MISSISSIPPI STATE DEPARTMENT OF HEALTH

August 17, 2010

To: Mississippi State Board of Health

From: Paul Byers, MD
Acting State Epidemiologist

Re: Rules and Regulations Governing Reportable Diseases

The Office of Communicable Diseases respectfully requests the Board's consideration and final adoption of the following changes to the Rules and Regulations Governing Reportable Diseases and Conditions. There many editorial changes made to clarify and correct, which are highlighted in the document. The content changes are summarized below.

Summary of Changes to the Rules and Regulations Governing Reportable Diseases and Conditions

1. Changes to the list of reportable diseases (Appendices A and B)

    a. *Escherichia coli* O157:H7 is currently a Class 1 reportable disease. With the emergence of increasing numbers of non-O157:H7, shiga toxin-producing *Escherichia coli* (STEC), we would like to change reporting to include all shiga toxin-producing *Escherichia coli* (STEC), and not limit reporting to O157:H7.

    b. We would like to add Chagas Disease (American Trypanosomiasis) to the list of Class 3 reportable diseases. This serious illness caused by *Trypanosoma cruzi* was previously thought to be limited to South America. However, we are aware that a small number of cases have been seen in Mississippi, with possible continued transmission in some parts of the State.

    c. To allow for simplification of reporting by laboratories and providers, we would like to eliminate the phrase "type b" from the reporting requirement of the Class 1 invasive disease due to *Haemophilus influenzae* type b. This would eliminate any confusion as to what constitutes type b *Haemophilus influenzae.*

    d. To simplify reporting, we would like to consolidate reporting of the Class 2 reportable disease due to *Streptococcus pneumoniae*. Currently, *Streptococcus*

pneumoniae invasive infection is reportable if it is antibiotic resistant, and all *Streptococcus pneumoniae* invasive infection, regardless of resistance, is reportable among children <5 years of age. To eliminate this confusing complex of requirements we would like to change this to reporting of all *Streptococcus pneumoniae* invasive infection, regardless of age or antibiotic resistance.

e. *Mycobacterium tuberculosis* infection (positive TST) in children <15 is a Class 2 reportable condition. We would like to add positive Blood Assay for Mycobacterium Tuberculosis (BAMT) to the criteria for infection. This is a newer technology that is often used to diagnose tuberculosis infections.

2. Changes to Appendix C: Appendix C has listed the surveillance case definitions used to classify and tally reports of infectious or communicable diseases, as specified by the Council of State and Territorial Epidemiologists. These case definitions are used internally by the Department to tally reports of disease and do not in any way alter reporting by providers and laboratories. Since these case definitions are updated by the Council of State and Territorial Epidemiologists at least annually and sometimes more frequently, allowance has been made to allow the case definitions to remain current with these changes without having to change the regulations. The regulations would include a reference to a website where the case definitions can be found, and Appendix C has been eliminated from the regulations. In addition, the Surveillance Branch of the Bureau of Emergency Medical Services conducts surveillance for spinal cord and traumatic brain injuries, and the case definitions for these have been previously included in Appendix C. These definitions have been eliminated from the regulations, and a link to the definitions has been provided.

3. Changes to Appendix D: Appendix D has been a verbatim copy of the Compendium of Animal Rabies Prevention and Control by the National Association of State Public Health Veterinarians (NASPHV). The compendium is frequently updated by the NASPHV Animal Rabies Prevention and Control Committee. Therefore, allowance has been made to permit the use of the most current version of the compendium without having to change the regulations. The regulations would include a reference to a website where the compendium can be found, and Appendix D has been eliminated from the regulations.

4. The Hansen's disease section was changed to eliminate the requirement for annual examination of contacts of Hansen's disease patients by the Health Officer for 5 years. Elimination of this requirement allows the Health Officer to use discretion in determining the necessity of these examinations. (116.07)

5. The Typhoid fever section was changed to further define a temporary carrier status and the requirements from release as a temporary carrier of *Salmonella typhi*. (116.16)

Title 15 - Mississippi State Department of Health

Part II – Epidemiology

Subpart 11 –Office of Communicable Diseases

CHAPTER 01 RULES AND REGULATIONS GOVERNING REPORTABLE DISEASE AND CONDITIONS

PREFACE

AUTHORITY FOR THE MISSISSIPPI STATE BOARD OF HEALTH TO MAKE AND PUBLISH RULES AND REGULATIONS

Section 41-3-17, Mississippi Code of 1972 as amended

"The State Board of Health is authorized to make and publish all reasonable rules and regulations necessary to enable it to discharge its duties and powers and carry out the purposes and objectives of its creation, and reasonable sanitary rules and regulations, to be enforced in the several counties by the county health officer under the supervision and control of the State Board of Health."

DEPARTMENT TO ESTABLISH AND MAINTAIN A CENTRAL CANCER REGISTRY

Section 41-91-5, Mississippi Code of 1972 as amended

1. "The department may establish and maintain a central cancer registry for the state.
2. The cancer registry shall be a central data bank of accurate, precise and current information that medical authorities agree serves as an invaluable tool in the early recognition, prevention, cure, and control of cancer."

Section 41-91-7, Mississippi Code of 1972 as amended

1. The board may adopt rules and regulations that the board considers necessary to implement this chapter.
2. The board in its rules and regulations shall specify the types of information to be provided to the cancer registry and the persons and entities who are required to provide such information to the cancer registry.
3. The Department may:

    a. Execute contracts that the department considers necessary;

    b. Receive the data from medical records of cases of cancer that are in the custody or under the control of clinical laboratories, hospitals, physician(s) offices and cancer treatment centers or other health care providers to record and analyze the data related to those diseases;

PENALTY FOR VIOLATING RULES AND REGULATIONS OF THE MISSISSIPPI STATE BOARD OF HEALTH

Section 41-3-59, Mississippi Code of 1972 as amended

"Any person who shall knowingly violate any of the provisions of this chapter, or any rules or regulations of the State Board of Health, or any order or regulation of the Board of Supervisors of any county herein authorized to be made, shall be guilty of a misdemeanor, and on conviction shall be punished by a fine not exceeding five hundred dollars or imprisoned in the county jail not more than six months, or both."

MISSISSIPPI STATE DEPARTMENT OF HEALTH RULES AND REGULATIONS GOVERNING REPORTABLE DISEASES AND CONDITIONS.

100 DUTY TO REPORT

Each clinician including each physician, pathologist, nurse practitioner, medical examiner; and coroner, laboratory director and veterinarian, in epizootic diseases, shall report to the Department of Health any diagnosed case or suspected case of a reportable disease or condition, including those hereinafter listed, which he or she is attending, has examined, or of which he or she has knowledge. Reports on patients originating from institutions (including but not limited to hospitals and nursing homes) may be coordinated through a designated person, such as an infection control practitioner, provided there is prior arrangement with the Mississippi State Department of Health, Epidemiology Program. Such report shall include, unless otherwise specified, the patient's name, address, age and/or date of birth, race, sex, the disease or suspected disease or condition, the date of onset of the disease, method of diagnosis, and name of attending clinician.

All Class 4 reports should be submitted to:

Mississippi Cancer Registry
Cancer Research and Registries
University of Mississippi Medical Center
2500 North State Street
Jackson, MS 39216
Phone: 601-815-5482
Fax: 601-815-5483

All reports so made are confidential. Reports shall be made as required for each class. Case Report Cards for written reports are supplied through the local health department. When a report to the local health department is made by telephone or in person, the local health officer or his or her designee shall be responsible for preparing the Case Report Card, and forwarding it to the Epidemiology Program.

The designated diseases and conditions listed in Appendix A to the Rules and Regulations Governing Reportable Diseases and Conditions shall be reported using the following classifications. The list designating the reportable diseases and conditions shall be published annually in the Mississippi Morbidity Report and is also available upon request to the Epidemiology Program.

100.01 **Definitions.**

1. **Class 1**: Diseases of major public health importance which shall be reported directly to the Department of Health by telephone within 24 hours of first knowledge or suspicion. Class 1 diseases and conditions are dictated by requiring an immediate public health response. Laboratory directors have an obligation to report laboratory findings for selected diseases (Refer to Appendix B to the Rules and Regulations Governing Reportable Diseases and Conditions).

2. **Class 2**: Diseases or conditions of public health importance of which individual cases shall be reported by mail, telephone or electronically, within 1 week of diagnosis. In outbreaks or other unusual circumstances they shall be reported the same as Class 1. Class 2 diseases and conditions are those for which an immediate public health response is not needed for individual cases. Laboratory directors have an obligation to report laboratory findings for selected diseases (Refer to Appendix B to the Rules and Regulations Governing Reportable Diseases and Conditions).

3. **Class 3**: Laboratory based surveillance. Reported by laboratory only. Diseases or conditions of public health importance of which individual laboratory findings shall be reported by mail, telephone, or electronically within one week of completion of laboratory test (refer to Appendix B of the Rules and Regulations Governing Reportable Diseases and Conditions.). Types of results deemed reportable may be updated due to changes in technology by the State Epidemiologist upon advice of the Director of the Public Health Laboratory.

4. **Class 4**: Diseases of public health importance for which immediate reporting is not necessary for surveillance or control efforts. Diseases and conditions in this category shall be reported to the Mississippi Cancer Registry within 6 months of the date of first contact for the reportable condition.

100.02 State Epidemiologist; with the concurrence of the State Health Officer, when the Board is not in session, may declare a disease or condition reportable for a specific length of time, not to exceed 12 months. The Board shall be informed of any action taken under this provision at its next regular meeting. The intent and purpose of this authority is to allow rapid investigation of and response to new or emerging threats to the health of the public.

101 CASE DEFINITIONS

For surveillance and reporting purposes, the criteria for diagnosis of reportable conditions shall be those specified by the Council of State and Territorial Epidemiologists and the Centers for Disease Control and Prevention. Current criteria can be found at http://www.cdc.gov/ncphi/disss/nndss/casedef/ for infectious diseases and at http://www.cdc.gov/ncipc/dir/2002CNSIStrds.pdf for Traumatic Brain Injury and Spinal Cord Injury.

102 DUTY OF LABORATORY DIRECTORS TO REPORT

It shall be the duty of the director or other person in charge of any clinical laboratory in the State of Mississippi or serving Mississippi clinicians or institutions to notify the Mississippi State Department of Health of any laboratory finding as provided for in Appendix A of the Rules and Regulations Governing Reportable Diseases and Conditions for all classes of diseases or conditions. The report shall in all cases include the name and location of the physician or other health care provider ordering the test in addition to the patient identifying information specified in Section 100. Tests considered reportable shall be those listed in Appendix B to the Rules and Regulations Governing Reportable Diseases and Conditions.

103 DUTIES OF LOCAL HEALTH OFFICER

The director of the local health department, as the local health officer, shall be responsible for the control of communicable diseases and other conditions within his or her jurisdiction considered prejudicial to the public health. It shall be his or her duty to collect and make reports as required to the Mississippi State Department of Health, to provide consultation services to physicians regarding communicable diseases, to advise and consult with all others in matters relating to public health, and to investigate reports of known or suspected communicable diseases or of conditions which might be prejudicial to the public health. It shall be his or her duty to determine in individual cases or groups of cases whether to impose restrictions on the activities of patients or contacts of persons with a communicable disease and to fix the period of isolation for such diseases. For all the diseases listed in Appendix A, Class 1 the local health officer shall, on first knowledge or suspicion, conduct an investigation into all the circumstances and prescribe such reasonable methods of control as may be calculated to minimize the danger of further dissemination of the disease process. The measures proposed in the most current edition of the Control of Communicable Diseases Manual, published by the American Public Health Association shall be considered as supplementary. In all matters where there is disagreement as to diagnosis, isolation or in any other situation where the responsibility rests with the health officer, the opinion of the health officer shall prevail. In the discharge of his or her duties, the health officer or designee shall not be denied the right of entry to any premises nor shall he or she be denied pertinent patient health information and patient identifiers.

104 REPORTING OF PATIENTS WHO ABANDON TREATMENT

If any patient suffering from any of the diseases or conditions listed in Appendix A to the Rules and Regulations Governing Reportable Diseases and Conditions leaves the care of his/her physician or leaves any hospital, and the condition of the patient is considered harmful to the public health, it shall be the duty of the attending physician or superintendent or other person in charge of the hospital to report the circumstances to the Department of Health, whether the case has been previously reported or not.

105 SUSPECTS OR CONTACTS OF COMMUNICABLE DISEASES REQUIRED TO SUBMIT TO EXAMINATION

The local health officer is authorized to examine, treat, and/or isolate at his or her discretion or under the direction of the State Health Officer any person who, on credible information, is suspected of suffering from any communicable disease, or who is a contact with a known case of such disease or may be a carrier or have the disease in the incubation or prodromal phase. Said suspect or contact shall be notified in writing to report to a reasonable place at a reasonable time for such examination. Should the suspect or contact refuse to submit to examination satisfactory to the health officer, said suspect or contact shall be prosecuted at law to compel compliance and/or be isolated in a manner prescribed by the health officer until the danger of transmitting the disease in question has passed. In the event that the aforementioned suspect or contact is a minor, the parent or guardian shall be apprised of the facts and requested to deliver said minor for examination. In the event of refusal, the health officer shall maintain action at law to compel compliance of the parent or guardian and/or impose isolation as necessary.

106 PERSONS IN CHARGE OF CERTAIN BUSINESSES AND INSTITUTIONS REQUIRED TO EXCLUDE CERTAIN PERSONS

When any superintendent or other person in charge of any school or other institution, whether public or private, or the person in charge of any establishment or business dealing with perishable foods or foodstuffs for public consumption knows or suspects that any person attending or employed in said school, institution, or business is afflicted with any disease transmissible under the conditions prevailing in that institution or establishment, said person in charge shall exclude the affected person from attending or working in said school, institution or business until he/she shall have been declared by the health officer, or by medical certification acceptable to the health officer, not to be a significant threat to the health of others as a result of the above mentioned disease.

107 FOOD HANDLING ESTABLISHMENTS

The production, processing, storage, handling, distribution and sale of food for human consumption shall conform to the specifications of the current Mississippi Food Code. Local authorities may impose additional, specific requirements. It shall be the duty of the local health officer to investigate any potential or actual disease occurrence in connection with food handling and to impose any measures he/she deems necessary for its control.

108 NOTIFICATION OF OTHER HEALTH CARE PROVIDERS

Any provider of health care services, including but not limited to physician, hospital, and emergency clinic who refers or transfers a patient to another provider of health care services and who has knowledge that the patient has one of the conditions listed in Section 112 or carries the infectious agent thereof or any other disease or agent transmissible under the circumstances of the care to be provided, shall advise the health care service provider to whom the patient is referred or transferred of the presence of the condition together with pertinent details as indicated by accepted standards of medical practice.

109 NOTIFICATION OF THIRD PARTY INDIVIDUALS

In certain circumstances where such notification has significant potential for interrupting the transmission of disease, the Department of Health, through its official representatives, may notify a third party of the presence of a reportable disease in another person. Such notification shall be subject to the prior approval of the State Health Officer or of the State Epidemiologist, and shall take place only under the following conditions:

109.01 Significant, medically recognized, and biologically plausible potential for the transmission of the disease involved must exist under the circumstances;

109.02 The party to be notified:

1. Must be at significant risk of acquiring the disease in question or of aggravation of the disease by additional exposure if such notification does not occur, and be potentially able to avoid such transmission by realistic means as a result of the notification; or,

2. Must stand in *loco parentis* or otherwise be responsible for the activities of other persons whose activities could realistically be expected to produce the potential for transmission of the disease to other individuals, and such notification would enable that person to take action which could realistically result in prevention of transmission; or,

3. Could, with such notification, aid in preventing further transmission of the disease by offering testimony in a judicial proceeding concerning the infected individual's violation of an order of the Mississippi State Department of Health.

109.03 Such notification shall always be dependent on the presence of a disease that can be transmitted under the circumstances involved, and where there either is no other practical means of limiting transmission or where notification provides such a significant advantage over other means of attempting to reduce transmission that in the opinion of the State Health Officer or the State Epidemiologist, notification is warranted.

