Title 51
PUBLIC HEALTH—SANITARY CODE
Part II. The Control of Diseases

Chapter 1. Disease Reporting Requirements

§101. Definitions
[formally paragraph 2:001]

A. Unless otherwise specifically provided herein, the following words and terms used in this Part and all other Parts which are adopted or may be adopted, are defined for the purposes thereof as follows.

Carbon Monoxide—carbon monoxide (CO) is a colorless, odorless, poisonous gas produced through incomplete combustion of carbon-based fuels, including gasoline, oil, and wood.

Carrier—a person, who without apparent symptoms of a communicable disease, harbors the specific infectious agent and may serve as a source of infection. The carrier state may occur with infections unapparent throughout their course, and also as a feature of incubation period, convalescence, and post-convalescence of a clinically recognizable disease.

Case—a particular instance of disease.

Case of Arsenic Exposure—any medical condition/visit resulting from arsenic exposure as determined from the exposure history or patient statement and/or injury resulting from inhalation, ingestion, dermal exposure or ocular contact with arsenic. Laboratory test results for arsenic: includes results of arsenic tests (blood, urine, or tissue samples), regardless of test result.

Case of Cadmium Exposure—any medical condition/visit resulting from cadmium exposure as determined from the exposure history or patient statement and/or injury resulting from inhalation, ingestion, dermal exposure or ocular contact with cadmium. Laboratory test results for cadmium: includes results of cadmium tests (blood, urine, or tissue samples), regardless of test result.

Case of Carbon Monoxide Exposure—any medical condition/visit resulting from carbon monoxide exposure as determined from the exposure history or patient statement and/or injury resulting from inhalation contact with carbon monoxide. Laboratory test results for carbon monoxide includes results of carboxyhemoglobin tests (blood samples), regardless of test result.

Case of Lead Exposure—any medical condition/visit resulting from lead exposure as determined from the exposure history or patient statement and/or injury resulting from inhalation, ingestion, dermal exposure or ocular contact with lead. Laboratory test results for lead: includes results of lead tests (blood, urine, or tissue samples), regardless of test result.

Case of Mercury Exposure—any medical condition/visit resulting from mercury exposure as determined from the exposure history or patient statement and/or injury resulting from inhalation, ingestion, dermal exposure or ocular contact with mercury. Laboratory test results for mercury: includes results of mercury tests (blood, urine, or tissue samples), regardless of test result.

Case of Perinatal Exposure to Human Immunodeficiency Virus (HIV)—any instance of a live birth to a woman in whom HIV infection was present prior to the birth (indicated by maternal or neonatal HIV testing). Laboratory test results for perinatal exposure to HIV include results of HIV-related tests for any child 0 to 6 years of age, regardless of test result.

Case of Perinatal Exposure to Treponema Pallidum—any instance of a live birth or stillbirth to a woman in whom syphilis infection was present prior to the birth (indicated by maternal or neonatal syphilis testing).

Case of Pesticide-Related Illness and Injury—any medical condition/visit resulting from pesticide exposure as determined from the exposure history or patient statement and/or acute, subacute, or chronic illness or injury resulting from inhalation, ingestion, dermal exposure or ocular contact with a pesticide. Laboratory test results for pesticide-related illness and injury includes results of cholinesterase tests (plasma and red blood cell), regardless of test results, for which the purpose of the test was possible pesticide exposure; and tests of pesticides or metabolites in blood, urine, or tissue samples, regardless of test results.

Communicable Disease—an illness due to a specific infectious agent or its toxic products, which arises through transmission of that agent or its products from a reservoir to susceptible host, either directly as from an infected person or animals, or indirectly through the agency of an intermediate plant or animal host, a vector or the inanimate environment.

Contact—any person who has been in such association with an infected person or animal or with a contaminated environment as to have had opportunity to acquire the infection.

Isolation—the separation for the period of communicability of infected persons from other persons, in such places and under such conditions as will prevent the direct or indirect conveyance of the infectious agent from infected persons to persons who are susceptible or who may spread the agent to others.

Pesticide—any pesticide defined in the Louisiana Pesticide Law (Louisiana Revised Statutes Title 3, Chapter 20, 1999) as now stated and as may be amended in the future. Pesticides include but are not limited to insecticides,

herbicides, rodenticides, repellants, fungicides, and wood treatment products.

Quarantine—the limitation of freedom of movement of such well persons or domestic animals as have been exposed to a communicable disease for a period of time equal to the longest usual incubation period of the disease, in such manner as to prevent effective contact with those not so exposed.

NOTE: In connection with the control of communicable diseases, the term *quarantine* is frequently used interchangeably with the term *isolation* as defined above in this Paragraph. At times, the two terms may be used together, as in an *isolation/quarantine order* pursuant to R.S. 40:4(A)(13), and further pursuant to §§117-121 in the body of this Part in this code pertaining to the Control of Diseases.

Reportable Disease—any disease or condition for which an official report is required by the state health officer.

AUTHORITY NOTE: The first source of authority for promulgation of the sanitary code is in R.S. 36:258(B), with more particular provisions found in Chapters 1 and 4 of Title 40 of the Louisiana Revised Statutes. This Part is promulgated in accordance with the specific provisions of R.S. 40:4(A)(2) and R.S. 40:5(1)(2) and (10).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1212 (June 2002), amended LR 32:1050 (June 2006), LR 34:2173 (October 2008), repromulgated LR 34:2582 (December 2008), LR 36:1014 (May 2010), amended by the Department of Health, Office of Public Health, amended LR 45:667 (May 2019).

§103. Public Notice of Reportable Diseases [formerly paragraph 2:002]

A. Those diseases to be reportable will be publicly declared by the state health officer and when any disease is so declared to be a reportable disease, the regulation herein provided shall apply thereto. The state health officer may, at his discretion, from time to time, by public notice, add to or delete from the list of reportable diseases. When a disease is added to the list, the regulations herein pertaining to the reporting of disease shall apply to said disease.

AUTHORITY NOTE: Promulgated in accordance with the provisions of R.S. 40:4(A)(2) and R.S. 40:5(10).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1212 (June 2002).

§105. Reportable Diseases and Conditions [formerly paragraph 2:003]

A. It is hereby made the duty of every physician practicing medicine in the state of Louisiana to report to the state health officer, according to the requirements of this Section and utilizing the appropriate method(s) of reporting required under Subsection E of this Section, any case or suspected case of reportable disease or condition which he or she is attending, or has examined, or for which such physician has prescribed. The report shall be made promptly at the time the physician first visits, examines or prescribes for the patient, and such report shall state the name, age, sex, race, usual residence, place where the patient is to be found, the nature of the disease or condition and the date of onset, and the pregnancy status of the patient (if the pregnancy status is known and if it is clinically relevant to the disease or condition being reported). Reports of occupational disease/injury shall state contact information of the reporting person as well as the patient's name, contact information, age (or date of birth), sex, race/ethnicity, usual residence, occupation, employer information, the nature of the disease or injury, and the date of diagnosis.

B. Any physician, whether Louisiana resident or non-resident, engaged in the practice of medicine at any federal installation or on any vessel, train or other common carrier, which enters any port, station or place in the state of Louisiana, is required to report as specified in Subsection A of this Section.

C. It shall be the duty of every osteopath, coroner, medical examiner, dentist, homeopath, infection control practitioner, laboratory director, medical records director, nurse, nurse midwife, nurse practitioner, pharmacist, physician assistant, podiatrist, poison control center, social worker, veterinarian, and any other health care professional to report a positive laboratory result or a confirmed or suspected case of any reportable disease or condition as required by this Section utilizing the appropriate method(s) of reporting required under Subsection E of this Section in which he or she has examined or evaluated, or for which he or she is attending or has knowledge. In the absence of a health care professional responsible for reporting as stated in the prior sentence (or a physician as referenced in Subsections A and B of this Section), it shall be the duty of the director, chief administrative officer, or other person in charge of any facility, program, or other entity that requires or conducts testing for reportable diseases or conditions, to report a positive laboratory result or a confirmed or suspected case of any reportable disease or condition as required by this Section utilizing the appropriate method(s) of reporting required under Subsection E of this Section.

