

APA-1
6/93

TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control 420 Department or Agency Alabama Department of Public Health

Rule Number 420-4-1
Rule Title Notifiable Diseases

XXX New Amend XXX Repeal Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare or safety? Yes

Is there a reasonable relationship between the state's police power and the protection of the public health, safety or welfare? Yes

Is there another, less restrictive method of regulation available that could adequately protect the public? No

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? No

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? No

Are all facts of the rulemaking process designed solely for the purpose of and so they have as their primary effect, the protection of the public? Yes

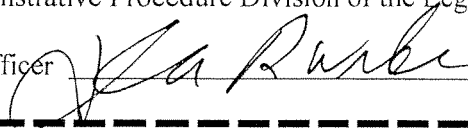
Does the proposed rule have an economic impact? No

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of §41-22-23, Code of Alabama, 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama, 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of Certifying Officer

 Date 3-17-2011



FORM APA2
11/96

STATE BOARD OF HEALTH
NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Department of Public Health

RULE NUMBER AND TITLE: 420-4-1 Notifiable Disease Rules

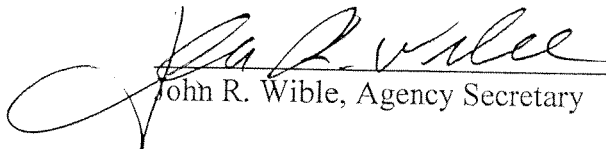
INTENDED ACTION: Repeal and Replace

SUBSTANCE OF PROPOSED ACTION: The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists categorize notifiable diseases into three categories. ADPH proposes to repeal and replace the rules to match these standardized categories and to update the names and diseases considered notifiable in Alabama.

TIME, PLACE, AND MANNER OF PRESENTING VIEWS: A public hearing will be held on April 26, 2011 at 201 Monroe Street, RSA Tower, Suite 1540, Montgomery, AL 36104 at 9:00 a.m.

FINAL DATE FOR COMMENTS AND COMPLETION OF NOTICE: Written or oral comments will be received until the close of the record at 5:00 p.m. on May 5, 2011. All comments and requests for copies of the proposed amendments should be addressed to the contact person listed below.

CONTACT PERSON AT AGENCY: Sherri Davidson, Epidemiology Analysis & Reporting Branch Manager, Department of Public Health, 201 Monroe Street, Suite 1460, Montgomery, Alabama 36104. Telephone number (334) 206-2050.



John R. Wible, Agency Secretary

ALABAMA STATE BOARD OF HEALTH
 ALABAMA DEPARTMENT OF PUBLIC HEALTH
 DIVISION OF DISEASE CONTROL
 ADMINISTRATIVE CODE

CHAPTER 420-4-1
 NOTIFIABLE DISEASES - NEW

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420-4-1-.01 Purpose. The purpose of these rules is to provide administrative details and procedures for the control of notifiable diseases or health conditions.

Author: Donald E. Williamson, M.D.

Statutory Authority: Code of Ala. 1975, §§22-2-2(6); 22-11A-1, et seq.

History: Filed September 1, 1982. Emergency repeal and adoption of new rule Filed September 23, 1987. Repealed and new rule adopted: Filed November 19, 1987.

420-4-1-.02 Definitions.

- (1) **Active Tuberculosis** - That condition in the relationship between the tubercle bacillus and the human host which is characterized by the presence of disease. Active tuberculosis shall include not only individuals who have identifiable organisms on appropriate medical and diagnostic tests but also individuals for whom the duration of therapy has been inadequate to cure their diseased state.
- (2) **Department** - Alabama Department of Public Health
- (3) **Deviate Sexual Intercourse** - Any act of sexual gratification between persons not married to each other, involving the sex organs of one person and mouth or anus of another.
- (4) **Exposure** - That condition in which an individual comes in contact with a disease or health condition in a manner such as to allow transmission of said disease or health condition.
- (5) **Funeral Home Director** - The owner or management of a funeral home.
- (6) **Hepatitis B Virus Infection** - The presence of the hepatitis B virus as determined by the presence of hepatitis B e antigen or by other means as determined by the State Board of Health.
- (7) **HIV Infection** - The confirmed presence of human immunodeficiency virus (HIV) as defined in 420-4-1-.06(3).
- (8) **HIV-Infected Patient** - Any individual who has been diagnosed with the human immunodeficiency virus.
- (9) **Immediate, Extremely Urgent** - Classification for diseases and conditions that require Department notification within four hours.
- (10) **Immediate, Urgent** - Classification for diseases and conditions that require Department notification within 24 hours.
- (11) **Isolation** - The restriction of free movement of a person or persons to prevent the spread of a notifiable disease by ordering confinement to a particular building or part thereof or the restriction of said individual to a facility specifically designated for the confinement of persons who may be infectious and possibly capable of transmitting a notifiable disease.

(12) **Pre-Hospital Transport Personnel/Emergency Medical Service Personnel** - Those individuals involved in the transportation of a person to a hospital and care of a person prior to hospitalization, licensed by the State Board of Health, and defined in Code of Ala. 1975, §22-18-1. Also included within this definition is any individual performing emergency medical services who is exempted from licensure by Code of Ala. 1975, §22-18-2.

(13) **Quarantine** - The forced isolation or restriction of free movement of a person or persons to prevent the spread of a notifiable disease or health condition. Quarantine may refer to the restriction of access to or egress from any building, place, property or appurtenance.

(14) **Sexual intercourse** - Any penetration of the female vagina by the male penis, however slight; emission is not required.

(15) **Sexual offender** - Any person sentenced to confinement or imprisonment in any city or county jail or any state correctional facility for committing a sexual offense as defined in (16).

(16) **Sexual offense** - An act of rape, sodomy or sexual misconduct (as defined in Code of Ala. 1975, §13A-6-60, et seq.) in which sexual intercourse or deviate sexual intercourse occurs.

(17) **Spouse** - Any individual who is the marriage partner of an HIV-infected patient, or who has been the marriage partner of that patient at any time within the 10-year period prior to the diagnosis of HIV-infection.

(18) **Standard** - Classification for diseases and conditions that require Department notification within seven days unless otherwise noted.

Author: Donald E. Williamson, M.D., Jane Cheeks, M.P.H., Sherri L. Davidson, M.P.H., P. Brian Hale, J.D.

Statutory Authority: Code of Ala. 1975, §§22-2-2(6); 22-11A-1, et seq.

History: Filed September 1, 1982. **Emergency repeal and adoption of new rule** Filed September 23, 1987. **Repealed and new rule**

adopted: Filed November 19, 1987. **Emergency rule:** Filed

November 21, 1988. **Amended:** Filed February 17, 1989. **Amended:**

420-4-1-.03 Enumeration.

(1) The State Committee of Public Health, acting for the State Board of Health, shall designate in accordance with the Alabama Administrative Procedure Act, Code of Ala. 1975, §41-22-1, et seq., by majority vote, the diseases and health conditions which are notifiable and may change or amend such lists as deemed necessary. The diseases and health conditions so designated are declared diseases and health conditions of epidemic potential, a threat to the health and welfare of the public, or otherwise of public health importance.

(2) Disease categories. The State Committee of Public Health designates that the notifiable diseases shall be divided into three categories: (a) Immediate, extremely urgent - diseases/conditions notifiable within four hours; (b) Immediate, urgent - diseases/conditions notifiable within 24 hours; and (c) Standard - diseases/conditions notifiable within seven days, unless otherwise noted. Said notifiable diseases are enumerated in Appendix I.

(3) Sexually Transmitted Diseases. The State Committee of Public Health, acting for the State Board of Health, shall designate in accordance with the Alabama Administrative Procedure Act, by majority vote, those notifiable diseases which shall be designated as sexually transmitted. Such sexually transmitted notifiable diseases shall be included within those designated in Rule 420-4-1-.03(1) and shall be reported as provided in Rule 420-4-1-.03(2). Syphilis and HIV infection are specifically designated as those sexually transmitted diseases referred to in the Code of Ala. 1975, §22-11A-17(a).

(4) Duration of Reportability. Diseases declared to be notifiable by the State Committee of Public Health shall remain on the list of notifiable diseases until removed by majority vote of the State Committee of Public Health in accordance with the Alabama Administrative Procedure Act unless said Committee designates a specific period of time for a given disease to be notifiable as herein provided.

(5) Temporary Designation. The State Committee of Public Health, acting for the State Board of Health, may designate in accordance with the Alabama Administrative Procedure Act, by majority vote, a disease to be notifiable for a specified period of time. Said diseases and health conditions must be of epidemic potential, a threat to the health and welfare of the public, or otherwise of public health significance. When a disease or condition is so designated for a specified period of time, said

disease shall be added to the list of notifiable diseases effective immediately upon said designation and shall be removed from the list of notifiable diseases after the period of time designated has expired.

(6) Emergency Designation. The State Health Officer, acting for the State Committee of Public Health and for the State Board of Health may, when in his or her discretion he or she deems emergency action necessary, designate a disease or health condition to be notifiable. Diseases so designated by the State Health Officer shall remain notifiable until the next meeting of the State Committee of Public Health unless such designation is confirmed by the action of the State Committee of Public Health; in which case, the disease shall be made either permanently notifiable or temporarily notifiable by said Committee as herein provided.

Author: Donald E. Williamson, M.D., Sherri L. Davidson, M.P.H.
Statutory Authority: Code of Ala. 1975, §§22-2-2(6); 22-11A-1, et seq.

