



# State of Louisiana

## Department of Health and Hospitals

September 10, 2015

TO: The Honorable John A. Alario, Jr., President, Louisiana Senate  
The Honorable Charles E. "Chuck" Kleckley, Speaker of the House of Representatives  
The Honorable David R. Heitmeier, Chairman, Senate Committee on Health and Welfare  
The Honorable Scott M. Simon, Chairman, House Committee on Health and Welfare

FR: Kathy Kliebert, Secretary

RE: Required Legislative Oversight Committee Report on Proposed Rulemaking

In accordance with the provisions of the Administrative Procedure Act, (R.S. 49:950, *et seq.*) as amended, the state health officer, acting through the Department of Health and Hospitals/Office of Public Health, is promulgating a proposed rule to amend Part II (The Control of Diseases), Part III (The Control of Rabies and Other Zoonotic Diseases), Part XVII (Public Buildings, Schools, and Other Institutions), and Part XXI (Day Care Centers and Residential Facilities) of the Louisiana State Sanitary Code (LAC 51).

The Part II, Part XVII, and Part XXI amendments are proposed in order to clarify disease reporting requirements and expand the list of reportable diseases and conditions to reflect current public health concerns.

The Part III amendment is proposed in order to update and clarify the vaccination standards and re-vaccination intervals for dogs and cats to meet current national guidelines.

This proposed rule is being submitted as a Notice of Intent in accordance with R.S. 49:950-974. Attached, please find a:

- 1) Copy of the proposed rule;
- 2) Fiscal and Economic Impact Statement as approved by the Legislative Fiscal Office;
- 3) Family Impact Statement;
- 4) Poverty Impact Statement;
- 5) Regulatory Flexibility Analysis/Small Business Impact Statement; and
- 6) Provider Impact Statement.

Should you have any questions, please contact Dr. Raoult Ratard, State Epidemiologist, Infectious Disease Epidemiology Section, Office of Public Health, at (504) 458-5428.

KK:JG;JTL:RR:TS

cc: Jimmy Guidry, MD, State Health Officer  
J.T. Lane, Assistant Secretary, OPH  
Avis Richard-Griffin, Rulemaking Liaison Officer, PPE, OPH  
Raoult Ratard, MD, State Epidemiologist, Infectious Disease Epidemiology Section, OPH  
Theresa Sokol, Program Manager, Infectious Disease Epidemiology Section, OPH

**NOTICE OF INTENT**  
**Department of Health and Hospitals**  
**Office of Public Health**

Disease Reporting Requirements / Anti-Rabies Vaccination Requirements for Dogs and Cats  
(LAC 51:II.105, 107, 109, 111, 113; III.103; XVII.501; and XXI.105)

Notice is hereby given, in accordance with the Administrative Procedure Act, R.S. 49:950 et seq., that the state health officer acting through the Department of Health and Hospitals, Office of Public Health (DHH-OPH), pursuant to the authority in R.S. 40:4(A)(2), and R.S. 40:5, intends to amend and revise Title 51 (Public Health—Sanitary Code), Part II (The Control of Diseases). The proposed amendments to Part II are regarding disease reporting requirements. The amendments to Part II require disease reporting requirement provisions currently contained in Part XVII (Public Buildings, Schools, and Other Institutions) and in Part XXI (Day Care Centers and Residential Facilities) to be updated as well. In addition, the state health officer acting through the DHH-OPH, pursuant to the authority in R.S. 40:4(A)(2) and R.S. 40:1277, also intends to amend and revise Title 51, Part III (The Control of Rabies and Other Zoonotic Diseases). This proposed amendment relates to the appropriate re-vaccination interval of dogs and cats based upon the particular anti-rabies vaccine being administered to the animal.

In an attempt to make the content more understandable and to have a better flow when reading, certain Sections, Subsections and Paragraphs, etc., were moved from their current location in Part II to a new location in Part II. To assist in understanding where an existing subject is proposed to be moved, the following chart is provided:

<b>Part II</b>	
<b>Existing Text Location</b>	<b>Proposed New Text Location</b>
105.A – 105.A.4.a.xvi	105.D
105.A.5 – 105.A.5.a	109
105.B	105.E
107.A	105.A
107.B	105.B
109.A	105.C
113	107
111	113

The proposed amendments shall be made by effecting substantive changes as outlined below.

**Part II. The Control of Diseases**

**Chapter 1. Disease Reporting Requirements**

**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.

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. acute flaccid paralysis;
- ii. anthrax;
- iii. avian or novel strain influenza A (initial detection);
- iv. botulism;
- v. brucellosis;
- vi. cholera;
- vii. *Clostridium perfringens* food-borne infection;
- viii. diphtheria;

- ix. fish or shellfish poisoning (domoic acid poisoning, neurotoxic shellfish poisoning, ciguatera, paralytic shellfish poisoning, scombroid);
- x. food-borne infection;
- xi. *Haemophilus influenzae* (invasive infection);
- xii. influenza-associated mortality;
- xiii. measles (rubeola, imported or indigenous);
- xiv. *Neisseria meningitidis* (invasive infection);
- xv. outbreaks of any infectious diseases;
- xvi. pertussis;
- xvii. plague (*Yersinia pestis*);
- xviii. poliomyelitis (paralytic and non-paralytic);
- xix. Q fever (*Coxiella burnetii*);
- xx. rabies (animal and human);
- xxi. ricin poisoning;
- xxii. rubella (congenital syndrome);
- xxiii. rubella (German measles);
- xxiv. severe acute respiratory syndrome-associated coronavirus (SARS-CoV);
- xxv. *Staphylococcus aureus*, vancomycin intermediate or resistant (VISA/VRSA);
- xxvi. staphylococcal enterotoxin B (SEB) pulmonary poisoning;
- xxvii. smallpox;
- xxviii. tularemia (*Francisella tularensis*);
- xxix. viral hemorrhagic fever (Ebola, Lassa, Marburg, Crimean Congo, etc.); and
- xxx. 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. amoeba (free living) infection (including *Acanthamoeba*, *Naegleria*, *Balamuthia* and others);
- ii. anaplasmosis;
- iii. arthropod-borne viral infections (including West Nile, Dengue, St. Louis, California, Eastern Equine, Western Equine, Chikungunya, Usutu, and others);
- iv. aseptic meningitis;
- v. babesiosis;
- vi. Chagas disease;
- vii. chancroid;
- viii. *Escherichia coli*, Shiga-toxin producing (STEC), including *E. coli* O157:H7;
- ix. granuloma inguinale;
- x. hantavirus (infection or pulmonary syndrome);
- xi. hemolytic-uremic syndrome;
- xii. hepatitis A (acute illness);
- xiii. hepatitis B (acute illness and carriage in pregnancy);
- xiv. hepatitis B (perinatal infection);
- xv. hepatitis E;



- xvi. herpes (neonatal);
- xvii. human immunodeficiency virus [(HIV), infection in pregnancy]<sup>2</sup>;
- xviii. human immunodeficiency virus [(HIV), perinatal exposure]<sup>2</sup>;
- xix. legionellosis;
- xx. malaria;
- xxi. mumps;
- xxii. salmonellosis;
- xxiii. shigellosis;
- xxiv. syphilis<sup>1</sup>;
- xxv. tetanus;
- xxvi. tuberculosis<sup>3</sup> due to *Mycobacterium tuberculosis*, *bovis* or *africanum*; and
- xxvii. typhoid fever.