D. The following diseases or conditions are hereby declared reportable with reporting requirements by class.

1. Class A Diseases or Conditions which Shall Require Reporting within 24 Hours

a. Class A diseases or conditions include diseases or conditions of major public health concern because of the severity of the disease or condition and the potential for epidemic spread. Class A diseases or conditions shall be reported to the Office of Public Health by telephone (or in another electronic format acceptable to the Office of Public Health) immediately upon recognition that a case, a suspected case, or a positive laboratory result is known. In addition, all cases of rare or exotic communicable diseases, unexplained death, unusual clusters of disease and all outbreaks shall be reported. Any class A disease or condition, rare or exotic communicable disease, unexplained death, or unusual cluster of disease and any disease outbreak, shall be reported to the Office of Public Health as soon as possible but no later than 24 hours from recognition that a case, a suspected case, a positive laboratory result, an unexplained death, an unusual cluster of disease, or a disease outbreak is known. The following diseases or conditions shall be classified as class A for reporting requirements:

i. *Acinetobacter* spp., carbapenem-resistant;

ii. acute flaccid paralysis, including acute flaccid myeltis;

iii. amoeba (free living) infection (including *Acanthamoeba*, *Naegleria*, *Balamuthia* and others;

iv. anthrax;

v. avian or novel strain influenza A (initial detection);

vi. botulism;

vii. brucellosis;

viii. Candida auris, as well as common misidentifications of C. auris (e.g., C. haemulonii, C. duobushaemulonii, C. famata, C. sake, C. lusitaniae, C. parapsilosis, C. catenulata, C. guilliermondii, and Rhodotorula glutinis);

ix. cholera;

x. Clostridium perfringens food-borne illness;

xi. diphtheria;

xii. *Enterobacteriacea*, carbenum-resistant;

xiii. fish or shellfish poisoning (domoic acid poisoning, neurotoxic shellfish poisoning, ciguatera, paralytic shellfish poisoning, scombroid);

xiv. food-borne illness;

xv. glanders (Burkholderia mallei);

xvi. *Haemophilus influenzae* (invasive infection);

xvii. influenza-associated mortality;

xviii. measles (rubeola, imported or indigenous);

xix. melioidosis (Burkholderia pseudomallei);

xx. *Neisseria meningitidis* (invasive infection);

xxi. outbreaks of any infectious diseases;

xxii. pertussis;

xxiii. plague (*Yersinia pestis*);

xxiv. poliomyelitis (paralytic and non-paralytic);

xxv. *Pseudomonas aeruginosa*, carbapenem-resistant;

xxvi. Q fever (Coxiella burnettii);

xxvii. rabies (animal and human);

xxviii. ricin poisoning;

xxix. rubella (congenital syndrome);

xxx. rubella (German measles);

xxxi. severe acute respiratory syndrome-associated coronavirus (SARS-CoV);

xxxii. *Staphylococcus aureus*, vancomycin intermediate or resistant (VISA.VRSA);

xxxiii. staphylococcal enterotoxin B (SEB) pulmonary poisoning;

xxxiv. smallpox;

xxxv. tularemia (Francisella tularensis);

xxxvi. viral hemorrhagic fever (Ebola, Lassa, Marburg, Crimean Congo, etc.); and

xxxvii. yellow fever.

2. Class B Diseases or Conditions which Shall Require Reporting within One Business Day

a. Class B diseases or conditions include diseases or conditions of public health concern needing timely response because of potential for epidemic spread. The following class B diseases or conditions shall be reported to the Office of Public Health by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known:

i. anaplasmosis;

ii. arthropod-borne viral infections (including West Nile, Dengue, St. Louis, California, Eastern Equine, Western Equine, Chikungunya, Usutu, Zika, and others);

iii. aseptic meningitis;

iv. babesiosis;

v. Chagas disease;

vi. chancroid;

vii. cryptosporidiosis;

viii. cyclosporiasis;

ix. *Escherichia coli*, Shiga-toxin producing (STEC), including *E. coli* O157:H7;

x. granuloma inguinale;

xi. hantavirus (infection or pulmonary syndrome);

xii. hemolytic-uremic syndrome;

xiii. hepatitis A (acute illness);

xiv. hepatitis B (acute illness and carriage in pregnancy);

xv. hepatitis B (perinatal infection);

xvi. hepatitis C (acute illness);

xvii. hepatitis C (perinatal infection);

xviii. hepatitis E;

xix. herpes (neonatal);

xx. human immunodeficiency virus [(HIV), infection in pregnancy][2,6];

xxi. human immunodeficiency virus [(HIV), perinatal exposure][2,6];

xxii. legionellosis;

xxiii. listeriosis;

xxiv. malaria;

xxv. mumps;

xxvi. salmonellosis

xxvii. shigellosis;

xxviii. syphilis[1]

xxix. syphilis [(*Treponema pallidum*), infection in pregnancy][1,6]

xxx. syphilis [(*Treponema pallidum*), perinatal exposure][1,6];

xxxi. tetanus;

xxxii. tuberculosis[3] due to Mycobacterium tuberculosis, bovis or africanum;

xxxiii. typhoid fever;

xxxiv. *Vibrio* infections (other than cholera); and

xxxv. Zika virus-associated birth defects.

3. Class C Diseases or Conditions which Shall Require Reporting within Five Business Days

a. Class C diseases or conditions shall include diseases or conditions of significant public health concern. The following class C diseases or conditions shall be reported to the Office of Public Health within five business days after the existence of a case, suspected case, or a positive laboratory result is known:

i. acquired immune deficiency syndrome (AIDS)[2];

ii. aspergillosis;

iii. blastomycosis;

iv. campylobacteriosis;

v. chlamydial infection[1];

vi. coccidioidomycosis;

vii. cryptococcosis (Cryptococcus neoformans and C. gattii);

viii. ehrlichiosis (human granulocytic, human monocytic, *Ehrlichia chaffeensis* and *ewingii*);

ix. *Enterococcus*, vancomycin resistant [(VRE), invasive disease];

x. giardiasis;

xi. gonorrhea[1] (genital, oral, ophthalmic, pelvic inflammatory disease, rectal);

xii. Guillain-Barré syndrome;

xiii. Hansen's disease (leprosy);

xiv. hepatitis C (infection, other than as in Class B)[2];

xv. histoplasmosis;

xvi. human immunodeficiency virus [(HIV) infection, other than as in class B][2];

xvii. human T lymphocyte virus (HTLV I and II) infection;

xviii. leptospirosis;

xix. Lyme disease;

xx. lymphogranuloma venereum[1];

xxi. meningitis, eosinophilic (including those due to *Angiostrongylus* infection);

xxii. Nipah virus infection;

xxiii. non-gonococcal urethritis;

xxiv. nontuberculous mycobacteria;

xxv. ophthalmia neonatorum;

xxvi. psittacosis;

xxvii. spotted fever rickettsioses [*Rickettsia* species including Rocky Mountain spotted fever (RMSF)];

xxviii. staphylococcal toxic shock syndrome;

xxix. *Staphylococcus aureus*, methicillin/oxacillin-resistant [(MRSA), invasive infection];

xxx. streptococcal disease, group A (invasive disease);

xxxi. streptococcal disease, group B (invasive disease);

xxxii. streptococcal toxic shock syndrome;

xxxiii. *Streptococcus pneumoniae* invasive disease;

xxxiv. transmissible spongiform encephalopathies (Creutzfeldt-Jakob disease and variants);

xxxv. trichinosis;

xxxvi. varicella (chickenpox); and;

xxxvii. yersiniosis.

4. Class D Special Reportable Diseases or Conditions Shall Require Reporting within Five Business Days

a. Class D diseases or conditions shall include diseases or conditions of significant public health concern. The following class D diseases or conditions shall be reported to the Office of Public Health within five business days after the existence of a case, suspected case, or a positive laboratory result is known:

i. cancer;

ii. carbon monoxide exposure and/or poisoning[5];

iii. complications of abortion;

iv. congenital hypothyroidism[4];

v. galactosemia;

vi. heavy metal (arsenic, cadmium, mercury) exposure and/or poisoning (all ages)[5];

vii. hemophilia; ...

viii. lead exposure and/or poisoning (all ages)[5];

ix. pesticide-related illness or injury (all ages)[5];

x. phenylketonuria[4];

xi. pneumoconiosis (asbestosis, berylliosis, silicosis, byssinosis, etc.) [5];

xii. radiation exposure, over normal limits[5];

xiii. Reye's syndrome;

xiv. severe traumatic head injury;

xv. severe undernutrition (severe anemia, failure to thrive);

xvi. sickle-cell disease (newborns);

xvii. spinal cord injury; and

xviii. sudden infant death syndrome (SIDS).

5. Class E Reportable Occupational Diseases or Conditions Shall Require Reporting within 10 Business Days[5]

a. Class E diseases or conditions shall include any occupationally-related diseases or conditions of significant public health concern. This includes cases where the work environment is suspected to be the cause of an illness or injury or cases where the work environment is thought to be the cause of an illness exacerbation. Class E diseases or conditions shall be reported to the Office of Public Health, Section of Environmental Epidemiology and Toxicology, Occupational Health and Injury Surveillance Program, within 10 business days after existence of the case, suspected case, or positive test result is known.

E. Case reports not requiring special reporting instructions (see below) can be reported by mail or facsimile [(504) 568-8290 (fax)] on confidential disease report forms, or by phone [call (800) 256-2748 for forms and instructions] or in an electronic format acceptable to the Office of Public Health. When selecting a method of notification, the person or entity submitting a report shall be respectful of the time limitations for the report to be received by the Office of Public Health in accordance with the particular time limitations specified under classes A-D above.

1. [1]Report on STD-43 Form. Report cases of syphilis with active lesions by telephone, within one business day, to (504) 568-7474.

2. [2]Report to the Louisiana STD/HIV Program. Visit www.hiv.dhh.louisiana.gov or call (504) 568-7474 for regional contact information.

3. [3]Report on CDC72.5 (f.5.2431) card.

4. [4]Report to the Louisiana Genetic Diseases Program and Louisiana Childhood Lead Poisoning Prevention Programs, www.genetics.dhh.louisiana.gov, or facsimile [(504) 568-8253 (fax)], or call (504) 568-8254 or (800) 242-3112.

