider. ([NRS 441A.120](#), [441A.125](#))

1. The health authority may require an emergency facility or a health care provider to report information to the system for syndromic reporting and active surveillance during a major event or if the health authority determines that the reporting is otherwise appropriate and necessary to monitor the public health in this State.

2. An emergency facility or health care provider that is required to report information pursuant to subsection 1 shall report the information in the form and manner prescribed by the health authority. The information must include, without limitation:

- (a) The name of the emergency facility or health care provider;

- (b) The name and telephone number of the person making the report;

- (c) The date of the report;

- (d) The period covered by the report;

- (e) The total number of patients who were cared for at the emergency facility or by the health care provider during the period covered by the report; and

- (f) The number of such patients with:

- (1) Cranial nerve impairment with weakness or any bilateral weakness of the face or limbs;
- (2) Unexplained death or illness with a history of fever;
- (3) Gastrointestinal syndrome, diarrhea or gastroenteritis, including, without limitation, vomiting or abdominal cramps;
- (4) Neurological syndrome, meningitis, encephalitis, unexplained acute encephalopathy or a change in mental status with fever;
- (5) Rash, blisters and localized skin lesions, with or without fever;
- (6) Shortness of breath, with or without fever;
- (7) Sepsis or nontraumatic shock;
- (8) Hemorrhagic illness, with or without fever;
- (9) Lymphadenitis, with or without fever;
- (10) Any other sign, symptom or syndrome that is specified by the health authority; or
- (11) Any combination of the signs, symptoms or syndromes described in subparagraphs (1) to (10), inclusive.

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

NAC 441A.925 Reporting of information to system by pharmacy. ([NRS 441A.120](#), [441A.125](#))

1. The health authority may require a pharmacy to report information to the system for syndromic reporting and active surveillance during a major event or if the health authority determines that the reporting is otherwise appropriate and necessary to monitor the public health in this State.

2. The information provided to the health authority pursuant to this section may include, without limitation, data concerning sales by the pharmacy of certain specified drugs, controlled substances, poisons, medicines, chemicals or medical devices.

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

NAC 441A.930 Voluntary program for reporting information to system; acceptance by health authority of information voluntarily reported in lieu of information otherwise required. ([NRS 441A.120](#), [441A.125](#))

1. The health authority may establish a voluntary program in which an emergency facility, a health care provider or a pharmacy agrees to report information to the system for syndromic reporting and active surveillance in the absence of a major event or determination by the health authority that the reporting is otherwise appropriate and necessary to monitor the public health in this State.

2. During a major event or if the health authority determines that reporting information to the system for syndromic reporting and active surveillance is otherwise appropriate and necessary to monitor the public health in this State, the health authority may agree to accept the information reported by a participant in a voluntary program established pursuant to subsection 1 in lieu of any information that could otherwise be required pursuant to [NAC 441A.920](#) or [441A.925](#) if the health authority determines that the information voluntarily reported is substantively equivalent to the information that would otherwise be required.

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

NAC 441A.935 Reporting of additional information to system upon request by health authority; information of personal nature deemed confidential medical information. ([NRS 441A.120](#), [441A.125](#))

1. If an emergency facility, a health care provider or a pharmacy reports information to a health authority pursuant to [NAC 441A.920](#), [441A.925](#) or [441A.930](#) and the health authority

obtains an epidemiological analysis of that information which reveals a pattern of illness that suggests a potential outbreak of illness or other public health emergency, the health authority may require the emergency facility, health care provider or pharmacy to report additional information, which may include, without limitation, information of a personal nature about a patient.

2. Information of a personal nature about a patient that is reported to a health authority pursuant to this section shall be deemed to be confidential medical information that is subject to the provisions of [NRS 441A.220](#).

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

NAC 441A.940 Provisions do not prohibit health authority from acquiring information from other sources for inclusion in system. ([NRS 441A.120](#), [441A.125](#)) The provisions of [NAC 441A.920](#) to [441A.935](#), inclusive, do not prohibit a health authority from acquiring information from other sources for inclusion in the system for syndromic reporting and active surveillance.

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

REPORTING OF DRUG OVERDOSES

NAC 441A.950 Definitions. ([NRS 441A.120](#), [441A.150](#)) As used in [NAC 441A.950](#) to [441A.975](#), inclusive, unless the context otherwise requires, the words and terms defined in [NAC 441A.955](#) and [441A.960](#) have the meanings ascribed to them in those sections.