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)<sup>2</sup>;
- ii. *Anaplasma phagocytophilum*;
- iii. blastomycosis;
- iv. campylobacteriosis;
- v. chlamydial infection<sup>1</sup>;
- vi. coccidioidomycosis;
- vii. cryptococcosis (*Cryptococcus neoformans* and *C. gattii*);
- viii. cryptosporidiosis;
- ix. cyclosporiasis;
- x. ehrlichiosis (human granulocytic, human monocytic, *Ehrlichia chaffeensis* and *ewingii*);
- xi. *Enterococcus*, vancomycin resistant [(VRE), invasive disease];
- xii. giardiasis;
- xiii. glanders (*Burkholderia mallei*);
- xiv. gonorrhea<sup>1</sup> (genital, oral, ophthalmic, pelvic inflammatory disease, rectal);
- xv. Hansen's disease (leprosy);
- xvi. hepatitis C (acute illness);
- xvii. histoplasmosis;
- xviii. human immunodeficiency virus [(HIV) infection, other than as in class B]<sup>2</sup>;
- xix. human T lymphocyte virus (HTLV I and II) infection;
- xx. leptospirosis;
- xxi. listeriosis;
- xxii. Lyme disease;
- xxiii. lymphogranuloma venereum<sup>1</sup>;
- xxiv. melioidosis (*Burkholderia pseudomallei*);
- xxv. meningitis, eosinophilic (including those due to *Angiostrongylus* infection);
- xxvi. Nipah virus infection;
- xxvii. non-gonococcal urethritis;

- xxviii. ophthalmia neonatorum;
- xxix. psittacosis;
- xxx. spotted fever rickettsioses [*Rickettsia* species including Rocky Mountain spotted fever (RMSF)];
- xxxi. staphylococcal toxic shock syndrome;
- xxxii. *Staphylococcus aureus*, methicillin/oxacillin-resistant [(MRSA), invasive infection];
- xxxiii. streptococcal disease, group A (invasive disease);
- xxxiv. streptococcal disease, group B (invasive disease);
- xxxv. streptococcal toxic shock syndrome;
- xxxvi. *Streptococcus pneumoniae* invasive disease;
- xxxvii. transmissible spongiform encephalopathies (Creutzfeldt-Jakob disease and variants);
- xxxviii. trichinosis;
- xxxix. varicella (chickenpox);
- xl. *Vibrio* infections (other than cholera); and
- xli. 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;
- iii. complications of abortion;
- iv. congenital hypothyroidism<sup>4</sup>;
- v. galactosemia;
- vi. heavy metal (arsenic, cadmium, mercury) exposure and/or poisoning (all ages)<sup>5</sup>;
- vii. hemophilia;
- viii. lead exposure and/or poisoning (all ages);
- ix. pesticide-related illness or injury (all ages);
- x. phenylketonuria<sup>4</sup>;
- xi. pneumoconiosis (asbestosis, berylliosis, silicosis, byssinosis, etc.);
- xii. radiation exposure, over normal limits;
- 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).

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

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

3. <sup>3</sup>Report on CDC72.5 (f.5.2431) card.

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

5. <sup>5</sup>Report to the Section of Environmental Epidemiology and Toxicology, [www.seet.dhh.louisiana.gov](http://www.seet.dhh.louisiana.gov), or call (504) 568-8159 or (888) 293-7020.

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), amended LR 41:

#### **§107. Laboratory and Healthcare Facility Reporting Requirements**

A. The director of every laboratory and other 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 class described in §105 and shall state the name, date of birth, sex, race, usual residence, 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 performing the test(s) shall be provided. Laboratories shall not defer their public health reporting responsibilities to any other authorities within the institutions they serve. In addition, laboratories performing tests on specimens received from other laboratories shall report to the state health officer all results as prescribed above plus the contact information for the facility/laboratory 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);
6. human metapneumovirus;
7. parainfluenza viruses;
8. respiratory syncytial virus; and
9. rhinoviruses.

C. A reference culture is required to be sent to the Office of Public Health laboratory for the following microorganisms within five business days of the final identification of the microorganism:

1. *Bacillus anthracis* (confirmed or suspected);
2. *Bordetella pertussis*;
3. *Brucella* spp.;
4. *Burkholderia mallei*;
5. *Burkholderia pseudomallei*;
6. *Campylobacter* spp.;
7. *Corynebacterium diphtheriae*;
8. *E. coli* O157:H7 or *E. coli* Shiga toxin producing;
9. *Francisella* spp.;
10. *Listeria* spp.;
11. *Mycobacterium tuberculosis*, *bovis* or *africanum*;
12. *Plesiomonas* spp.;
13. *Salmonella* spp.;
14. *Shigella* spp.;
15. *Vibrio* spp.;
16. *Yersinia enterocolitica*; and
17. *Yersinia pestis*.