5. [5]Report to the Section of Environmental Epidemiology and Toxicology, Occupational Health and Injury Surveillance Program, www.seet.dhh.louisiana.gov or call (504) 568-8150, toll free at (888) 293-7020, or by fax at (504) 568-8149.

6. [6]Report to the Louisiana STD/HIV Program on HIV/Syphilis during Pregnancy Reporting Form. Visit www.hiv.ldh.louisiana.gov or by phone at (504) 568-7474.

AUTHORITY NOTE: Promulgated in accordance with the provisions of R.S. 40:4(A)(2) and R.S. 40:5(2)(10)(11).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1212 (June 2002), amended LR 32:1050 (June 2006), LR 34:2173 (October 2008), repromulgated LR 34:2582 (December 2008), LR 36:1014 (May 2010), repromulgated LR 36:1253 (June 2010), amended LR 39:1053 (April 2013), LR 41:2653 (December 2015), amended by the Department of Health, Office of Public Health, amended LR 45:667 (May 2019).

§107. Laboratory and Healthcare Facility Reporting Requirements (Formerly §113)

A. The director of every laboratory and the director of an applicable healthcare facility whether public, private, hospital or other, within or out of the state shall report to the state health officer the results of all tests that are in any way clinically relevant, suggestive or indicative of an individual having active disease, past or present exposure to, past or present contact with and/or past or present association with any of the disease/conditions listed in LAC 51 (Public Health—Sanitary Code), Part II, Chapter 1, §105. The results of the tests to be reported to the state health officer do not have to be conducted for diagnostic reasons, nor do the results have to be diagnostic or confirmatory. The report shall be received in a timely manner consistent with the requirements of the diseases/conditions by class for the diseases/conditions described in §105 of this Chapter and shall state the name, date of birth, sex, race, usual residence, pregnancy status of the individual (if the pregnancy status is known and if it is clinically relevant to the disease or condition being reported), specimen identification code/ID and test results of the tested individual as well as the name of the physician or person submitting the specimen. Contact information for the laboratory or an applicable healthcare facility performing the test(s) shall be provided. Laboratories or an applicable healthcare facility shall not defer their public health reporting responsibilities to any other authorities within the institutions they serve. In addition, laboratories or an applicable healthcare facility performing tests on specimens received from other laboratories or an applicable healthcare facility shall report to the state health officer all results as prescribed above plus the contact information for the facility/laboratory or an applicable healthcare facility where the specimen originated. Moreover, no considerations, evaluations or

concerns, regarding any test technology or test result by institutions and/or organizations whether federal, state or otherwise (*e.g.*, FDA, CMS-CLIA, etc.) which may be overseeing, approving, evaluating or licensing laboratory testing, shall represent an *a priori* rationale for withholding laboratory reports from the state health officer.

B. All laboratory facilities shall, in addition to reporting tests indicative of conditions found in §105, report positive or suggestive results for additional conditions of public health interest. The following findings shall be reported as detected by laboratory facilities:

1. adenoviruses;

2. coronaviruses;

3. enteroviruses;

4. hepatitis B (carriage, other than in pregnancy);

5. hepatitis C (past or present infection), including genotype where available;

6. human metapneumovirus;

7. parainfluenza viruses;

8. respiratory syncytial virus; and

9. rhinoviruses.

C. A reference culture or culture-independent diagnostic test (CIDT) specimen is required to be sent to the Office of Public Health laboratory, or a specialized laboratory as indicated below, for the following microorganisms within five business days of the final identification of the microorganism:

1. *Acinetobacter* spp., pan-resistant; consult with the OPH's Infectious Disease Epidemiology for submission to the CDC's Antibiotic Resistance Laboratory Network (ARLN);

2. *Bacillus anthracis* (confirmed or suspected);

3. Bordetella pertussis;

4. *Brucella* spp.

5. Burkholderia mallei;

6. Burkholderia pseudomallei;

7. Campylobacter spp.;

8. *Candida auris* submitted to the CDC's ARLN; consult with the OPH's Infectious Disease Epidemiology for common misidentifications of *C. auris* (e.g., *C. haemulonii*, *C. duobushaemulonii*, *C. famata*, *C. sake*, *C. lusitaniae*, *C. parapsilosis*, *C. catenulata*, *C. guilliermondii*, and *Rhodotorula glutinis*);

9. Corynebacterium diphtheriae;

10. *E. coli* O157:H7 or *E. coli* Shiga toxin producing;

11. Enterobacteriaceae, carbapenem-resistant (excluding *Klebsiella pneumoniae*, *K. oxytoca*, *E. coli*, and *Enterobacter* spp.); consult with OPH's Infectious Disease Epidemiology for submission to the CDC ARLN;

12. Francisella spp.;

13. Klebsiella pneumoniae, K. oxytoca. E. coli, and Enterobacter spp., carbapenum-resistant;

14. *Listeria* spp.;

15. Mycobacterium tuberculosis, bovis or africanum;

16. Plesiomonas spp;

17. Pseudomonas aeruginosa, carbapenum-resistant;

18. *Salmonella* spp.;

19. *Shigella* spp.;

20. *Vibrio* spp.;

21. Yersinia enterocolitica; and

22. Yersinia pestis.

D. A reference culture or culture-independent diagnostic test (CIDT) specimen is required to be sent to the Office of Public Health laboratory for the following microorganisms if the original culture was from a sterile site (e.g., blood, spinal fluid, other internal fluid, tissue, etc.). Such reference culture shall be sent to the Office of Public Health laboratory within five business days of the final identification of the microorganism:

1. *Haemophilus influenzae* type b or untyped;

2. Neisseria meningitidis; and

3. Streptococcus pneumoniae.

E. Laboratory reports shall not be construed by the Office of Public Health as diagnosis. In the case of private patients, follow-up of laboratory reports shall be through the physician(s) submitting the specimen(s).

F. Electronic reporting by a laboratory/facility shall include any results, negative or positive, for all components of testing indicative of the following conditions:

1. hepatitis C virus;

2. human immunodeficiency virus (HIV), including nucleotide sequences; and

3. syphilis.

G. Laboratories and applicable healthcare facilities are encouraged to report results electronically using Health Level Seven (HL7)-compliant message structure and appropriate standard Logical Observation Identifiers Names and Codes (LOINC) terminology designating the test(s) performed.

AUTHORITY NOTE: Promulgated in accordance with the provisions of R.S. 40:4(A)(2) and R.S. 40:5(2)(10)(11).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1214 (June 2002), amended LR 32:1052 (June 2006), LR 39:1054 (April 2013), LR 41:2655 (December 2015), amended by Department of Health, Office of Public Health, LR 45:669 (May 2019).

§109. Reports by Emergency Departments (Formerly §105.A.5)

A. Syndromic Surveillance: Reportable Conditions seen at Emergency Departments of Acute Care Hospitals which

Shall Require Reporting Electronically within One Business Day of the Visit

1. Emergency department reporting shall include all conditions seen at emergency departments of acute care hospitals. The text content of the chief complaint for the visit or an international classification of disease code shall be reported to the Office of Public Health within one business day of the visit by electronic means as specified by the Office of Public Health.

AUTHORITY NOTE: Promulgated in accordance with the provisions or R.S. 40:4(A)(2) and R.S. 40:5(2)(10)(11).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1213 (June 2002), amended LR 32:1051 (June 2006), LR 36:1015 (May 2010), LR 41:2656 (December 2015).

§111. Reports by Hospitals

A. It shall be the duty of all hospitals producing antibiograms detailing the antibiotic sensitivities and resistances of microorgansms in their facility to provide a report annually of antibiogram results to the state health officer.

AUTHORITY NOTE: Promulgated in accordance with the provisions of R.S. 40:4(A)(2) and R.S. 40:5(2)(10)(11).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 41:2656 (December 2015).

§113. Reports Required of Parents, Schools and Day Care Centers (Formerly §111)

A. It shall be the duty of every parent, guardian, householder, attendant or other person in charge, principal of a public or private school, operator of a day care center or residential facility (public or private) to report a case of reportable disease in his household or school to the state health officer [as required by Subsection 105.C of this Chapter utilizing the appropriate method(s) of reporting required under Subsection 105.E of this Chapter], when he or she knows or reasonably believes that the disease is one which legally must be reported, except when he or she knows or reasonably believes that a physician, presumed to have already reported the case, is in attendance.

AUTHORITY NOTE: Promulgated in accordance with the provisions of R.S. 40:4(A)(2) and R.S. 40:5(2)(10)(11).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1213 (June 2002), amended LR 36:1015 (May 2010), LR 41:2656 (December 2015).

§115. Investigations [formerly paragraph 2:009]

A. The state health officer may immediately upon receiving notification of any communicable disease or reportable condition, investigate as the circumstances may require for the purpose of verification of the diagnosis, to ascertain the source of the causative agent, to disclose unreported cases and to reveal susceptible contacts if such information is required to prevent a serious health threat to the community. The decision of the state health officer as to the diagnosis shall be final, for administrative purposes.