(Added to NAC by Bd. of Health by R053-18, eff. 5-16-2018)

NAC 441A.955 “Discharge” defined. ([NRS 441A.120](#), [441A.150](#)) “Discharge” means the physical release of a patient, regardless of whether the patient is alive, from a medical facility or from the care of a provider of health care to any other place, including, without limitation, the home of the patient, a transitional medical facility, a treatment center, the office of a coroner or a funeral home.

(Added to NAC by Bd. of Health by R053-18, eff. 5-16-2018)

NAC 441A.960 “Drug overdose” defined. ([NRS 441A.120](#), [441A.150](#)) “Drug overdose” means any intentional or accidental consumption of a controlled substance listed in schedule I, II, III, IV or V in an amount that exceeds the amount prescribed or intended to be consumed that:

1. Results in a patient receiving services from a provider of health care in a clinical setting; and

2. Corresponds to the code T40, T41.1, T42 or T43 as established in the *International Classification of Diseases, Tenth Revision, Clinical Modification*, adopted by the National Center for Health Statistics and the Centers for Medicare and Medicaid Services.

(Added to NAC by Bd. of Health by R053-18, eff. 5-16-2018)

NAC 441A.965 Provider of health care required to report drug overdose; exceptions. ([NRS 441A.120](#), [441A.150](#))

1. Except as otherwise provided in subsections 2 and 3, a provider of health care who provides services to a patient who has suffered or is suspected of having suffered a drug overdose shall, regardless of whether the patient is alive and not later than 7 days after discharging the patient, report the drug overdose or suspected drug overdose to the Chief Medical Officer or his or her designee as required by subsection 2 of [NRS 441A.150](#).

2. A provider of health care who provides outpatient services to a patient whom the provider of health care reasonably believes previously suffered or is suspected of having suffered a drug overdose is not required to make a report of the drug overdose unless the

provider of health care believes that such a report was not made by any other provider of health care. If the provider of health care has such a belief, the provider of health care must make a report not later than 7 days after the date on which the provider of health care first learned of the drug overdose or suspected drug overdose.

3. A provider of health care is not required to make a report of a drug overdose if the patient who has suffered or is suspected of having suffered the drug overdose was receiving hospice care or palliative care at the time of the drug overdose or suspected drug overdose.

(Added to NAC by Bd. of Health by R053-18, eff. 5-16-2018)

NAC 441A.970 Contents of report; provision of supplemental or additional information. ([NRS 441A.120](#), [441A.150](#))

1. A provider of health care shall include in a report of a drug overdose made pursuant to subsection 2 of [NRS 441A.150](#) if known:

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

(b) The name, address, telephone number, sex, race, ethnicity and date of birth of the patient who suffered the drug overdose or suspected drug overdose;

(c) The number assigned to the medical record of the patient;

(d) The date on which the drug overdose or suspected drug overdose occurred;

(e) A statement of the disposition of the patient;

(f) Any code set forth in the *International Classification of Diseases, Tenth Revision, Clinical Modification*, adopted by the National Center for Health Statistics and the Centers for Medicare and Medicaid Services, or the code used in any successor classification system adopted by the National Center for Health Statistics and the Centers for Medicare and Medicaid Services, that corresponds to or is otherwise related to the drug overdose or suspected drug overdose; and

(g) Any other information requested by the Chief Medical Officer or his or her designee.

2. In addition to the information required by subsection 1, a provider of health care may include in the report:

(a) Results from toxicology tests conducted by a laboratory concerning the drug overdose or suspected drug overdose;

(b) A statement of whether the patient was pregnant on the date on which the drug overdose or suspected drug overdose occurred;

(c) The social security number of the patient; and

(d) Any other information that the provider of health care believes is relevant to the report.

3. After making a report pursuant to subsection 2 of [NRS 441A.150](#), a provider of health care may provide supplemental or additional information as it becomes available.

(Added to NAC by Bd. of Health by R053-18, eff. 5-16-2018)

NAC 441A.975 Adoption of procedures by medical facility to ensure that only one provider of health care reports drug overdose of a patient; adoption of administrative procedures by Chief Medical Officer to track and analyze reports. ([NRS 441A.120](#), [441A.150](#))

1. A medical facility that may have more than one provider of health care provide services to a patient who has suffered a drug overdose or suspected drug overdose shall adopt administrative procedures to ensure that only one such provider of health care makes the report of the drug overdose required by subsection 2 of [NRS 441A.150](#).