D. A reference culture 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).

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:

### **§109. Reports by Emergency Departments**

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 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 32:1051 (June 2006), LR 36:1015 (May 2010), LR 41:

#### **§111. Reports by Hospitals**

A. It shall be the duty of all hospitals producing antibiograms detailing the antibiotic sensitivities and resistances of microorganisms 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 28:1213 (June 2002), amended LR 36:1015 (May 2010), LR 41:

#### **§113. Reports Required of Parents, Schools and Day Care Centers**

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 28:1214 (June 2002), amended LR 32:1052 (June 2006), LR 39:1054 (April 2013), LR 41:

### **Part III. The Control of Rabies and Other Zoonotic Diseases**

#### **Chapter 1. Anti-Rabies Vaccination Requirements for Dogs and Cats**

##### **§103. Mandatory Vaccinations of Dogs, Cats, and Ferrets [formerly paragraph 3:002]**

A. No person shall own, keep or have in his custody a dog, cat, or ferret over three months of age that has not been vaccinated against rabies by a licensed veterinarian. Every owner of a dog, cat, or ferret shall cause said animal to be vaccinated initially with a series of two vaccinations, the first to be administered at three months of age, the second to be administered one year after the initial vaccination. Dogs, cats, or ferrets initially vaccinated later than three months of age shall also be administered a series of two vaccines, the second vaccine to be given one year after the initial vaccination. Thereafter, the interval between revaccinations shall conform to the *Compendium of Animal Rabies Prevention and Control*, 2011 Edition, Part III: Rabies Vaccines Licensed and Marketed in the U.S., which is published by the National Association of State Public Health Veterinarians, Inc. Vaccine licensing and labeling, including duration of immunity, is authorized by the Center for Veterinary Medicine at the Food and Drug

Administration (FDA) and those decisions are based on testing conducted by the vaccine manufacturers. The results of testing are presented to the FDA during the registration process.

AUTHORITY NOTE: Promulgated in accordance with the provisions of R.S. 40:4(A)(2)(a), R.S. 40:5(1)(2)(17) and R.S. 40:1277.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1223 (June 2002), amended LR 33:650 (April 2007), LR 41:

## **Part XVII. Public Buildings, Schools, and Other Institutions**

### **Chapter 5. Health Requirements for Schools**

#### **§501. Employee Health and Student Health [formerly paragraph 17:028]**

A. [Formerly paragraph 17:028] The requirements of Part I, §117 and Part II, §§113 and 503 shall be met.

B.1. – B.2. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:4 (A)(2)(10) and R.S. 40:5 (1)(2)(10)(17).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1392 (June 2002), repromulgated LR 29:1099 (July 2003), amended LR 41:

## **Part XXI. Day Care Centers and Residential Facilities**

### **Chapter 1. General Requirements**

#### **§105. General [formerly paragraph 21:002-1]**

A. – B. ...

C. [Formerly paragraph 21:003] All of the above facilities shall comply with appropriate Parts of this Code as stated below.

1. [Formerly paragraph 21:003-1] Employee, patient, and client health shall meet the requirements of Part I, §117 and Part II, §§113, 503, and 505 of this Code.

C.2. – J.2 ...

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1399 (June 2002), amended LR 37:2728 (September 2011), amended LR 38:2926 (November 2012), repromulgated LR 38:3233 (December 2012), amended LR 41:

### **Family Impact Statement**

1. The Effect on the Stability of the Family. None
2. The Effect on the Authority and Rights of Parents Regarding the Education and Supervision of Their Children. None
3. The Effect on the Functioning of the family. None
4. The Effect on the Family Earnings and Family Budget. None
5. The Effect on the Behavior and Personal Responsibility of Children. None
6. The Ability of the Family or Local Government to Perform the Function as Contained in the Proposed Rule. None

### **Poverty Impact Statement**

The proposed rulemaking will have no impact on poverty as described in R.S. 49:973.

### **Small Business Statement**

It is anticipated that the proposed Rule will not have a significant adverse effect on small businesses as defined in the Regulatory Flexibility Act. The agency, consistent with health, safety, environmental, and economic factors has considered and, where possible, utilized regulatory methods in drafting the proposed rule to accomplish the objectives of applicable statutes while minimizing any anticipated adverse impact on small businesses.

### **Provider Impact Statement**

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of the proposed rulemaking has been considered. There is no anticipated impact on the staffing level requirements or qualifications, cost, or ability of providers of services for individuals with developmental disabilities to provide such services.

### **Public Comments**

All interested persons are invited to submit written comments on the proposed regulation. Such comments should be submitted no later than October 26, 2015, at 4:30 p.m. to Theresa Sokol, Infectious Disease Surveillance, Infectious Disease Epidemiology Section, Office of Public Health, 1450 Poydras Street, Suite 2155, New Orleans, LA 70112. Comments may be faxed to (504) 568-8290.

### **Public Hearing**

A public hearing is scheduled for October 26, 2015, at 9:30 a.m. in room 173 at the DHH Bienville Building, 628 North Fourth Street, Baton Rouge, LA 70802. Please call (504) 568-8313 in advance to confirm the time and place of the public hearing, as the public hearing will be cancelled if the requisite number of comments is not received by October 10, 2015.

Jimmy Guidry, M.D.  
State Health Officer

and

Kathy Kliebert  
Secretary



**FISCAL AND ECONOMIC IMPACT STATEMENT  
FOR ADMINISTRATIVE RULES**

**Person(s) Preparing Statement:** Dr. Raoult Ratard

**Department:** Department of Health and Hospitals/  
Office of Public Health

**Telephone:** 504-458-5428

**Rule Title:** Updating the Disease Reporting  
Requirements

**Return Address:** 1450 Poydras St., Ste. 2159  
New Orleans, LA 70112

**Effective Date:** December 20, 2015

**SUMMARY**

(Use complete sentences)

In accordance with Section 953 of Title 49 of the Louisiana Revised Statutes, there is hereby submitted a fiscal and economic impact statement on the rule proposed for adoption, repeat or amendment. THE FOLLOWING STATEMENTS SUMMARIZE ATTACHED WORKSHEETS I THROUGH IV AND WILL BE PUBLISHED IN THE LOUISIANA REGISTER WITH THE PROPOSED AGENCY RULE.

**I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)**

The propose rule amends Louisiana Sanitary Code (LAC Title 51) Part II – The Control of Diseases, Sections 105-113, Part III – The Control of Rabies and Other Zoonotic Diseases, Section 103, Part XVII – Public Buildings, Schools, and Other Institutions, Section 501, and Part XXI – Day Care Centers and Residential Facilities, Section 105. Amendments update current disease reporting requirements of the Department of Health and Hospitals (DHH), Office of Public Health (OPH) based on recommendations of the Council of State and Territorial Epidemiologists (CSTE) and the federal Centers for Disease Control and Prevention (CDC).

The main purpose of amending the sanitary code under this proposed rule is to add various rare infectious diseases to the list of reportable diseases and conditions that are reported to the state health officer within DHH/OPH. The proposed rule updates the disease reporting criteria in Part II, Part XVII and Part XXI of the sanitary code that makes reporting more consistent with recommendations of the CDC. Also, the proposed rule updates the rabies vaccination guidelines in Part III to meet current national recommendations.