B. [formerly paragraph 2:010] The state health officer is hereby empowered and it is made his or her duty whenever a case of communicable disease occurs, to obtain laboratory specimens of body tissues, fluids or discharges and of materials directly or indirectly associated with the case as may be necessary or desirable in confirmation of the diagnosis or for ascertaining the source of the infection, recency of onset, strain of organism, and/or medication resistance, when acceptable laboratory and medical reports are not available. Whenever laboratory tests are required for the release of cases or carriers or suspected cases or carriers, the state health officer shall be satisfied that a sufficient number of specimens are examined, that the specimens are authentic and are examined in an acceptable laboratory.

C. [formerly paragraph 2:013] No person shall interfere with or prevent the entrance to or examination of any house, building, trailer, camp, train, airplane, bus, steamship, or other water craft, or any abode, by the state health officer where a case of communicable disease is either suspected or reported to exist.

D. [formerly paragraph 2:009-1] The state health officer shall make a good faith effort to notify individuals who are spouses and/or sexual contacts to persons with Human Immunodeficiency Virus (HIV) infection of their exposure, offer them counseling about their risk of infection, and offer them testing for HIV infection. In performing this activity, the state health officer or his/her designee shall initially contact the primary medical provider of the person who has HIV infection, if such medical provider can be identified, and ask if the infected person or the medical provider intends to conduct this notification. If neither the infected person nor the medical provider intends to notify spouses or sexual partners of the exposure, the state health officer or his/her designee shall attempt to interview the infected person directly to identify these partners for counseling and testing. Notification of partners shall be conducted in such a manner as to maintain the confidentiality of the infected person.

AUTHORITY NOTE: Promulgated in accordance with the provisions of R.S. 40:4(A)(2) and R.S. 40:5(10).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1214 (June 2002), amended LR 32:1052 (June 2006), LR 36:1016 (May 2010).

§117. Disease Control Measures Including Isolation/Quarantine [formerly paragraph 2:011]

A. Individuals suspected of being cases or carriers of a communicable disease, or who have been exposed to a communicable disease, and who in the opinion of the state health officer may cause serious threat to public health, shall either submit to examination by a physician and to the collection of appropriate specimens as may be necessary or desirable in ascertaining the infectious status of the individual, or be placed in isolation or under quarantine as long as his or her status remains undetermined. Specimens collected in compliance with this Section shall be examined

either by a state laboratory free of charge or by a laboratory approved by the state health officer at the individual's own expense.

B. [formerly paragraph 2:014] It shall be the duty of the state health officer or his or her duly authorized representative to promptly institute necessary control measures whenever a case of communicable disease occurs.

C. [formerly paragraph 2:015] The state health officer or his or her duly authorized representative is hereby empowered and it is made his or her duty, whenever a case of communicable disease occurs in any household or place, and it is in his or her opinion, necessary or advisable that persons residing therein shall be kept from contact with the public, to declare the house, building, apartment, room, or place where the case occurs, a place of quarantine, and to require that only persons so authorized by the state health officer shall leave or enter said quarantined place during the period of quarantine.

D. [formerly paragraph 2:016] Whenever a disease of international or interstate epidemic significance occurs in any community within or outside the state of Louisiana, the state health officer shall, if in his or her opinion, it is necessary, proclaim and institute a quarantine of the locality in which the said disease prevails and shall formulate and publish rules and regulations to carry out such quarantine effectively; which rules and regulations shall have the same force and authority as this code and shall remain in force until rescinded by proclamation of the state health officer.

E. [formerly paragraph 2:017] It is a violation of this code for any person to enter or leave any quarantined area in the state of Louisiana, or to enter from any quarantined area without the state of Louisiana except by permission of the state health officer.

F. [formerly paragraph 2:018] No person shall interfere with, conceal, mutilate or tear down any notices or placard placed on any house, building, or premises by the state health officer. Such placards shall be removed only on authority of the state health officer.

G. [formerly paragraph 2:019] Whenever in the judgment of the state health officer, it is necessary to protect the public health against a serious health hazard, the state health officer may take complete charge of any case of communicable disease occurring therein and may carry on such measures to prevent its spread as he or she may believe necessary and as are provided for by this Code.

H. If expedited partner therapy is chosen as an alternative by the before mentioned physician, advanced practice registered nurse or physician assistant, the patient with a case of gonorrhea or chlamydia will be given a written document that the patient agrees to give to his or her sexual contact. The document will contain, but will not be limited to the following information.

1. The sexual contact should be examined and treated by a physician, advanced practice registered nurse or physician assistant, if at all possible.

2. The medicine or prescription for medicine given to the sexual contact by the patient should not be taken by the contact if the contact has a history of allergy to the antibiotic or to the pharmaceutical class of antibiotic in which case the sexual contact should be examined and treated by a physician, advanced practice registered nurse or physician assistant and offered another type of antibiotic treatment.

3. The medicine or prescription for medicine given to the sexual contact by the patient should not be taken by the contact if the contact is pregnant, in which case the sexual contact should be examined by a prenatal care health care provider.

4. Additionally, any pharmacist licensed to practice pharmacy in this state may recognize a prescription authorized by this section as valid, notwithstanding any other provision of law or administrative rule to the contrary.

AUTHORITY NOTE: Promulgated in accordance with the provisions of R.S. 40:4(A)(2) and R.S. 40:5.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1214 (June 2002), amended LR 35:249 (February 2009).

§119. Duty of Custodians of Medical Records [formerly paragraph 2:012]

A. Custodians of medical records on patients known or suspected of being cases or carriers of a communicable disease, shall make such records available for review by the state health officer.

AUTHORITY NOTE: Promulgated in accordance with the provisions of R.S. 40:4(A)(2) and R.S. 40:5(10).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1215 (June 2002).

§121. Special Tuberculosis Control Measures [formerly paragraph 2:014-1 and Appendix A]

A. Louisiana is changing its method of treating tuberculosis due to recent recommendations of the federal Centers for Disease Control and Prevention as set forth in its Morbidity and Mortality Weekly Report, Volume 42, Issue RR-7, dated May 21, 1993. These new and revised recommendations have become necessary because the majority of tuberculosis patients on daily self-administered medications do not comply with a full course of therapy which leads to drug resistance and secondary spread of the disease.

B. This Section contains a step-wise approach for encouraging compliance with treatment and for managing the non-compliant patient. The steps in the process begin with a voluntary patient compliance agreement, meant to spell out the time and place of directly-observed therapy negotiated between the healthcare provider and the patient and to inform the patient of the possible consequences of non-compliance with the course of therapy.

C. If the patient does not comply with the terms of this agreement, a quarantine order for directly-observed therapy follows. This order from the state health officer or his designee reinforces the need for compliance with therapy.

D. If the patient continues to be uncooperative, the state health officer or his designee may issue a formal quarantine order for hospitalization. This assigns the patient to a specific hospital facility for care of tuberculosis as an inpatient, with detailed warning of the consequences of non-compliance with therapy. It is to be noted that the patient must agree to be transported to the selected hospital facility, and to further comply with the quarantine order to remain in the hospital until his/her condition improves, and the patient may be discharged and placed under a new quarantine order for continued directly observed therapy treatment, as needed, outside of the hospital facility's restrictive environment.

E. In certain cases, where the OPH disease intervention specialist and supervisor anticipate that a given uncooperative patient will refuse to be voluntarily transported to a hospital facility under a formal quarantine order for hospitalization, the state health officer may authorize and instruct the OPH disease intervention specialist supervisor or other appropriate OPH official, to fill out a request for a court order for hospitalization, and present it to the district attorney in the parish wherein the patient is known to be situated. (In rare instances, the district attorney may see that criminal charges for violation(s) of the quarantine order for directly observed therapy are filed at this point, instead of the OPH requested civil court order).

F. It is hoped that in most instances of initial non-compliance with the required treatment, an uncooperative patient will agree to be transported to a specific hospital facility for inpatient care under a formal quarantine order issued by the state health officer or his designee, without court intervention.

G. In the event a patient under a formal quarantine order for hospital care becomes uncooperative within the hospital facility's restrictive environment, or a patient continues to be non-compliant with therapy after isolation/quarantine by a civil court order, the hospital facility or state health officer may seek to have criminal charges filed pursuant to R.S. 40:6.B, and upon conviction, the patient may be sentenced to the hospital unit of a state prison and placed in the custody of the Department of Corrections.

H. This Section contains suggested forms with instructions for the steps prior to the filing of criminal charges.

I. Louisiana is following the recommendations of the federal Centers for Disease Control and Prevention by placing all tuberculosis patients initially under a voluntary program of "Directly Observed Therapy" pursuant to a "Patient Compliance Agreement" signed by the patient. A sample "Patient Compliance Agreement" form follows:

J. Tuberculosis Control Sample Form 1

VOLUNTARY PATIENT COMPLIANCE AGREEMENT

Plan of therapy for _____
Full Name

Date of birth_____ Social Security #_____

Whose residence is_____

Parish _____ Date this regimen begins_____

For the Patient: NOTE: All statements are to be read to patient (or patient may read).

1. You are being treated for suspected tuberculosis; therefore, it is essential that you take your medication.

2. To avoid long-term isolation or quarantine, you will be expected to follow your drug therapy schedule. No dose of medication is to be missed.