110 NOTIFICATION OF EMERGENCY MEDICAL SERVICE PROVIDERS - POSTEXPOSURE

When in the course of providing emergency services to an individual, an emergency medical technician, firefighter, peace officer, or other provider of emergency services comes into direct bare-skin contact with the patient's blood or other internal body fluids, and the patient is transported to a medical care facility, the emergency medical services provider shall notify the medical facility of the blood exposure. Notification shall be in writing and shall include the date and time of the exposure, a description of the nature of the exposure, and the circumstances under which it occurred. If the medical facility to whom the victim is delivered learns during that admission or episode of treatment that the patient has one of the conditions listed in Section 112 or carries the causative agent thereof, the medical facility shall then advise the emergency medical service worker who was exposed as to the condition which was present, and the need for any protective measures to be taken. The hospital shall retain in the patient's medical record a copy of the written notification by the emergency medical services provider of the exposure. The emergency service provider and/or the agency to which he or she is employed shall not disclose any patient identifying information provided under this section to any other person or agency.

111 PREVENTION OF BLOODBORNE PATHOGENS DURING EXPOSURE-PRONE PROCEDURES

The Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients during Exposure-Prone Invasive Procedures published in the MMWR by the Centers for Disease Control and Prevention shall be the guidelines followed in all applicable circumstances in the State of Mississippi. (Copies of these guidelines may be obtained by contacting the Epidemiology Program at 601-576-7725.) This document may also be accessed at www.cdc.gov/mmwr/preview/mmwrhtml/00014845.htm.

112 BLOODBORNE AGENTS

The State Board of Health declares the following diseases and/or infectious agents, transmissible by blood or body fluids, to require the use of appropriate blood and body fluid precautions, including notification of other health care personnel, emergency medical personnel, and providers of post-mortem services as indicated by accepted standard of medical practice or required by law.

Transmissible by Blood or Body Fluids

Creutzfeldt-Jakob Disease (CJD)	Human Immunodeficiency Virus (HIV) infection
Hepatitis B	Syphilis
Hepatitis C	Viral Hemorrhagic Fever

113 TESTING FOR HUMAN IMMUNODEFICIENCY VIRUS INFECTION

Testing for infection with human immunodeficiency virus (HIV) shall be performed only under the following conditions:

113.01 No individual or agency shall perform screening tests or collect specimens for the performance of such tests without either the ability to perform appropriate confirmatory tests, such as fluorescent antibody, Western blot, or other tests accepted as confirmatory by the State Department of Health, or arrangements to have such confirmatory tests performed.

113.02 Individuals tested for HIV infection shall be notified of the results of the testing only upon completion of appropriate confirmatory or second level test such as fluorescent antibody, Western blot, or other tests accepted as confirmatory by the State Department of Health.

113.03 No testing shall be performed without appropriate post-test counseling of individuals tested.

113.04 All conditions stated above pertain to any brand of rapid HIV test. Exceptions: 1) "negative" rapid HIV test results may be provided directly to the patient. 2) provision of "preliminary positive" rapid HIV test results to the patient pending receipt of required confirmatory test results is permitted. Providers offering rapid HIV testing should receive specific pre- and post-test counseling training. It is preferred that the confirmatory test specimen collection occur immediately, but if that is not possible, every effort should be made to assure that the patient reports for confirmatory testing as soon as possible.

114 IMPORTATION OF WILD ANIMALS

Any wild animal (including but not limited to raccoons, skunks, foxes, prairie dogs and ferrets) known to be capable of harboring and transmitting any disease which may affect humans (such as rabies), or of harboring the vector which transmits the illness (such as plague), from an area or farm enzootic for that illness, shall not be imported into the state

115 Storage of Biologicals

All local health offices, pharmacies, drug stores, apothecary shops, wholesale drug houses and other entities or institutions located within the State of Mississippi and selling or offering to sell or furnish to the public certain biologicals to be used for the purpose of preventing or curing disease shall maintain refrigeration systems in which said biologicals shall be stored at all times. The temperature of the refrigeration system shall not be above 46° F at any time. In the compartment of the refrigeration system where biologicals are stored, a standard thermometer shall be so placed in a fixed position as to indicate the average temperature of the storage compartment. Except for oral polio vaccine, varicella vaccine and other biologicals which must remain frozen until time of use, products should not be placed against ice or stored and maintained at temperatures below 35° F.

116 Specific Disease Control Measures

The following measures shall be used to control or prevent the included diseases of public health importance. The measures proposed in the most current edition of the Control of Communicable Diseases Manual, published by the American Public Health Association shall be considered as supplementary.

116.01 Anthrax

1. Class 1 case report required.

2. Human infections:

   Any person infected with anthrax shall be isolated until all lesions are healed or the diagnosis disproved to the satisfaction of the health officer. All lesion discharges shall be subjected to concurrent disinfection in a manner acceptable to the health officer.

116.02 Brucellosis (Undulant Fever)

1. Class 2 case report required.

2. Whenever the local health officer shall have reason to suspect that any dairy herd may be infected with brucellosis he/she shall prohibit the movement, sale or giving of milk from the herd until the herd is proven free of brucellosis by veterinary certification acceptable to him/her. Milk shall be from dairy herds under a brucellosis eradication program complying with requirements set forth in the current Mississippi State Board of Health Regulations, and the Mississippi State Department of Health's Regulations Governing the Production and Sale of Milk and Milk Products.

116.03 Cancer

1. Class 4 case report required.

2. Diseases and conditions in this category shall be reported within six months of the first date of contact for the reportable condition to the Mississippi Cancer Registry. The National Program of Cancer Registries at the Centers for Disease Control and Prevention requires the reporting of certain diseases and conditions. A comprehensive reportable list including ICD9CM codes is available on the Mississippi Cancer Registry website, http://mcr.umc.edu/documents/Reportablecasesafter1006.pdf

3. Each record shall provide a minimum set of data items which meets the uniform standards required by the National Program of Cancer Registries at the Centers for Disease Control and Prevention and documented in the North American Association of Central Cancer Registries (NAACCR), *Standards for Cancer Registries, Volume II.* [Refer to Section 41-91-7(2)(b), Mississippi Code 1972 as amended. See Preface.]

116.04 Diphtheria

1. Class 1 case report required.
   a. Every case or suspected case of diphtheria shall be isolated until 2 cultures from the throat and 2 from the nose taken not less than 24 hours apart and not less than 24 hours after antibiotic therapy fail to show diphtheria bacilli. Where culturing is impractical, isolation may be ended after 14 days of appropriate antibiotic treatment. In suspected cases, isolation may be terminated if laboratory and clinical findings fail to confirm the diagnosis.
   b. All articles in contact with a patient and all articles soiled by discharges of a patient shall be disinfected or disposed of in a manner acceptable to the health officer.
   c. At termination of isolation, the quarters shall undergo terminal disinfection.
   d. All close contacts should have cultures taken and should be kept under surveillance for 7 days. Adult contacts whose occupation involves handling food or close association with children must be excluded from these occupations until shown by bacteriological examination not to be carriers.

116.05 Foodborne Illness

1. Class 1 case report required for outbreaks. Some foodborne diseases require case reports for a single case see Appendix A to the Rules and Regulations Governing Reportable Diseases and Conditions.
   a. Whenever the local health officer shall know of or suspect the existence of an outbreak of illness due to food infection or food poisoning, he/she shall conduct an immediate investigation of all the circumstances.
   b. The local health officer shall prohibit infected or potentially infected persons from engaging in the preparation or handling of foods or foodstuffs until said health officer is satisfied that said persons are free of pathogenic microorganisms.
   c. The local health officer shall, upon investigation, prohibit practices in preparation, processing, storing or handling of food or foodstuffs which are known or may be reasonably inferred to be conducive to food poisoning.
   d. The local health officer shall require compliance of all persons or firms with at least the minimum sanitary requirements of the Mississippi State Board of Health in regard to the physical plant in which or from which perishable foods or foodstuff are offered to the public.

116.06 Hepatitis

1. Class 1 case report required for hepatitis A.

    a. Patients with hepatitis A should be questioned as to whether they work as a foodhandler (including voluntary work) and whether they have children in the household who attend a daycare center. This information shall be a part of the case report.

    b. The local health officer shall prohibit persons infected or potentially infected with hepatitis A from engaging in the preparation or handling of foods or foodstuffs until said health officer is satisfied that said persons are free of hepatitis A virus.

2. Class 2 case report required for acute viral hepatitis other than hepatitis A.

116.07 Hansen Disease (Leprosy)

1. Class 3 case report required.

    a. Treatment should be in consultation with the Mississippi State Department of Health for local treatment.

116.08 Influenza-Associated Pediatric Mortality

1. Class 1 case report required.

116.09 Measles

1. Class 1 case report required. Effective outbreak control is dependent on immediate telephone report of individual cases.

116.10 Meningitis

1. Class 1 case report required for meningococcal and *Haemophilus influenzae* meningitis or other forms of invasive disease, since chemoprophylaxis for high risk contacts is provided by the Department of Health. (Usually presents as meningitis or septicemia, or less commonly as cellulites, epigolttitis, osteomyelitis, pericarditis, or septic arthritis.)

116.11 Ophthalmia Neonatorum (Neonatal Gonococcal Ophthalmia)

1. All physicians and midwives attending births must install in the eyes of the newborn 1 drop of a 1 percent solution of silver nitrate within 1 hour after birth except that physicians may elect to use penicillin or other antibiotics in the manner and after the technique which may from time to time be generally accepted by the medical profession as being at least as effective as 1 percent silver nitrate.

116.12 Poisoning

1. Class 2 case report required for individual cases.

2. For the purpose of reporting, poisoning includes, but is not limited to cases involving observable clinical symptomology or significant clinical laboratory changes as a result of over exposure to drugs, household products, pesticides, agricultural or industrial chemicals, plants, venomous animals or any other toxicant. Reports made to the Mississippi Poison Control Center at the University of Mississippi Medical Center in Jackson (1-800-222-1222) will satisfy this requirement.

116.13 Rabies

1. Class 1 case report required.
2. Control in Animals
   a. The Mississippi State Department of Health subscribes to the most current edition of the Compendium of Animal Rabies Prevention and Control, parts I, II, and III, by the National Association of State Public Health Veterinarians. The provisions of this compendium have been endorsed by the CDC, U. S. Public Health Service, Department of Health and Human Services; the American Veterinary Medical Association; the Council of State and Territorial Epidemiologists; and other public and private agencies. The compendium can be found at www.nasphv.org/documentsCompendia.html.The following are state specific modifications to the Compendium.
3. Vaccine Administration
   a. All animal rabies vaccines are restricted to use by or under the supervision of a veterinarian or person specifically licensed or designated by the State Board of Health to administer rabies vaccine.
4. Vaccine Selection
   a. The current Compendium lists vaccines licensed for use in the United States. Only licensed vaccines shall be used. Vaccines selected for immunizing dogs and cats shall be licensed as providing 3-year immunity.
5. Wildlife Vaccination
   a. Vaccination of wildlife is not recommended since no vaccine is licensed for use in wild animals. Offspring of wild animals bred with domestic dogs or cats are considered wild animals.
6. Pre-Exposure Vaccination (Dogs and Cats)

a. All dogs and cats shall be vaccinated against rabies at three months of age, revaccinated one year later and every three years thereafter, using a rabies vaccine approved as providing a 3 year immunity.

7. Post-Exposure Management

   a. Any animal bitten or scratched by a wild, carnivorous mammal or bat that is not available for testing should be regarded as having been exposed to rabies.

   b. Dogs, Cats, and Ferrets: Unvaccinated dogs, cats, and ferrets exposed to a rabid animal should be euthanized immediately. If the owner is unwilling to have this done, the animal should be placed in strict isolation for 6 months and vaccinated 1 month before being released. Animals with expired vaccinations need to be evaluated on a case-by-case basis. Dogs, cats, and ferrets that are currently vaccinated should be revaccinated immediately, kept under the owner's control, and observed for 45 days.

8. Management of Animals that Bite Humans

   a. A healthy dog, cat, or ferret that bites a person shall be confined and observed for 10 days in a manner acceptable to the local health officer or his or her designee. Rabies vaccine shall not be administered during the observation period. Such animals shall be evaluated by a veterinarian at the first sign of illness during confinement. Any illness in the animal shall be reported immediately to the local health department. If signs suggestive of rabies develop, the animal shall be euthanized, its head removed, and the head shipped under refrigeration to the Department of Health Laboratory for examination. Any stray or unwanted dog, cat, or ferret that bites a person may be euthanized immediately, in lieu of 10 days of observation, and the head submitted as described above for rabies examination.

   b. Animals other than dogs, cats, or ferrets that might have exposed a person to rabies should be reported immediately to the health department. This is not to include low risk animals such as small rodents and lagomorphs (e.g., squirrels, rats, mice, gerbils, and rabbits). Prior vaccination of an animal does not preclude the necessity for euthanasia and testing if the period of virus shedding is unknown for that species. Management of animals other than dogs, cats, and ferrets depends on the species, the circumstances of the bite, the epidemiology of rabies in the area, and the biting animal's history, current health status, and potential for exposure to rabies. The need for euthanizing and testing the animal shall be decided upon consultation with the Epidemiology Program. Post-exposure management of persons should follow the recommendations of the ACIP.

116.14 Sexually Transmitted Diseases - General

1. Any person known or suspected of having syphilis, gonorrhea, Chlamydia, chancroid, human immunodeficiency virus (HIV) or other sexually transmissible disease (STD) or suspected of having been exposed to syphilis, gonorrhea, Chlamydia, chancroid, HIV or other STD shall submit to examination as provided in Section 105. Any person who, after due notification, fails or refuses to report for examination at the time and place designated by the health officer shall be subject to prosecution and the local health officer or the Mississippi State Department of Health or its representative may make an affidavit of such fact and cause the issuance of a warrant returnable before any court of competent jurisdiction. All records and reports herein required shall be kept in secret files and disclosed only as required before the court (Section 41-23-29, Mississippi Code of 1972 as amended.).
2. It shall be the duty of the local health officer or his or her representative to conduct effective epidemiological actions including initial and follow up interviews, rapid contact and suspect referral to medical examination, satisfactory determination of the source of patient infection and all subsequent infections, and appropriate administration of prophylactic treatment to all at risk critical period contacts.
3. Case reports of genital Chlamydia, gonorrhea, chancroid and syphilis shall include date, type of treatment and dose, or if no treatment has been initiated.
4. Syphilis
    a. Class 1 case report required.
    b. General
        i. Any reactive serologic test for syphilis (STS) shall be reported to the State Department of Health by the laboratory performing the test. Report shall include test result, patient's name, age, race, sex, and address, and name of physician ordering the test.
            i. RPR or VDRL $\geq$ 1:8 - Class 1 case report required.
            ii. Any reactive STS in persons 10 years of age or younger - Class 1 case report required.
            iii. RPR or VDRL $\leq$ 1:4 - Class 2 case report required. MSDH "Laboratory Log Sheet" or a form providing all the same information may be used.
    c. Premarital
        i. Every applicant for a marriage license in the State of Mississippi must have a blood test for the detection of syphilis prior to but not more than 30 days before application for a marriage license is made. Said test must be performed by a laboratory approved by

the Mississippi State Department of Health and must be interpreted by a duly licensed physician in order to carry out the intent of Section 93-1-5(e), Mississippi Code of 1972 as amended. This information must be supplied to the applicant in duplicate on a standard medical certificate form supplied by the Mississippi State Department of Health except that certificates issued under similar laws in other states shall be acceptable.

i. If the applicant's blood test for syphilis is reactive, the interpreting physician shall, before signing the certificate, require such additional testing, evaluation and/or treatment of the applicant as he/she may deem necessary to carry out the intent of the law in regard to the transmission of syphilis.

ii. Medical certificates for premarital purposes may be secured by the applicant from any duly licensed physician or county health department in the State of Mississippi or in any other state or territory where the requirements in this respect are not less than those of the State of Mississippi.

iii. Applicants in the State of Mississippi for the premarital certificates shall present themselves to the physician of their choice, or to any health department. The physician or health department shall collect from the applicant a specimen of blood suitable for use in performing a standard serologic test for syphilis and said specimen of blood shall be submitted to a laboratory approved by the Mississippi State Department of Health (refer to section iv, below) for the performance of such tests.

iv. The Mississippi State Department of Health no longer maintains a list of approved laboratories for premarital testing. The U.S. Department of Health and Human Services Clinical Laboratory Improvement Act (CLIA '88) regulations (and equivalent programs for military, Public Health Service, and VA laboratories) now cover all clinical laboratories in the U.S. Any laboratory currently registered under one of these programs and approved in the area of syphilis serology is deemed acceptable to perform blood test for syphilis to meet the premarital testing requirements of the State of Mississippi.

v. Serologic tests for syphilis approved by the Mississippi State Department of Health for the purpose of premarital testing are: VDRL, RPR, RST and USR, providing the tests are performed in accordance with the published technique as described by the United States Public Health Service's current Manual of Tests for Syphilis or approved supplements.

vi. Laboratory data forms acceptable to the laboratory performing the test shall accompany the specimen of blood, provided that all data forms submitted under the laws of Mississippi relating to premarital requirements shall have conspicuously written or imprinted on their face the word "Premarital;" in addition, the name and address of the physician or health department submitting the specimen, and the name and address of the laboratory performing the test. A copy of the completed laboratory data form shall be returned to the physician or health department submitting the blood specimen.

vii. Upon receipt of the laboratory data form by the physician or health department, the physician or health officer shall examine the laboratory data form and prepare an original and one copy of the premarital certificate. In the event of reactive or weakly reactive reports on the laboratory data report, it is expected that the physician or health officer will take such necessary steps as to ensure the accuracy of the medical certificate. The completed certificate shall be given to the applicant.