The proposed rule changes will result in an estimated cost to DHH-OPH of \$2,036 to publish the notice of intent and the final rule in the *Louisiana Register*. This is a one-time cost that is routinely included in the agency's budget.

**II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS.**

There is no estimated effect on revenue collections of state or local governmental units.

**I. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary).**

The proposed rule directly affects hospitals, clinics, laboratories, and other facilities, which report infectious diseases. Due to the addition of diseases to the list of reportable conditions, there may be a slight increase in workload for health care providers and/or facilities. Some diseases will now only be reportable by laboratories, rather than all healthcare facilities, reducing some of the overall burden of reporting.

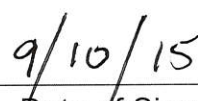
**IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary).**

There is no estimated effect on competition and employment.

  
J.T. Lane, Assistant Secretary  
DHH/Office of Public Health

  
Evan Brassea, Staff Director  
Legislative Fiscal Officer or Designee

  
Date of Signature

  
Date of Signature



**FISCAL AND ECONOMIC IMPACT STATEMENT  
FOR ADMINISTRATIVE RULES**

The following information is required in order to assist the Legislative Fiscal Office in its review of the fiscal and economic impact statement and to assist the appropriate legislative oversight subcommittee in its deliberations on the proposed rule.

- A. Provide a brief summary of the content of the rule (if proposed for adoption or repeal) or a brief summary of the change in the rule (if proposed for amendment). Attach a copy of the notice of intent and a copy of the rule proposed for initial adoption or repeal (or, in the case of a rule change, copies of both the current and proposed rules with amended portions indicated).**

The main purpose of this proposed rule is to add various infectious diseases of public health importance, which are rare and the additions are not expected to place a large burden on the state preventive programs. However, some of these conditions are of concern to the public and adding them will make reporting of the knowledge of them to the state health officer faster. This rule will modify the reporting criteria for a few diseases and make reporting more consistent with the recommendations of the Centers for Disease Control and Prevention (CDC). The rule also updates guidelines for rabies vaccination to meet current national recommendations.

- B. Summarize the circumstances which require this action. If the action is required by federal regulations, attach a copy of the applicable regulations.**

The rule is necessary to follow the recommendations of the Council of State and Territorial Epidemiologists (CSTE) and the CDC. The purpose is to bring Louisiana's reporting requirements in line with CSTE and CDC recommendations. The rule also brings Louisiana's rabies vaccination guidelines into line with current national recommendations.

- C. Compliance with Act 11 of the 1986 First Extraordinary Session:**

- (1) Will the proposed rule change result in any increase in the expenditure of funds? If so, specify amount and source of funding.**

Yes, publication of this announcement in the Louisiana Register for the Notice of Intent and Final Rule will be a one-time cost of approximately \$2,036 FY 2015-2016.

- (2) If the answer to (1) above is yes, has the Legislature specifically appropriated the funds necessary for the associated expenditure increase?**  
(N/A)

(a) \_\_\_\_\_ Yes. If yes, attach documentation.

(b) \_\_\_\_\_ No. If no, provide justification as to why this rule change should be published at this time.

The agency currently has sufficient funds to implement the proposed rule. This cost will be absorbed in the agency's existing budget.

**FISCAL AND ECONOMIC IMPACT STATEMENT  
WORKSHEET**

**I.     A.     COSTS OR SAVINGS TO STATE AGENCIES RESULTING FROM THE ACTION PROPOSED**

**1.     What is the anticipated increase (decrease) in costs to implement the proposed action?**

<b>Costs</b>	<b>FY 2015 – 2016</b>	<b>FY 2016 – 2017</b>	<b>FY 2017 - 2018</b>
Personal Services	\$0	\$0	\$0
Operating Expenses	\$2,036	\$0	\$0
Professional Services	\$0	\$0	\$0
Other Charges	\$0	\$0	\$0
Equipment	\$0	\$0	\$0
<b>TOTAL</b>	<b>\$2,036</b>	<b>\$0</b>	<b>\$0</b>
Major Repair/Construction	\$0	\$0	\$0
<b>POSITIONS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**2.     Provide a narrative explanation of the costs or savings shown in "A.1", including the increase or reduction in workload or additional paperwork (number of new forms, additional documentation, etc.) anticipated as a result of the implementation of the proposed action. Describe all data, assumptions, and methods used in calculating these costs.**

The proposed change will result in any estimated cost of \$2,036 to publish the notice of intent and the final rule in the Louisiana Register.

**3.     Sources of funding for implementing the proposed rule or rule change.**

<b>Source</b>	<b>FY 2015 – 2016</b>	<b>FY 2016 – 2017</b>	<b>FY 2017 - 2018</b>
Agency Gen. Fund	\$2,036	\$0	\$0
Agency Self Gen.	\$0	\$0	\$0
Dedicated	\$0	\$0	\$0
Federal	\$0	\$0	\$0
Other (Specify)	\$0	\$0	\$0
<b>Total</b>	<b>\$2,036</b>	<b>\$0</b>	<b>\$0</b>

**4.     Does your agency currently have sufficient funds to implement the proposed action? If not, how and when do you anticipate obtaining such funds?**

Yes. The agency currently has sufficient funds to publish the Notice of Intent and final Rule in the Louisiana Register (\$2,036) and to implement the proposed action using existing staff.

**B.     COST OR SAVINGS TO LOCAL GOVERNMENTAL UNITS RESULTING FROM THE ACTION PROPOSED.**

**1.     Provide an estimate of the anticipated impact of the proposed action on local governmental units, including adjustments in workload and paperwork requirements. Describe all data, assumptions and methods used in calculating this impact.**

No significant impact is anticipated by this proposed action on local governmental units.

**2.     Indicate the sources of funding of the local governmental unit which will be affected by these costs or savings.**

N/A

II. EFFECT ON REVENUE COLLECTIONS OF STATE AND LOCAL GOVERNMENTAL UNITS.

A. What increase (decrease) in revenues can be anticipated from the proposed action?

REVENUE INCREASE/ DECREASE	FY 2015 – 2016	FY 2016 – 2017	FY 2017 - 2018
State General Fund	\$0	\$0	\$0
Agency Self-Gen.	\$0	\$0	\$0
Restricted*	\$0	\$0	\$0
Federal Funds	\$0	\$0	\$0
Local Funds	\$0	\$0	\$0
<b>TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

\*Specify particular fund being impacted.

B. Provide a narrative explanation of each increase or decrease in revenues shown in "A". Describe all data, assumptions, and methods used in calculating these increases or decreases.

There will be no effect on revenue collections of state or local governmental units as a result of this proposed rule.

III. COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS.

A. What persons or non-governmental groups would be directly affected by the proposed action? For each, provide an estimate and a narrative description of any effect on costs, including workload adjustments and additional paperwork (number of new forms, additional documentation, etc.), they may have to incur as a result of the proposed action.

Hospitals, clinics, laboratories, and other facilities which report infectious diseases will be directly affected by the proposed rule. Due to the addition of diseases to the list of reportable conditions, there may be a slight increase in workload to support these reporting requirements. Most of the added conditions are uncommon and will not result in a substantial increase in reporting effort. Additionally, some diseases will now only be reportable by laboratories, rather than all healthcare facilities, reducing some of the overall burden of reporting. Overall, the net increase in workload or costs to directly affected persons or nongovernmental groups should be negligible.

B. Also provide an estimate and a narrative description of any impact on receipts and/or income resulting from this rule or rule change to their groups.

There is no estimated effect on receipts and/or income.

IV. EFFECTS ON COMPETITION AND EMPLOYMENT

Identify and provide estimates of the impact of the proposed action on competition and employment in the public and private sectors. Include a summary of any data, assumptions and methods used in making these estimates.

There is no estimated effect on competition and employment.



## NOTICE OF INTENT

### Department of Health and Hospitals Office of Public Health

Disease Reporting Requirements / Anti-Rabies Vaccination Requirements for Dogs and Cats  
(LAC 51:II.105, 107, 109, 111, 113; III.103; XVII.501; and XXI.105)

Notice is hereby given, in accordance with the Administrative Procedure Act, R.S. 49:950 et seq., that the state health officer acting through the Department of Health and Hospitals, Office of Public Health (DHH-OPH), pursuant to the authority in R.S. 40:4(A)(2), and R.S. 40:5, intends to amend and revise Title 51 (Public Health—Sanitary Code), Part II (The Control of Diseases). The proposed amendments to Part II are regarding disease reporting requirements. The amendments to Part II require disease reporting requirement provisions currently contained in Part XVII (Public Buildings, Schools, and Other Institutions) and in Part XXI (Day Care Centers and Residential Facilities) to be updated as well. In addition, the state health officer acting through the DHH-OPH, pursuant to the authority in R.S. 40:4(A)(2) and R.S. 40:1277, also intends to amend and revise Title 51, Part III (The Control of Rabies and Other Zoonotic Diseases). This proposed amendment relates to the appropriate re-vaccination interval of dogs and cats based upon the particular anti-rabies vaccine being administered to the animal.

In an attempt to make the content more understandable and to have a better flow when reading, certain Sections, Subsections and Paragraphs, etc., were moved from their current location in Part II to a new location in Part II. To assist in understanding where an existing subject is proposed to be moved, the following chart is provided:

Part II	
Existing Text Location	Proposed New Text Location
105.A – 105.A.4.a.xvi	105.D
105.A.5 – 105.A.5.a	109
105.B	105.E
107.A	105.A
107.B	105.B
109.A	105.C
113	107
111	113

The proposed amendments shall be made by effecting substantive changes as outlined below.

#### Part II. The Control of Diseases

##### Chapter 1. Disease Reporting Requirements

##### 105. Reportable Diseases and Conditions

[formerly paragraph 2:003]

A. ~~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~~

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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 an 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 cluster 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. acute flaccid paralysis;~~
- ~~ii. anthrax;~~
- ~~iii. avian or novel strain influenza A (initial detection);~~
- ~~iv. botulism;~~
- ~~v. brucellosis;~~
- ~~vi. cholera;~~
- ~~vii. *Clostridium perfringens* food-borne infection;~~
- ~~viii. diphtheria;~~
- ~~ix. fish or shellfish poisoning (domoic acid poisoning, neurotoxic shellfish poisoning, ciguatera, paralytic shellfish poisoning, secombroid);~~
- ~~x. food-borne infection;~~
- ~~xi. *Haemophilus influenzae* (invasive infection);~~
- ~~xii. influenza-associated mortality;~~
- ~~xiii. measles (rubeola imported or indigenous);~~
- ~~xiv. *Neisseria meningitidis* (invasive infection);~~
- ~~xv. outbreaks of any infectious diseases;~~
- ~~xvi. pertussis;~~
- ~~xvii. plague (*Yersinia pestis*);~~
- ~~xviii. poliomyelitis (paralytic and non-paralytic);~~
- ~~xix. Q fever (*Coxiella burnetii*);~~
- ~~xx. rabies (animal and human);~~
- ~~xxi. ricin poisoning;~~
- ~~xxii. rubella (congenital syndrome);~~
- ~~xxiii. rubella (German measles);~~
- ~~xxiv. severe acute respiratory syndrome-associated coronavirus (SARS-CoV);~~
- ~~xxv. *Staphylococcus aureus*, vancomycin intermediate or resistant (VISA/VRSA);~~
- ~~xxvi. staphylococcal enterotoxin B (SEB) pulmonary poisoning;~~
- ~~xxvii. smallpox;~~
- ~~xxviii. tularemia (*Francisella tularensis*);~~
- ~~xxix. viral hemorrhagic fever; and~~
- ~~xxx. yellow fever.~~

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

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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. amoeba (free-living) infection (including *Acanthamoeba*, *Naegleria*, *Balamuthia* and others);
- ii. anaplasmosis;
- iii. arthropod-borne neuroinvasive disease and other infections (including West Nile, St. Louis, California, Eastern Equine, Western Equine and others);
- iv. Aseptic meningitis;
- v. babesiosis;
- vi. chagas disease;
- vii. chaneroid;
- viii. dengue fever;
- 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 E;
- xvii. herpes (neonatal);
- xviii. human immunodeficiency virus [(HIV), infection in pregnancy]<sup>2</sup>;
- xix. human immunodeficiency virus [(HIV), perinatal exposure]<sup>2</sup>;
- xx. legionellosis;
- xxi. malaria;
- xxii. mumps;
- xxiii. salmonellosis;
- xxiv. shigellosis;
- xxv. syphilis<sup>1</sup>;
- xxvi. tetanus;
- xxvii. tuberculosis<sup>3</sup> due to *Mycobacterium tuberculosis*, *bovis* or *africanum*; and
- xxviii. typhoid fever.