3. State law requires that the Office of Public Health assist you in controlling your disease. The only way to cure your disease is by regular use of drug therapy.

4. The following therapy schedule requires that you report to _____ on _____, at _____o'clock to receive your medications under supervision. The staff will work with you in arranging special schedules for your therapy as necessary. You will be expected to call and report any difficulties in keeping your appointments.

5. Failure to comply with these guidelines may result in quarantine, involuntary confinement to a hospital or possible criminal charges for violations of quarantine.

(If patient states any barriers to compliance, list them here.)

I agree that I understand the above therapy schedule and will make every effort to comply with the full course of my therapy.

Patient's Signature_____

Date _____ _____
Public Health Nurse or Disease Inter. Spec.

Copy received by patient _____
Patient Initials

SCHEDULE CHANGES

New schedule _____

Medical Reason/Other _____

Patient Signature_____ Date _____

_____
Signature Public Health Nurse or Disease Intervention Specialist

Copy to patient_____
Patient Initials

K. In the event a particular tuberculosis patient fails to cooperate, as evidenced (for example) by failing to voluntarily appear timely at the place that was agreed upon in the patient compliance agreement to take the required drugs, or otherwise interrupts and/or stops taking the anti-tuberculosis medication as prescribed, it may become necessary to issue a formal public health isolation or quarantine order to "Directly Observed Therapy" (DOT) means drugs taken in the presence of a designated health care provider at a specified place. In such cases, the patient is fully informed that a violation of the terms of the isolation or quarantine order to DOT may result in orders issued by the state health officer or his designee or agent, or by an order from a Louisiana court of competent jurisdiction, to a more restrictive environment for the management of uncooperative tuberculosis patients. A sample of a public health isolation or quarantine order to DOT follows:

L. TB Control Form 2 is a sample letter to hand deliver a quarantine order for directly observed therapy.

Date _____

_____

_____

_____, LA 70 __

RE: Quarantine Order for Directly Observed Therapy

Dear _____:

This is to inform you that you are under quarantine to prevent the spread of your tuberculosis infection. The circumstances necessitating the specific terms of your quarantine are as follows:

1. You have been diagnosed as having active pulmonary tuberculosis, which could be spread to others when you cough.

2. You were diagnosed with pulmonary tuberculosis in _____, and had a positive sputum smear and culture for M. tuberculosis, which showed sensitivity to _____.

3. You have failed voluntary Directly Observed Therapy, as evidenced by _____.

In order to protect the public from further unwarranted exposure to your infection, you are required to fully comply with these terms of your quarantine:

1. You will be placed on mandatory Directly Observed Therapy by the regional chest clinician in _____. This regimen will require medications administered at the _____ Parish Health Unit. This therapy will continue until the state health officer determines that you are no longer likely to transmit your infection to others and have completed an adequate therapy regimen.

2. You will comply and cooperate fully with the treatment regimen prescribed for you.

3. Failure to comply with mandatory Directly Observed Therapy on an outpatient basis may require subsequent legal action. Failure for the purposes of this quarantine is defined as missing one or more doses of therapy during one month. This order will remain in force until the order is revoked or revised by the authority of the state health officer.

In view of the risk to the public health which would result from failure to keep your tuberculosis infection under control, any violation of the specified terms of your quarantine may force us to bring immediate action against you in court.

Please signify your intention to comply with the terms of this order by signing the Statement of Intention which is attached. Return the statement to me through the officer who delivers it to you.

I sincerely hope that you will have a rapid and uneventful recovery and that your tuberculosis can be classed as inactive before very long.

_____, M.D.
State Health Officer

M. Tuberculosis Control Form 3 is an attachment to Form 2 to be hand delivered to the patient.

STATEMENT OF INTENTION TO COMPLY

I, _____, have read the terms of my quarantine for control of tuberculosis, or have had them read to me. I have had a chance to ask questions about the terms of my quarantine and am satisfied that I understand them. For my own protection and the protection of the public, I agree to comply fully with the specified terms of my quarantine.

_____
(Signature) Date

WITNESSES: _____ _____
(Signature) (Signature)
_____ _____
(Print Name) (Print Name)

cc:
State Health Officer

EXECUTIVE OFFICER, ADMINISTRATION
DHH OFFICE OF PUBLIC HEALTH

TUBERCULOSIS CONTROL SECTION
DHH OFFICE OF PUBLIC HEALTH

BUREAU OF LEGAL SERVICES

DEPARTMENT OF HEALTH AND HOSPITALS

REGION ___DIS SUPERVISOR 1
DHH OFFICE OF PUBLIC HEALTH
_____ PARISH HEALTH UNIT

DISTRICT ATTORNEY _____ PARISH

SHERIFF,_____ PARISH

N. A tuberculosis patient with a diagnosis of active tuberculosis who fails to comply with a public health isolation or quarantine order to directly observed therapy may be ordered to a more restrictive environment for the management of uncooperative tuberculosis patients, or by requesting a Louisiana court of competent jurisdiction for the issuance of an order placing the patient in a more restrictive environment. A sample of the state health officer's isolation or quarantine order to a more restrictive environment follows, along with a sample request for a court order.

O. TB Control Form 4 is a sample quarantine order (by the state health officer) for hospitalization

SAMPLE QUARANTINE ORDER FOR HOSPITALIZATION

Date _____

_____

_____

_____, LA 70 __

RE: Quarantine Order for Directly Observed Therapy

Dear _____:

This is to inform you that you are under quarantine to prevent the spread of your tuberculosis infection. The circumstances necessitating the specific terms of your quarantine are as follows:

1. You have been diagnosed as having active pulmonary tuberculosis, which could be spread to others when you cough.

2. You were diagnosed with pulmonary tuberculosis on _____, and had a positive sputum smear and culture for M. tuberculosis, which showed resistance to _____.

3. You failed to comply with your prescribed therapy and failed mandatory Directly Observed Therapy under quarantine, as evidenced by _____ .

In order to protect the public from further unwarranted exposure to your infection, you are required to fully comply with these terms of your quarantine for hospitalization:

1. You have been placed on treatment for tuberculosis and will remain hospitalized with subsequent transfer to Villa Feliciana Chronic Disease Hospital and Rehabilitation Center.

2. You will comply and cooperate fully with the treatment regimen prescribed for you.

3. Failure to comply with this order for you to remain hospitalized may result in CRIMINAL CHARGES filed against you and a warrant for your arrest. The CRIMINAL CHARGE would be a violation of your Tuberculosis Quarantine Order, R.S. 40:6.B. Upon trial, if convicted of this charge, you may be sentenced to the hospital unit of a state prison operated by the Department of Corrections. Please be guided accordingly.

This formal quarantine order will remain in force until the order is revoked or revised by the state health officer.

In view of the risk to the public health which would result from failure to keep your tuberculosis infection under control, any violation of the specified terms of your quarantine will force us to bring immediate action against you in court.

Please signify your intention to comply with terms of this order by signing the Statement of Intention which is attached. Return the Statement to me through the officer who delivers it to you.

I sincerely hope that you will have a rapid and uneventful recovery and that your tuberculosis can be classed as inactive before very long.

_____, M.D.
State Health Officer

P. TB Control Form 5 is a statement of intention to comply with the state health officer's quarantine order for hospitalization.

STATEMENT OF INTENTION TO COMPLY

I, _____, have read the terms of my quarantine for control of tuberculosis, or have had them read to me. I have had a chance to ask questions about the terms of my quarantine and am satisfied that I understand them. For my own protection and the protection of the public, I agree to comply fully with the specified terms of my quarantine. I also expressly understand that if I violate the terms of this quarantine order, I may be charged with a CRIME and can be SENTENCED TO PRISON.
(Signature) (Date)

_____
(Signature) Date

WITNESSES: _____ _____
(Signature) (Signature)

_____ _____
(Print Name) (Print Name)

cc:
state health officer

EXECUTIVE OFFICER, ADMINISTRATION
DHH OFFICE OF PUBLIC HEALTH

TUBERCULOSIS CONTROL SECTION
DHH OFFICE OF PUBLIC HEALTH

BUREAU OF LEGAL SERVICES
DEPARTMENT OF HEALTH AND HOSPITALS

REGION II DIS SUPERVISOR
DHH OFFICE OF PUBLIC HEALTH
DISTRICT ATTORNEY _____ PARISH

SHERIFF, _____ PARISH

L S U UNIT, EARL K. LONG HOSPITAL

_____PARISH HEALTH UNIT

Q. The following "format" may be used by the district attorney when the state health officer or his designee or agent requests help in handling an uncooperative person known to have active, infectious tuberculosis. The district attorney may substitute any "format" of his/her preference, however. The general intent here is to provide the OPH disease intervention specialist supervisors (who will be the state health officer's designee in most cases) with an instrument to complete and submit to the district attorney when a particular TB patient shows no intent to cooperate. The "format" of the instrument itself may have to be altered so as to present the facts of a particular case accurately.