History: Filed September 1, 1982. **Emergency repeal and Adoption of New Rule:** Filed September 23, 1987. **Repealed and New Rule:** Filed November 19, 1987. **Emergency Rule:** Filed November 17, 1989; January 19, 1990; November 19, 1990. **Amended (Appendix also):** Filed August 22, 1994; effective September 28, 1994. **Amended (Appendix also):** Filed May 22, 1995; effective June 26, 1995. **Amended (Appendix only):** Filed November 18, 1999; effective December 23, 1999. **Amended (Appendix only):** Filed January 15, 2002; effective February 19, 2002. **Amended (Appendix only):** Filed May 28, 2003; effective July 2, 2003. **Amended (Appendix only):** Filed August 20, 2003; effective September 24, 2003. **Amended (Appendix only):** Filed February 20, 2004; effective March 26, 2004. **Amended (Appendix only):** Filed September 17, 2010; effective October 22, 2010.

420-4-1-.04 Reporting.

(1) Responsibility for Reporting. Each physician, dentist, nurse, medical examiner, hospital administrator, nursing home administrator, laboratory director, school principal, and day care center director shall be responsible to report cases or suspected cases of notifiable diseases and health conditions. Said report shall contain such data as may be required by the rules of the State Board of Health. Said report shall be in the manner designated in Rule 420-4-1-.04(3)-(7).

(2) Reports by Pharmacists. Any pharmacist dispensing

anti-tuberculosis medication shall report this information to the State Health Officer, to the County Health Officer, or their designee in the manner designated in Rule 420-4-1-.04(3)-(7).

(3) Report of Immediate, Extremely Urgent Diseases. Diseases designated as immediate, extremely urgent shall be reported to the State Health Officer or the County Health Officer within four hours of diagnosis by telephone, facsimile, or in person. Said report shall contain, at a minimum: the name of the disease or health condition; the name, date of birth, gender, and address of the person having the disease or health condition; the date of onset, date of laboratory result, and/or date of diagnosis of said disease or health condition; and contact information for the reporter.

(4) Report of Immediate, Urgent Diseases. Diseases designated as immediate, urgent shall be reported to the State Health Officer or the County Health Officer within 24 hours of diagnosis either electronically, by telephone, facsimile, or in person. Said report shall contain, at a minimum: the name of the disease or health condition; the name, date of birth, gender, and address of the person having the disease or health condition; the date of onset, date of laboratory result, and/or date of diagnosis of said disease or health condition; and contact information for the reporter.

(5) Report of Standard Notification Diseases. Diseases and health conditions designated as standard notification diseases shall require notification electronically or in writing to either the County Health Officer or the State Health Officer within seven days. Said report shall include, at a minimum: the name of the disease or health condition; the name, date of birth, gender, and address of the person having said disease or health condition; the date of onset, date of laboratory result, and/or date of diagnosis of said disease or health condition; and contact information for the reporter.

(6) Notification of suspected presence of *Bacillus anthracis* or other agent suspected to be related to an act of bioterrorism. All hospital laboratories, independent clinical laboratories, laboratories in rehabilitation hospitals or ambulatory surgical centers, any other clinical laboratories licensed by the State Board of Health, and all physicians or other practitioners operating in-office laboratories shall immediately notify the State Board of Health in the manner specified below of the existence of, and forward a sample of, any of the following to the Department's Bureau of Clinical Laboratories:

(a) isolates or suspected isolates of *Bacillus*

anthracis regardless of clinical source;

(b) isolates of all bacillus species obtained from normally sterile clinical sites including, but not limited to cerebral spinal fluid, blood, pleural fluid; or

(c) clinical or environmental isolates of any organism suspected of being related to an act of bioterrorism.

(7) Manner of notification. The laboratories identified in (6), above, shall immediately telephone the director of the Department's Bureau of Clinical Laboratories, or his or her designee, in Montgomery at (334)260-3400 to report isolates identified in (6), above, and shall follow the directions of the laboratory director or designee for the transportation of the sample to the state laboratory.

(8) Supplemental Case Report Information. The State Health Officer may require additional information concerning any of the notifiable diseases or health conditions in order to properly investigate and control said disease or health condition. For this purpose, the State Health Officer may designate supplemental forms for various notifiable diseases for collecting the required information. Physicians, hospitals, nurses, and others as required by law shall, in addition to the basic information required on the initial report, provide such information as required on the supplemental report for those diseases so designated. Such case report information is confidential and shall not be subject to public inspection or admission into evidence in any court except via proceedings brought under this chapter to compel the examination, testing, commitment or quarantine of any person or upon the written consent of the patient, provided that other persons are not so identified.

(9) Epidemiologic Study Information. The State Health Officer, or his or her designee, may require additional investigation of confirmed or suspected (a) outbreaks or any kind, (b) cases of notifiable diseases and conditions, (c) exposures to notifiable diseases or conditions, (d) cases of diseases of potential public health importance, or (e) exposures to environmental hazards, by collecting information from the individuals suspected of being part of the outbreak, from individuals with the suspected or confirmed notifiable disease or condition, from close contacts, from others who may have the disease or condition based on symptoms, exposure or other factors, from controls, and from others with information relevant to the investigation. For this purpose, the State Health Officer, or his or her designees, may design questionnaire instruments that permit the recordings of information such as, but not limited to, personal

identifiers, medical facts such as symptoms and laboratory test results, and exposure histories. Such questionnaires may be voluntarily completed by persons identified by Department staff conducting the investigation. In addition to such questionnaires, all working documents, including, but not limited to, written notes and computer records, and documents and records relating to the investigation and received from outside parties, including, but not limited to, medical records and laboratory records, are confidential and shall not be subject to the inspection, subpoena, or admission into evidence in any court, except via proceedings brought under this chapter by the Department to compel the examination, testing, commitment or quarantine of any person. A record generated by the Department dealing with the symptoms, condition, or other information concerning only one individual is releasable upon the written consent of the individual, or if the individual is a minor, his or her parent or legal guardian. Any individual providing information to the Department as part of the investigation shall be immune from any civil or criminal liability. Nothing in this paragraph is meant to supersede other rules in this chapter.

Author: Donald E. Williamson, M.D., Charles Woernle, M.D., M.P.H., Sherri L. Davidson, M.P.H., P. Brian Hale, J.D.

Statutory Authority: Code of Ala. 1975, §§22-2-2(6); 22-11A-1, et seq.; 22-21-28

History: Filed September 1, 1982. **Emergency repeal and adoption of new rule** filed September 23, 1987. **Repealed and new rule adopted:** Filed November 19, 1987. **Amended:** Filed January 20, 1999; effective February 24, 1999. **Amended:** Filed January 15, 2002; effective February 19, 2002.

420-4-1-.05 Control Procedures.

(1) The State Health Officer may act to prevent the spread of any notifiable disease or health condition in a manner consistent with current medical and epidemiologic knowledge about the mode of transmission of said disease or health condition. Said actions for control of disease include any of the following actions, any combination thereof, or any other lawful action necessary to prevent the spread of disease.

(a) The State Health Officer, or his or her designee, may cause a person or persons to be placed in isolation and order said person or persons to remain in such status until released by

said Health Officer designee as provided for in Code of Ala. 1975, §22-11A-1, et seq.

(b) The State Health Officer, or his or her designee, may order any person or persons to restrict their activities and not engage in certain specified activities or enter certain places while they are potentially capable of transmitting a notifiable disease or health condition.

(c) The State Health Officer, or his or her designee, may order a person or persons to be quarantined in their own dwelling or such other facility as may be deemed appropriate and may order removal of said persons if not in their own home in accordance with Code of Ala. 1975, §22-11A-8.

(2) Prevention of Infantile Blindness. Any physician, midwife, nurse, or other person in attendance on a confinement case shall, within two hours after the birth of the child, use one of the following prophylactic solutions for the prevention of infantile blindness or ophthalmia neonatorum:

(a) A one percent fresh solution of nitrate of silver;

(b) Tetracycline;

(c) Erythromycin; or

(d) Such other solution as may be approved by rules adopted by the State Board of Health.

(3) Requirement for the Control of Tuberculosis. The State Committee of Public Health, acting for the State Board of Health, designates the minimum requirements necessary to control tuberculosis to be those requirements which shall be approved by the State Health Officer consistent with accepted epidemiologic and medical information.

(4) Tuberculosis Hospitals. The State Committee of Public Health, acting for the State Board of Health, hereby authorizes the State Health Officer, or his or her designee, to contract with regional general hospitals for the care of tuberculosis patients and furthermore determines that the method of reimbursement to the regional contract hospitals shall be the most cost effective method available. The State Committee of Public Health furthermore authorizes the State Health Officer, or his or her designee, to establish such a method.

(5) Control of Sexually Transmitted Diseases. The

State Committee of Public Health designates that the treatment of sexually transmitted diseases shall be those accepted by the State Health Officer and consistent with recognized medical and epidemiologic information. Moreover, the State Committee of Public Health designates that the investigation of sexually transmitted diseases as designated in Rule 420-4-1-.03 shall conform to standard epidemiologic and medical information and shall be in a manner determined by the State Health Officer, or his or her designee.

Author: Donald E. Williamson, M.D.

Statutory Authority: Code of Ala. 1975, §§22-2-2(6); 22-11A-1, et seq.

History: Filed September 1, 1982. **Emergency repeal and new rule adopted** filed September 23, 1987. **Repealed and new rule adopted:** Filed November 19, 1987.

420-4-1-.06 HIV Testing Procedures.

(1) Practitioners shall use only tests for HIV licensed by the US Food and Drug Administration (FDA).