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 by the end of the workweek after the existence of a case, suspected case, or a positive laboratory result is known:

- i. acquired immune deficiency syndrome (AIDS);<sup>2</sup>
- ii. *Anaplasma phagocytophilum*;
- iii. blastomycosis;
- iv. campylobacteriosis;
- v. chlamydial infection<sup>1</sup>;
- vi. coccidioidomycosis;
- vii. cryptococcosis;
- viii. cryptosporidiosis;
- ix. cyclosporiasis;

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

~~xi. enterococcus, vancomycin resistant [(VRE), invasive disease];~~

~~xii. giardia;~~

~~xiii. —glanders;~~

~~xiv. gonorrhea<sup>+</sup> (genital, oral, ophthalmic, pelvic inflammatory disease rectal);~~

~~xv. Hansen disease (leprosy);~~

~~xvi. —hepatitis B (carriage, other than in pregnancy);~~

~~xvii. —hepatitis C (acute illness);~~

~~xviii. —hepatitis C (past or present infection);~~

~~xix. —human immunodeficiency virus [(HIV) infection, other than as in class B]<sup>2</sup>;~~

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

~~xxi. —leptospirosis;~~

~~xxii. —listeria;~~

~~xxiii. —lyme disease;~~

~~xxiv. —lymphogranuloma venereum<sup>+</sup>;~~

~~xxv. —melioidosis (*Burkholderia pseudomallei*)~~

~~xxvi. —meningitis eosinophilic;~~

~~xxvii. —nipah virus infection;~~

~~xxviii. —psittacosis;~~

~~xxix. —spotted fevers [*Rickettsia* species including Rocky Mountain spotted fever (RMSF)];~~

~~xxx. —staphylococcal toxic shock syndrome;~~

~~xxxi. *Staphylococcus aureus*, methicillin/oxacillin resistant (MRSA), invasive infection);~~

~~xxxii. —streptococcal disease, group A (invasive disease);~~

~~xxxiii. —streptococcal disease, group B (invasive disease);~~

~~xxxiv. —streptococcal toxic shock syndrome;~~

~~xxxv. *Streptococcus pneumoniae* invasive disease;~~

~~xxxvi. transmissible spongiform encephalopathies (Creutzfeldt-Jacob disease and variants);~~

~~xxxvii. trichinosis;~~

~~xxxviii. —varicella (chickenpox);~~

~~xxxix. *Vibrio* infections (other than cholera); and~~

~~xl. 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 by the end of the workweek after the existence of a case, suspected case, or a positive laboratory result is known:~~

~~i. cancer;~~

~~ii. —monoxide exposure and /or poisoning;~~

~~iii. complications of abortion;~~

~~iv. congenital hypothyroidism<sup>4</sup>;~~

~~v. galactosemia;~~

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- vi. heavy metal (arsenic, cadmium, mercury) exposure and/or poisoning (all ages)<sup>5</sup>;
- vii. hemophilia;
- viii. lead exposure and/or poisoning (children); (adults);
- ix. pesticide-related illness or injury (all ages);
- x. phenylketonuria<sup>4</sup>;
- xi. Reye's syndrome;
- xii. severe traumatic head injury;
- xiii. severe under nutrition (severe anemia, failure to thrive);
- xiv. sickle cell disease (newborns);
- xv. spinal cord injury; and
- xvi. sudden infant death syndrome (SIDS).

5. ~~Class E Syndromic Surveillance: Reportable Conditions seen at Emergency Departments of Acute Care Hospitals which Shall Require Reporting Electronically within One Business Day of the Visit~~

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a. ~~Class E 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 beginning on [the effective date of this rule]. 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.~~

B. ~~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.~~

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1. ~~<sup>1</sup>Report on STD-43 Form. Report cases of syphilis with active lesions by telephone, within one business day, to (504) 568-7474.~~

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2. ~~<sup>2</sup>Report to the Louisiana HIV/AIDS Program. Visit [www.hiv.dhh.louisiana.gov](http://www.hiv.dhh.louisiana.gov) or call (504) 568-7474 for regional contact information.~~

3. ~~<sup>3</sup>Report on CDC72.5 (15-2431) card.~~

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

5. ~~<sup>5</sup>Report to the Section of Environmental Epidemiology and Toxicology, [www.seet.dhh.louisiana.gov](http://www.seet.dhh.louisiana.gov), or call (504) 568-8159 or (888) 293-7020. 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~~

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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:

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- i. acute flaccid paralysis;
- ii. anthrax;
- iii. avian or novel strain influenza A (initial detection);
- iv. botulism;
- v. brucellosis;
- vi. cholera;
- vii. *Clostridium perfringens* food-borne infection;
- viii. diphtheria;
- ix. fish or shellfish poisoning (domoic acid poisoning, neurotoxic shellfish poisoning, ciguatera, paralytic shellfish poisoning, scombroid);
- x. food-borne infection;
- xi. *Haemophilus influenzae* (invasive infection);
- xii. influenza-associated mortality;
- xiii. measles (rubeola, imported or indigenous);
- xiv. *Neisseria meningitidis* (invasive infection);
- xv. outbreaks of any infectious diseases;
- xvi. pertussis;
- xvii. plague (*Yersinia pestis*);
- xviii. poliomyelitis (paralytic and non-paralytic);
- xix. Q fever (*Coxiella burnetii*);

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- xx. rabies (animal and human);
- xxi. ricin poisoning;
- xxii. rubella (congenital syndrome);
- xxiii. rubella (German measles);
- xxiv. severe acute respiratory syndrome-associated coronavirus (SARS-CoV);
- xxv. *Staphylococcus aureus*, vancomycin intermediate or resistant (VISA/VRSA);
- xxvi. staphylococcal enterotoxin B (SEB) pulmonary poisoning;
- xxvii. smallpox;
- xxviii. tularemia (*Francisella tularensis*);
- xxix. viral hemorrhagic fever (Ebola, Lassa, Marburg, Crimean Congo, etc.); and
- xxx. 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. amoeba (free living) infection (including *Acanthamoeba*, *Naegleria*, *Balamuthia* and others);
- ii. anaplasmosis;
- iii. arthropod-borne viral infections (including West Nile, Dengue, St. Louis, California, Eastern Equine, Western Equine, Chikungunya, Usutu, and others);
- iv. aseptic meningitis;
- v. babesiosis;
- vi. Chagas disease;
- vii. chancroid;
- viii. *Escherichia coli*, Shiga-toxin producing (STEC), including *E. coli* O157:H7;
- ix. granuloma inguinale;
- x. hantavirus (infection or pulmonary syndrome);
- xi. hemolytic-uremic syndrome;
- xii. hepatitis A (acute illness);
- xiii. hepatitis B (acute illness and carriage in pregnancy);
- xiv. hepatitis B (perinatal infection);
- xv. hepatitis E;
- xvi. herpes (neonatal);
- xvii. human immunodeficiency virus [(HIV), infection in pregnancy]<sup>2</sup>;
- xviii. human immunodeficiency virus [(HIV), perinatal exposure]<sup>2</sup>;
- xix. legionellosis;
- xx. malaria;
- xxi. mumps;
- xxii. salmonellosis;
- xxiii. shigellosis;
- xxiv. syphilis<sup>1</sup>;
- xxv. tetanus;
- xxvi. tuberculosis<sup>3</sup> due to *Mycobacterium tuberculosis*, *bovis* or *africanum*; and
- xxvii. typhoid fever.

