

NOTICE OF INTENT

Department of Health Office of Public Health

Public Health—Sanitary Code

Disease Reporting Requirements (LAC 51:II.105 and 107)

Under the authority of R.S. 40: 4 and 40:5, and in accordance with R.S. 49:950 et seq., the Administrative Procedure Act, notice is hereby given that the state health officer, acting through the Louisiana Department of Health, Office of Public Health (LDH-OPH), intends to amend §§105 and 107 of Part II (The Control of Diseases) of Title 51 (Public Health-Sanitary Code) of the Louisiana Administrative Code. This rule is being proposed to include COVID-19 in the list of diseases and conditions hereby declared reportable as a Class A disease or condition.

For the reasons set forth above, the following amendments to Title 51 (Public Health-Sanitary Code) are hereby proposed to be adopted.

Title 51

Part II. The Control of Diseases

Chapter 1. Disease Reporting Requirements

§105. Reportable Diseases and Conditions

A. — D.1.a.x. ...

xi. ~~diphtheria~~ Coronavirus Disease 2019 (COVID-19)/Infections with SARS-CoV-2;

~~xi~~ xii. diphtheria;

~~xi~~ xiii. *Enterobacteriaceae*, carbenum-resistant;

~~xi~~ xiv. fish or shellfish poisoning (domoic acid poisoning, neurotoxic shellfish poisoning, ciguatera, paralytic shellfish poisoning, scombroid);

~~xi~~ xv. food-borne illness;

~~xi~~ xvi. glanders (*Burkholderia mallei*);

~~xi~~ xvii. *Haemophilus influenzae* (invasive infection);

~~xi~~ xviii. influenza-associated mortality;

~~xi~~ xix. measles (rubeola, imported or indigenous);

~~xi~~ xx. melioidosis (*Burkholderia pseudomallei*);

~~xi~~ xxi. *Neisseria meningitidis* (invasive infection);

~~xi~~ xxii. outbreaks of any infectious diseases;

~~xxxiii~~xxxiii. pertussis;
~~xxxiii~~xxxiv. plague (*Yersinia pestis*);
~~xxiv~~xxv. poliomyelitis (paralytic and non-paralytic);
~~xxv~~xxvi. *Pseudomonas aeruginosa*, carbapenem-resistant;
~~xxvi~~xxvii. Q fever (*Coxiella burnettii*);
~~xxvii~~xxviii. rabies (animal and human);
~~xxiii~~xxiv ricin poisoning;
~~xxi~~xxx. rubella (congenital syndrome);
~~xxx~~xxxi. rubella (German measles);
~~xxxi~~xxxii. severe acute respiratory syndrome-associated coronavirus (SARS-CoV);
~~xxxii~~xxxiii. *Staphylococcus aureus*, vancomycin intermediate or resistant (VISA.VRSA);
~~xxxiii~~xxxiv. staphylococcal enterotoxin B (SEB) pulmonary poisoning;
~~xxxiv~~xxxv. smallpox;
~~xxxv~~xxxvi. tularemia (*Francisella tularensis*);
~~xxxvi~~xxxvii. viral hemorrhagic fever (Ebola, Lassa, Marburg, Crimean Congo, etc.); and
~~xxxvii~~xxxviii. yellow fever.

D.2-E.6 ...

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-E. ...

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. Coronavirus Disease 2019 (COVID-19)/Infections with SARS-CoV-2;

- 1 2. hepatitis C virus;
- 2 3. human immunodeficiency virus (HIV), including nucleotide sequences; and
- 3 4. syphilis.