116.15 Tuberculosis

1. Class 1 case report required.

2. Human Infections:

   a. The local health officer shall determine and prescribe for individual cases and contacts the isolation, quarantine restrictions and/or treatment necessary for their protection and that of other people. Should any patient fail to observe the isolation methods prescribed by the local health officer, said health officer shall quarantine the patient in writing and prescribe therein the procedures to be carried out by said patient. Should the patient break his/her quarantine restrictions, the local health officer may apply by letter outlining the circumstances to the Executive Secretary of the Mississippi State Board of Health

and request approval of proceedings to commit the patient to a hospital. Upon approval by the Executive Secretary of the Mississippi State Board of Health, the local health officer may initiate proceedings as provided by law for the forcible commitment of the patient. (Sections 41-35-5, 41-33-7, Mississippi Code of 1972 as amended.)

3. Control in Animals:

   a. Bovine tuberculosis may be transmitted to man by infected cattle through close contact or the consumption of raw milk. Milk shall be from dairy herds that comply with tuberculosis requirements set forth in the current Mississippi State Board of Health Regulations, and the Mississippi State Department of Health Regulations Governing the Production and Sale of Milk and Milk Products.

4. Tuberculosis Management in Correctional Institution

   The following regulations govern all Mississippi state correctional facilities, city and county facilities housing state prisoners, and privately operated correctional facilities in the state.

   a. "Correctional Institutions" and/or "correctional facility" shall be construed to mean any of the state-operated penitentiaries, privately operated correctional facilities, community work centers, community pre-release centers, restitution centers, county or regional correctional facilities, and/or administrative offices as is applicable to each respective policy.

   b. All inmates shall be medically screened for communicable diseases (including *Mycobacterium tuberculosis* [TB], syphilis, and Human Immunodeficiency Virus [HIV]) to prevent the spread of these diseases within the correctional institutions and to the public. Employees (i.e. full and part-time employees, contract staff and volunteers) shall be screened for tuberculosis infection and disease.

   c. The correctional institution shall establish schedules, protocols, and responsibilities for the testing of inmates and employees to ensure compliance with all relevant Mississippi State Department of Health (MSDH) guidelines. The correctional institution shall appoint a liaison to ensure that all necessary screening is provided to each inmate and employee under its jurisdiction regardless of the individual's physical location.

   d. The director of the correctional institution, in consultation with the correctional institution's medical director, shall issue procedures to ensure that inmates, prior to being transferred into the correctional institution from another correctional institution, a non-state facility, or out-of-state jurisdiction have been properly tested/screened for

communicable disease within the previous thirty (30) days. If such testing and screening has not been accomplished, the director shall ensure that these procedures are completed prior to the transfer or upon the receipt of the inmate.

e. Screening shall include a Rapid Plasma Reagin (RPR) for syphilis, HIV serology, and TB testing, including, TB signs and symptoms assessment, exposure history, two-step Mantoux tuberculin skin test or blood assay for mycobacterium tuberculosis (BAMT) and chest x-ray if indicated. All HIV-Positive inmates and employees shall have an x-ray as part of the medical screening. No inmate shall be placed in the general population until the medical assessment is completed. Any symptomatic inmate shall remain in respiratory isolation until TB test results are known and active tuberculosis disease has been ruled out. Documentation of these screening tests shall be maintained for all inmates in a correctional institution. Test results shall be reported to the MSDH.

f. Screening, latent therapy, active treatment and treatment follow-up of inmates and employees for tuberculosis shall follow the policies and procedures included in the latest revision of the Tuberculosis Manual of the MSDH. All latent and active TB treatment of the inmates shall be directly observed by a health care provider.

g. The correctional institution's medical director, in order to contain communicable disease and/or enforce screening schedules, with the approval of the correctional institutional superintendent and/or classification director shall have the authority to:

    i. Place inmates in quarantine

    ii Suspend employees

    iii. Move inmates between approved housing locations or to approved medical facilities

    iv. Issue procedures for the care and treatment of inmates and employees with communicable diseases

h. Each correctional institution or correctional facility shall provide a complete, legible and accurate Tuberculin Testing Summary (MSDH Form 181) summarizing the correctional facility's tuberculin testing activity and containing a roster of all inmates and employees that were first identified as having a significant Mantoux tuberculin skin test reaction* or positive BAMT with in the reporting period. This roster shall include comments and conclusions concerning the individual follow-up of each person listed. The Tuberculin Testing Summary, with appropriate notations, shall be logged in the Office of the State

Tuberculosis Program on or before March 15th of each year for the twelve (12) months proceeding January 31st of that year.

Summary of TB screening and procedures

i. All inmates shall have a two-step Mantoux tuberculin skin test or BAMT. Each Mantoux tuberculin skin test shall be administered using five tuberculin units (5 t.u.) of purified protein derivative (PPD) unless individually excluded by a licensed physician or nurse practitioner due to medical contraindications or exceptions noted herein. BAMT testing shall be collected and results interpreted by personnel trained and certified in the procedure BAMT results shall be given as EIA positive, Negative or Indeterminate. All Mantoux tuberculin skin test shall be administered and read by personnel trained and certified in the procedure and the results recorded in millimeters of induration. Exception to the tuberculin skin test requirements may be made if:

    i. The individual is currently receiving or can provide documentation of having successfully completed a course of therapy for latent tuberculosis approved by the State Tuberculosis Program.

    ii. The individual is currently receiving or can provide documentation of having successfully completed a course of multi-drug chemotherapy approved by the State Tuberculosis Program for active tuberculosis disease, or

    iii. The individual has a documented previous significant tuberculin skin test reaction* or positive BAMT.

j. The tuberculin skin test status of all employees shall be documented in the individual's personnel record. The BAMT or the first step of a two-step Mantoux tuberculin skin test shall be performed (i.e. administered and read) on all new employees (and rehires) within thirty (30) days prior to the first day of employment. The Mantoux tuberculin skin test or BAMT shall be administered and read by personnel trained and certified in the procedure. The results of the tuberculin skin test shall be recorded in millimeters of induration. The results of the BAMT shall be recorded as EIA positive, negative or indeterminate. An employee shall not have contact with inmates or be allowed to work in areas of the correctional institution to which inmates have routine access prior to the reading of the first-step of a two-step Mantoux tuberculin skin test or having a BAMT and completing an exposure history and symptom assessment. The results of both steps of the two-step Mantoux tuberculin skin test or BAMT

shall be documented in the individual's personnel record within fourteen (14) days of employment. Exception to the tuberculin skin test requirement may be if:

i. The individual is currently receiving or can provide documentation of having successfully completed a course of therapy for latent tuberculosis infection approved by the State Tuberculosis Program. Or

ii. The individual is currently receiving or can provide documentation of having successfully completing a course of multi-drug chemotherapy approved by the State Tuberculosis Program for active tuberculosis disease, or

iii. The individual has a documented previous significant tuberculin skin test reaction* or positive BAMT

k. All inmates and employees with a previous significant Mantoux tuberculin skin test* or positive BAMT and/or symptoms suggesting TB (e.g. cough, sputum production, chest pain, anorexia, weight loss, fever, night sweats, especially if symptoms last three weeks or longer, regardless of the size of the skin test), shall receive a chest x-ray and be evaluated by a physician or nurse practitioner within 72 hours. Individuals found to have a significant Mantoux tuberculin skin test or positive BAMT, signs and symptoms of tuberculosis or a chest x-ray suggestive of active tuberculosis shall be placed in respiratory isolation according to MSDH policies, reported to MSDH and evaluated by physician or nurse practitioner for tuberculosis therapy.

l. Individuals found to have a significant Mantoux tuberculin skin test or positive BAMT or with a history of a previous significant Mantoux tuberculin skin test or positive BAMT and a chest x-ray not suggestive of active tuberculosis, shall be evaluated by a physician or nurse practitioner for latent tuberculosis therapy. Individuals with significant Mantoux tuberculin skin tests or positive BAMT and no evidence of active TB disease should be reminded periodically about the symptoms of tuberculosis and the need for prompt evaluation of any pulmonary symptoms of tuberculosis. A tuberculosis symptom assessment shall be documented as part of the annual health screening. No additional follow-up for these individuals is indicated unless symptoms suggestive of active tuberculosis develop; specifically, routine annual chest x-rays are not indicated.

m. Employees found to have a positive/significant reaction* to the skin test or a positive BAMT and no signs or symptoms of tuberculosis disease and a negative chest x-ray shall, as a condition of employment, have thirty (30) days to report to the MSDH office in their county of residence to confirm appropriate follow-up testing has been completed and receive treatment, if indicated. The employees shall provide the director or designee with a written statement from the MSDH verifying compliance with the directives set forth by the correctional institution's medical director and this regulation.

n. All inmates and employees who do not have a significant Mantoux tuberculin skin test or positive BAMT shall be retested annually within thirty (30) days of the anniversary of their last Mantoux tuberculin skin test. Inmates and employees exposed to an active infectious case of TB between annual tuberculin skin test shall be treated as contacts and be managed appropriately. All contacts to an active tuberculosis case shall have HIV testing as part of the exposure management.

*Criteria for a significant tuberculin skin test

Reaction ≥5 mm(greater than or equal to 5mm)

- High risk contact to an active tuberculosis case
- HIV-positive persons
- Fibrotic changes on chest radiograph consistent with prior TB Patients with organ transplants and other immunosuppressed patients (receiving the equivalent of ≥15 mg. of prednisone for 1 mo or more-risk of TB in patients treated with corticosteroids increases with higher doses and longer duration)

Reaction ≥10 mm (greater than or equal to 10 mm)

- any other prisoner or employee of the prison

116.16 Typhoid Fever

1. Class 1 report required.

   a. In case of typhoid fever, enteric precautions shall be maintained for not less than 4 weeks from date of onset, and urine and feces cultures for release from temporary carrier status shall not be taken earlier. A person diagnosed with typhoid fever or with growth of *Salmonella typhi* from feces, urine, blood, or other bodily source shall be considered a temporary typhoid carrier. Release from temporary carrier status and health department supervision shall be on the basis of not less than 3 consecutive negative cultures obtained from authenticated specimens of feces taken not less than 24 hours apart at least 48 hours after any antibiotic , and not earlier than one month after onset. If any one of this series is positive, the temporary carrier status shall be continued.

   b. During the first 6 months of the temporary carrier status, the patient may again be tested for release by securing not less than 3 consecutive negative cultures obtained from authenticated specimens at intervals of 1 month. If the patient is positive at the 6th month or if no test is made, the case is classed as a permanent carrier. Final release from permanent carrier status must be with the advice and consent of the State Epidemiologist, and cannot be considered unless 3 consecutive monthly cultures obtained from authenticated specimens collected at least 48 hours after any antibiotic, have been negative on examination by the Department of Health Laboratory or other laboratories approved by the Department of Health.

   c. Whenever the typhoid carrier status shall be declared by the local health officer and there is no patient history of typhoid during the preceding year, the patient shall be classed as a permanent carrier.

   d. No person classed as a carrier shall engage in handling of foods or foodstuffs for public consumption, nor shall such carrier offer to perform such services for any family (other than his or her own) or for any other group or institution, either private or public. No such carrier shall engage in providing domestic services for hire or provide direct client care in a nursing home or child day care center without the advice and written consent of the health officer.

   e. When any person is declared to be a carrier of typhoid, the local health officer shall collect pertinent information about the carrier. The necessity for imposing restrictions on the patient's activities shall be explained to the patient and the patient shall signify in writing his or her willingness to observe the carrier agreement and restrictions. A copy of the carrier information shall be forwarded immediately to the

Epidemiology Program, Mississippi State Department of Health, in Jackson.

f. When any known carrier of typhoid moves from the county, a copy of the carrier's history and agreements, together with the prospective future address of the carrier, shall be forwarded to the Mississippi State Department of Health by the local health officer of the county from which the carrier is moving. The original copy of the history and agreement shall remain as a part of the files of the county health department of the county from which the carrier has moved.

g. All family or other close contacts of a case of typhoid or other salmonella infection shall submit specimens of their feces as required by the health officer and submit to any reasonable examination as may aid in the search for unknown carriers and sub clinical cases.

h. All family or other close contacts of a carrier of typhoid or other salmonella infection shall be prohibited from handling foods or foodstuffs for public consumption until contact is broken and repeated negative laboratory examinations are reported. For salmonelloses, except typhoid, a series of 2 negative feces cultures taken not less than 24 hours apart at any time after contact is broken will satisfy this provision. For typhoid fever a series of 2 negative stools taken not less than 24 hours apart and not less than 14 days after contact is broken will satisfy this provision.

i. The owner or operator of a house, hotel, apartment or other institution in which a typhoid carrier resides shall provide a sanitary method of excreta disposal which will not subject other occupants of the house, apartment, hotel or other institution or the general public to typhoid or paratyphoid infection. If the owner or operator of the property on which a carrier resides fails for due cause to provide such sanitary methods of excreta disposal, the carrier shall provide such facilities as meet approval of the Mississippi State Department of Health.

j. Any typhoid carrier planning to change his/her place of residence or his/her occupation shall notify the local health officer in writing of such anticipated change.

k. Whenever a case or carrier of typhoid is diagnosed it shall be the duty and responsibility of the local health officer to conduct a search for the source of the infection and for the food, water or person from whom it was acquired. Strict measures for assuring the safety of the water and milk supplies and of all foodstuffs should be instituted.

l. Mandatory report and surveillance required.

117 Penalty for Violation of Rules and Regulations Regarding Reportable Diseases

117.01 Any physician, dentist or other person who shall fail, neglect, or refuse to comply with, or shall falsify any report, or shall violate any of the Rules and Regulations of the Mississippi State Board of Health shall, upon conviction, be guilty of a misdemeanor and subject to the penalty provided by law.

118 MISSISSIPPI HEALTHCARE DATA REGISTRY SYSTEM

118.01 REPORTING REQUIREMENTS AND PROCEDURES

1. Authority-Mississippi Code Annotated § 41-63-4 requires certain licensed health care facilities operating in the state of Mississippi to report information on patient health care to the Mississippi State Department of Health. Further, Mississippi Code Annotated § 41-7-185 requires providers of institutional health services and home health services to make available statistical information or such other requested information by the Mississippi State Department of Health.

2. Purpose -The Mississippi State Department of Health (MSDH), acting as the state's public health authority, is required to design and establish a registry program concerning the condition and treatment of persons seeking medical care in the state of Mississippi. MSDH must collect, analyze and disseminate these health care data in order to improve the quality and efficiency of medical care.