(2) Individuals who test positive with a rapid, or point-of-care, test shall be informed that their result is considered a preliminary positive, shall be given a confirmatory laboratory-based test, and in the meanwhile be advised to take precautions to avoid transmitting the virus.

(3) Individuals, their personal physician, or the physician's designee shall be notified of the result of a confirmed, positive HIV test after:

(a) laboratory-based antibody screening tests have been found to be repeatedly reactive and a confirmation test such as the Western Blot or the immunofluorescence test has been found to be positive; or

(b) a confirmation test such as the Western Blot or the immunofluorescence test has been found to be positive in follow-up of a positive rapid, point-of-care test; or

(c) a positive result or report of a detectable quantity on any of the following HIV virologic (nonantibody) tests has been found:

(i) HIV nucleic acid (DNA or RNA) detection (e.g., DNA polymerase chain reaction [PCR] or plasma HIV-1 RNA); or

(ii) HIV p24 antigen test, including neutralization assay; or

(iii) HIV isolation (viral culture).

(4) Except in emergency circumstances when, in the best medical judgment of the attending physician, there is reasonable cause to believe that there is a real, present and immediate danger of communication of HIV to attending medical personnel, testing for HIV infection either by antibody tests or other methods shall be performed only with the consent of the individual being tested if said test results can be linked to a specific individual or as ordered by the State Health Officer as provided by Code of Ala. 1975, §22-11A-51 and -52. Consent shall specifically mention HIV, be signed, and may be included in a general consent statement. Nothing in this rule shall preclude the use of anonymous blind serologic testing to establish seroprevalence of HIV infection in targeted groups, so long as test results cannot be linked to a specific individual, nor preclude the routine testing of blood donors, organ donors, semen donors, nor individuals sentenced to confinement or imprisonment in city, county or state correctional facilities, nor preclude the testing of individuals where there is a reasonable cause to believe the person has HIV infection or has been exposed to HIV infection as provided in Code of Ala. 1975, §22-11A-18.

(5) No person shall be tested for HIV infection by antibody determination, or by other means, unless said person or their personal physician are informed of the results of said test or said results are made available to said person. A person so notified shall be provided information on the meaning of said test results, the methods of HIV transmission, on ways to avoid becoming infected, or on ways to avoid infecting others. However, nothing in this paragraph shall apply to any business organization providing life, health or disability insurance.

Author: Donald E. Williamson, M.D., P. Brian Hale, J.D.

Statutory Authority: Code of Ala. 1975, §§22-11A-1, et seq.

History: Filed March 24, 1988. **Amended:** Filed October 19, 1990.

Emergency repeal and adoption of new rule filed

September 23, 1987. **Repealed:** Filed November 19, 1987. **Amended:**

Filed December 17, 2008; effective January 21, 2009.

Ed. Note: Previous rule 420-4-1-.06 entitled "Appeal and Penalty" filed September 1, 1982.

420-4-1-.07 Notification Of Pre-Hospital/Emergency Medical Service Personnel.

(1) The chief administrator of a hospital, or his or her designee, shall notify pre-hospital agencies and emergency medical service personnel of a patient's contagious condition.

(2) Pre-hospital and emergency medical service personnel shall be notified by the hospital administrator, or his or her designee, when a patient which has been transported by said pre-hospital transport personnel and is diagnosed during the current hospitalization as having a notifiable disease transmissible through the respiratory route. Such notification shall apply only to the pre-hospital personnel involved with the on-scene care or in the transportation of the patient to the current hospitalization. Such notification shall occur within 24 hours after the diagnosis of said respiratorily transmitted notifiable disease.

(3) Notification of the presence of an infectious agent transmissible by blood and body fluids shall occur only upon the documentation of an exposure to pre-hospital or emergency medical service personnel in a manner consistent with transmission of said infectious agent. Documentation of said exposure shall be made in writing within 72 hours of the exposure.

(4) Upon receipt of said documentation showing an exposure consistent with a medically recognized method of transmission, the hospital administrator, or his or her designee, shall provide, in writing, to said exposed individual information which has been previously obtained in the routine health care of the patient or obtained during the current hospitalization, about the presence of infectious diseases in the patient transmissible through blood and body fluids. Such notification shall be provided within 24 hours after the diagnosis of said blood and body fluid transmissible notifiable disease.

(5) Nothing in these rules shall be interpreted to require a hospital, physician or other medical provider to perform any test for infectious disease other than that which would be performed in the routine treatment of the patient.

Author: Donald E. Williamson, M.D., P. Brian Hale, J.D.

Statutory Authority: Code of Ala. 1975, §§22-11A-1, et seq.

History: **Emergency adoption** filed November 21, 1988. **Permanent adoption** filed February 17, 1989. **Amended:** Filed October 19, 1990. **Amended:** Filed December 17, 2008; effective January 21, 2009.

420-4-1-.08 Notification Of Funeral Home Personnel.

(1) A physician, hospital administrator, or their designee, may notify the director of a funeral home to which a body is referred when there is known to be present in said patient at the time of death a contagious disease.

(2) Such notification may be performed by placing on the right great toe of the deceased person an appropriately color-coded body tag. Said body tag shall remain on the remains for final disposition.

Red: This shall include those notifiable diseases transmitted by blood and body fluids.

Yellow: This shall include those notifiable diseases transmitted via the respiratory route.

(3) If, in the course of postmortem examination or preparation, an individual under the control of the funeral home director shall acquire a documented exposure to potential pathogenic body material, the funeral director may be notified of the exact infectious agent present in the body.

(4) Such documentation of exposure shall be provided in writing within 48 hours of the alleged exposure. Such notification shall be provided to the attending physician, the hospital administrator, or their designee. Upon presentation of documentation of exposure in a fashion consistent with biologically plausible transmission of the infectious agent, the funeral home director may be provided with the specific name of the infectious agent.

(5) A funeral home director so notified shall inform the exposed employee of the specific infectious agent.

Author: Donald E. Williamson, M.D.

Statutory Authority: Code of Ala. 1975, §§22-11A-1, et seq.

History: **Emergency adoption** filed November 21, 1988. **Permanent adoption** filed February 17, 1989.

420-4-1-.09 Investigation Of HIV/Hepatitis B Virus Infected Health Care Workers.

Health

(1) Any health care worker reported as having hepatitis B or HIV infection shall make available all records requested by the Department.

(2) Any person working with an HIV infected health care worker, the administrator of any health care facility in which an HIV infected health care worker shall have practiced or worked, any person serving as the guardian of or the conservator, etc., administrator or executor of the estate of any HIV infected health care worker, or any person serving as the custodian of records of the patients of any HIV infected health care worker or facility employing such worker shall provide the Department with all requested documents and shall provide information as requested.

Author: Donald E. Williamson, M.D., P. Brian Hale, J.D.
Statutory Authority: Code of Ala. 1975, §§22-11A-7, 22-11A-13, 22-11A-14(g).

History: **Emergency adoption** filed August 21, 1991. **Permanent adoption** filed October 22, 1991. **Amended:** Filed December 17, 2008; effective January 21, 2009.

420-4-1-.10 Victims Of Sexual Offense To Request And Receive HIV Test Results Of Convicted Offender.

(1) The victim of a sexual offense may request the results of any tests on the defendant convicted of such sexual offense, for the presence of HIV, the etiologic agent for acquired immune deficiency syndrome (AIDS). Such request shall be made in writing to the Director of the Department's Division of HIV/AIDS Prevention & Control and must include the victim's name and address, the Circuit court case number, and the date and location of conviction.

(2) Upon receipt of the victim's written request, the Director will obtain the case action summary from the appropriate county Criminal Court Division to verify the nature of the sexual offense, date of conviction, victim name and address, defendant name, social security number, date of birth, and place of incarceration or confinement.

(3) Upon request of the State Health Officer, the Alabama Department of Corrections or the appropriate officials of any city or county jail shall provide in writing the results of any positive or negative test for HIV of a convicted sexual offender to the State Health Officer or his or her designee.

(4) Upon receipt of the required information, the Department shall release the results of the HIV test to the victim. At the same time, the Department shall provide the victim of such sexual offense counsel regarding HIV/AIDS disease, testing and referral for appropriate health care and support services in accordance with applicable law.

Author: Jane Cheeks, M.P.H., P. Brian Hale, J.D.

Statutory Authority: Code of Ala. 1975, §§22-2-2(6), 22-11A-17(a)-(c).

History: New Rule: Filed May 22, 1995; effective June 26, 1995.

420-4-1-.11 Spousal Notification Of A Known HIV-Infected Patient.

(1) An individual tested shall be notified of a positive test result by the physician ordering the test, his or her designee, a physician designated by the applicant, or by the Department. Such notification shall include:

(a) Face-to-face post-test counseling on the meaning of the test result, the possible need for additional testing, and the need to eliminate behavior which may spread the disease to others;

(b) Information as to the availability of appropriate health care services, including mental health care, and appropriate social and support services; and

(c) Explanation of the benefits of locating, testing, and counseling any individual to whom the infected individual may have exposed the HIV and a full description of Department services with respect to locating and counseling all such individuals.

(2) Persons performing post-test counseling must make a good-faith effort to notify the spouse of any HIV-infected patient that he or she may have been exposed to the HIV and should seek testing. Notification can be made by the HIV-infected individual, the provider who ordered the test, or by referral of the HIV-infected individual to the Department for partner notification services.

Author: Jane Cheeks, M.P.H., P. Brian Hale, J.D.