R. Tuberculosis Control Form 6

SAMPLE REQUEST FOR A COURT ORDER FOR HOSPITALIZATION

IN RE: 1 _____
NO. 2 _____

_____3 JUDICIAL DISTRICT COURT PARISH OF _____4

FILED:_____5 _____6
DEPUTY

REQUEST FOR AN EMERGENCY PUBLIC HEALTH ORDER TO ISOLATE/QUARANTINE A TUBERCULOSIS PATIENT TO PROTECT THE PUBLIC HEALTH AND THE PATIENT

ON THE MOTION OF _____, 7

a Disease Intervention Specialist Supervisor employed by the Office of Public Health of the Department of Health and Hospitals of the State of Louisiana and duly designated to act in these premises by the state health officer, appearing herein through the undersigned Assistant District Attorney, and moves pursuant to the provisions of LSA-R.S. 40:3, 40:4A(13), 40:4B(4), 40:5(1), 40:6.C and 40:17, and further pursuant to Sections 117-119.F of Chapter 1 of Part II of the state sanitary code, and respectfully suggests to the Court that:

I.
_____, 1 to the best of my knowledge and belief is an imminent danger and/or threat to the health and/or lives of individuals in this parish and state and is now in need of immediate medical examination and treatment in a restricted environment in order to protect the individuals of this parish and state as well as the subject individual person from physical harm and/or from spreading active and infectious tuberculosis.

II.
_____ 1 is known to be located at _____ _____, 8 and has been encouraged to voluntarily submit to necessary medical examination and to seek and receive necessary treatment, but is unwilling and uncooperative in these regards.

III.
Mover has contacted _____ _____, 9 concerning the danger and/or imminent threat posed by the subject individual, _____ 1, and is informed that _____ 9 is prepared to receive the patient and provide housing in a restrictive environment allowing immediate examination and care for tuberculosis and the said facility is further prepared to provide any necessary anti-tuberculosis medication.

IV.
Mover asserts that the imminent danger and/or threat to the public health is based on mover's knowledge that _____ 1 is infected with active, infectious tuberculosis as evidenced by _____
_____
_____
_____
_____. 10

WHEREFORE, mover prays that an emergency public health order be issued to locate, detain and transport _____ 1 to _____9 without delay.

Respectfully submitted,
_____16
Assistant District Attorney
_____3 Judicial District

S. TB Control Form 6 (continued)

AFFIDAVIT

STATE OF LOUISIANA
PARISH OF _____ 4

BEFORE ME, the undersigned authority, personally came and appeared _____, 7 who, being first duly sworn, deposed: That ___11 is the Disease Intervention Specialist Supervisor employed by the Office of Public Health of the Department of Health and Hospitals in the regional area including _____, 4 and ____11 is the mover in the above and foregoing motion, and that all of the allegations of fact made therein are true and correct to the best of mover's knowledge, information and belief.

_____12

SWORN TO AND SUBSCRIBED BEFORE ME
THIS _____ 13 DAY OF _____, 14 20___. 15
_____ 16
NOTARY PUBLIC

T. TB Control Form 6 (continued)

ORDER

IT IS ORDERED, ADJUDGED AND DECREED that _____1 be detained and placed in the protective custody of a law enforcement officer and transported to the 9 for such medical examinations, testing and treatment for active and infectious tuberculosis and be detained at that facility until the existing imminent danger and/or threat to the public health has subsided.

IT IS FURTHER ORDERED that any law enforcement officer may execute this order by detaining and transporting _____ 1 to the designated treatment facility named above without delay.

JUDGEMENT read, rendered and signed this _____ day of , 20____ , at _____ o'clock , at , Louisiana.

_____
JUDGE

_____ JUDICIAL DISTRICT COURT

PARISH OF _____

U. TB Control Form 6 Instructions

SUBSTITUTE FOR NUMBERS IN ABOVE FORM

1. Name of the person in need of treatment.

2. Court personnel will complete this item.

3. District Attorney's office will complete this item.

4. District Attorney's office will complete this item.

5. Court personnel will complete this item.

6. Court personnel will complete this item.

7. Insert the name of the Disease Intervention Specialist Supervisor who is submitting the matter to the District Attorney's office.

8. Insert the person in need of treatment's complete address (which may be in care of a relative's address, or even a "halfway house" or possibly the person may be a patient in a hospital refusing treatment and demanding discharge. Just try to insert sufficient information to enable the deputy sheriff or other law enforcement officer to find and take the party into protective custody, etc.)

9. Insert the name of the physician or administrator and the name and address of the designated TB treatment facility.

10. Here it will be necessary for a concise statement of the problem presented by the TB patient whose condition is diagnosed as active and infectious TB.

11. Insert "he" or "she."

12. The Disease Intervention Specialist Supervisor must sign his or her name exactly as it appears in the form above, and this should be done in the presence of a Notary, who may also be the Assistant District Attorney who will handle the case in court.

13-16 will be completed by the District Attorney's office.

V. A tuberculosis patient who has been ordered to be isolated or quarantined to a more restrictive environment than directly observed therapy and who fails to comply with the express terms and provisions of the isolation/quarantine order to a more restrictive environment issued by the state health officer or his designee, or by the orders of a Louisiana court of competent jurisdiction, shall be considered as having violated the provisions of the state sanitary code and be subject to criminal prosecution pursuant to R.S. 40:6.B, and if so charged and convicted, further subject to being sentenced to the hospital unit of a state prison operated by the Department of Corrections, and to remain so confined so long as the prisoner's tuberculosis condition is active, in order to assure the public is protected from unwarranted exposure to the disease.

AUTHORITY NOTE: Promulgated in accordance with the provisions of R.S. 40:4(A)(2)(c)(vii)(aa)-(cc), R.S. 40:5(1) and R.S. 40:1161.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1215 (June 2002).

§123. Ventilation Requirements for Housing TB Patients in Hospitals and Nursing Homes [formerly paragraph 2:014-2]

A. Persons with tuberculosis in a communicable state or suspected of having tuberculosis in a communicable state who are cared for in hospitals and nursing homes shall be cared for in rooms with negative air pressure and either:

1. at least six changes of room air per hour accomplished by exhaust ventilation; or

2. equivalent circulation and treatment by ultraviolet light treatment, "air scrubber," or equivalent. If the patient is not in a room with proper ventilation and is unable or unwilling to cover his/her cough, then exposed persons shall wear proper masks, which filter all particles larger than one micron, in order to prevent the spread of infectious respiratory droplets.

B. [formerly paragraph 2:014-3] Rooms used for aerosolized pentamidine treatments or for aerosol treatments designed to induce sputum shall have negative air pressure and at least six changes of room air per hour accomplished by exhaust ventilation.

AUTHORITY NOTE: Promulgated in accordance with the provisions of R.S. 40:4(A)(2)(c)(ii),(iii) and R.S. 40:5.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1219 (June 2002).

Chapter 3. Testing of Newborn Infants

§301. Measures to Prevent Ophthalmia Neonatorum at Time of Birth of an Infant [formerly paragraph 2:020]

A. It shall be the duty of the attending physician, midwife, nurse or other person in attendance on a parturient person to use prophylactic measures at the time of delivery to prevent ophthalmia neonatorum, such as the instillation into both eyes of the newborn a 1 percent solution of nitrate of silver, a 1/2 percent erythromycin ophthalmic ointment or drops, a 1 percent tetracycline ophthalmic ointment or drops, all in single dose or single use containers, or an equally efficient agent, as determined by the state health officer. This duty is waived if the newborn has no evidence of ophthalmia neonatorum and the mother of the newborn states in writing

that she objects to the application of such prophylactic agent on religious ground.

AUTHORITY NOTE: Promulgated in accordance with the provisions of R.S. 40:4(A)(2), R.S. 40:5 and R.S. 40:1102-1106.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1219 (June 2002).

Chapter 5. Health Examinations for Employees, Volunteers and Patients at Certain Medical Facilities

§501. Employee Health [formerly paragraph 2:021]

A. The requirements of Part I, Chapter 1, §117 shall be met.

AUTHORITY NOTE: Promulgated in accordance with the provisions of R.S. 40:4, and R.S. 40:5.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1219 (June 2002).

§503. Mandatory Tuberculosis Testing

A. [formerly paragraph 2:022] All persons prior to or at the time of employment at any hospital or nursing home (as defined in Parts XIX and XX, respectively, herein, and including intermediate care facilities for the developmentally disabled) requiring licensing by the Department of Health and Hospitals or at any Department of Health and Hospitals, Office of Public Health parish health unit or Department of Health and Hospitals, Office of Public Health out-patient health care facility or any person prior to or at the time of commencing volunteer work involving direct patient care at any hospital or nursing home (as defined in Parts XIX and XX, respectively, herein, and including intermediate care facilities for the developmentally disabled) requiring licensing by the Department of Health and Hospitals or at any Department of Health and Hospitals, Office of Public Health parish health unit or Department of Health and Hospitals, Office of Public Health out-patient health care facility shall be free of tuberculosis in a communicable state as evidenced by either:

1. a negative purified protein derivative skin test for tuberculosis, five tuberculin unit strength, given by the Mantoux method or a blood assay for *Mycobacterium tuberculosis* approved by the United States Food and Drug Administration;

2. a normal chest X-ray, if the skin test or a blood assay for *Mycobacterium tuberculosis* approved by the United States Food and Drug Administration; is positive; or

3. a statement from a licensed physician certifying that the individual is non-infectious if the X-ray is other than normal. The individual shall not be denied access to work solely on the basis of being infected with tuberculosis, provided the infection is not communicable.