3. Reporting Responsibility-Each of the following licensed health care facilities in the state of Mississippi shall be required to report the specified health care data described in these rules and regulations:

   a. Hospital Facilities – See 118.03;

   b. Ambulatory Surgical Facilities – See 118.04 [Reserved];

   c. Outpatient Diagnostic Imaging Centers – See 118.05 [Reserved];

   d. Other – See 118.06 [Reserved];

4. Reporting Contact-In order to facilitate communication and problem solving, each reporting facility must designate a person as contact and advise the Department from time to time of any changes to such contact information. Contact information shall include the office name, telephone number, job title and name of the person assigned this responsibility to the MSDH.

5. Penalties for Not Reporting-

a. The MSDH is authorized to assess penalties as provided by statute pursuant to Mississippi Code Annotated § 41-63-4 Paragraph (12) which states, "A person or organization who fails to supply data required under this section is liable for a civil penalty of Five Cents (5¢) for each record for each day the submission is delinquent. A submission is delinquent if the department does not receive it within thirty (30) days after the date the submission was due. If the department receives the submission in incomplete form, the department shall notify the provider and allow fifteen (15) additional days to correct the error. The notice shall provide the provider an additional fifteen (15) days to submit the data before the imposition of any civil penalty. The maximum civil penalty for a delinquent submission is Ten Dollars ($10.00) for each record. The department shall issue an assessment of the civil penalty to the provider. The provider has a right to an informal conference with the department, if the provider requests the conference within thirty (30) days of receipt of the assessment. After the informal conference or, if no conference is requested, after the time for requesting the informal conference has expired, the department may proceed to collect the penalty. In its request for an informal conference, the provider may request the department to waive the penalty. The department may waive the penalty in cases of an act of God or other acts beyond the control of the provider. Waiver of the penalty is in the sole discretion of the department;" and

b. Failure of any health care facility or other person or entity covered by the "Mississippi Health Care Certification of Need Law of 1979", Mississippi Code Annotated § 41-7-171 through § 41-7-209, to report any requested information, data or otherwise failure to report under these provisions, shall be in violation of the "Mississippi Health Care Certification of Need Law of 1979" and subject to violations provided in Mississippi Code Annotated § 41-7-209.

6. Confidentiality-Information maintained in the Mississippi Healthcare Registry Data System shall be confidential and shall not be distributed or released except with the permission of MSDH in accordance with its established policies and procedures. Violation of confidentiality requirements may be subject to severe civil and/or criminal penalties.

   The release of identifiable patient health information may be made by MSDH only to the facility that initially reported the identifiable information, upon the written request of such facility. Any request by any other party for the release of identifiable information shall be reviewed by the MSDH Data Use Council (described below), and the Data Use Council may approve such request only for the purpose of public health

assessment or research under such guidelines and stipulations as may be necessary to maintain confidentiality requirements.

Prior to the dissemination or release of any data analysis or statistical reports concerning registry information, including any release to MSDH divisions or programs, the Data Use Council may review the methods and procedures deemed necessary to maintain the privacy and confidentiality of patient records, including the system security requirements.

The MSDH shall be required to regularly monitor the physical security of the registry, to train personnel concerning the system's confidentiality standards, to limit access to the registry information solely to authorized personnel, and to implement password and encryption protections in the system.

7. Protected Health Information-The disclosure of protected health information by a reporting facility pursuant to these rules and regulations shall be recognized as a disclosure to a public health authority as required by law, pursuant to the Health Insurance Portability and Accountability Act and the Privacy Rules promulgated there under at 45 CFR Sections 164.512(a) and (b).

8. Data Use Council-The State Health Officer will create a Data Use Council consisting of not less than five individuals to recommend policies and procedures regarding the release of any registry data to MSDH divisions and programs, to the public, to researchers and to industry. Appointments to the Council shall be made at the sole discretion of the State Health Officer for such terms as may be established by the policies and procedures of the MSDH.

   MSDH divisions and programs may, with the consent of the Data Use Council, use patient abstract data to assist in fulfilling its public health mission. These data will not be re-released in any form by the program without the prior authorization of the Data Use Council. Authorization for subsequent release shall be considered only if the proposed release does not identify a patient.

9. Temporary Waiver of Reporting Requirement-With respect to any licensed health care facility otherwise required to report data or other information to the MSDH pursuant to these rules and regulations, the MSDH shall be authorized to temporarily waive reporting requirements due to system requirements of MSDH or the reporting facility, or in the case of irregularities or errors involving data delivery. Any waiver of the reporting requirements must be made in writing by the MSDH and notice of the termination of any waiver shall be provided to the applicable reporting facility, at which time these Regulations shall become applicable to such facility.

10. Charges and Fees for Access to Data-Subject to the confidentiality requirements of these Regulations, the MSDH may develop reports and data analyses based upon registry data which may be released to the public. The reports may be published or disseminated for a reasonable charge, or without charge at the discretion of MSDH.

    At the time of the promulgation of these Regulations, the MSDH shall refrain from assessing any charges to reporting facilities for the collection of health care data. Nothing shall prohibit the State Board of Health from authorizing, at any future date in accordance with its statutory authority, the assessment of reasonable charges for the collection of such data, or the reporting of specified health care data to the MSDH for purposes of the registry.

118.02 ADMINISTRATIVE RULES AND PROCEDURES

Assertion of Administrative Appeal Rights. In the case of the Department's enforcement of any of the measures described in these Regulations, if the matter is disputed by the affected party or parties and the Department and the party have been unable to resolve the dispute, the affected party or parties shall petition the Department to appear at an administrative hearing before a hearing officer appointed by the State Health Officer.

Content and Form of Petition. The petition must be in writing and be submitted to the Department within 15 business days of the date upon which the petitioner received notice of the imposition of the enforcement measures. The petitioner must state in the petition the reasons for the appeal, and the petition must describe any facts which may be in dispute and must identify any grievances which are deemed by the petitioner to be genuine and substantial.

Opportunity to Remedy Grievances. If the Department is unable to resolve the disputed facts and remedy the petitioner's grievances within 5 business days of the Department's receipt of the petition, the unresolved matters shall be reviewable by the hearing officer at an administrative hearing conducted in accordance with these Regulations. No unresolved matters shall be reviewable in the event that the Department shall terminate its enforcement action prior to the commencement of the hearing.

1. General Principles for Administrative Reviews

    With respect to matters brought before the Department or the State Board of Health for administrative review, whether or not such review is initiated by the Department, a notice of the proceeding shall be prepared by the Department and the petitioner or the affected party or parties shall be afforded an opportunity to appear at such proceeding in accordance with the Regulations set forth in this Part 3.

Any party who shall participate in the administrative proceeding shall be entitled to:

a. Timely scheduling of the hearing if appealed by the petitioner in accordance with Section 201, but in any event no more than 15 business days after the date of the Department's receipt of the petition;

b. Representation by legal counsel, chosen in the discretion of such party and at such party's sole cost and expense;

c. Submission of testimony and documentary evidence, and presentation of argument and rebuttal with respect to the issues;

d. Conduct examination and cross-examination of witnesses to elicit a full and fair disclosure of the facts; and

e. Demand a timely completion of the proceedings.

2. Notice of Hearing. Notice of Hearing shall be served upon a petitioner or any other affected party in the same manner as authorized for the service of a Health Officer's Order or in such other manner as may be deemed reasonable and prudent by the hearing officer in order to properly notify the petitioner that a hearing has been scheduled.

3. Date of Hearing. Unless otherwise provided by law, the notice of hearing must be given at least ten (10) days prior to the hearing date unless this notice period is waived by the affected parties in the interest of expediting the administrative review. Unless otherwise provided by law, proof of receipt of notice shall not be a required condition for the conduct of the hearing.

4. Assignment of Hearing Officer. Within ten (10) days of the date on which the Department shall give Notice of Hearing, the State Health Officer or his authorized designee shall appoint the hearing officer assigned to hear the matter, and notice of such appointment shall be provided to all parties.

5. Conduct of Hearings. The hearing officer shall preside at the hearing, and shall rule on all questions of applicable procedure and submission of evidence in accordance with the policies and procedures approved by the hearing officer. The hearing officer may issue an order using particular provisions of the Mississippi Rules of Civil Procedure and related local rules for guidance; however, formal adherence to said Rules shall not be mandated. The hearing officer may waive the application of any of these rules to further administrative convenience, expedition, and economy if the waiver does not conflict with law, and the waiver does not cause undue prejudice to any party.

6. Rules of Evidence. The Mississippi Rules of Evidence shall be used as a general guide for the presentation of evidence. However, any evidence which reasonably appears to be relevant and probative to the issues may be allowed in the discretion of the hearing officer, notwithstanding its inadmissibility under said Rules, unless the evidence offered is clearly of a privileged nature.

7. Authority of Hearing Officer. The hearing officer shall have authority to do all things conformable to law that may be necessary to enable the officer effectively to discharge the duties of office, including, but not limited to, the authority to make final findings of fact and a written recommendation to the Department as to which enforcement actions or other restrictions, if any, should apply to the party or parties.

8. Discovery. Discovery shall be limited to non-privileged documents. Depositions and requests for admissions may be directed, issued, and taken on order of the Department for good cause shown. These orders or authorizations may be challenged or enforced in the same manner as subpoenas. All requests for discovery must be timely and in writing. All disputes regarding the privileged nature of a document shall be resolved by the designated hearing officer prior to the commencement of the hearing.

9. Public Access. Unless otherwise provided by law, all hearings are open to the public.

10. Failure of Party to Appear for Hearing. If a party fails to appear at a hearing, the hearing officer may proceed with the presentation of the evidence of the appearing party, or vacate the hearing and return the matter to the Department for any further action.

11. Proof.

    a. Standard of proof. Unless otherwise provided by law, the standard of proof is a preponderance of the evidence.

    b. Burden of Proof. Unless otherwise provided by law:

        i. The party asserting a claim, right, or entitlement has the burden of proof;

        ii. A party asserting an affirmative defense has the burden of establishing the affirmative defense; and

        iii. The proponent of a motion shall establish the grounds to support the motion.

12. Ex Parte Communications. A party shall not communicate, either directly or indirectly, with the hearing officer about any substantive issue in a pending matter unless:

    a. All parties are present;

    b. It is during a scheduled proceeding, where an absent party fails to appear after proper notice; or

    c. It is by written motion with copies to all parties.

13. Conflict Issues. All allegations of conflict or bias on the part of the appointed hearing officer must be filed at least three (3) business days prior to the hearing date. The State Health Officer who appointed the hearing officer shall then consider the assertion of conflict or bias, and shall issue a written opinion prior to the commencement of the hearing.

14. Hearing Record. A stenographic record of the hearing shall be made by a reporter chosen by the hearing officer. No transcript or other record of the proceeding shall be required to be maintained by the Department unless (i) required by statute or other rule, (ii) ordered by the hearing officer, or (iii) agreed in writing by all of the parties.

15. Remedies for Non-compliance with Rules. If a respondent shall fail to fully comply with the requirements of the hearing officer's policies and procedures or other rulings, the hearing officer shall be authorized to impose fines in an amount not to exceed $500 per occurrence and such other remedies as may be deemed appropriate by the hearing officer for the effective administration of those duties and responsibilities assigned to such officer.

16. Appeals. Any person adversely affected by a decision of the Department shall have a right to appeal the decision through an appropriate and timely court action against the Department and/or its agents, consistent with applicable laws and jurisdictional requirements. Unless applicable law provides a longer period of time in which to assert any appeal, no appeal of a decision of the Department shall be taken unless it is filed with a court having jurisdiction within thirty (30) days of the date of the Department's decision.

118.03 HOSPITAL REPORTING

1. Purpose -A statewide Hospital Discharge Data System (HDDS) is one of the most important tools for addressing a broad range of health policy issues, including the improvement of the quality and efficiency of medical care. "Discharge data" is defined as the consolidation of complete billing, medical, and personal information describing a patient or resident, the services received, and charges billed for a single hospital

stay. The requirements for the collection and submission of data as described shall also apply to those non-federal acute care hospitals located in Alabama, Arkansas, Louisiana, and Tennessee. Data submitted by these non-Mississippi hospitals shall relate exclusively to those patients who are Mississippi residents.

2. Reporting Required-Each reporting facility will report discharge data to the MSDH on every inpatient and outpatient discharged, to include those seen in the Emergency Department. Hospitals may submit data to MSDH directly or through the Mississippi Hospital Association (MHA) for submission to the HDDS, as specified by law. The submission of similar collected data to the Mississippi Hospital Association (MHA) shall not relieve the reporting facility of its reporting requirements to the MSDH unless written approval for such reporting methodology is provided by the MSDH.

3. Data Elements -The Mississippi HDDS is based on the Health Care Finance Administration (HCFA) UB-04 or the most recent version and additional selected information routinely collected by health care facilities on each patient. Data elements are listed in the HDDS policy manual.

4. Quality Assurance-MSDH Data Use Council will develop guidelines for quality assurance and accuracy that each reporting hospital will be required to follow.

5. Time of Reporting and Methodology- Reporting facilities shall submit data for each calendar month based upon discharges occurring during such month. Collected data shall be submitted to the MSDH on or before the 15th day of the following month.

Questions concerning any reporting methodology or guidelines shall be reasonably addressed by the MSDH, and administrative remedies shall be available to any facility concerning any disputes.

CERTIFICATION OF REGULATION

This is to certify that the above **Rules and Regulations Governing Reportable Diseases and Conditions** was adopted by the Mississippi State Board of Health on ___ to become effective

Witness my hand and seal of office, this___day of _____.

(Signed)_____

Secretary and Executive Officer

Appendices to the Rules and Regulations

Governing Reportable Diseases and Conditions

Appendix A

List of Reportable Diseases and Conditions

Appendix A. List of officially reportable diseases and conditions

The following diseases or conditions are hereby declared to be reportable.

Class 1: Diseases of major public health importance which shall be reported directly to the Department of Health by telephone within 24 hours of first knowledge or suspicion. Class 1 diseases and conditions are dictated by requiring an immediate public health response. Laboratory directors have an obligation to report laboratory findings for selected diseases (Refer to Appendix B).

Any Suspected Outbreak (including foodborne and waterborne outbreaks)

Anthrax
Arboviral infection including but not limited to California group, Eastern Equine Encephalitis, LaCrosse, Western Equine Encephalitis, St. Louis encephalitis, West Nile Virus
Botulism (includes foodborne, infant or wound)
Brucellosis
Chancroid
Cholera
Creutzfeldt-Jakob Disease, including new variant
Diphtheria
Escherichia coli, shiga toxin-producing (STEC)
Encephalitis (human)
Glanders
Hemolytic Uremic Syndrome-post-diarrheal (HUS)
Hepatitis A
HIV infection- including AIDS
Influenza-Associated Pediatric Mortality (<18 years)
Invasive Disease Due to:
Neisseria meningitidis or Haemophilus influenzae *
Measles
Melioidosis
Pertussis
Plague
Poliomyelitis
Psittacosis
Q Fever
Rabies (human or animal)
Ricin intoxication (castor beans)
Smallpox
Staphylococcus aureus
vancomycin resistant (VRSA)
vancomycin intermediate (VISA)
Syphilis (including congenital)
Tuberculosis
Tularemia
Typhoid Fever
Typhus Fever
Varicella Infection, Primary, in patients >15 years of age
Viral hemorrhagic fevers (filoviruses [e.g. Ebola, Marburg] and arenaviruses [e.g., Lassa, Machupo])
Yellow Fever

Any unusual disease or manifestation of illness, including but not limited to the appearance of a novel or previously controlled or eradicated infectious agent, or biological or chemical toxin.

*usually presents as meningitis or septicemia, or less commonly as cellulitis, epiglottitis, osteomyelitis, pericarditis or septic arthritis.

Class 2: Diseases or conditions of public health importance of which individual cases shall be reported by mail, telephone or electronically, within 1 week of diagnosis. In outbreaks or other unusual circumstances they shall be reported the same as Class 1. Class 2 diseases and conditions are those for which an immediate public health response is not needed for individual cases.

