NOTICE OF RULE ADOPTION – FINAL RULE

STATE OF MISSISSIPPI
MS State Department of Health
MS State Board of Health

FILED
AUG 09 2007
MISSISSIPPI
SECRETARY OF STATE

MS State Department of Health
c/o Office of Epidemiology
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Specific Legal Authority Authorizing the promulgation of Rule: Section 41-3-17 MS Code of 1972

Reference to Rules repealed, amended or suspended by the Final Rule:
Amended Reportable Disease and Conditions

Date Rule Proposed: **December 15, 2006**
Date Rule Adopted: **August 8, 2007**

Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule: Modifications to update Rules and regulations governing reportable diseases

The Agency Rule Making Record for this rule including any written comment(s) received during the comment period and the record of any oral proceeding is available for public inspection by contacting the Agency at the above address.

x☐ An oral proceeding was held on this rule:
Date: January 4, 2007
Time:
Place: MSDH Health Protection Conference Room

☐ An oral proceeding was not held on this rule.

The Agency has considered the written comments and the presentations made in any oral proceedings, and:

x☐ This rule as adopted is without variance from the proposed rule.

☐ This rule as adopted differs from the proposed rule as there are minor editorial changes which affect the form rather than the substance of the rule.

☐ This rule as adopted differs from the proposed rule and all of the following apply:
- The differences are within the scope of the matter in the notice of proposed rule adoption,
- The differences are a logical outgrowth of the contents of the Notice of Proposed Rule Adoption and the comments submitted in response thereto, and
- The Notice of Proposed Rule Adoption provided fair warning that the outcome of the proposed rule adoption could be the rule in question.

The entire text of the Final Rule including the text of any rule being amended or changed is attached.

Effective Date of Rule: September 8, 2007

Mary Currier, MD, MPH, Interim State Epidemiologist
Printed Name/Title of Person Submitting Rule for Filing

Signature