B. [formerly paragraph 2:023] Any employee or volunteer at any medical or 24-hour residential facility requiring licensing by the Department of Health and Hospitals or at any Department of Health and Hospitals, Office of Public Health parish health unit or Department of Public Health and Hospitals, Office of Public Health out-patient health care facility who has a positive purified protein derivative skin test for tuberculosis, five tuberculin unit strength, given by the Mantoux method, or a positive blood assay for *Mycobacterium tuberculosis* approved by the United States Food and Drug Administration; or a chest x-ray other than normal, in order to remain employed or continue work as a volunteer, shall complete an adequate course of chemotherapy for tuberculosis as prescribed by a Louisiana licensed physician, or shall present a signed statement from a Louisiana licensed physician stating that chemotherapy is not indicated.

C. [formerly paragraph 2:024] Any employee or volunteer at any medical or 24-hour residential facility requiring licensing by the Department of Health and Hospitals or at any Department of Health and Hospitals, Office of Public Health parish health unit or Department of Public Health and Hospitals, Office of Public Health out-patient health care facility who has a negative purified protein derivative skin test for tuberculosis, five tuberculin unit strength, given by the Mantoux method, or a negative result of a blood assay for *Mycobacterium tuberculosis* approved by the United States Food and Drug Administration in order to remain employed or continue work as a volunteer, shall be rescreened annually by one of the following methods: purified protein derivative skin test for tuberculosis, five tuberculin unit strength, given by the Mantoux method, or a blood assay for *Mycobacterium tuberculosis* approved by the United States Food and Drug Administration remains negative, or a completed questionnaire asking of the person pertinent questions related to active tuberculosis symptoms, including, but not limited to: do you have a productive cough that has lasted at least 3 weeks? (Yes or No), are you coughing up blood (hemoptysis)? (Yes or No), have you had an unexplained weight loss recently? (Yes or No), have you had fever, chills, or night sweats for 3 or more days? (Yes or No). Any employee converting from a negative to a positive purified protein derivative skin test for tuberculosis, five tuberculin unit strength, given by the Mantoux method or a blood assay for *Mycobacterium tuberculosis* approved by the United States Food and Drug Administration or having indicated symptoms of active tuberculosis revealed by the completed questionnaire, which indicates the person may have tuberculosis in a communicable state shall be referred to a physician and followed as indicated in §503.B. All initial screening test results and all follow-up screening test results shall be kept in each employee's or volunteer's health record.

D. [formerly paragraph 2:033] All persons with acquired immunodeficiency syndrome (AIDS) or known to be infected with the human immunodeficiency virus (HIV), in the process of receiving medical treatment related to such condition, shall be screened for tuberculosis in a communicable state, with screening to include a chest X-ray. Sputum smear and culture shall be done if the chest X-ray is abnormal or if the patient exhibits symptoms of tuberculosis. Screening for tuberculosis shall be repeated as medically indicated.

AUTHORITY NOTE: Promulgated in accordance with the provisions of R.S. 40:4(A)(2) and R.S. 40:5.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1220 (June 2002), amended LR 32:98 (January 2006), LR 33:93 (January 2007), LR 37:598 (February 2011), LR 40:1942 (October 2014).

§505. Required Medical Examinations of All Persons Admitted to Nursing Homes and Residential Facilities [formerly paragraph 2:026]

A. Any person (adult or child) admitted to any nursing home or other residential facility shall have a complete history and physical examination, including symptoms and signs of pulmonary tuberculosis, by a licensed physician within 30 days prior to or up to 72 hours after admission, except that any resident/patient who has complied with this provision shall be exempt from re-examination if transferred to another residential facility provided the record of examination is transferred to the new facility. This examination shall include laboratory tests as indicated by the history and physical examination. A federal Food and Drug Administration approved screening test for tuberculosis, i.e. a purified protein derivative intradermal skin test for tuberculosis, five tuberculin unit strength, given by the mantoux method or a blood assay for Mycobacterium tuberculosis shall be given to all residents/patients. A chest X-ray shall be given to all residents/patients whose screening test for tuberculosis is positive, or who have signs and/or symptoms of tuberculosis no more than 30 days prior to admission to any nursing home or other residential facility. If the skin test or a blood assay for Mycobacterium tuberculosis is not done prior to admission, it may be done within 72 hours after admission and interpreted at the appropriate time. A repeat skin test or a blood assay for Mycobacterium tuberculosis is not required if the resident/patient has a chest x-ray with no abnormalities indicative of tuberculosis and has had a negative skin test or a blood assay for Mycobacterium tuberculosis approved by the United States Food and Drug Administration, documented within one year of admission or if the resident/patient has a previously documented positive skin test or a positive result of a blood assay for Mycobacterium tuberculosis and had a chest x-ray with no abnormalities indicative of tuberculosis. A record of the admission history, physical examination, purified protein derivative skin test for tuberculosis, five tuberculin unit strength, given by the Mantoux method, or a blood assay for Mycobacterium tuberculosis approved by the United States Food and Drug Administration, chest x-ray, and any other laboratory tests shall be a part of the permanent record of each resident/patient. No resident/patient with evidence of active tuberculosis shall be admitted unless the examining physician states that the resident/patient is on an effective drug regimen, is responding to treatment, and presents no imminent danger to other residents/patients or employees, or unless the facility has been specifically approved by the Office of Public Health and the Department of Health and Hospitals to house residents/patients with active tuberculosis. The approval by the Office of Public Health and the Department of Health and Hospitals will include the provision that the nursing home or residential facility has a designated isolation (negative pressure) room.

B. [formerly paragraph 2:026-1] Any resident/patient who is a case or an asymptomatic carrier of a communicable disease which may pose a serious risk to other residents/patients or employees shall not be admitted except under the supervision of the state health officer or his agent.

C. [formerly paragraph 2:027] When a suspicious case or carrier of a communicable disease poses a serious public health risk, appropriate measures shall be taken to prevent the disease from spreading to other residents/patients.

D. [formerly paragraph 2:028] Any child under 18 years of age in any residential facility in the state shall have an annual examination by a licensed physician to determine the child's physical condition, mental condition and the presence of any indication of hereditary or other constitutional disease. Any deformity or abnormal condition found upon examination shall be entered by the physician on the medical record of the child.

AUTHORITY NOTE: Promulgated in accordance with the provisions of R.S. 40:4(A)(2) and R.S. 40:5.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1220 (June 2002), amended LR 33:94 (January 2007), LR 38:2928 (November 2012).

Chapter 7. Public Health Immunization Requirements

§701. Immunization Schedule [formerly paragraph 2:025]

A. The Office of Public Health (OPH) will determine the Louisiana immunization schedule, with appropriate immunizations for age using the current immunization schedule from the Advisory Committee for Immunization Practice (ACIP) of the United States Public Health Service (USPHS). Compliance for school and day care center entry will be based on the individual having received an appropriate number of immunizations for his/her age of the following types:

1. vaccines which contain tetanus and diphtheria toxoids, including Diphtheria and Tetanus (DT), Diphtheria/Tetanus/Acellular Pertussis (DTaP), Tetanus and Diphtheria (Tdap), Tetanus Toxoid (TT) or combinations which include these components;

2. polio vaccine, including Inactivated Polio Vaccine (IPV), or combinations which include this component;

3. vaccines which contain measles antigen, including Measles, Mumps, and Rubella (MMR) and combinations which include these components;

4. vaccines which contain hepatitis antigen, including Hepatitis B (HepB), Hepatitis A (HepA), and combinations which include these components;

5. vaccines which contain varicella antigen, including varicella and combinations which include this component.

6. vaccines which contain meningococcal antigen and combinations which include this component.

B. A one-month period will be allowed from the time the immunization is due until it is considered overdue. Medical, religious, and philosophic exemptions will be allowed for compliance with regulations concerning day care attendees and school enterers. Only medical and religious exemptions will be allowed for compliance with regulations concerning public assistance recipients. A copy of the current Office of Public Health immunization schedule can be obtained by writing to the Immunization Program, Office of Public Health, 1450 Poydras Street, Suite 1938, New Orleans, LA 70112 or by telephone (504)568-2600.

C. [formerly paragraph 2:025-1] Any child 18 years or under, admitted to any elementary and secondary school, kindergarten, college, university, proprietary school, vocational school, licensed day care center or residential facility shall have verification that the child has had all appropriate immunizations for age of the child according to the Louisiana immunization schedule unless presenting a written statement from a physician stating that the procedure is contraindicated for medical reasons, or a written dissent from parents. The operator of any elementary and secondary school, kindergarten, college, university, proprietary school, vocational school, licensed day care center or residential facility shall report to the state health officer through the health unit of the parish or municipality where such facility is located any case or suspected case of reportable disease. Health records, including immunization records, shall be made available during normal operating hours for inspection when requested by the state health officer. When an outbreak of a communicable disease occurs in an elementary and secondary school, kindergarten, college, university, proprietary school, vocational school, licensed day care center or residential facility, the operator of said facility shall comply with outbreak control procedures as directed by the state health officer.