Statutory Authority: Code of Ala. 1975, §§22-11A-38(a)(d), 22-11A-53.

History: New Rule: Filed June 20, 1997; effective July 25, 1997.

420-4-1-.12 Notification Of Law Enforcement, National Security Or Federal Public Health Authorities. In circumstances potentially or actually affecting national security, the State Health Officer or his or her designee is authorized to notify appropriate local, county, state or federal law enforcement authorities, other agencies charged to protect national security or federal public health agencies under the following conditions.

(1) As it relates to a patient or human laboratory subject of the Department, when the State Health Officer, by and through employees of the Department, learns by way of laboratory analysis, investigation, or otherwise of the presence of, or absence of, any notifiable disease relating to a patient of or laboratory subject of the Department, notification may be made to such authorities without the consent of the patient or laboratory subject of the presence of, or absence of, any notifiable disease when the State Health Officer determines in writing that such notification concerns a matter as potentially or actually affecting national security.

(2) Such notification as provided for in this rule may only be made to the above specified law enforcement, national security or federal public health authorities and in such a manner as to best protect the confidentiality of the patient or laboratory subject when balanced against the interests of aiding the protection of national security.

(3) As it relates to non-human subjects, when the State Health Officer, by and through the State Laboratory or environmental or epidemiological staff, shall be called upon by such law enforcement or national security authorities to make or perform tests, examinations of or investigations of objects, environs, animals or other animate or inanimate non-human subjects for the presence or absence of conditions or modalities causative of or suspected of being causative of any notifiable disease, reports of such tests, examinations or investigations shall be made only to such law enforcement, national security or national public health authorities and directly to affected persons in a manner consistent with the protection of the confidentiality of directly affected persons when balanced against the interests of aiding the protection of national security.

(4) This rule relates only to matters potentially or actually affecting national security and is not intended to be invoked or effective under any other condition. The invocation or non-invocation of this rule is not intended to affect the normal course of business as such relates to patient or subject

confidentiality of laboratory, environmental or epidemiological analysis, test, examination, or investigation.

Author: John R. Wible, J.D.

Statutory Authority: Code of Ala.1975, §§22-2-2(6); 22-11A-38.

History: New Rule: January 15, 2002; effective February 19, 2002.

420-4-1-.13 Notification OF Public Health And Regulatory

Authorities Of The Presence Of Lead. The State Health Officer, or his or her designee, may, without the consent of the patient or parent or guardian, release to the appropriate federal or state public health or regulatory authorities or agencies environmental investigation data on dwellings or sites wherein the Department has received, investigated and confirmed the presence or absence of lead at the address based upon the report of a person with an actionable, elevated blood level. Such notifications shall not name or in any manner identify that affected person. Further, such notifications shall be in conformity with federal protected health information release standards established by the Health Insurance Portability and Accountability Act.

Authors: John R. Wible, J.D., Charles H. Woernle, M.D., M.P.H.

Statutory Authority: Code of Ala. 1975, §§22-2-2(6), 22-11A-1, et. seq.

History: New Rule: Filed October 21, 2004; effective November 25, 2004.

420-4-1-.14 Testing Of Pregnant Women For Sexually Transmitted Diseases.

(1) Practitioners attending a pregnant woman shall test her at her initial prenatal visit for syphilis, using a nontreponemal serologic test, and for HIV infection, unless she is already confirmed to be infected with HIV, since said individual's medical care may be modified by the presence or absence of HIV infection. Practitioners shall also test a pregnant woman at her initial prenatal visit for chlamydia and gonorrhea if she is 24 years of age or younger; or if 25 years of age or older, she is unmarried or has one or more risk factors. Risk factors include, but are not limited to, a history of:

(a) multiple sex partners or an at-risk sex partner during the pregnancy;

(b) a sexually transmitted disease during the

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pregnancy;

- (c) use of illicit drugs; or
- (d) exchanging sex for money or drugs.

(2) If a pregnant woman first presents for care at the time of delivery; practitioners shall test her for syphilis, using a nontreponemal serologic test; and for HIV infection, unless she is already confirmed to be infected with HIV, since said individual's medical care may be modified by the presence or absence of HIV infection. Practitioners shall also test her for chlamydia and gonorrhea, if clinically feasible.

(3) Refusal of a pregnant woman not previously confirmed to be infected with HIV to permit testing for HIV infection, despite pre-test counseling, shall be documented in the medical record. A woman who declined testing earlier in her pregnancy shall again be offered testing for HIV infection at the third trimester and/or at the time of delivery.

(4) Practitioners shall test a pregnant woman at the time of delivery for syphilis, using a nontreponemal serologic test. Practitioners shall also obtain a nontreponemal serologic test for syphilis from a pregnant woman at the beginning of the third trimester (28 weeks' gestation), if she has one or more risk factors listed above.

(5) For a pregnant woman tested negative at her initial prenatal visit, practitioners shall obtain another test for HIV infection during the third trimester and/or at the time of delivery, if she has one or more risk factors listed above.

(6) Practitioners shall obtain another test for chlamydia and gonorrhea from a pregnant woman during the third trimester, if she has one or more risk factors listed above.

(7) Practitioners shall use only those tests for sexually transmitted diseases/infections licensed by the FDA. Test results for HIV infection shall be confirmed before the patient is notified of her results, except in the following circumstance. To aid the decision to initiate antiretroviral prophylaxis to protect the baby, a rapid test for HIV infection shall be performed on a woman who presents in labor without previous prenatal care and who has not been previously confirmed as infected with HIV; confirmatory testing shall subsequently be performed.

(8) Appendix II, the summary table of Routine Prenatal

Screening for Sexually Transmitted Diseases (STD)/No Prenatal Care-
Patient Presents at Delivery, is attached hereto as a part of the
rule.

Author: Charles H. Woernle, M.D., M.P.H.

Statutory Authority: Code of Ala. 1975, §§22-2-2(6), 22-11A-1,
et. seq.

History: New Rule: Filed February 17, 2006; effective
March 24, 2006.

APPENDIX I
ALABAMA NOTIFIABLE DISEASES/CONDITIONS

Immediate, Extremely Urgent Disease/Condition - Report to the County or State Health Department by telephone, fax, or in person within 4 hours of diagnosis

Anthrax, human	Smallpox
Botulism	Tularemia
Plague	Viral hemorrhagic fever
Poliomyelitis, paralytic	Cases related to nuclear, biological, or
Severe Acute Respiratory Syndrome-	chemical terroristic agents
associated Coronavirus (SARS-CoV) disease	

Immediate, Urgent Disease/Condition - Report to the County or State Health Department electronically, by telephone, fax, or in person within 24 hours of diagnosis

Brucellosis	Meningococcal Disease	Rabies, human and animal
Cholera	(<i>Neisseria meningitidis</i>) ¹	Rubella
Diphtheria	Novel influenza A virus	Tuberculosis
<i>Haemophilus influenzae</i> ,	infections	Typhoid fever
invasive disease ¹	Pertussis	Yellow fever
Hepatitis A	Poliovirus infection,	Outbreaks of any kind
Measles (rubeola)	nonparalytic	Cases of potential public
		health importance ²

Standard Notification Disease/Condition - Report electronically or in writing to the County or State Health Department within 7 days of diagnosis, unless otherwise noted

Asthma ³	Hepatitis, B, C, and other viral	Shigellosis
Arboviral disease	Histoplasmosis	Spotted Fever
Babesiosis	Human Immunodeficiency Virus	Rickettsiosis
Campylobacteriosis	infection* (including	<i>Staphylococcus aureus</i> ,
Chancroid*	asymptomatic infection, AIDS,	Vancomycin-intermediate
<i>Chlamydia trachomatis</i> *	CD4 counts, and viral load)	(VISA)
Cryptosporidiosis	Influenza-associated	<i>Staphylococcus aureus</i> ,
Dengue	pediatric mortality	Vancomycin-resistant
<i>E. coli</i> , shiga toxin-	Lead, exposure screening test	(VRSA)
producing (STEC),	result	<i>Streptococcus pneumoniae</i> ,
including O157:H7	Legionellosis	invasive disease ¹
Ehrlichiosis/Anaplasmosis	Leptospirosis	Syphilis*
Encephalitis, viral	Listeriosis	Tetanus
Giardiasis	Lyme disease	Toxic shock syndrome
Gonorrhea*	Malaria	Trichinellosis
Hansen's disease	Mumps	(Trichinosis)
(Leprosy)	Psittacosis	Varicella
Hemolytic uremic syndrome	Q Fever	Vibriosis
(HUS), post-diarrheal	Salmonellosis	

*Designated Sexually Transmitted Diseases by the State Board of Health

¹ detection of organism from a normally sterile body site (e.g., blood, cerebrospinal fluid, or, less commonly, joint, pleural or pericardial fluid)

² as determined by the reporting healthcare provider

³ Asthma discharge data reporting is limited to hospitals and is to be reported quarterly to the Asthma Program for the duration of the Program's Cooperative Agreement with the CDC (5 years ending 8/31/2014). Data elements to be reported for all patients with a Primary, Secondary, or Tertiary ICD-9 Diagnosis Code of 493.XX (Asthma) are: Patient Age; Patient Date of Birth (DOB); Patient Gender; Patient Race and/or Ethnicity; City, County, State of Patient Residence; Admit Date and Discharge Date (or Length of Stay); Patient Payor Source; and Primary, Secondary, and

Tertiary ICD-9 Diagnosis Codes. For the Reporting of Asthma, the data elements listed in Rule 420-4-1-.04 (5) may be replaced with those listed above.