Chlamydia trachomatis, genital infection
Dengue
Ehrlichiosis
Enterococcus, invasive infection, vancomycin resistant
Gonnorhea
Hepatitis (acute, viral only) **Note** - Hepatitis A requires Class 1 Report
Legionellosis
Listerioisis
Lyme borreliosis
Malaria
Meningitis **other** than Meningococcal or *Haemophilus influenzae*
Mumps
M. tuberculosis Infection (positive TST or positive BAMT****) in children<15 years of age
Noncholera vibrio disease
Poisonings*(including elevated blood lead levels**)
Rocky Mountain Spotted Fever
Rubella (including congenital)
Salmonellosis
Shigellosis
Spinal Cord Injuries
Streptococcus pneumoniae, invasive infection***
Tetanus
Trichinosis
Viral Encephalitis in horses and ratities

Except for rabies, and equine encephalitis, diseases occurring in animals are not required to be reported to the Department of Health.

*Reports for poisonings shall be made to Mississippi Poison Control Center, UMMC 1-800-222-1222

**Elevated Blood Levels should be reported to the MSDH Lead Program at 601-576-7447.

***Specimen obtained from a normally sterile site.

****TST-tuberculin skin test; BAMT-blood assay for *m. tuberculosis*

Class 3: Laboratory based surveillance. To be reported by laboratory only. Diseases or conditions of public health importance of which individual laboratory findings shall be reported by mail, telephone, or electronically within one week of completion of laboratory test (refer to Appendix B).

Blastomycosis
Blood Lead test results
Campylobacteriosis
Chagas Disease (American Trypanosomiasis)
Cryptosporidiosis
Hansen Disease (Leprosy)
Hepatitis C infection
Histoplasmosis
Nontuberculous Mycobacterial Disease

Class 4 Diseases of public health importance for which immediate reporting is not necessary for surveillance or control efforts. Diseases and conditions in this category shall be reported to the Mississippi Cancer Registry within six months of the date of first contact for the reportable condition.

The National Program of Cancer Registries at the Centers for Disease Control and Prevention requires the collection of certain diseases and conditions. A comprehensive reportable list including ICD9CM codes is available on the Mississippi Cancer Registry website,

http://mcr.umc.edu/documents/Reportablecasesafter1006.pdf

Each record shall provide a minimum set of data items which meets the uniform standards required by the National Program of Cancer Registries and documented in the North American Association of Central Cancer Registries (NAACCR)

Appendix B

Laboratory Results That Must be Reported to the Mississippi State Department of Health

Laboratory Results That Must be Reported to the Mississippi State Department of Health

Laboratories shall report these findings to the Mississippi State Department of Health at least **WEEKLY**. Diseases in bold type shall be reported immediately by telephone. Isolates of organisms marked with a dagger (†) shall be sent to the Mississippi State Department of Health Public Health Laboratory. All referring laboratories should call the Public Health Laboratory prior to shipping any isolate (601-576-7582)

Positive Bacterial Cultures or Direct Examinations

Result	Reportable Disease
Any bacterial agent in CSF	bacterial meningitis
Bacillus anthracis†	**Anthrax**
Bordetella pertussis|	**Pertussis**
Borrelia burgdorferi†	Lyme disease
Brucella species†	**Brucellosis**
Burkholderia mallei†	**Glanders**
Burkholderia pseudomallei†	**Melioidosis**
Campylobacter species	campylobacteriosis
Chlamydia psittaci	Psittacosis
Chlamydia trachomatis	Chlamydia trachomatis genital infection
Clostridium botulinum†**	**Botulism**
Clostridium tetani	Tetanus
Corynebacterium diphtheriae†	**Diphtheria**
Coxiella burnetii†	**Q fever**
Enterococcus species*	enterococcus infection, invasive vancomycin resistant
Escherichia coli, shiga toxin-producing (STEC)†	**Shiga toxin-producing E coli (STEC) infection**
Francisella tularensis†	**Tularemia**
Haemophilus ducreyi	**Chancroid**
Haemophilus influenza †*(not from throat, sputum)	**H. influenzae infection, invasive**
Legionella species	Legionellosis
Listeria monosytogenes†	Listeriosis
Mycobacterium species disease	nontuberculous mycobacterial
Mycobacterium tuberculosis	**Tuberculosis**
Neisseria gonorrhea	Gonorrhea
Neisseria meningitidis †*(not from throat, sputum)	**meningococcal infection, invasive**
Rickettsia prowazekii	**Typhus fever**
Rickettsia rickettsii	Rocky Mountain spotted fever
Salmonella species, not *S. typhi*	Salmonellosis
Salmonella typhi †	**Typhoid fever**
Shigella species	Shigellosis
Staphylococcus aureus- vancomycin resistant or vancomycin intermediate resistant	**vancomycin resistant *Staphylococcus aureus* (VRSA) or vancomycin Intermediate *Staphylococcus aureus* (VISA)**
*Streptococcus pneumoniae**	pneumococcal infection, invasive
Vibrio cholerae 01†	**Cholera**
Vibrio species†	Vibrio infection
Yersinia pestis†	**Plague**

* Specimen obtained from a normally sterile site (usually blood or cerebrospinal fluid, or, less commonly, joint, pleural, or pericardial fluid). **Do not report throat or sputum isolates.**

† Isolates of organism should be sent to the Mississippi State Department of Health Public Health Laboratory. All referring laboratories should call the Public Health Laboratory at (601)-576-7582 prior to shipping any isolate.

**Contact the Mississippi State Department of Health, Epidemiology Program at 601-576-7725 or the Public Health Laboratory (601)576-7582 for appropriate tests when considering a diagnosis of botulism.

Laboratory Results That Must be Reported to the Mississippi State Department of Health

Laboratories shall report these findings to the Mississippi State Department of Health at least **WEEKLY**. Diseases in bold type shall be reported immediately by telephone. Confirmatory tests for some of these may be obtained by special arrangement through the Epidemiology Program at 601-576-7725

Positive Serologic Tests

Arboviral agents including but not limited to:

- **California encephalitis**
- **Eastern equine encephalitis**
- **LaCrosse encephalitis**
- **St. Louis encephalitis**
- **Western equine encephalitis**
- **West Nile encephalitis**

Brucellosis
Cholera
Chlamydia trachomatis genital infection
Dengue
Ehrlichiosis
hepatitis A (anti-HAV IgM)
hepatitis B (anti-HBc IgM)
hepatitis C
HIV infection (refer to Section 113)
Legionellosis[1]
Lyme disease
Malaria
Measles
Mumps
Plague
Poliomyelitis
Psittacosis
Rocky Mountain spotted fever
Rubella
syphilis (refer to Section 116)
Smallpox
Trichinosis
Yellow fever

[1] Serologic confirmation of an acute case of legionellosis can not be based on a single titer. There must be a four-fold rise in titer to >1:128 between acute and convalescent specimens.

Laboratory Results That Must be Reported to the Mississippi State Department of Health

Laboratories shall report these findings to the Mississippi State Department of Health at least **WEEKLY**. **Diseases in bold type shall be reported immediately by telephone.** The dagger † indicates the positive specimens may be submitted to the Mississippi Public Health Laboratory for confirmation.

Positive Parasitic Cultures or Direct Examinations

Result	Reportable Disease Condition
any parasite in CSF†	parasitic meningitis
Cryptosporidium parvum	cryptosporidiosis
Trypanosoma cruzi	Chagas disease (american trypanosomiasis)
Plasmodium species†	malaria

Positive Fungal Cultures or Direct Examinations

Result	Reportable Disease Condition
any fungus in CSF	Fungal meningitis
Blastomyces dermatitidis	blastomycosis
Histoplasma capsulatum	histoplasmosis

Positive Viral Cultures or Direct Examinations

Result	Reportable Disease Condition
any virus in CSF	viral meningitis
Arboviral agents including but not limited to:	
California encephalitis virus	**California encephalitis**
Eastern equine encephalomyelitis virus	**Eastern equine encephalitis (EEE)**
LaCrosse encephalitis virus	**LaCrosse encephalitis**
St. Louis encephalitis virus	**St. Louis encephalitis (SLE)**
Western equine encephalomyelitis virus	**Western equine encephalitis (WEE)**
West Nile virus	**West Nile encephalitis (WNV)**
dengue virus, serotype 1, 2, 3, or 4	Dengue
polio virus, type 1, 2, or 3	**poliomyelitis**
variola virus	**Smallpox**
Filoviruses	**Viral hemorrhagic fevers**
Arenaviruses	**Viral hemorrhagic fevers**
yellow fever virus	**Yellow fever**

Positive Blood Chemistries

blood lead levels (venous) of > 15 µg/dl in children less than 16 years of age
blood lead levels (venous) of > 25 µg/dl in those 16 years of age or older

Positive Toxin Identification

Ricin toxin from *Ricinus communis* (castor beans)

Surgical Pathology Results

Creutzfeldt-Jakob Disease, including new variant
Malignant Neoplasms
Hansen disease
Human rabies
Trichinosis
Tuberculosis

Title 15 - Mississippi State Department of Health

Part II – Epidemiology

Subpart 11 –Office of Communicable Diseases

CHAPTER 01 RULES AND REGULATIONS GOVERNING REPORTABLE DISEASE AND CONDITIONS

PREFACE

AUTHORITY FOR THE MISSISSIPPI STATE BOARD OF HEALTH TO MAKE AND PUBLISH RULES AND REGULATIONS

Section 41-3-17, Mississippi Code of 1972 as amended

"The State Board of Health is authorized to make and publish all reasonable rules and regulations necessary to enable it to discharge its duties and powers and carry out the purposes and objectives of its creation, and reasonable sanitary rules and regulations, to be enforced in the several counties by the county health officer under the supervision and control of the State Board of Health."

DEPARTMENT TO ESTABLISH AND MAINTAIN A CENTRAL CANCER REGISTRY

Section 41-91-5, Mississippi Code of 1972 as amended

1. "The department may establish and maintain a central cancer registry for the state.
2. The cancer registry shall be a central data bank of accurate, precise and current information that medical authorities agree serves as an invaluable tool in the early recognition, prevention, cure, and control of cancer."

Section 41-91-7, Mississippi Code of 1972 as amended

1. The board may adopt rules and regulations that the board considers necessary to implement this chapter.
2. The board in its rules and regulations shall specify the types of information to be provided to the cancer registry and the persons and entities who are required to provide such information to the cancer registry.
3. The Department may:

    a. Execute contracts that the department considers necessary;

    b. Receive the data from medical records of cases of cancer that are in the custody or under the control of clinical laboratories, hospitals, physician(s) offices and cancer treatment centers or other health care providers to record and analyze the data related to those diseases;

PENALTY FOR VIOLATING RULES AND REGULATIONS OF THE MISSISSIPPI STATE BOARD OF HEALTH

Section 41-3-59, Mississippi Code of 1972 as amended

"Any person who shall knowingly violate any of the provisions of this chapter, or any rules or regulations of the State Board of Health, or any order or regulation of the Board of Supervisors of any county herein authorized to be made, shall be guilty of a misdemeanor, and on conviction shall be punished by a fine not exceeding five hundred dollars or imprisoned in the county jail not more than six months, or both."

MISSISSIPPI STATE DEPARTMENT OF HEALTH RULES AND REGULATIONS GOVERNING REPORTABLE DISEASES AND CONDITIONS.

100 DUTY TO REPORT

Each clinician including each physician, pathologist, nurse practitioner, medical examiner; and coroner, laboratory director and veterinarian, in epizootic diseases, shall report to the Department of Health any diagnosed case or suspected case of a reportable disease or condition, including those hereinafter listed, which he or she is attending, has examined, or of which he or she has knowledge. Reports on patients originating from institutions (including but not limited to hospitals and nursing homes) may be coordinated through a designated person, such as an infection control practitioner, provided there is prior arrangement with the Mississippi State Department of Health, Epidemiology Program. Such report shall include, unless otherwise specified, the patient's name, address, age and/or date of birth, race, sex, the disease or suspected disease or condition, the date of onset of the disease, method of diagnosis, and name of attending clinician.

All Class 4 reports should be submitted to:

Mississippi Cancer Registry
Cancer Research and Registries
University of Mississippi Medical Center
2500 North State Street
Jackson, MS 39216
Phone: 601-815-5482
Fax: 601-815-5483

All reports so made are confidential. Reports shall be made as required for each class. Case Report Cards for written reports are supplied through the local health department. When a report to the local health department is made by telephone or in person, the local health officer or his or her designee shall be responsible for preparing the Case Report Card, and forwarding it to the Epidemiology Program.

The designated diseases and conditions listed in Appendix A to the Rules and Regulations Governing Reportable Diseases and Conditions shall be reported using the following classifications. The list designating the reportable diseases and conditions shall be published annually in the Mississippi Morbidity Report and is also available upon request to the Epidemiology Program.

100.01 **Definitions.**

1. **Class 1**: Diseases of major public health importance which shall be reported directly to the Department of Health by telephone within 24 hours of first knowledge or suspicion. Class 1 diseases and conditions are dictated by requiring an immediate public health response. Laboratory directors have an obligation to report laboratory findings for selected diseases (Refer to Appendix B to the Rules and Regulations Governing Reportable Diseases and Conditions).

2. **Class 2**: Diseases or conditions of public health importance of which individual cases shall be reported by mail, telephone or electronically, within 1 week of diagnosis. In outbreaks or other unusual circumstances they shall be reported the same as Class 1. Class 2 diseases and conditions are those for which an immediate public health response is not needed for individual cases. Laboratory directors have an obligation to report laboratory findings for selected diseases (Refer to Appendix B to the Rules and Regulations Governing Reportable Diseases and Conditions).

3. **Class 3**: Laboratory based surveillance. Reported by laboratory only. Diseases or conditions of public health importance of which individual laboratory findings shall be reported by mail, telephone, or electronically within one week of completion of laboratory test (refer to Appendix B of the Rules and Regulations Governing Reportable Diseases and Conditions.). Types of results deemed reportable may be updated due to changes in technology by the State Epidemiologist upon advice of the Director of the Public Health Laboratory.

4. **Class 4**: Diseases of public health importance for which immediate reporting is not necessary for surveillance or control efforts. Diseases and conditions in this category shall be reported to the Mississippi Cancer Registry within 6 months of the date of first contact for the reportable condition.

100.02 State Epidemiologist; with the concurrence of the State Health Officer, when the Board is not in session, may declare a disease or condition reportable for a specific length of time, not to exceed 12 months. The Board shall be informed of any action taken under this provision at its next regular meeting. The intent and purpose of this authority is to allow rapid investigation of and response to new or emerging threats to the health of the public.

101 CASE DEFINITIONS

For surveillance and reporting purposes, the criteria for diagnosis of reportable conditions shall be those specified by the Council of State and Territorial Epidemiologists and the Centers for Disease Control and Prevention. Current criteria can be found at http://www.cdc.gov/ncphi/disss/nndss/casedef/ for infectious diseases and at http://www.cdc.gov/ncipc/dir/2002CNSIStrds.pdf for Traumatic Brain Injury and Spinal Cord Injury.

102 DUTY OF LABORATORY DIRECTORS TO REPORT

It shall be the duty of the director or other person in charge of any clinical laboratory in the State of Mississippi or serving Mississippi clinicians or institutions to notify the Mississippi State Department of Health of any laboratory finding as provided for in Appendix A of the Rules and Regulations Governing Reportable Diseases and Conditions for all classes of diseases or conditions. The report shall in all cases include the name and location of the physician or other health care provider ordering the test in addition to the patient identifying information specified in Section 100. Tests considered reportable shall be those listed in Appendix B to the Rules and Regulations Governing Reportable Diseases and Conditions.

103 DUTIES OF LOCAL HEALTH OFFICER

The director of the local health department, as the local health officer, shall be responsible for the control of communicable diseases and other conditions within his or her jurisdiction considered prejudicial to the public health. It shall be his or her duty to collect and make reports as required to the Mississippi State Department of Health, to provide consultation services to physicians regarding communicable diseases, to advise and consult with all others in matters relating to public health, and to investigate reports of known or suspected communicable diseases or of conditions which might be prejudicial to the public health. It shall be his or her duty to determine in individual cases or groups of cases whether to impose restrictions on the activities of patients or contacts of persons with a communicable disease and to fix the period of isolation for such diseases. For all the diseases listed in Appendix A, Class 1 the local health officer shall, on first knowledge or suspicion, conduct an investigation into all the circumstances and prescribe such reasonable methods of control as may be calculated to minimize the danger of further dissemination of the disease process. The measures proposed in the most current edition of the Control of Communicable Diseases Manual, published by the American Public Health Association shall be considered as supplementary. In all matters where there is disagreement as to diagnosis, isolation or in any other situation where the responsibility rests with the health officer, the opinion of the health officer shall prevail. In the discharge of his or her duties, the health officer or designee shall not be denied the right of entry to any premises nor shall he or she be denied pertinent patient health information and patient identifiers.