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)<sup>2</sup>;
- ii. *Anaplasma phagocytophilum*;
- iii. blastomycosis;
- iv. campylobacteriosis;
- v. chlamydial infection<sup>1</sup>;
- vi. coccidioidomycosis;
- vii. cryptococcosis (*Cryptococcus neoformans* and *C. gattii*);
- viii. cryptosporidiosis;
- ix. cyclosporiasis;
- x. ehrlichiosis (human granulocytic, human monocytic, *Ehrlichia chaffeensis* and *ewingii*);
- xi. *Enterococcus*, vancomycin resistant [(VRE), invasive disease];
- xii. giardiasis;
- xiii. glanders (*Burkholderia mallei*);
- xiv. gonorrhea<sup>1</sup> (genital, oral, ophthalmic, pelvic inflammatory disease, rectal);
- xv. Hansen's disease (leprosy);
- xvi. hepatitis C (acute illness);
- xvii. histoplasmosis;
- xviii. human immunodeficiency virus [(HIV) infection, other than as in class B]<sup>2</sup>;
- xix. human T lymphocyte virus (HTLV I and II) infection;
- xx. leptospirosis;
- xxi. listeriosis;
- xxii. Lyme disease;
- xxiii. lymphogranuloma venereum<sup>1</sup>;
- xxiv. melioidosis (*Burkholderia pseudomallei*);
- xxv. meningitis, eosinophilic (including those due to *Angiostrongylus* infection);
- xxvi. Nipah virus infection;
- xxvii. non-gonococcal urethritis;
- xxviii. ophthalmia neonatorum;
- xxix. psittacosis;
- xxx. spotted fever rickettsioses [*Rickettsia* species including Rocky Mountain spotted fever (RMSF)];
- xxxi. staphylococcal toxic shock syndrome;
- xxxii. *Staphylococcus aureus*, methicillin/oxacillin-resistant [(MRSA), invasive infection];
- xxxiii. streptococcal disease, group A (invasive disease);
- xxxiv. streptococcal disease, group B (invasive disease);
- xxxv. streptococcal toxic shock syndrome;
- xxxvi. *Streptococcus pneumoniae* invasive disease;



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

xxxviii. trichinosis;

xxxix. varicella (chickenpox);

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

xli. versiniosis.

#### 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;

iii. complications of abortion;

iv. congenital hypothyroidism<sup>4</sup>;

v. galactosemia;

vi. heavy metal (arsenic, cadmium, mercury) exposure and/or poisoning (all ages)<sup>5</sup>;

vii. hemophilia;

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

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

x. phenylketonuria<sup>4</sup>;

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

xii. radiation exposure, over normal limits;

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).

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

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

3. <sup>3</sup>Report on CDC72.5 (f.5.2431) card.

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

5. <sup>5</sup>Report to the Section of Environmental Epidemiology and Toxicology, [www.seet.dhh.louisiana.gov](http://www.seet.dhh.louisiana.gov), or call (504) 568-8159 or (888) 293-7020.

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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), amended LR 41:

**§107. Physicians Reporting Duties Laboratory and Healthcare Facility Reporting Requirements**  
**{formerly paragraph 2:004}**

A. ~~It is hereby made the duty of every physician practicing medicine in the state of Louisiana to report to the state health officer (as per §105.B) 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. The director of every laboratory and other 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 I, §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 class described in §105 and shall state the name, date of birth, sex, race, usual residence, 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 performing the test(s) shall be provided. Laboratories shall not defer their public health reporting responsibilities to any other authorities within the institutions they serve. In addition, laboratories performing tests on specimens received from other laboratories shall report to the state health officer all results as prescribed above plus the contact information for the facility/laboratory 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. ~~{formerly paragraph 2:005} 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 §107.A. 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);
- 6.human metapneumovirus;
- 7.parainfluenza viruses;
- 8.respiratory syncytial virus; and
- 9.rhinoviruses.

C. A reference culture is required to be sent to the Office of Public Health laboratory for the following microorganisms within five business days of the final identification of the microorganism:

- 1. *Bacillus anthracis* (confirmed or suspected);
- 2. *Bordetella pertussis*;
- 3. *Brucella spp.*;
- 4. *Burkholderia mallei*;
- 5. *Burkholderia pseudomallei*;
- 6. *Campylobacter spp.*;
- 7. *Corynebacterium diphtheriae*;
- 8. *E. coli* O157:H7 or *E. coli* Shiga toxin producing;
- 9. *Francisella spp.*;
- 10. *Listeria spp.*;
- 11. *Mycobacterium tuberculosis, bovis* or *africanum*;
- 12. *Plesiomonas spp.*;
- 13. *Salmonella spp.*;
- 14. *Shigella spp.*;
- 15. *Vibrio spp.*;
- 16. *Yersinia enterocolitica*; and
- 17. *Yersinia pestis*.

D. A reference culture 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).

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:

#### **§109. Reports by All Health Care Providers and by Other Facilities, Programs, and Entities Reports by Emergency Departments {formerly paragraph 2:006}**

A. ~~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 specified in §105 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 per the above or §107, it shall be the duty of the director, chief administrative officer, or other-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 specified in 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.

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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:

**§111. Reports Required of Parents, Schools and Day Care Centers Reports by Hospitals  
{formerly paragraph 2:007}**

A. ~~It shall be the duty of every parent, guardian, householder, attendant or other 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 per §105.B), 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.~~ It shall be the duty of all hospitals producing antibiograms detailing the antibiotic sensitivities and resistances of microorganisms in their facility to provide a report annually of antibiogram results to the state health officer.

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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:

**§113. Laboratory Reporting Requirements Reports Required of Parents, Schools and Day Care Centers  
{formerly paragraph 2:008}**

A. ~~The director of every laboratory 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 I, §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 should be received in a timely manner consistent with the requirements of the diseases/conditions class described in §105 and shall state the name, date of birth, sex, race, usual residence, specimen~~

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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 performing the test(s) must be provided. Laboratories shall not defer their public health reporting responsibilities to any other authorities within the institutions they serve. In addition, laboratories performing tests on specimens received from other laboratories shall report to the state health officer all results as prescribed above plus the contact information for the facility/laboratory 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. 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.