State Health Department Telephone Numbers:

Bureau of Clinical Laboratories (334) 260-3400 (24-hour coverage)

Division of Chronic Disease Prevention (334) 206-3028

Division of Epidemiology (334) 206-5347 or 1-800-338-8374 (24-hour coverage), FAX:
(334) 206-3734

Division of HIV/AIDS Prevention & Control (334) 206-5364 or 1-800-344-1153

Division of Immunization (334) 206-5023

Division of Sexually Transmitted Diseases (334) 206-5350

Division of Tuberculosis Control (334) 206-5330

APPENDIX II

ATTACHMENT TO RULE 420-4-1-.14

Routine Prenatal Screening for Sexually Transmitted Diseases (STD)

Test	Initial Prenatal Visit	Third Trimester	Labor and Delivery (L&D)	Comments
All tests must be FDA approved Syphilis	Indicated for all women	Indicated based on positive risk assessment* (28 weeks' gestation)	Indicated for all women	
HIV	Indicated for all women not previously confirmed as HIV infected	Offer if not done before	Offer if not done before	<ul style="list-style-type: none"> • Document patient refusal • Patients who declined testing should be offered test again during 3rd trimester and/or in L&D • Confirmatory test indicated prior to notifying patient except when patient presents to L&D with no prenatal care; in this case, perform rapid test and follow up with confirmatory testing.
Chlamydia	<ul style="list-style-type: none"> • Age 24 and younger: Indicated for all women • Age 25 and older: Indicated if unmarried OR based on positive risk assessment* 	Indicated based on positive risk assessment*	Indicated based on positive risk assessment*	
Gonorrhea	<ul style="list-style-type: none"> • Age 24 and younger: Indicated for all women • Age 25 and older: Indicated if unmarried OR based on positive risk assessment* 	Indicated based on positive risk assessment*		

No Prenatal Care – Patient Presents at Delivery

Test	Labor and Delivery
Syphilis	Indicated for all women
HIV	Indicated for all women not previously confirmed as HIV infected—use rapid test first and then a confirmatory test
Chlamydia	Indicated if clinically feasible
Gonorrhea	Indicated if clinically feasible

* Positive Risk Assessment – Presence of one or more risk factors including, but not limited to, a history of:
 Multiple sex partners or an at-risk partner during the pregnancy • STD during the pregnancy
 Use of illicit drugs • Exchanging sex for money or drugs

Author: Charles H. Woernle, M.D., M.P.H.

Statutory Authority: Code of Ala. 1975, §§22-2-2(6), 22-11A-1,
et. seq.

History: New Rule: Filed February 17, 2006; effective
March 24, 2006.

ALABAMA STATE BOARD OF HEALTH
ALABAMA DEPARTMENT OF PUBLIC HEALTH
DIVISION OF DISEASE CONTROL
ADMINISTRATIVE CODE

CHAPTER 420-4-1
NOTIFIABLE DISEASES - REPEAL

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420-4-1-.01 Purpose. The purpose of these rules is to provide administrative details and procedures for the control of notifiable diseases or health conditions.

Author: Donald E. Williamson, M.D.

Statutory Authority: Code of Ala. 1975, §§22-2-2(6); 22-11A-1, et seq.

History: Filed September 1, 1982. Emergency repeal and adoption of new rule Filed September 23, 1987. Repealed and new rule adopted: Filed November 19, 1987.

420-4-1-.02 Definitions.

(1) **Isolation** - The restriction of free movement of a person or persons to prevent the spread of a notifiable disease by ordering confinement to a particular building or part thereof or the restriction of said individual to a facility specifically designated for the confinement of persons who may be infectious and possibly capable of transmitting a notifiable disease.

(2) **Quarantine** - The forced isolation or restriction of free movement of a person or persons to prevent the spread of a notifiable disease or health condition. Quarantine may refer to the restriction of access to or egress from any building, place, property or appurtenance.

(3) **Active Tuberculosis** - That condition in the relationship between the tubercle bacillus and the human host which is characterized by the presence of disease. Active tuberculosis shall include not only individuals who have identifiable organisms on appropriate medical and diagnostic tests but also individuals for whom the duration of therapy has been inadequate to cure their diseased state.

(3) **Exposure** - That condition in which an individual comes in contact with a disease or health condition in a manner such as to allow transmission of said disease or health condition.

(4) **Funeral Home Director** - The owner or management of a funeral home.

(5) **Pre-Hospital Transport Personnel/Emergency Medical Personnel** - Those individuals involved in the transportation of a person to a hospital and care of a person prior to hospitalization, licensed by the State Board of Health, and defined in Code of Ala. 1975, §22-18-1, specifically an ambulance service operator; ambulance driver; ambulance attendant; driver attendant; emergency medical technician; emergency medical technician, intermediate; or an emergency medical technician, advanced. Also included within this definition is any individual performing emergency medical services who is exempted from licensure by Code of Ala. 1975, §22-18-2.

Author: Donald E. Williamson, M.D.

Statutory Authority: Code of Ala. 1975, §§22-2-2(6); 22-11A-1, et seq.

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History: Filed September 1, 1982. **Emergency repeal and adoption of new rule** Filed September 23, 1987. **Repealed and new rule adopted:** Filed November 19, 1987. **Emergency rule:** Filed November 21, 1988. **Amended:** Filed February 17, 1989.

420-4-1-.03 Enumeration.

(1) The State Committee of Public Health acting for the State Board of Health shall designate in accordance with the Administrative Procedure Act, by majority vote, the diseases and health conditions which are notifiable and may change or amend such lists as deemed necessary. The diseases and health conditions so designated are declared to be diseases and health conditions of epidemic potential, a threat to the health and welfare of the public or otherwise of public health importance.

(2) Disease categories. The State Committee of Public Health designates that the notifiable disease shall be divided into two categories: (a) Group A - immediate reporting, (b) Group B - diseases notifiable within seven days. Said notifiable diseases are enumerated in Appendix 1.

(3) Sexually Transmitted Diseases. The State Committee of Public Health, acting for the State Board of Health shall designate in accordance with the Administrative Procedure Act, by majority vote, those notifiable diseases which shall be designated as sexually transmitted. Such sexually transmitted notifiable diseases shall be included within those designated in Rule 420-4-1-.03(1). Such sexually transmitted notifiable diseases shall be reported as provided in Rule 420-4-1-.03(2). Said sexually transmitted notifiable diseases are enumerated in Appendix 1. Syphilis and HIV infection are specifically designated as those sexually transmitted diseases referred to in the Code of Ala. 1975, §22-11A-17(a).

(4) Duration of Reportability. Diseases declared to be notifiable by the State Committee of Public Health shall remain on the list of notifiable diseases until removed by majority vote of the State Committee of Public Health in accordance with the Administrative Procedure Act unless said Committee designates a specific period of time for a given disease to be notifiable as herein provided.

(5) Temporary Designation. The State Committee of Public Health acting for the State Board of Health may designate in accordance with the Administrative Procedure Act, by majority vote, a disease to be notifiable for a specified period of time.

Said diseases and health conditions must be of epidemic potential, a threat to the health and welfare of the public or otherwise of public health significance. When a disease or condition is so designated for a specified period of time, said disease shall be added to the list of notifiable diseases effective immediately upon said designation and shall be removed from the list of notifiable diseases after the period of time designated has expired.

(6) Emergency Designation. The State Health Officer acting for the State Committee of Public Health and for the State Board of Health may, when in his discretion he deems emergency action necessary, designate a disease or health condition to be notifiable. Diseases so designated by the State Health Officer shall remain notifiable until the next meeting of the Committee of Public Health unless such designation is confirmed by the action of the State Committee of Public Health; in which case, the disease shall be made either permanently notifiable or temporarily notifiable by said Committee as herein provided.

APPENDIX I
ALABAMA NOTIFIABLE DISEASES/CONDITIONS

GROUP A DISEASES/CONDITIONS--REPORT TO THE COUNTY (OR STATE) HEALTH DEPARTMENT BY TELEPHONE, FAX, ELECTRONICALLY, OR IN PERSON WITHIN 24 HOURS OF DIAGNOSIS.

Anthrax, human	Measles (rubeola)	Tuberculosis
Botulism	N. meningitidis, invasive	Typhoid fever diseases FN†
Cholera		Yellow fever
Diphtheria	Pertussis	Outbreaks of any kind
H. influenzae, invasive	Poliomyelitis, paralytic	Cases related to
diseases FN†	Rabies, human and animal	nuclear, biological, or
Hepatitis A	Severe Acute Respiratory	chemical terroristic
Listeriosis	Syndrome (SARS)	agents
	Trichinosis	Cases of potential
		public health
		importance FN(3)

FOOTNOTE 1 i.e., meningitis, epiglottitis, sepsis, cellulitis, septic arthritis, osteomyelitis, pericarditis, and type b pneumonia

FOOTNOTE 2. detection of organism from normally sterile site (e.g., blood and cerebrospinal fluid)

FOOTNOTE 3. as determined by the reporting healthcare provider.

GROUP B DISEASES/CONDITIONS--REPORT IN WRITING TO THE COUNTY (OR STATE) HEALTH DEPARTMENT WITHIN 7 DAYS OF DIAGNOSIS.