104 REPORTING OF PATIENTS WHO ABANDON TREATMENT

If any patient suffering from any of the diseases or conditions listed in Appendix A to the Rules and Regulations Governing Reportable Diseases and Conditions leaves the care of his/her physician or leaves any hospital, and the condition of the patient is considered harmful to the public health, it shall be the duty of the attending physician or superintendent or other person in charge of the hospital to report the circumstances to the Department of Health, whether the case has been previously reported or not.

105 SUSPECTS OR CONTACTS OF COMMUNICABLE DISEASES REQUIRED TO SUBMIT TO EXAMINATION

The local health officer is authorized to examine, treat, and/or isolate at his or her discretion or under the direction of the State Health Officer any person who, on credible information, is suspected of suffering from any communicable disease, or who is a contact with a known case of such disease or may be a carrier or have the disease in the incubation or prodromal phase. Said suspect or contact shall be notified in writing to report to a reasonable place at a reasonable time for such examination. Should the suspect or contact refuse to submit to examination satisfactory to the health officer, said suspect or contact shall be prosecuted at law to compel compliance and/or be isolated in a manner prescribed by the health officer until the danger of transmitting the disease in question has passed. In the event that the aforementioned suspect or contact is a minor, the parent or guardian shall be apprised of the facts and requested to deliver said minor for examination. In the event of refusal, the health officer shall maintain action at law to compel compliance of the parent or guardian and/or impose isolation as necessary.

106 PERSONS IN CHARGE OF CERTAIN BUSINESSES AND INSTITUTIONS REQUIRED TO EXCLUDE CERTAIN PERSONS

When any superintendent or other person in charge of any school or other institution, whether public or private, or the person in charge of any establishment or business dealing with perishable foods or foodstuffs for public consumption knows or suspects that any person attending or employed in said school, institution, or business is afflicted with any disease transmissible under the conditions prevailing in that institution or establishment, said person in charge shall exclude the affected person from attending or working in said school, institution or business until he/she shall have been declared by the health officer, or by medical certification acceptable to the health officer, not to be a significant threat to the health of others as a result of the above mentioned disease.

107 FOOD HANDLING ESTABLISHMENTS

The production, processing, storage, handling, distribution and sale of food for human consumption shall conform to the specifications of the current Mississippi Food Code. Local authorities may impose additional, specific requirements. It shall be the duty of the local health officer to investigate any potential or actual disease occurrence in connection with food handling and to impose any measures he/she deems necessary for its control.

108 NOTIFICATION OF OTHER HEALTH CARE PROVIDERS

Any provider of health care services, including but not limited to physician, hospital, and emergency clinic who refers or transfers a patient to another provider of health care services and who has knowledge that the patient has one of the conditions listed in Section 112 or carries the infectious agent thereof or any other disease or agent transmissible under the circumstances of the care to be provided, shall advise the health care service provider to whom the patient is referred or transferred of the presence of the condition together with pertinent details as indicated by accepted standards of medical practice.

109 NOTIFICATION OF THIRD PARTY INDIVIDUALS

In certain circumstances where such notification has significant potential for interrupting the transmission of disease, the Department of Health, through its official representatives, may notify a third party of the presence of a reportable disease in another person. Such notification shall be subject to the prior approval of the State Health Officer or of the State Epidemiologist, and shall take place only under the following conditions:

109.01 Significant, medically recognized, and biologically plausible potential for the transmission of the disease involved must exist under the circumstances;

109.02 The party to be notified:

1. Must be at significant risk of acquiring the disease in question or of aggravation of the disease by additional exposure if such notification does not occur, and be potentially able to avoid such transmission by realistic means as a result of the notification; or,

2. Must stand in *loco parentis* or otherwise be responsible for the activities of other persons whose activities could realistically be expected to produce the potential for transmission of the disease to other individuals, and such notification would enable that person to take action which could realistically result in prevention of transmission; or,

3. Could, with such notification, aid in preventing further transmission of the disease by offering testimony in a judicial proceeding concerning the infected individual's violation of an order of the Mississippi State Department of Health.

109.03 Such notification shall always be dependent on the presence of a disease that can be transmitted under the circumstances involved, and where there either is no other practical means of limiting transmission or where notification provides such a significant advantage over other means of attempting to reduce transmission that in the opinion of the State Health Officer or the State Epidemiologist, notification is warranted.

110 NOTIFICATION OF EMERGENCY MEDICAL SERVICE PROVIDERS - POSTEXPOSURE

When in the course of providing emergency services to an individual, an emergency medical technician, firefighter, peace officer, or other provider of emergency services comes into direct bare-skin contact with the patient's blood or other internal body fluids, and the patient is transported to a medical care facility, the emergency medical services provider shall notify the medical facility of the blood exposure. Notification shall be in writing and shall include the date and time of the exposure, a description of the nature of the exposure, and the circumstances under which it occurred. If the medical facility to whom the victim is delivered learns during that admission or episode of treatment that the patient has one of the conditions listed in Section 112 or carries the causative agent thereof, the medical facility shall then advise the emergency medical service worker who was exposed as to the condition which was present, and the need for any protective measures to be taken. The hospital shall retain in the patient's medical record a copy of the written notification by the emergency medical services provider of the exposure. The emergency service provider and/or the agency to which he or she is employed shall not disclose any patient identifying information provided under this section to any other person or agency.

111 PREVENTION OF BLOODBORNE PATHOGENS DURING EXPOSURE-PRONE PROCEDURES

The Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients during Exposure-Prone Invasive Procedures published in the MMWR by the Centers for Disease Control and Prevention shall be the guidelines followed in all applicable circumstances in the State of Mississippi. (Copies of these guidelines may be obtained by contacting the Epidemiology Program at 601-576-7725.) This document may also be accessed at www.cdc.gov/mmwr/preview/mmwrhtml/00014845.htm.

112 BLOODBORNE AGENTS

The State Board of Health declares the following diseases and/or infectious agents, transmissible by blood or body fluids, to require the use of appropriate blood and body fluid precautions, including notification of other health care personnel, emergency medical personnel, and providers of post-mortem services as indicated by accepted standard of medical practice or required by law.

Transmissible by Blood or Body Fluids

Creutzfeldt-Jakob Disease (CJD)	Human Immunodeficiency Virus (HIV) infection
Hepatitis B	Syphilis
Hepatitis C	Viral Hemorrhagic Fever

113 TESTING FOR HUMAN IMMUNODEFICIENCY VIRUS INFECTION

Testing for infection with human immunodeficiency virus (HIV) shall be performed only under the following conditions:

113.01 No individual or agency shall perform screening tests or collect specimens for the performance of such tests without either the ability to perform appropriate confirmatory tests, such as fluorescent antibody, Western blot, or other tests accepted as confirmatory by the State Department of Health, or arrangements to have such confirmatory tests performed.

113.02 Individuals tested for HIV infection shall be notified of the results of the testing only upon completion of appropriate confirmatory or second level test such as fluorescent antibody, Western blot, or other tests accepted as confirmatory by the State Department of Health.

113.03 No testing shall be performed without appropriate post-test counseling of individuals tested.

113.04 All conditions stated above pertain to any brand of rapid HIV test. Exceptions: 1) "negative" rapid HIV test results may be provided directly to the patient. 2) provision of "preliminary positive" rapid HIV test results to the patient pending receipt of required confirmatory test results is permitted. Providers offering rapid HIV testing should receive specific pre- and post-test counseling training. It is preferred that the confirmatory test specimen collection occur immediately, but if that is not possible, every effort should be made to assure that the patient reports for confirmatory testing as soon as possible.

114 IMPORTATION OF WILD ANIMALS

Any wild animal (including but not limited to raccoons, skunks, foxes, prairie dogs and ferrets) known to be capable of harboring and transmitting any disease which may affect humans (such as rabies), or of harboring the vector which transmits the illness (such as plague), from an area or farm enzootic for that illness, shall not be imported into the state

115 Storage of Biologicals

All local health offices, pharmacies, drug stores, apothecary shops, wholesale drug houses and other entities or institutions located within the State of Mississippi and selling or offering to sell or furnish to the public certain biologicals to be used for the purpose of preventing or curing disease shall maintain refrigeration systems in which said biologicals shall be stored at all times. The temperature of the refrigeration system shall not be above 46° F at any time. In the compartment of the refrigeration system where biologicals are stored, a standard thermometer shall be so placed in a fixed position as to indicate the average temperature of the storage compartment. Except for oral polio vaccine, varicella vaccine and other biologicals which must remain frozen until time of use, products should not be placed against ice or stored and maintained at temperatures below 35° F.

116 Specific Disease Control Measures

The following measures shall be used to control or prevent the included diseases of public health importance. The measures proposed in the most current edition of the Control of Communicable Diseases Manual, published by the American Public Health Association shall be considered as supplementary.

116.01 Anthrax

1. Class 1 case report required.

2. Human infections:

   Any person infected with anthrax shall be isolated until all lesions are healed or the diagnosis disproved to the satisfaction of the health officer. All lesion discharges shall be subjected to concurrent disinfection in a manner acceptable to the health officer.

116.02 Brucellosis (Undulant Fever)

1. Class 2 case report required.
2. Whenever the local health officer shall have reason to suspect that any dairy herd may be infected with brucellosis he/she shall prohibit the movement, sale or giving of milk from the herd until the herd is proven free of brucellosis by veterinary certification acceptable to him/her. Milk shall be from dairy herds under a brucellosis eradication program complying with requirements set forth in the current Mississippi State Board of Health Regulations, and the Mississippi State Department of Health's Regulations Governing the Production and Sale of Milk and Milk Products.

116.03 Cancer

1. Class 4 case report required.

2. Diseases and conditions in this category shall be reported within six months of the first date of contact for the reportable condition to the Mississippi Cancer Registry. The National Program of Cancer Registries at the Centers for Disease Control and Prevention requires the reporting of certain diseases and conditions. A comprehensive reportable list including ICD9CM codes is available on the Mississippi Cancer Registry website, http://mcr.umc.edu/documents/Reportablecasesafter1006.pdf

3. Each record shall provide a minimum set of data items which meets the uniform standards required by the National Program of Cancer Registries at the Centers for Disease Control and Prevention and documented in the North American Association of Central Cancer Registries (NAACCR), *Standards for Cancer Registries, Volume II.* [Refer to Section 41-91-7(2)(b), Mississippi Code 1972 as amended. See Preface.]

116.04 Diphtheria

1. Class 1 case report required.
   a. Every case or suspected case of diphtheria shall be isolated until 2 cultures from the throat and 2 from the nose taken not less than 24 hours apart and not less than 24 hours after antibiotic therapy fail to show diphtheria bacilli. Where culturing is impractical, isolation may be ended after 14 days of appropriate antibiotic treatment. In suspected cases, isolation may be terminated if laboratory and clinical findings fail to confirm the diagnosis.
   b. All articles in contact with a patient and all articles soiled by discharges of a patient shall be disinfected or disposed of in a manner acceptable to the health officer.
   c. At termination of isolation, the quarters shall undergo terminal disinfection.
   d. All close contacts should have cultures taken and should be kept under surveillance for 7 days. Adult contacts whose occupation involves handling food or close association with children must be excluded from these occupations until shown by bacteriological examination not to be carriers.

116.05 Foodborne Illness

1. Class 1 case report required for outbreaks. Some foodborne diseases require case reports for a single case see Appendix A to the Rules and Regulations Governing Reportable Diseases and Conditions.
   a. Whenever the local health officer shall know of or suspect the existence of an outbreak of illness due to food infection or food poisoning, he/she shall conduct an immediate investigation of all the circumstances.
   b. The local health officer shall prohibit infected or potentially infected persons from engaging in the preparation or handling of foods or foodstuffs until said health officer is satisfied that said persons are free of pathogenic microorganisms.
   c. The local health officer shall, upon investigation, prohibit practices in preparation, processing, storing or handling of food or foodstuffs which are known or may be reasonably inferred to be conducive to food poisoning.
   d. The local health officer shall require compliance of all persons or firms with at least the minimum sanitary requirements of the Mississippi State Board of Health in regard to the physical plant in which or from which perishable foods or foodstuff are offered to the public.

116.06 Hepatitis

1. Class 1 case report required for hepatitis A.

    a. Patients with hepatitis A should be questioned as to whether they work as a foodhandler (including voluntary work) and whether they have children in the household who attend a daycare center. This information shall be a part of the case report.

    b. The local health officer shall prohibit persons infected or potentially infected with hepatitis A from engaging in the preparation or handling of foods or foodstuffs until said health officer is satisfied that said persons are free of hepatitis A virus.

2. Class 2 case report required for acute viral hepatitis other than hepatitis A.

116.07 Hansen Disease (Leprosy)

1. Class 3 case report required.

    a. Treatment should be in consultation with the Mississippi State Department of Health for local treatment.

116.08 Influenza-Associated Pediatric Mortality

1. Class 1 case report required.

116.09 Measles

1. Class 1 case report required. Effective outbreak control is dependent on immediate telephone report of individual cases.

116.10 Meningitis

1. Class 1 case report required for meningococcal and *Haemophilus influenzae* meningitis or other forms of invasive disease, since chemoprophylaxis for high risk contacts is provided by the Department of Health. (Usually presents as meningitis or septicemia, or less commonly as cellulites, epigolttitis, osteomyelitis, pericarditis, or septic arthritis.)

116.11 Ophthalmia Neonatorum (Neonatal Gonococcal Ophthalmia)

1. All physicians and midwives attending births must install in the eyes of the newborn 1 drop of a 1 percent solution of silver nitrate within 1 hour after birth except that physicians may elect to use penicillin or other antibiotics in the manner and after the technique which may from time to time be generally accepted by the medical profession as being at least as effective as 1 percent silver nitrate.

116.12 Poisoning

1. Class 2 case report required for individual cases.

2. For the purpose of reporting, poisoning includes, but is not limited to cases involving observable clinical symptomology or significant clinical laboratory changes as a result of over exposure to drugs, household products, pesticides, agricultural or industrial chemicals, plants, venomous animals or any other toxicant. Reports made to the Mississippi Poison Control Center at the University of Mississippi Medical Center in Jackson (1-800-222-1222) will satisfy this requirement.

116.13 Rabies

1. Class 1 case report required.
2. Control in Animals
   a. The Mississippi State Department of Health subscribes to the most current edition of the Compendium of Animal Rabies Prevention and Control, parts I, II, and III, by the National Association of State Public Health Veterinarians. The provisions of this compendium have been endorsed by the CDC, U. S. Public Health Service, Department of Health and Human Services; the American Veterinary Medical Association; the Council of State and Territorial Epidemiologists; and other public and private agencies. The compendium can be found at www.nasphv.org/documentsCompendia.html.The following are state specific modifications to the Compendium.
3. Vaccine Administration
   a. All animal rabies vaccines are restricted to use by or under the supervision of a veterinarian or person specifically licensed or designated by the State Board of Health to administer rabies vaccine.
4. Vaccine Selection
   a. The current Compendium lists vaccines licensed for use in the United States. Only licensed vaccines shall be used. Vaccines selected for immunizing dogs and cats shall be licensed as providing 3-year immunity.
5. Wildlife Vaccination
   a. Vaccination of wildlife is not recommended since no vaccine is licensed for use in wild animals. Offspring of wild animals bred with domestic dogs or cats are considered wild animals.
6. Pre-Exposure Vaccination (Dogs and Cats)

a. All dogs and cats shall be vaccinated against rabies at three months of age, revaccinated one year later and every three years thereafter, using a rabies vaccine approved as providing a 3 year immunity.