D. [formerly paragraph 2:025-2] On or before October 1 of each year, the operator of each elementary and secondary school, kindergarten, college, university, proprietary school, vocational school, licensed day care center or residential facility enrolling or housing any child 18 years or under, inclusive but not limited to these listed facilities shall submit a preliminary immunization status report of all children enrolled or housed as of that date. This compliance report shall be submitted utilizing the official Louisiana immunization information registry system (frequently referred to as LINKS) for reporting and shall include identifying information for each child, and for each dose of vaccine received by the child since birth. Any child exempt from the immunization requirement shall also be identified, and the reason for exemption given on the report. After review of the report(s) by the state health officer or his or her designee, the elementary and secondary school, kindergarten, college, university, proprietary school, vocational school, licensed day care center or residential facility operator shall notify, on or before December 31 of each year, the parent or guardian of all enrolled or housed children, who are not compliant, with the immunization requirement of §701.A and C of this Part.

AUTHORITY NOTE: Promulgated in accordance with the provisions of R.S. 40:4(A)(2) and R.S. 40:5. Also see R.S. 17:170, R.S. 22:215.14, R.S. 40:31.15 and R.S. 44:17.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1221 (June 2002), amended LR 38:1252 (May 2012), amended by the Department of Health, Office of Public Health, LR 45:670 (May 2019).

Chapter 9. Prevention and Control of Yellow Fever

§901. Definitions [formerly paragraph 2:029]

A. Unless otherwise specifically provided herein, the following words and terms used in this Chapter and all other Chapters which are adopted or may be adopted, are defined for the purposes thereof as follow.

Official Center—any nonfederal medical facility consisting of either a state, parish or municipal public health or a private clinic under full-time supervision of a physician licensed by the Louisiana Board of Medical Examiners.

Vaccination—the injection of immunizations required for international travel administered by approved centers medical personnel to an individual.

AUTHORITY NOTE: Promulgated in accordance with the provisions of R.S. 40:4(A)(2) and R.S. 40:5(12), and further in full cooperation with the U. S. Public Health Service requirements for international travel.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1221 (June 2002).

§903. Background and Legal Authority [formerly paragraph 2:030]

A. The International Health Regulations (IHR), Chapter II, Article 66, World Health Organization (WHO), to which the United States is signatory, require the health administration of each nation to designate centers where international travelers may be vaccinated against yellow fever. In this nation, the United States Public Health Service (USPHS) has this responsibility under Executive Order of the President. The vaccine must be approved by WHO, and the traveler's International Certificate of Vaccination or Revaccination against Yellow Fever must be properly validated.

B. [formerly paragraph 2:030-1] Since September 1, 1977, the USPHS has delegated to the State and Territorial Health Departments the responsibility of designating and supervising non-federal Yellow Fever Vaccination Centers within their respective jurisdictions. Criteria for categories of facilities to be designated are determined by the State and Territorial Health Departments. State and Territorial Health Departments issue and control the uniform stamps which may be used to validate International Certificates of Vaccination or Revaccination against Yellow Fever.

AUTHORITY NOTE: Promulgated in accordance with the provisions of R.S. 40:4 (A)(2) and R.S. 40:5 and further in full

cooperation with the U. S. Public Health Service requirements for international travel.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1221 (June 2002).

§905. Yellow Fever Regulations [formerly paragraph 2:031]

A. The following is a list of regulations of the Louisiana Department of Health and Hospitals, developed by the Office of Public Health, in conjunction with the USPHS Centers for Disease Control, Quarantine Division for non-federal facilities given the responsibility for administering and validating International Certificates of Vaccination or Revaccination against Yellow Fever.

1. [formerly paragraph 2:031-1] Any facility designated as a Yellow Fever Vaccination Center and issued a uniform stamp to validate International Certification of Vaccination against yellow fever shall be either a state, parish or municipal public health or a private medical clinic under full time supervision of a physician licensed by the Louisiana Board of Medical Examiners. The supervising physician must be fully knowledgeable of the procedures necessary for issuing a valid document. Written instructions with illustrations are included in Health Information for International Travel issued annually as a supplement to the Morbidity and Mortality Weekly Report of the Centers for Disease Control. Possession of a current book is mandatory for all approved centers.

2. [formerly paragraph 2:031-2] The uniform stamp:

a. is the property of the Office of Public Health and must be returned upon request via registered mail within 30 days of notification of cancellation;

b. is to be used to validate only those certificates issued by the approved non-federal medical facility;

c. should be kept in a safe place when not in use and must not be loaned or reproduced.

3. [formerly paragraph 2:031-3] Loss or theft of a uniform stamp must be reported immediately to the Office of Public Health which in turn shall report to the Division of Quarantine, Center for Prevention Services, Centers for Disease Control, Atlanta, Georgia 30333.

4. [formerly paragraph 2:031-4] Approval of and continued possession of the uniform stamp will be based on justified need and maintenance of policies compatible with the Office of Public Health guidelines. Reevaluations will be conducted semi-annually.

5. [formerly paragraph 2:031-5] Improperly prepared certificates bearing the uniform stamp as reported by the CDC Division of Quarantine at ports of entry will be further investigated by personnel of the Office of Public Health.

6. [formerly paragraph 2:031-6] The Office of Public Health shall maintain a listing of uniform stamps with corresponding identification codes. A duplicate listing shall be filed with the CDC Division of Quarantine.

7. "The Center must maintain adequate refrigeration to assure that the yellow fever vaccine will be kept in a refrigerated state with temperatures as recommended by the vaccine manufacturer and included in the storage recommendations of the vaccine package insert. Once the vaccine has been removed from refrigeration and reconstituted, it must be administered within 60 minutes. Any remaining unrefrigerated and unused vaccine must be destroyed."

8. [formerly paragraph 2:031-8] When a supervising physician named on the application is no longer associated with an approved center, the Office of Public Health shall be notified. Application procedures as stated below must be completed by the new replacement supervising physician.

9. [formerly paragraph 2:031-9] Approved centers are required to keep records of persons whose International Certificates of Vaccination or Revaccination against Yellow Fever are validated and to submit periodic (six months) reports covering operations to the Office of Public Health. All designated centers are required to report adverse reactions to yellow fever vaccine of sufficient severity to require medical attention.

a. Adverse reactions or other complications occurring within 30 days of the receipt of the vaccine shall be reported:

i. neurologic reactions—meningitis, encephalitis, polyneuropathy, guillain-barre syndrome, paralysis;

ii. allergic reactions—urticaria, asthma, angioneurotic edema, erythema multiforme, anaphylaxis, other;

iii. other post vaccination complications—acute febrile illness with headache, malaise, Barthralgia, or jaundice.

10. [formerly paragraph 2:031-10] International Certificates of Vaccination must conform to International Health Regulations, Chapter III, Article 79, World Health Organization.

11. [formerly paragraph 2:031-11] The approved center shall develop, implement and maintain a procedure for handling emergencies due to severe vaccine reactions such as anaphylaxis, including the maintenance of necessary supplies and medicine to provide life support until patient can be transferred safely to an acute care facility.

12. [formerly paragraph 2:031-12] The state health officer may order additional procedures to ensure compliance with the provision of these regulations and reserves the authority to enforce any regulation not so specified in this rule that is considered to be medically significant in the operation of such clinics.

13. [formerly paragraph 2:031-13] The supervising physician is responsible for his or her practices regarding administration of immunizations.

14. [formerly paragraph 2:031-14] Proper infectious waste handling and disposal shall be done in accordance with the Louisiana Sanitary Code, Part XXVII.

AUTHORITY NOTE: Promulgated in accordance with the provisions of R.S. 40:4(A)(2) and R.S. 40:5. and further in full cooperation with the United States Public Health Service requirements for international travel.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1221 (June 2002), amended LR 34:444 (March 2008).

Editor's Note: The address, telephone and website listed in §907.A have changed to:
Office of Public Health
Yellow Fever Vaccination Center Certification Program
P.O. Box 60630
New Orleans, LA 70160
Telephone: (504) 568-5048
http://www.ddh.louisiana.gov/offices/?IS=292

§907. Application Procedures [formerly paragraph 2:032]

A. To request designation as an approved Yellow Fever Center call or write to the Office of Public Health, Epidemiology Section, P.O. Box 60630, New Orleans, LA 70160 (504-568-5005) and request an application form. After receipt of a completed application form, OPH personnel will conduct an on-site inspection of the clinic facilities utilizing an instrument developed by the Office of Public Health for this purpose. A report will then be forwarded along with the completed application to the state health officer for approval/disapproval. If approved, the designated center, the Division of Quarantine, Centers for Disease Control, and the vaccine manufacturer shall be notified in writing. The uniform stamp is then issued using the supervising physician's state medical license number for identification. Any facility whose request for approval is denied may appeal the denial after conditions which resulted in a denial of approval have been verifiably modified to bring the center into conformity with established regulations. The facility has 30 days after receipt of the denial in which to appeal in writing to the state health officer, Office of Public Health, P.O. Box 60630, New Orleans, LA 70160.

AUTHORITY NOTE: Promulgated in accordance with the provisions of R.S. 40:4(A)(2) and R.S. 40:5. and further in full cooperation with the U.S. Public Health Service requirements for international travel.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1222 (June 2002).