Asthma FN(1)	Human Immunodeficiency	Rocky Mountain spotted
Brucellosis	Virus infection* (including	fever
Campylobacteriosis	asymptomatic infection,	Rubella
Chancroid*	ARC, and AIDS)	Salmonellosis
Chlamydia trachomatis*	Lead elevated blood levels	Shigellosis
Cryptosporidiosis	(>10 mcg/dl)	Syphilis*
Dengue Fever	Legionellosis	Tetanus
E. coli 0157:H7	Leprosy	Toxic shock syndrome
(Including HUS and TTP)	Leptospirosis	Tularemia
Ehrlichiosis	Lyme Disease	Vaccinia virus
Encephalitis, viral	Lymphogranuloma	infection or disease
Giardiasis venereum*		other than the
Gonorrhea*	Malaria	expected response to
Granuloma inguinale*	Mumps	smallpox vaccination
Hepatitis, B,C, and	Psittacosis	Varicella
other viral	Q Fever	Vibriosis
Histoplasmosis		Yersiniosis

*Designated Sexually Transmitted Diseases by the State Board of Health

FOOTNOTE 1. Asthma discharge data reporting is limited to hospitals and is to be reported quarterly to the Asthma Program for the duration of the Program's Cooperative Agreement with the CDC (5 years ending 8/31/2014). Data elements to be reported for all patients with a Primary, Secondary, or Tertiary ICD-9 Diagnosis Code of 493.XX (Asthma) are: Patient Age; Patient Date of Birth (DOB); Patient Gender; Patient Race and/or Ethnicity; City, County, State of Patient Residence; Admit Date and Discharge Date (or Length of Stay); Patient Payor Source; and Primary, Secondary, and Tertiary ICD-9 Diagnosis Codes. For the Reporting of Asthma, the data elements listed in Rule 420-4-1-.04 (4) may be replaced with those listed above.

State Health Department Telephone Numbers:
 Division of Epidemiology (334)206-5347 or 1-800-3388-EPI (24-hour coverage)
 Division of HIV/AIDS Prevention & Control (334)206-5364 or 1-800-344-1153
 Division of Sexually Transmitted Diseases (334)206-5350
 Division of Tuberculosis Control (334)206-5330
 Division of Immunization (334)206-5023
 Bureau of Clinical Laboratories (334)260-3400 (24-hour coverage)
 Division of chronic Disease Prevention (334) 206-3028

Author: Donald E. Williamson, M.D.

Statutory Authority: Code of Ala. 1975, §§22-2-2(6); 22-11A-1, et seq.

History: Filed September 1, 1982. **Emergency repeal and Adoption of New Rule:** Filed September 23, 1987. **Repealed and New Rule:** Filed November 19, 1987. **Emergency Rule:** Filed November 17, 1989; January 19, 1990; November 19, 1990. **Amended (Appendix also):** Filed August 22, 1994; effective September 28, 1994. **Amended (Appendix also):** Filed May 22, 1995; effective June 26, 1995. **Amended (Appendix only):** Filed November 18, 1999; effective December 23, 1999. **Amended (Appendix only):** Filed January 15, 2002; effective February 19, 2002. **Amended (Appendix only):** Filed May 28, 2003; effective July 2, 2003. **Amended (Appendix only):** Filed August 20, 2003; effective September 24, 2003. **Amended (Appendix only):** Filed February 20, 2004; effective March 26, 2004. **Amended (Appendix only):** Filed September 17, 2010; effective October 22, 2010.

420-4-1-.04 Reporting.

(1) Responsibility for Reporting. Each physician, dentist, nurse, medical examiner, hospital administrator, nursing home administrator, laboratory director, school principal, and day care center director shall be responsible to report cases or suspected cases of notifiable diseases and health conditions. Said report shall contain such data as may be required by the rules of the State Board of Health. Said report shall be in the manner designated in Rule 420-4-1-.04(3)(4)(5).

(2) Reports by Pharmacists. Any pharmacist dispensing anti-tuberculosis medication shall report this information to the State Health Officer, to the County Health Officer or their designee in the manner designated in Rule 420-4-1-.04(3)(4)(5).

(3) Report of Group A Diseases. Diseases designated as Group A shall be reported to the State Health Officer or the County Health Officer within twenty-four (24) hours of diagnosis by telephone, telegraph, or in person. Said report shall contain as a minimum the name of the disease or health condition, the name and the address of the person having the disease or health condition, the date of onset and/or date of diagnosis of said disease or health condition.

(4) Report of Group B Diseases. Group B diseases notifiable within seven (7) days. Diseases and health conditions

designated as Group B diseases shall require notification in writing to either the County Health Officer or the State Health Officer within seven (7) days. Said report shall include at a minimum the name of the disease or health condition, the name and the address of the person having said disease or health condition, the date of onset and/or date of diagnosis of said disease or health condition.

(5) Notification of suspected presence of *Bacillus anthracis* or other agent suspected to be related to an act of bioterrorism. All hospital laboratories, independent clinical laboratories, laboratories in rehabilitation hospitals or ambulatory surgical centers and any other clinical laboratories licensed by the State Board of Health and all physicians or other practitioners operating in-office laboratories shall immediately notify the State Board of Health in the manner specified below of the existence of and forward a sample of any of the following to the Alabama Department of Public Health, Bureau of Clinical Laboratories:

(a) isolates or suspected isolates of *Bacillus anthracis* regardless of clinical source;

(b) isolates of all bacillus species obtained from normally sterile clinical sites including, but not limited to cerebral spinal fluid, blood, pleural fluid; or

(c) clinical or environmental isolates of any organism suspected of being related to an act of bioterrorism.

Manner of notification. Such laboratories shall immediately telephone the director of the Bureau of Clinical Laboratories or designee in Montgomery at 334.260.3400 to report such and shall follow the directions of the laboratory director or designee for the transportation of the sample to the state laboratory.

(6) Supplemental Case Report Information. The State Health Officer may require additional information concerning any of the notifiable diseases or health conditions in order to properly investigate and control said disease or health condition. For this purpose, the State Health Officer may designate supplemental forms for various notifiable diseases for collecting the required information. Physicians, hospitals, nurses, and others as required by law shall, in addition to the basic information required on the initial report, provide such information as required on the supplemental report for those diseases so designated. Such case report information is confidential and shall not be subject to public inspection or admission into evidence in any court except via proceedings

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brought under this chapter to compel the examination, testing, commitment or quarantine of any person or upon the written consent of the patient, provided that other persons are not so identified.

(7) **Epidemiologic Study Information.** The State Health Officer or his designee may require additional investigation of confirmed or suspected (a) outbreaks or any kind, (b) cases of notifiable diseases and conditions, (c) exposures to notifiable diseases or conditions, (d) cases of diseases of potential public health importance, or (e) exposures to environmental hazards, by collecting information from the individuals suspected of being part of the outbreak, from individuals with the suspected or confirmed notifiable disease or condition, from close contacts, from others who may have the disease or condition based on symptoms, exposure or other factors, from controls, and from others with information relevant to the investigation. For this purpose, the State Health Officer or his designees may design questionnaire instruments that permit the recordings, of information such as but not limited to, personal identifiers, medical facts such as symptoms and laboratory test results, and exposure histories. Such questionnaires may be voluntarily completed by persons identified by departmental staff conducting the investigation. In addition to such questionnaires, all working documents, including, but not limited to, written notes and computer records, and including documents and records relating to the investigation and received from outside parties, including, but not limited to, medical records and laboratory records, are confidential and shall not be subject to the inspection, subpoena, or admission into evidence in any court, except via proceedings brought under this chapter by the department to compel the examination, testing, commitment or quarantine of any person. A record generated by department dealing with the symptoms, condition, or other information concerning only one individual is releasable upon the written consent of the individual, or if the individual is a minor, his parent or legal guardian. Any individual providing information to the department as part of the investigation shall be immune from any civil or criminal liability. Nothing in this paragraph is meant to supersede other sections in Chapter 420-4-1.

Author: Donald E. Williamson, M.D., Charles Woernle, M.D., M.P.H.

Statutory Authority: Code of Ala. 1975, §§22-2-2(6); 22-11A-1, et seq.; 22-21-28

History: Filed September 1, 1982. **Emergency repeal and adoption of new rule** filed September 23, 1987. **Repealed and new rule adopted:** Filed November 19, 1987. **Amended:** Filed January 20, 1999; effective February 24, 1999. **Amended:** Filed January 15, 2002; effective February 19, 2002.

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420-4-1-.05 Control Procedures.

(1) The State Health Officer may act to prevent the spread of any notifiable disease or health condition in a manner consistent with current medical and epidemiologic knowledge about the mode of transmission of said disease or health condition. Said actions for control of disease include any of the following actions or any combination thereof or any other lawful action necessary to prevent the spread of disease.

(a) The Health Officer or his designee may cause a person or persons to be placed in isolation order said person or persons to remain in such status until released by said Health Officer or his designee as provided for in Act 87-574.

(b) The Health Officer or his designee may order any person or persons to restrict their activities and not engage in certain specified activities or enter certain places while they are potentially capable of transmitting a notifiable disease or health condition.

(c) The Health Officer or his designee may order a person or persons to be quarantined in their own dwelling or such other facility as may be deemed appropriate and may order removal of said persons if not in their own home in accordance with Section 8, Act 87-574.

(2) Prevention of Infantile Blindness. Any physician, midwife, nurse, or other person in attendance on a confinement case shall, within two hours after the birth of the child, use one of the following prophylactic solutions for the prevention of infantile blindness or ophthalmia neonatorum:

- (a) A one percent fresh solution of nitrate of silver;
- (b) Tetracycline;
- (c) Erythromycin; or
- (d) Such other solution as may be approved by rules adopted by the State Board of Health.