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)., [LR 46:](#)

Family Impact Statement

1. Will the proposed rule affect the stability of the family? Yes. The stability of the family will be enhanced if one or more family members has been determined to have a positive result of COVID-2 testing. A positive result will trigger certain isolation procedures to try to keep the other family members from exposure. Also, when the medical provider notifies the OPH of the test result, any positive test results will likely trigger contact tracing performed by the department to limit its spread in the family and the community at large.
2. Will the proposed rule affect the authority and rights of parents regarding the education and supervision of their children? No.
3. Will the proposed rule affect the functioning of the family? Yes. The functioning of the family will be enhanced since those who have been identified as having a positive COVID-2 test result will, in turn, call for enhanced protective and isolation procedures to prevent further transmission to other family members and the community at large.
4. Will the proposed rule affect family earnings and family budget? No.
5. Will the proposed rule affect the behavior and personal responsibility of children? No,
6. Is the family or a local government able to perform the function as contained the proposed rule? The family is not able to perform the function as contained in the rule; however, any hospital or other medical testing facility owned or operated by a local governmental unit may be required to perform the function as contained in the rule.

Poverty Impact Statement

1. The effect on household income, assets, and financial security. The intent of this disease reporting rule is to prevent the additional spreading of COVID-2 disease to other persons; therefore, prevention of additional cases of the disease will help to keep other family members and the community at-large healthy and thus would be expected to help to prevent the depletion of household income, assets, and financial security.
2. The effect on early childhood development and preschool through postsecondary education development. Other than attempting to keep school aged children healthy, there will be no effect on childhood development and preschool through postsecondary education development.
3. The effect on employment and workforce development. Persons who are able to prevent becoming infected with COVID-2 would be expected to remain healthy and such healthy persons would improve his or her chances to either remain employed or become employed. Keeping persons healthy would enhance the workforce as a whole.
4. The effect on taxes and tax credits. Keeping persons healthy by implementing this proposed rule should help to maintain taxes at a lower level since the fewer sick persons there are in the

COVID-2 pandemic would be expected to check the total amount of funds necessary to maintain a healthy population. This, in turn, should help to prevent the need for additional taxation.

5. The effect on child and dependent care, housing, health care, nutrition, transportation, and utilities assistance. There will be no effect on child and dependent care, housing, health care, nutrition, transportation, and utilities assistance.

Small Business Analysis

It is anticipated that the proposed rule will not have a significant adverse impact on small businesses as defined in the Small Business Protection Act.

Provider Impact Statement

The proposed rule should not have any known or foreseeable impact on providers as defined by HCR 170 of the 2014 Regular Legislative Session. In particular, there should be no known or foreseeable effect on:

1. the staffing level requirements or qualifications required to provide the same level of service;
2. the total direct and indirect effect on the cost to the providers to provide the same level of service; or
3. the overall effect on the ability of the provider to provide the same level of service.

Public Comments

Interested persons may submit written comments no later than December 21, 2020 to DeAnn Gruber, Bureau Director, Bureau of Infectious Diseases, Office of Public Health, 1450 Poydras St., Ste. 2136, New Orleans, LA, 70112 or faxed to (504) 568-7044.

Public Hearing

Interested persons may submit a written request to conduct a public hearing either by U.S. mail to the Office of the Secretary, ATTN: LDH Rulemaking Coordinator, Post Office Box 629, Baton Rouge, LA 70821-0629; however, such request must be received no later than 4:30 p.m. on December 10, 2020. If the criteria set forth in R.S. 49:953(A)(2)(a) are satisfied, LDH will conduct a public hearing at 9:00 am on Monday, December 28, 2020, in Room 173 of the Bienville Building, which is located at 628 North Fourth Street, Baton Rouge, LA. To confirm whether or not a public hearing will be held, interested persons should first call Allen Enger at (225) 342-1342 after December 11, 2020. If a public hearing is to be held, all interested persons are invited to attend and present data, views, comments, or arguments, orally or in writing. In the event of a hearing, parking is available to the public in the Galvez Parking Garage which is located between North Sixth and North Fifth/North and Main Streets (cater-corner from the Bienville Building). Validated parking for the Galvez Garage may be available to public hearing attendees when the parking ticket is presented to the Bienville Building's front security desk.

Jimmy Guidry, MD
State Health Officer

and

Dr. Courtney N. Phillips
LDH Secretary