7. Post-Exposure Management

   a. Any animal bitten or scratched by a wild, carnivorous mammal or bat that is not available for testing should be regarded as having been exposed to rabies.

   b. Dogs, Cats, and Ferrets: Unvaccinated dogs, cats, and ferrets exposed to a rabid animal should be euthanized immediately. If the owner is unwilling to have this done, the animal should be placed in strict isolation for 6 months and vaccinated 1 month before being released. Animals with expired vaccinations need to be evaluated on a case-by-case basis. Dogs, cats, and ferrets that are currently vaccinated should be revaccinated immediately, kept under the owner's control, and observed for 45 days.

8. Management of Animals that Bite Humans

   a. A healthy dog, cat, or ferret that bites a person shall be confined and observed for 10 days in a manner acceptable to the local health officer or his or her designee. Rabies vaccine shall not be administered during the observation period. Such animals shall be evaluated by a veterinarian at the first sign of illness during confinement. Any illness in the animal shall be reported immediately to the local health department. If signs suggestive of rabies develop, the animal shall be euthanized, its head removed, and the head shipped under refrigeration to the Department of Health Laboratory for examination. Any stray or unwanted dog, cat, or ferret that bites a person may be euthanized immediately, in lieu of 10 days of observation, and the head submitted as described above for rabies examination.

   b. Animals other than dogs, cats, or ferrets that might have exposed a person to rabies should be reported immediately to the health department. This is not to include low risk animals such as small rodents and lagomorphs (e.g., squirrels, rats, mice, gerbils, and rabbits). Prior vaccination of an animal does not preclude the necessity for euthanasia and testing if the period of virus shedding is unknown for that species. Management of animals other than dogs, cats, and ferrets depends on the species, the circumstances of the bite, the epidemiology of rabies in the area, and the biting animal's history, current health status, and potential for exposure to rabies. The need for euthanizing and testing the animal shall be decided upon consultation with the Epidemiology Program. Post-exposure management of persons should follow the recommendations of the ACIP.

116.14 Sexually Transmitted Diseases - General

1. Any person known or suspected of having syphilis, gonorrhea, Chlamydia, chancroid, human immunodeficiency virus (HIV) or other sexually transmissible disease (STD) or suspected of having been exposed to syphilis, gonorrhea, Chlamydia, chancroid, HIV or other STD shall submit to examination as provided in Section 105. Any person who, after due notification, fails or refuses to report for examination at the time and place designated by the health officer shall be subject to prosecution and the local health officer or the Mississippi State Department of Health or its representative may make an affidavit of such fact and cause the issuance of a warrant returnable before any court of competent jurisdiction. All records and reports herein required shall be kept in secret files and disclosed only as required before the court (Section 41-23-29, Mississippi Code of 1972 as amended.).
2. It shall be the duty of the local health officer or his or her representative to conduct effective epidemiological actions including initial and follow up interviews, rapid contact and suspect referral to medical examination, satisfactory determination of the source of patient infection and all subsequent infections, and appropriate administration of prophylactic treatment to all at risk critical period contacts.
3. Case reports of genital Chlamydia, gonorrhea, chancroid and syphilis shall include date, type of treatment and dose, or if no treatment has been initiated.
4. Syphilis
   a. Class 1 case report required.
   b. General
      i. Any reactive serologic test for syphilis (STS) shall be reported to the State Department of Health by the laboratory performing the test. Report shall include test result, patient's name, age, race, sex, and address, and name of physician ordering the test.
         i. RPR or VDRL $\geq$ 1:8 - Class 1 case report required.
         ii. Any reactive STS in persons 10 years of age or younger - Class 1 case report required.
         iii. RPR or VDRL $\leq$ 1:4 - Class 2 case report required. MSDH "Laboratory Log Sheet" or a form providing all the same information may be used.
   c. Premarital
      i. Every applicant for a marriage license in the State of Mississippi must have a blood test for the detection of syphilis prior to but not more than 30 days before application for a marriage license is

made. Said test must be performed by a laboratory approved by the Mississippi State Department of Health and must be interpreted by a duly licensed physician in order to carry out the intent of Section 93-1-5(e), Mississippi Code of 1972 as amended. This information must be supplied to the applicant in duplicate on a standard medical certificate form supplied by the Mississippi State Department of Health except that certificates issued under similar laws in other states shall be acceptable.

i. If the applicant's blood test for syphilis is reactive, the interpreting physician shall, before signing the certificate, require such additional testing, evaluation and/or treatment of the applicant as he/she may deem necessary to carry out the intent of the law in regard to the transmission of syphilis.

ii. Medical certificates for premarital purposes may be secured by the applicant from any duly licensed physician or county health department in the State of Mississippi or in any other state or territory where the requirements in this respect are not less than those of the State of Mississippi.

iii. Applicants in the State of Mississippi for the premarital certificates shall present themselves to the physician of their choice, or to any health department. The physician or health department shall collect from the applicant a specimen of blood suitable for use in performing a standard serologic test for syphilis and said specimen of blood shall be submitted to a laboratory approved by the Mississippi State Department of Health (refer to section iv, below) for the performance of such tests.

iv. The Mississippi State Department of Health no longer maintains a list of approved laboratories for premarital testing. The U.S. Department of Health and Human Services Clinical Laboratory Improvement Act (CLIA '88) regulations (and equivalent programs for military, Public Health Service, and VA laboratories) now cover all clinical laboratories in the U.S. Any laboratory currently registered under one of these programs and approved in the area of syphilis serology is deemed acceptable to perform blood test for syphilis to meet the premarital testing requirements of the State of Mississippi.

v. Serologic tests for syphilis approved by the Mississippi State Department of Health for the purpose of premarital testing are: VDRL, RPR, RST and USR, providing the tests are performed in accordance with the published technique as described by the United States Public Health Service's current Manual of Tests for Syphilis or approved supplements.

vi. Laboratory data forms acceptable to the laboratory performing the test shall accompany the specimen of blood, provided that all data forms submitted under the laws of Mississippi relating to premarital requirements shall have conspicuously written or imprinted on their face the word "Premarital;" in addition, the name and address of the physician or health department submitting the specimen, and the name and address of the laboratory performing the test. A copy of the completed laboratory data form shall be returned to the physician or health department submitting the blood specimen.

vii. Upon receipt of the laboratory data form by the physician or health department, the physician or health officer shall examine the laboratory data form and prepare an original and one copy of the premarital certificate. In the event of reactive or weakly reactive reports on the laboratory data report, it is expected that the physician or health officer will take such necessary steps as to ensure the accuracy of the medical certificate. The completed certificate shall be given to the applicant.

116.15 Tuberculosis

1. Class 1 case report required.

2. Human Infections:

   a. The local health officer shall determine and prescribe for individual cases and contacts the isolation, quarantine restrictions and/or treatment necessary for their protection and that of other people. Should any patient fail to observe the isolation methods prescribed by the local health officer, said health officer shall quarantine the patient in writing and prescribe therein the procedures to be carried out by said patient. Should the patient break his/her quarantine restrictions, the local health officer may apply by letter outlining the circumstances to the Executive Secretary of the Mississippi State Board of Health

and request approval of proceedings to commit the patient to a hospital. Upon approval by the Executive Secretary of the Mississippi State Board of Health, the local health officer may initiate proceedings as provided by law for the forcible commitment of the patient. (Sections 41-35-5, 41-33-7, Mississippi Code of 1972 as amended.)

3. Control in Animals:

   a. Bovine tuberculosis may be transmitted to man by infected cattle through close contact or the consumption of raw milk. Milk shall be from dairy herds that comply with tuberculosis requirements set forth in the current Mississippi State Board of Health Regulations, and the Mississippi State Department of Health Regulations Governing the Production and Sale of Milk and Milk Products.

4. Tuberculosis Management in Correctional Institution

   The following regulations govern all Mississippi state correctional facilities, city and county facilities housing state prisoners, and privately operated correctional facilities in the state.

   a. "Correctional Institutions" and/or "correctional facility" shall be construed to mean any of the state-operated penitentiaries, privately operated correctional facilities, community work centers, community pre-release centers, restitution centers, county or regional correctional facilities, and/or administrative offices as is applicable to each respective policy.

   b. All inmates shall be medically screened for communicable diseases (including *Mycobacterium tuberculosis* [TB], syphilis, and Human Immunodeficiency Virus [HIV]) to prevent the spread of these diseases within the correctional institutions and to the public. Employees (i.e. full and part-time employees, contract staff and volunteers) shall be screened for tuberculosis infection and disease.

   c. The correctional institution shall establish schedules, protocols, and responsibilities for the testing of inmates and employees to ensure compliance with all relevant Mississippi State Department of Health (MSDH) guidelines. The correctional institution shall appoint a liaison to ensure that all necessary screening is provided to each inmate and employee under its jurisdiction regardless of the individual's physical location.

   d. The director of the correctional institution, in consultation with the correctional institution's medical director, shall issue procedures to ensure that inmates, prior to being transferred into the correctional institution from another correctional institution, a non-state facility, or out-of-state jurisdiction have been properly tested/screened for

communicable disease within the previous thirty (30) days. If such testing and screening has not been accomplished, the director shall ensure that these procedures are completed prior to the transfer or upon the receipt of the inmate.

e. Screening shall include a Rapid Plasma Reagin (RPR) for syphilis, HIV serology, and TB testing, including, TB signs and symptoms assessment, exposure history, two-step Mantoux tuberculin skin test or blood assay for mycobacterium tuberculosis (BAMT) and chest x-ray if indicated. All HIV-Positive inmates and employees shall have an x-ray as part of the medical screening. No inmate shall be placed in the general population until the medical assessment is completed. Any symptomatic inmate shall remain in respiratory isolation until TB test results are known and active tuberculosis disease has been ruled out. Documentation of these screening tests shall be maintained for all inmates in a correctional institution. Test results shall be reported to the MSDH.

f. Screening, latent therapy, active treatment and treatment follow-up of inmates and employees for tuberculosis shall follow the policies and procedures included in the latest revision of the Tuberculosis Manual of the MSDH. All latent and active TB treatment of the inmates shall be directly observed by a health care provider.

g. The correctional institution's medical director, in order to contain communicable disease and/or enforce screening schedules, with the approval of the correctional institutional superintendent and/or classification director shall have the authority to:

    i. Place inmates in quarantine

    ii Suspend employees

    iii. Move inmates between approved housing locations or to approved medical facilities

    iv. Issue procedures for the care and treatment of inmates and employees with communicable diseases

h. Each correctional institution or correctional facility shall provide a complete, legible and accurate Tuberculin Testing Summary (MSDH Form 181) summarizing the correctional facility's tuberculin testing activity and containing a roster of all inmates and employees that were first identified as having a significant Mantoux tuberculin skin test reaction* or positive BAMT with in the reporting period. This roster shall include comments and conclusions concerning the individual follow-up of each person listed. The Tuberculin Testing Summary, with appropriate notations, shall be logged in the Office of the State

Tuberculosis Program on or before March 15th of each year for the twelve (12) months proceeding January 31st of that year.

Summary of TB screening and procedures

i. All inmates shall have a two-step Mantoux tuberculin skin test or BAMT. Each Mantoux tuberculin skin test shall be administered using five tuberculin units (5 t.u.) of purified protein derivative (PPD) unless individually excluded by a licensed physician or nurse practitioner due to medical contraindications or exceptions noted herein. BAMT testing shall be collected and results interpreted by personnel trained and certified in the procedure BAMT results shall be given as EIA positive, Negative or Indeterminate. All Mantoux tuberculin skin test shall be administered and read by personnel trained and certified in the procedure and the results recorded in millimeters of induration. Exception to the tuberculin skin test requirements may be made if:

    i. The individual is currently receiving or can provide documentation of having successfully completed a course of therapy for latent tuberculosis approved by the State Tuberculosis Program.

    ii. The individual is currently receiving or can provide documentation of having successfully completed a course of multi-drug chemotherapy approved by the State Tuberculosis Program for active tuberculosis disease, or

    iii. The individual has a documented previous significant tuberculin skin test reaction* or positive BAMT.

j. The tuberculin skin test status of all employees shall be documented in the individual's personnel record. The BAMT or the first step of a two-step Mantoux tuberculin skin test shall be performed (i.e. administered and read) on all new employees (and rehires) within thirty (30) days prior to the first day of employment. The Mantoux tuberculin skin test or BAMT shall be administered and read by personnel trained and certified in the procedure. The results of the tuberculin skin test shall be recorded in millimeters of induration. The results of the BAMT shall be recorded as EIA positive, negative or indeterminate. An employee shall not have contact with inmates or be allowed to work in areas of the correctional institution to which inmates have routine access prior to the reading of the first-step of a two-step Mantoux tuberculin skin test or having a BAMT and completing an exposure history and symptom assessment. The results of both steps of the two-step Mantoux tuberculin skin test or BAMT

shall be documented in the individual's personnel record within fourteen (14) days of employment. Exception to the tuberculin skin test requirement may be if:

i. The individual is currently receiving or can provide documentation of having successfully completed a course of therapy for latent tuberculosis infection approved by the State Tuberculosis Program. Or

ii. The individual is currently receiving or can provide documentation of having successfully completing a course of multi-drug chemotherapy approved by the State Tuberculosis Program for active tuberculosis disease, or

iii. The individual has a documented previous significant tuberculin skin test reaction* or positive BAMT

k. All inmates and employees with a previous significant Mantoux tuberculin skin test* or positive BAMT and/or symptoms suggesting TB (e.g. cough, sputum production, chest pain, anorexia, weight loss, fever, night sweats, especially if symptoms last three weeks or longer, regardless of the size of the skin test), shall receive a chest x-ray and be evaluated by a physician or nurse practitioner within 72 hours. Individuals found to have a significant Mantoux tuberculin skin test or positive BAMT, signs and symptoms of tuberculosis or a chest x-ray suggestive of active tuberculosis shall be placed in respiratory isolation according to MSDH policies, reported to MSDH and evaluated by physician or nurse practitioner for tuberculosis therapy.

l. Individuals found to have a significant Mantoux tuberculin skin test or positive BAMT or with a history of a previous significant Mantoux tuberculin skin test or positive BAMT and a chest x-ray not suggestive of active tuberculosis, shall be evaluated by a physician or nurse practitioner for latent tuberculosis therapy. Individuals with significant Mantoux tuberculin skin tests or positive BAMT and no evidence of active TB disease should be reminded periodically about the symptoms of tuberculosis and the need for prompt evaluation of any pulmonary symptoms of tuberculosis. A tuberculosis symptom assessment shall be documented as part of the annual health screening. No additional follow-up for these individuals is indicated unless symptoms suggestive of active tuberculosis develop; specifically, routine annual chest x-rays are not indicated.

m. Employees found to have a positive/significant reaction* to the skin test or a positive BAMT and no signs or symptoms of tuberculosis disease and a negative chest x-ray shall, as a condition of employment, have thirty (30) days to report to the MSDH office in their county of residence to confirm appropriate follow-up testing has been completed and receive treatment, if indicated. The employees shall provide the director or designee with a written statement from the MSDH verifying compliance with the directives set forth by the correctional institution's medical director and this regulation.

n. All inmates and employees who do not have a significant Mantoux tuberculin skin test or positive BAMT shall be retested annually within thirty (30) days of the anniversary of their last Mantoux tuberculin skin test. Inmates and employees exposed to an active infectious case of TB between annual tuberculin skin test shall be treated as contacts and be managed appropriately. All contacts to an active tuberculosis case shall have HIV testing as part of the exposure management.