(3) Requirement for the Control of Tuberculosis. The State Committee of Public Health acting for the State Board of Health designates those minimum requirements necessary to control tuberculosis to be those requirements which shall be approved by

the State Health Officer consistent with accepted epidemiologic and medical information.

(4) Tuberculosis Recalcitrant Treatment Facilities. The State Board of Health designates the medical facilities at Kilby and Tutwiler Correctional Institutions as Tuberculosis Recalcitrant Treatment Centers for men and women respectively.

(5) Tuberculosis Hospitals. The State Committee of Public Health acting for the State Board of Health hereby authorizes the State Health Officer or his designee to contract with regional general hospitals for the care of tuberculosis patients and furthermore determines that the method of reimbursement to the regional contract hospitals and to the recalcitrant treatment centers shall be the most cost effective method available. The State Committee of Public Health furthermore authorizes the State Health Officer or his designee to establish such a method.

(6) Control of Sexually Transmitted Diseases. The State Committee of Public Health designates that the treatment of sexually transmitted diseases shall be those accepted by the State Health Officer and consistent with recognized medical and epidemiologic information. Moreover, the State Committee of Public Health designates that the investigation of sexually transmitted diseases as designated in Rule 420-4-1-.03 shall conform to standard epidemiologic and medical information and shall be in a manner determined by the State Health Officer or his designee.

Author: Donald E. Williamson, M.D.

Statutory Authority: Code of Ala. 1975, §§22-2-2(6); 22-11A-1, et seq.

History: Filed September 1, 1982. **Emergency repeal and new rule adopted** filed September 23, 1987. **Repealed and new rule adopted:** Filed November 19, 1987.

420-4-1-.06 HIV Testing Procedures.

(1) Practitioners shall use only tests for HIV licensed by the US Food and Drug Administration.

(2) Individuals who test positive with a rapid, or point-of-care, test shall be informed that their result is considered a preliminary positive, shall be given a confirmatory laboratory-based test, and in the meanwhile be advised to take precautions to avoid transmitting the virus.

(3) Individuals or their personal physician or the physician's designee shall be notified of the result of a confirmed, positive human immunodeficiency virus test after

(a) laboratory-based antibody screening tests have been found to be repeatedly reactive and a confirmation test such as the Western Blot or the immunofluorescence test has been found to be positive, or

(b) a confirmation test such as the Western Blot or the immunofluorescence test has been found to be positive in follow-up of a positive rapid, point-of-care test, or

(c) a positive result or report of a detectable quantity on any of the following HIV virologic (nonantibody) tests has been found:

(i) HIV nucleic acid (DNA or RNA) detection (e.g., DNA polymerase chain reaction [PCR] or plasma HIV-1 RNA), or

(ii) HIV p24 antigen test, including neutralization assay, or

(iii) HIV isolation (viral culture).

(4) Except in emergency circumstances when, in the best medical judgment of the attending physician, there is reasonable cause to believe that there is a real, present and immediate danger of communication of HIV virus to attending medical personnel, testing for infection with the human immunodeficiency virus either by antibody tests or other methods shall be performed only with the consent of the individual being tested if said test results can be linked to a specific individual or as ordered by the Health Officer as provided by Code of Ala. 1975, Section 22-11A-51,52. Consent should specifically mention HIV, be signed, and may be included in a general consent statement. Nothing in this section shall preclude the use of anonymous blind serologic testing to establish seroprevalence of HIV infection in targeted groups, so long as test results cannot be linked to a specific individual nor preclude the routine testing of blood donors, organ donors, semen donors nor individuals sentenced to confinement or imprisonment in city, county or state correctional facilities nor preclude the testing of individuals where there is a reasonable cause to believe the person has HIV infection or has been exposed to HIV infection as provided in Code of Ala. 1975, Section 22-11A-18.

(5) No person shall be tested for the human immunodeficiency virus by antibody determination or by other means unless said person or their personal physician shall be

informed of the results of said test or said results shall be made available to said person. A person so notified shall be provided information on the meaning of said test results, the methods of transmission of the human immunodeficiency virus, on ways to avoid becoming infected or on ways to avoid infecting others. However, nothing in this paragraph shall apply to any business organization providing life, health or disability insurance.

Author: Donald E. Williamson, M.D.

Statutory Authority: Code of Ala. 1975, §§22-11A-1, et seq.

History: Filed March 24, 1988. **Amended:** Filed October 19, 1990.

Emergency repeal and adoption of new rule filed

September 23, 1987. **Repealed:** Filed November 19, 1987. **Amended:** Filed December 17, 2008; effective January 21, 2009.

Ed. Note: Previous rule 420-4-1-.06 entitled "Appeal and Penalty" filed September 1, 1982.

**420-4-1-.07 Notification Of Pre-Hospital/Emergency Medical
Care Personnel.**

(1) The chief administrator of a hospital or their designee shall notify pre-hospital agencies and emergency medical personnel of a patient's contagious condition.

(2) Pre-hospital personnel and emergency care providers shall be notified by the hospital administrator or their designee when a patient which has been transported by said pre-hospital transport personnel is diagnosed during the current hospitalization as having a notifiable disease transmissible through the respiratory route. Such notification shall apply only to the pre-hospital personnel involved with the on-scene care or in the transportation of the patient to the current hospitalization. Such notification shall occur within 24 hours after the diagnosis of said respiratorily transmitted notifiable disease.

(3) Notification of the presence of an infectious agent transmissible by blood and body fluids shall occur only upon the documentation of an exposure to a pre-hospital or emergency medical care provider in a manner consistent with transmission of said infectious agent. Documentation of said exposure shall be made in writing within seventy-two hours of the exposure.

(4) Upon receipt of said documentation showing an exposure consistent with a medically recognized method of

transmission, the hospital administrator or their designee shall provide, in writing, to said exposed individual information which has been previously obtained in the routine health care of the patient or obtained during the current hospitalization, about the presence of infectious diseases in the patient transmissible through blood and body fluids. Such notification shall be provided within 24 hours after the diagnosis of said blood and body fluid transmissible notifiable disease.

(5) Nothing in these rules shall be interpreted to require a hospital, physician or other medical care provider to perform any test for infectious disease other than that which would be performed in the routine treatment of the patient.

Author: Donald E. Williamson, M.D.

Statutory Authority: Code of Ala. 1975, §§22-11A-1, et seq., and Act No. 90-552.

History: **Emergency adoption** filed November 21, 1988. **Permanent adoption** filed February 17, 1989. **Amended:** Filed October 19, 1990. **Amended:** Filed December 17, 2008; effective January 21, 2009.

420-4-1-.08 Notification Of Funeral Home Personnel.

(1) A physician, hospital administrator or their designee may notify the director of a funeral home to which a body is referred when there is known to be present in said patient at the time of death a contagious disease.

(2) Such notification may be performed by placing on the right great toe of the deceased person an appropriately color-coded body tag. Said body tag shall remain on the remains for final disposal.

Red: This shall include those notifiable diseases transmitted by blood and body fluids.

Yellow: This shall include those notifiable diseases transmitted via the respiratory route.

(3) If, in the course of postmortem examination or preparation, an individual under the control of the funeral home director shall acquire a documented exposure to potential pathogenic body material, the funeral director may be notified of the exact infectious agent present in the body.

(4) Such documentation of exposure shall be provided in writing within forty-eight hours of the alleged exposure. Such

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notification shall be provided to the attending physician, the hospital administrator or their designee. Upon presentation of documentation of exposure in a fashion consistent with biologically plausible transmission of the infectious agent, the funeral home director may be provided with the specific name of the infectious agent.

(5) A funeral home director so notified shall inform the exposed employee of the specific infectious agent.

Author: Donald E. Williamson, M.D.

Statutory Authority: Code of Ala. 1975, §§22-11A-1, et seq.

History: **Emergency adoption** filed November 21, 1988. **Permanent adoption** filed February 17, 1989.

420-4-1-.09 Investigation Of HIV/Hepatitis B Virus Infected Health Care Workers.

(1) Definitions.

(a) **HIV Infection** - Shall mean the confirmed presence of Human Immunodeficiency Virus as defined in 420-4-1-.06(3).

(b) **Hepatitis B Virus Infection** - Shall mean the presence of the hepatitis B virus as determined by the presence of hepatitis B e antigen or by other means as determined by the State Board of Health.

(2) Any health care worker reported as having hepatitis B or human immunodeficiency virus infection shall make available to the Department of Public Health all records requested by the department.

(3) Any person working with an HIV infected health care worker, the administrator of any health care facility in which an HIV infected health care worker shall have practiced or worked, any person serving as the guardian of or the conservator, etc., administrator or executor of the estate of any HIV infected health care worker, or any person serving as the custodian of records of the patients of any HIV infected health care worker or facility employing such worker shall provide to the Department of Public Health all requested documents and shall provide information as requested.

Author: Donald E. Williamson, M.D.

Statutory Authority: Code of Ala. 1975, §§22-11A-7, 22-11A-13, 22-11A-14(g).

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History: Emergency adoption filed August 21, 1991. Permanent adoption filed October 22, 1991. Amended: Filed December 17, 2008; effective January 21, 2009.

420-4-1-.10 Victims Of Sexual Offense To Request And Receive HIV Test Results Of Convicted Offender.

(1) Definitions. When used herein, the following words and terms shall have the meanings respectively ascribed to them except where the context prohibits.

(a) Deviate sexual intercourse - Any act of sexual gratification between persons not married to each other, involving the sex organs of one person and mouth or anus of another.