B.—A reference culture is required to be sent to the Office of Public Health laboratory for the following microorganisms within five working days of the final identification of the microorganism:

- i. — *Bacillus anthracis* (confirmed or suspected);
- ii. — *Bordetella pertussis*;
- iii. — *Burkholderia mallei*;
- iv. — *Campylobacter* spp.;
- v. — *Corynebacterium diphtheriae*;
- vi. — *E. Coli* O157:H7 or *E. coli* shiga toxin producing;
- vii. — *Francisella* species;
- viii. — *Listeria* spp.;
- ix. — *Mycobacterium tuberculosis, bovis or africanum*;
- x. — *Plesiomonas* spp.;
- xi. — *Salmonella*;
- xii. — *Shigella*;
- xiii. — *Vibrio* spp.;
- xiv. — *Yersinia enterocolitica*; and
- xv. — *Yersinia pestis*.

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C.—A reference culture 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 working days of the final identification of the microorganism:

- i. — *Haemophilus influenza* type b or untyped;
- ii. — *Neisseria meningitidis*; and
- iii. — *Streptococcus pneumoniae*.

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D.—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).

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](#):

### Part III. The Control of Rabies and Other Zoonotic Diseases

#### Chapter 1. Anti-Rabies Vaccination Requirements for Dogs and Cats

##### §103. Mandatory Vaccinations of Dogs, Cats, and Ferrets [formerly paragraph 3:002]

A. No person shall own, keep or have in his custody a dog, cat, or ferret over three months of age that has not been vaccinated against rabies by a licensed veterinarian. Every owner of a dog, cat, or ferret shall cause said animal to be vaccinated initially with a series of two vaccinations, the first to be administered at three months of age, the second to be administered one year after the initial vaccination. Dogs, cats, or ferrets initially vaccinated later than three months of age shall also be administered a series of two vaccines, the second vaccine to be given one year after the initial vaccination. ~~Subsequent booster vaccines shall be administered one year after the administration of a vaccine that confers one year of immunity and three years after the administration of a vaccine that confers three years of immunity. Approved vaccines and durations of immunity are listed in the most recent *Compendium of Animal Rabies Prevention and Control* prepared by the National Association of State Public Health Veterinarians. Thereafter, the interval between revaccinations should~~ shall conform to the latest *Compendium of Animal Rabies Prevention and Control*, 2011 Edition, Part III: Rabies Vaccines Licensed and Marketed in the U.S. (Appendix A), which is periodically published by the National Association of State Public Health Veterinarians, Inc. Vaccine licensing and labeling, including duration of immunity, is authorized by the Center for Veterinary Medicine at the Food and Drug Administration (FDA) and those decisions are based on testing conducted by the vaccine manufacturers. The results of testing are presented to the FDA during the registration process.

AUTHORITY NOTE: Promulgated in accordance with the provisions of R.S. 40:4(A)(2)(a), [R.S. 40:5\(1\)\(2\)\(17\)](#) and R.S. 40:1277.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1223 (June 2002), amended LR 33:650 (April 2007), [LR 41](#):

### Part XVII. Public Buildings, Schools, and Other Institutions

#### Chapter 5. Health Requirements for Schools

##### §501. Employee Health and Student Health [formerly paragraph 17:028]

A. [Formerly paragraph 17:028] The requirements of Part I, §117 and Part II, §§~~44~~[113](#) and 503 shall be met.

B.1. – B.2. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:4 (A)(2)(10) and R.S. 40:5 (1)(2)(10)(17).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1392 (June 2002), repromulgated LR 29:1099 (July 2003), ~~amended LR 41~~:

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## Part XXI. Day Care Centers and Residential Facilities

### Chapter 1. General Requirements

#### §105. General

[formerly paragraph 21:002-1]

A. – B. ...

C. [Formerly paragraph 21:003] All of the above facilities shall comply with appropriate Parts of this Code as stated below.

1. [Formerly paragraph 21:003-1] Employee, patient, and client health shall meet the requirements of Part I, §117 and Part II, §§~~441~~113, 503, and 505 of this Code.

C.2. – J.2 ...

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1399 (June 2002), amended LR 37:2728 (September 2011), amended LR 38:2926 (November 2012), repromulgated LR 38:3233 (December 2012), amended LR 41:

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#### Family Impact Statement

1. The Effect on the Stability of the Family. None
2. The Effect on the Authority and Rights of Parents Regarding the Education and Supervision of Their Children. None
3. The Effect on the Functioning of the family. None
4. The Effect on the Family Earnings and Family Budget. None
5. The Effect on the Behavior and Personal Responsibility of Children. None
6. The Ability of the Family or Local Government to Perform the Function as Contained in the Proposed Rule. None

#### Poverty Impact Statement

The proposed rulemaking will have no impact on poverty as described in R.S. 49:973.

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#### Small Business Statement

It is anticipated that the proposed rulemaking will not have a significant adverse effect on small businesses as defined in the Regulatory Flexibility Act. The agency, consistent with health, safety, environmental, and economic factors has considered and, where possible, utilized regulatory methods in drafting the proposed rule to accomplish the objectives of applicable statutes while minimizing any anticipated adverse impact on small businesses.

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#### Provider Impact Statement

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of the proposed rulemaking has been considered. There is no anticipated impact on the staffing level requirements or qualifications, cost, or ability of providers of services for individuals with developmental disabilities to provide such services.

#### Public Comments

All interested persons are invited to submit written comments on the proposed regulation. Such comments should be submitted no later than April 10, 2015 at 4:30 p.m. to

Theresa Sokol, Infectious Disease Surveillance, Infectious Disease Epidemiology Section, Office of Public Health, 1450 Poydras Street, Suite 2155, New Orleans, LA 70112. Comments may be faxed to (504) 568-8290.

**Public Hearing**

A public hearing is scheduled for \_\_\_\_April 24, 2015\_\_\_\_ at 10 a.m. in room 371 at the DHH Bienville Building, 628 North Fourth Street, Baton Rouge, LA 70802. Please call (504) 568-8313 in advance to confirm the time and place of the public hearing, as the public hearing will be cancelled if the requisite number of comments is not received.

Jimmy Guidry, M.D.  
State Health Officer

and

Kathy Kliebert  
Secretary