2. The Chief Medical Officer shall adopt administrative procedures to track and analyze reports of drug overdoses made pursuant to subsection 2 of [NRS 441A.150](#).

(Added to NAC by Bd. of Health by R053-18, eff. 5-16-2018)

REPORTING OF ATTEMPTED SUICIDE

NAC 441A.980 Circumstances where report required. ([NRS 441A.120](#), [441A.150](#))

A provider of health care who treats a patient who has attempted suicide or is suspected to have attempted suicide shall report the case or suspected case of attempted suicide pursuant to subsection 3 of [NRS 441A.150](#) in the manner prescribed by [NAC 441A.982](#) if the treatment is provided in:

1. A community triage center, as defined in [NRS 449.0031](#); or
 2. A hospital, as defined in [NRS 449.012](#), including, without limitation:
 - (a) A rural hospital, as defined in [NRS 449.0177](#); or
 - (b) A psychiatric hospital, as defined in [NRS 449.0165](#).
- (Added to NAC by Bd. of Health by R153-22, eff. 6-2-2023)

NAC 441A.982 Contents of report. ([NRS 441A.120](#), [441A.150](#))

1. A provider of health care who is required by [NAC 441A.980](#) to report a case or suspected case of attempted suicide shall include in the report required pursuant to subsection 3 of [NRS 441A.150](#), to the extent that the information is known:

(a) The name, date of birth, address and telephone number of the patient who attempted suicide or is suspected of attempting suicide;

(b) The name, address and telephone number of any provider of health care who treated the patient;

(c) The following demographic information for the patient:

- (1) Sex;
- (2) Gender identity or expression;
- (3) Race;
- (4) Ethnicity;
- (5) Sexual orientation;
- (6) Occupation; and
- (7) Military or veteran status;

(d) The identification number of the medical record of the patient;

(e) The date of the attempted suicide or suspected attempted suicide;

(f) The disposition of the patient;

(g) A code that corresponds to attempted suicide or suspected attempted suicide, as defined in the International Classification of Diseases, Tenth Revision, Clinical Modification, or any successor classification system, adopted by the National Center for Health Statistics and the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services; and

(h) Any other information requested by the Chief Medical Officer or his or her designee.

2. In addition to the information required by subsection 1, a provider of health care may include in the report required by subsection 3 of [NRS 441A.150](#):

(a) Results from a toxicology test conducted by a laboratory relating to the attempted suicide or suspected attempted suicide;

(b) A statement of whether the patient was pregnant at the time of the attempted suicide or suspected attempted suicide;

(c) The social security number of the patient; and

(d) Any other information that the provider of health care believes is relevant.

(Added to NAC by Bd. of Health by R153-22, eff. 6-2-2023)

NAC 441A.984 Date of report to Chief Medical Officer; provision of supplemental information; administrative procedures to avoid multiple reports; administrative fine; date of report to Patient Protection Commission. ([NRS 441A.120](#), [441A.150](#))

1. A provider of health care who is required by [NAC 441A.980](#) to report a case or suspected case of attempted suicide shall report the case or suspected case not later than 30 days after discharging the patient.

2. A provider of health care may provide to the Chief Medical Officer supplemental or additional information as it becomes available after initially reporting the case or suspected case of attempted suicide.

3. A medical facility listed in [NAC 441A.980](#) shall adopt administrative procedures to ensure that only one provider of health care will report a case or suspected case of attempted suicide pursuant to subsection 3 of [NRS 441A.150](#) when multiple providers of health care treat the case or suspected case.

4. In addition to any criminal penalty imposed pursuant to [NRS 441A.910](#) and [441A.920](#), the Division may impose an administrative fine of \$1,000 against a provider of health care who willfully fails, neglects or refuses to comply with subsection 3 of [NRS 441A.150](#) or any provision of this section or [NAC 441A.980](#) or [441A.982](#).

5. The Chief Medical Officer shall compile and submit the annual report required by subsection 3 of [NRS 441A.150](#) to the Patient Protection Commission on or before April 15 of each year.

(Added to NAC by Bd. of Health by R153-22, eff. 6-2-2023)