(b) Sexual intercourse - Such term has its ordinary meaning (penetration of the female vagina by the male penis) and occurs upon any penetration, however slight; emission is not required.

(c) Sexual offender - Any person sentenced to confinement or imprisonment in any city or county jail or any state correctional facility for committing a sexual offense as defined in (d).

(d) Sexual offense - An act of rape, sodomy or sexual misconduct (as defined in Code of Ala. 1975, §13A-6-60) in which sexual intercourse or deviate sexual intercourse occurs.

(2) The victim of a sexual offense may request the results of any tests on the defendant convicted (on or after May 20, 1993) of such sexual offense, for the presence of Human Immunodeficiency Virus (HIV), the etiologic agent for Acquired Immune Deficiency Syndrome (AIDS). Such request shall be made in writing to the Director, Division of HIV/AIDS Prevention & Control, Alabama Department of Public Health (ADPH) and must include the victim's name and address, the Circuit court case number, and the date and location of conviction.

(3) Upon receipt of the victim's written request, the Director will obtain the case action summary from the appropriate county Criminal Court Division to verify the nature of the sexual offense, date of conviction, victim name and address, defendant name, social security number, date of birth, and place of incarceration or confinement.

(4) Upon request of the State Health Officer, the Alabama Department of Corrections or the appropriate officials of any city or county jail shall provide in writing the results of any positive or negative test for HIV of a convicted sexual offender to the State Health Officer or his designee.

(5) Upon receipt of the required information, the State Health Department shall release the results of the HIV test to the victim. At the same time, the State Health Department shall provide the victim of such sexual offense counsel regarding HIV/AIDS disease, testing and referral for appropriate health care and support services in accordance with applicable law.

Author: Jane Cheeks, M.P.H., Director, Division of HIV/AIDS Prevention & Control, (ADPH)

Statutory Authority: Code of Ala. 1975, §§22-2-2(6), 22-11A-17(a)(c).

History: New Rule: Filed May 22, 1995; effective June 26, 1995.

420-4-1-.11 Spousal Notification Of A Known HIV-Infected Patient.

(1) Definitions. For purposes of this section, the following words and terms shall have the meanings respectively ascribed to them except where the context prohibits.

(a) Spouse. The term "spouse" means any individual who is the marriage partner of an HIV-infected patient, or who has been the marriage partner of that patient at any time within the 10-year period prior to the diagnosis of HIV-infection.

(b) HIV-infected patient. The term "HIV-infected patient" means any individual who has been diagnosed with the human immunodeficiency virus.

(2) An individual tested shall be notified of a positive test result by the physician ordering the test, his designee, a physician designated by the applicant or by the Department of Public Health. Such notification shall include:

(a) Face-to-face post-test counseling on the meaning of the test result, the possible need for additional testing, and the need to eliminate behavior which may spread the disease to others.

(b) Information as to the availability of appropriate health care services, including mental health care, and appropriate social and support services.

(c) Explanation of the benefits of locating, testing, and counseling any individual to whom the infected individual may have exposed the HIV virus and a full description of the services of public health with respect to locating and counseling all such individuals.

(d) Persons performing post-test counseling must make a good-faith effort to notify the spouse of any HIV-infected patient that he or she may have been exposed to the human immunodeficiency virus and should seek testing. Notification can be made by the HIV-infected individual, the provider who ordered the test, or by referral of the HIV-infected individual to the Health Department for partner notification services.

Author: Jane Cheeks, M.P.H., Director, Division of HIV/AIDS Prevention & Control (ADPH)

Statutory Authority: Code of Ala. 1975, §§22-11A-38(a)(d), 22-11A-53.

History: New Rule: Filed June 20, 1997; effective July 25, 1997.

420-4-1-.12 Notification Of Law Enforcement, National Security Or Federal Public Health Authorities. In circumstances potentially or actually affecting national security, the State Health Officer or his designee is authorized to notify appropriate local, county, state or federal law enforcement authorities, other agencies charged to protect national security or federal public health agencies under the following conditions.

(1) As relates to a patient or human laboratory subject of the Department, when the State Health Officer by and through employees of the Department of Public Health learns by way of laboratory analysis, investigation or otherwise of the presence of or absence of any notifiable disease relating to a patient of or laboratory subject of the Department, notification may be made to such authorities without the consent of the patient or laboratory subject of the presence of or absence of any notifiable disease when the State Health Officer determines in writing that such notification concerns a matter as potentially or actually affecting national security.

(2) Such notification as provided for in this rule may only be made to the above specified law enforcement, national security or federal public health authorities and in such a manner as to best protect the confidentiality of the patient or laboratory subject when balanced against the interests of aiding the protection of national security.

(3) As relates to non-human subjects, when the State Health Officer, by and through the State Laboratory or environmental or epidemiological staff, shall be called upon by such law enforcement or national security authorities to make or perform tests, examinations of or investigations of objects, environs, animals or other animate or inanimate non-human subjects for the presence or absence of conditions or modalities causative of or suspected of being causative of any notifiable disease, reports of such tests, examinations or investigations shall be made only to such law enforcement, national security or national public health authorities and directly to affected persons in a manner consistent with the protection of the confidentiality of directly affected persons when balanced against the interests of aiding the protection of national security.

(4) This rule relates only to matters potentially or actually affecting national security and is not intended to be invoked or effective under any other condition. The invocation or non-invocation of this rule is not intended to affect the normal course of business as such relates to patient or subject confidentiality of laboratory, environmental or epidemiological analysis, test, examination or investigation.

Author: John R. Wible, General Counsel

Statutory Authority: Code of Ala.1975, §§22-2-2(6); 22-11A-38.

History: New Rule: January 15, 2002; effective February 19, 2002.

420-4-1-.13 Notification OF Public Health And Regulatory

Authorities Of The Presence Of Lead. The State Health Officer or his designee may, without the consent of the patient or parent or guardian, release to the appropriate federal or state public health or regulatory authorities or agencies environmental investigation data on dwellings or sites wherein the Department has received, investigated and confirmed the presence or absence of lead at the address based upon the report of a person with an actionable, elevated blood level. Such notifications shall not name or in any manner identify that affected person. Further, such notifications shall be in conformity with federal protected health information release standards established by the Health Insurance Portability and Accountability Act.

Authors: John R. Wible, J.D., Charles H. Woernle, M.D., M.P.H.

Statutory Authority: Code of Ala. 1975, §§22-2-2(6), 22-11A-1, et. seq.

History: New Rule: Filed October 21, 2004; effective November 25, 2004.

420-4-1-.14 Testing Of Pregnant Women For Sexually Transmitted Diseases.

(1) Practitioners attending a pregnant women shall test her at her initial prenatal visit for syphilis, using a nontreponemal serologic test, and for human immunodeficiency virus (HIV) infection, unless she is already confirmed to be infected with HIV, since said individual's medical care may be modified by the presence or absence of HIV infection.

Practitioners shall also test a pregnant woman at her initial prenatal visit for chlamydia and gonorrhea if she is 24 years of age or younger; or if 25 years of age or older, she is unmarried or has one or more risk factors. Risk factors include, but are not limited to, a history of:

(a) multiple sex partners or an at-risk sex partner during the pregnancy,

(b) a sexually transmitted disease during the pregnancy,

(c) use of illicit drugs, or

(d) exchanging sex for money or drugs.

(2) If a pregnant woman first presents for care at the time of delivery; practitioners shall test her for syphilis, using a nontreponemal serologic test; and for human immunodeficiency virus (HIV) infection, unless she is already confirmed to be infected with HIV, since said individual's medical care may be modified by the presence or absence of HIV infection. Practitioners shall also test her for chlamydia and gonorrhea, if clinically feasible.

(3) Refusal of a pregnant woman not previously confirmed to be infected with human immunodeficiency virus (HIV) to permit testing for HIV infection, despite pre-test counseling, shall be documented in the medical record. A woman who declined testing earlier in her pregnancy shall again be offered testing for HIV infection at the third trimester and/or at the time of delivery.

(4) Practitioners shall test a pregnant woman at the time of delivery for syphilis, using a nontreponemal serologic test. Practitioners shall also obtain a nontreponemal serologic test for syphilis from a pregnant woman at the beginning of the

third trimester (28 weeks' gestation), if she has one or more risk factors listed above.

(5) For a pregnant woman tested negative at her initial prenatal visit, practitioners shall obtain another test for human immunodeficiency virus infection during the third trimester and/or at the time of delivery; if she has one or more risk factors listed above.

(6) Practitioners shall obtain another test for chlamydia and gonorrhea from a pregnant woman during the third trimester, if she has one or more risk factors listed above.

(7) Practitioners shall use only those tests for sexually transmitted diseases/infections licensed by the US Food and Drug Administration. Test results for human immunodeficiency virus infection shall be confirmed before the patient is notified of her results, except in the following circumstance. To aid the decision to initiate antiretroviral prophylaxis to protect the baby, a rapid test for human immunodeficiency virus infection shall be performed on a woman who presents in labor without previous prenatal care and who has not been previously confirmed as infected with human immunodeficiency virus; confirmatory testing shall subsequently be performed.

(8) Appendix I, the summary table of Routine Prenatal Screening for Sexually Transmitted Diseases (STD)/No Prenatal Care-Patient Presents at Delivery, is attached hereto as a part of the rule.

Author: Charles H. Woernle, M.D., M.P.H.

Statutory Authority: Code of Ala. 1975, §§22-2-2(6), 22-11A-1, et. seq.

History: New Rule: Filed February 17, 2006; effective March 24, 2006.