*Criteria for a significant tuberculin skin test

Reaction ≥5 mm(greater than or equal to 5mm)

- High risk contact to an active tuberculosis case
- HIV-positive persons
- Fibrotic changes on chest radiograph consistent with prior TB Patients with organ transplants and other immunosuppressed patients (receiving the equivalent of ≥15 mg. of prednisone for 1 mo or more-risk of TB in patients treated with corticosteroids increases with higher doses and longer duration)

Reaction ≥10 mm (greater than or equal to 10 mm)

- any other prisoner or employee of the prison

116.16 Typhoid Fever

1. Class 1 report required.

   a. In case of typhoid fever, enteric precautions shall be maintained for not less than 4 weeks from date of onset, and urine and feces cultures for release from temporary carrier status shall not be taken earlier. A person diagnosed with typhoid fever or with growth of *Salmonella typhi* from feces, urine, blood, or other bodily source shall be considered a temporary typhoid carrier. Release from temporary carrier status and health department supervision shall be on the basis of not less than 3 consecutive negative cultures obtained from authenticated specimens of feces taken not less than 24 hours apart at least 48 hours after any antibiotic , and not earlier than one month after onset. If any one of this series is positive, the temporary carrier status shall be continued.

   b. During the first 6 months of the temporary carrier status, the patient may again be tested for release by securing not less than 3 consecutive negative cultures obtained from authenticated specimens at intervals of 1 month. If the patient is positive at the 6th month or if no test is made, the case is classed as a permanent carrier. Final release from permanent carrier status must be with the advice and consent of the State Epidemiologist, and cannot be considered unless 3 consecutive monthly cultures obtained from authenticated specimens collected at least 48 hours after any antibiotic, have been negative on examination by the Department of Health Laboratory or other laboratories approved by the Department of Health.

   c. Whenever the typhoid carrier status shall be declared by the local health officer and there is no patient history of typhoid during the preceding year, the patient shall be classed as a permanent carrier.

   d. No person classed as a carrier shall engage in handling of foods or foodstuffs for public consumption, nor shall such carrier offer to perform such services for any family (other than his or her own) or for any other group or institution, either private or public. No such carrier shall engage in providing domestic services for hire or provide direct client care in a nursing home or child day care center without the advice and written consent of the health officer.

   e. When any person is declared to be a carrier of typhoid, the local health officer shall collect pertinent information about the carrier. The necessity for imposing restrictions on the patient's activities shall be explained to the patient and the patient shall signify in writing his or her willingness to observe the carrier agreement and restrictions. A copy of the carrier information shall be forwarded immediately to the

Epidemiology Program, Mississippi State Department of Health, in Jackson.

f. When any known carrier of typhoid moves from the county, a copy of the carrier's history and agreements, together with the prospective future address of the carrier, shall be forwarded to the Mississippi State Department of Health by the local health officer of the county from which the carrier is moving. The original copy of the history and agreement shall remain as a part of the files of the county health department of the county from which the carrier has moved.

g. All family or other close contacts of a case of typhoid or other salmonella infection shall submit specimens of their feces as required by the health officer and submit to any reasonable examination as may aid in the search for unknown carriers and sub clinical cases.

h. All family or other close contacts of a carrier of typhoid or other salmonella infection shall be prohibited from handling foods or foodstuffs for public consumption until contact is broken and repeated negative laboratory examinations are reported. For salmonelloses, except typhoid, a series of 2 negative feces cultures taken not less than 24 hours apart at any time after contact is broken will satisfy this provision. For typhoid fever a series of 2 negative stools taken not less than 24 hours apart and not less than 14 days after contact is broken will satisfy this provision.

i. The owner or operator of a house, hotel, apartment or other institution in which a typhoid carrier resides shall provide a sanitary method of excreta disposal which will not subject other occupants of the house, apartment, hotel or other institution or the general public to typhoid or paratyphoid infection. If the owner or operator of the property on which a carrier resides fails for due cause to provide such sanitary methods of excreta disposal, the carrier shall provide such facilities as meet approval of the Mississippi State Department of Health.

j. Any typhoid carrier planning to change his/her place of residence or his/her occupation shall notify the local health officer in writing of such anticipated change.

k. Whenever a case or carrier of typhoid is diagnosed it shall be the duty and responsibility of the local health officer to conduct a search for the source of the infection and for the food, water or person from whom it was acquired. Strict measures for assuring the safety of the water and milk supplies and of all foodstuffs should be instituted.

l. Mandatory report and surveillance required.

117 Penalty for Violation of Rules and Regulations Regarding Reportable Diseases

117.01 Any physician, dentist or other person who shall fail, neglect, or refuse to comply with, or shall falsify any report, or shall violate any of the Rules and Regulations of the Mississippi State Board of Health shall, upon conviction, be guilty of a misdemeanor and subject to the penalty provided by law.

118 MISSISSIPPI HEALTHCARE DATA REGISTRY SYSTEM

118.01 REPORTING REQUIREMENTS AND PROCEDURES

1. Authority-Mississippi Code Annotated § 41-63-4 requires certain licensed health care facilities operating in the state of Mississippi to report information on patient health care to the Mississippi State Department of Health. Further, Mississippi Code Annotated § 41-7-185 requires providers of institutional health services and home health services to make available statistical information or such other requested information by the Mississippi State Department of Health.

2. Purpose -The Mississippi State Department of Health (MSDH), acting as the state's public health authority, is required to design and establish a registry program concerning the condition and treatment of persons seeking medical care in the state of Mississippi. MSDH must collect, analyze and disseminate these health care data in order to improve the quality and efficiency of medical care.

3. Reporting Responsibility-Each of the following licensed health care facilities in the state of Mississippi shall be required to report the specified health care data described in these rules and regulations:

   a. Hospital Facilities – See 118.03;

   b. Ambulatory Surgical Facilities – See 118.04 [Reserved];

   c. Outpatient Diagnostic Imaging Centers – See 118.05 [Reserved];

   d. Other – See 118.06 [Reserved];

4. Reporting Contact-In order to facilitate communication and problem solving, each reporting facility must designate a person as contact and advise the Department from time to time of any changes to such contact information. Contact information shall include the office name, telephone number, job title and name of the person assigned this responsibility to the MSDH.

5. Penalties for Not Reporting-

a. The MSDH is authorized to assess penalties as provided by statute pursuant to Mississippi Code Annotated § 41-63-4 Paragraph (12) which states, "A person or organization who fails to supply data required under this section is liable for a civil penalty of Five Cents (5¢) for each record for each day the submission is delinquent. A submission is delinquent if the department does not receive it within thirty (30) days after the date the submission was due. If the department receives the submission in incomplete form, the department shall notify the provider and allow fifteen (15) additional days to correct the error. The notice shall provide the provider an additional fifteen (15) days to submit the data before the imposition of any civil penalty. The maximum civil penalty for a delinquent submission is Ten Dollars ($10.00) for each record. The department shall issue an assessment of the civil penalty to the provider. The provider has a right to an informal conference with the department, if the provider requests the conference within thirty (30) days of receipt of the assessment. After the informal conference or, if no conference is requested, after the time for requesting the informal conference has expired, the department may proceed to collect the penalty. In its request for an informal conference, the provider may request the department to waive the penalty. The department may waive the penalty in cases of an act of God or other acts beyond the control of the provider. Waiver of the penalty is in the sole discretion of the department;" and

b. Failure of any health care facility or other person or entity covered by the "Mississippi Health Care Certification of Need Law of 1979", Mississippi Code Annotated § 41-7-171 through § 41-7-209, to report any requested information, data or otherwise failure to report under these provisions, shall be in violation of the "Mississippi Health Care Certification of Need Law of 1979" and subject to violations provided in Mississippi Code Annotated § 41-7-209.

6. Confidentiality-Information maintained in the Mississippi Healthcare Registry Data System shall be confidential and shall not be distributed or released except with the permission of MSDH in accordance with its established policies and procedures. Violation of confidentiality requirements may be subject to severe civil and/or criminal penalties.

   The release of identifiable patient health information may be made by MSDH only to the facility that initially reported the identifiable information, upon the written request of such facility. Any request by any other party for the release of identifiable information shall be reviewed by the MSDH Data Use Council (described below), and the Data Use Council may approve such request only for the purpose of public health

assessment or research under such guidelines and stipulations as may be necessary to maintain confidentiality requirements.

Prior to the dissemination or release of any data analysis or statistical reports concerning registry information, including any release to MSDH divisions or programs, the Data Use Council may review the methods and procedures deemed necessary to maintain the privacy and confidentiality of patient records, including the system security requirements.

The MSDH shall be required to regularly monitor the physical security of the registry, to train personnel concerning the system's confidentiality standards, to limit access to the registry information solely to authorized personnel, and to implement password and encryption protections in the system.

7. Protected Health Information-The disclosure of protected health information by a reporting facility pursuant to these rules and regulations shall be recognized as a disclosure to a public health authority as required by law, pursuant to the Health Insurance Portability and Accountability Act and the Privacy Rules promulgated there under at 45 CFR Sections 164.512(a) and (b).

8. Data Use Council-The State Health Officer will create a Data Use Council consisting of not less than five individuals to recommend policies and procedures regarding the release of any registry data to MSDH divisions and programs, to the public, to researchers and to industry. Appointments to the Council shall be made at the sole discretion of the State Health Officer for such terms as may be established by the policies and procedures of the MSDH.

   MSDH divisions and programs may, with the consent of the Data Use Council, use patient abstract data to assist in fulfilling its public health mission. These data will not be re-released in any form by the program without the prior authorization of the Data Use Council. Authorization for subsequent release shall be considered only if the proposed release does not identify a patient.

9. Temporary Waiver of Reporting Requirement-With respect to any licensed health care facility otherwise required to report data or other information to the MSDH pursuant to these rules and regulations, the MSDH shall be authorized to temporarily waive reporting requirements due to system requirements of MSDH or the reporting facility, or in the case of irregularities or errors involving data delivery. Any waiver of the reporting requirements must be made in writing by the MSDH and notice of the termination of any waiver shall be provided to the applicable reporting facility, at which time these Regulations shall become applicable to such facility.

10. Charges and Fees for Access to Data-Subject to the confidentiality requirements of these Regulations, the MSDH may develop reports and data analyses based upon registry data which may be released to the public. The reports may be published or disseminated for a reasonable charge, or without charge at the discretion of MSDH.

    At the time of the promulgation of these Regulations, the MSDH shall refrain from assessing any charges to reporting facilities for the collection of health care data. Nothing shall prohibit the State Board of Health from authorizing, at any future date in accordance with its statutory authority, the assessment of reasonable charges for the collection of such data, or the reporting of specified health care data to the MSDH for purposes of the registry.

118.02 ADMINISTRATIVE RULES AND PROCEDURES

Assertion of Administrative Appeal Rights. In the case of the Department's enforcement of any of the measures described in these Regulations, if the matter is disputed by the affected party or parties and the Department and the party have been unable to resolve the dispute, the affected party or parties shall petition the Department to appear at an administrative hearing before a hearing officer appointed by the State Health Officer.

Content and Form of Petition. The petition must be in writing and be submitted to the Department within 15 business days of the date upon which the petitioner received notice of the imposition of the enforcement measures. The petitioner must state in the petition the reasons for the appeal, and the petition must describe any facts which may be in dispute and must identify any grievances which are deemed by the petitioner to be genuine and substantial.

Opportunity to Remedy Grievances. If the Department is unable to resolve the disputed facts and remedy the petitioner's grievances within 5 business days of the Department's receipt of the petition, the unresolved matters shall be reviewable by the hearing officer at an administrative hearing conducted in accordance with these Regulations. No unresolved matters shall be reviewable in the event that the Department shall terminate its enforcement action prior to the commencement of the hearing.

1. General Principles for Administrative Reviews

    With respect to matters brought before the Department or the State Board of Health for administrative review, whether or not such review is initiated by the Department, a notice of the proceeding shall be prepared by the Department and the petitioner or the affected party or parties shall be afforded an opportunity to appear at such proceeding in accordance with the Regulations set forth in this Part 3.

Any party who shall participate in the administrative proceeding shall be entitled to:

a. Timely scheduling of the hearing if appealed by the petitioner in accordance with Section 201, but in any event no more than 15 business days after the date of the Department's receipt of the petition;

b. Representation by legal counsel, chosen in the discretion of such party and at such party's sole cost and expense;

c. Submission of testimony and documentary evidence, and presentation of argument and rebuttal with respect to the issues;

d. Conduct examination and cross-examination of witnesses to elicit a full and fair disclosure of the facts; and

e. Demand a timely completion of the proceedings.

2. Notice of Hearing. Notice of Hearing shall be served upon a petitioner or any other affected party in the same manner as authorized for the service of a Health Officer's Order or in such other manner as may be deemed reasonable and prudent by the hearing officer in order to properly notify the petitioner that a hearing has been scheduled.

3. Date of Hearing. Unless otherwise provided by law, the notice of hearing must be given at least ten (10) days prior to the hearing date unless this notice period is waived by the affected parties in the interest of expediting the administrative review. Unless otherwise provided by law, proof of receipt of notice shall not be a required condition for the conduct of the hearing.

4. Assignment of Hearing Officer. Within ten (10) days of the date on which the Department shall give Notice of Hearing, the State Health Officer or his authorized designee shall appoint the hearing officer assigned to hear the matter, and notice of such appointment shall be provided to all parties.

5. Conduct of Hearings. The hearing officer shall preside at the hearing, and shall rule on all questions of applicable procedure and submission of evidence in accordance with the policies and procedures approved by the hearing officer. The hearing officer may issue an order using particular provisions of the Mississippi Rules of Civil Procedure and related local rules for guidance; however, formal adherence to said Rules shall not be mandated. The hearing officer may waive the application of any of these rules to further administrative convenience, expedition, and economy if the waiver does not conflict with law, and the waiver does not cause undue prejudice to any party.

6. Rules of Evidence. The Mississippi Rules of Evidence shall be used as a general guide for the presentation of evidence. However, any evidence which reasonably appears to be relevant and probative to the issues may be allowed in the discretion of the hearing officer, notwithstanding its inadmissibility under said Rules, unless the evidence offered is clearly of a privileged nature.

7. Authority of Hearing Officer. The hearing officer shall have authority to do all things conformable to law that may be necessary to enable the officer effectively to discharge the duties of office, including, but not limited to, the authority to make final findings of fact and a written recommendation to the Department as to which enforcement actions or other restrictions, if any, should apply to the party or parties.

8. Discovery. Discovery shall be limited to non-privileged documents. Depositions and requests for admissions may be directed, issued, and taken on order of the Department for good cause shown. These orders or authorizations may be challenged or enforced in the same manner as subpoenas. All requests for discovery must be timely and in writing. All disputes regarding the privileged nature of a document shall be resolved by the designated hearing officer prior to the commencement of the hearing.

9. Public Access. Unless otherwise provided by law, all hearings are open to the public.

10. Failure of Party to Appear for Hearing. If a party fails to appear at a hearing, the hearing officer may proceed with the presentation of the evidence of the appearing party, or vacate the hearing and return the matter to the Department for any further action.

11. Proof.

    a. Standard of proof. Unless otherwise provided by law, the standard of proof is a preponderance of the evidence.

    b. Burden of Proof. Unless otherwise provided by law:

        i. The party asserting a claim, right, or entitlement has the burden of proof;

        ii. A party asserting an affirmative defense has the burden of establishing the affirmative defense; and

        iii. The proponent of a motion shall establish the grounds to support the motion.

12. Ex Parte Communications. A party shall not communicate, either directly or indirectly, with the hearing officer about any substantive issue in a pending matter unless:

    a. All parties are present;

    b. It is during a scheduled proceeding, where an absent party fails to appear after proper notice; or

    c. It is by written motion with copies to all parties.

13. Conflict Issues. All allegations of conflict or bias on the part of the appointed hearing officer must be filed at least three (3) business days prior to the hearing date. The State Health Officer who appointed the hearing officer shall then consider the assertion of conflict or bias, and shall issue a written opinion prior to the commencement of the hearing.

14. Hearing Record. A stenographic record of the hearing shall be made by a reporter chosen by the hearing officer. No transcript or other record of the proceeding shall be required to be maintained by the Department unless (i) required by statute or other rule, (ii) ordered by the hearing officer, or (iii) agreed in writing by all of the parties.

15. Remedies for Non-compliance with Rules. If a respondent shall fail to fully comply with the requirements of the hearing officer's policies and procedures or other rulings, the hearing officer shall be authorized to impose fines in an amount not to exceed $500 per occurrence and such other remedies as may be deemed appropriate by the hearing officer for the effective administration of those duties and responsibilities assigned to such officer.

16. Appeals. Any person adversely affected by a decision of the Department shall have a right to appeal the decision through an appropriate and timely court action against the Department and/or its agents, consistent with applicable laws and jurisdictional requirements. Unless applicable law provides a longer period of time in which to assert any appeal, no appeal of a decision of the Department shall be taken unless it is filed with a court having jurisdiction within thirty (30) days of the date of the Department's decision.

118.03 HOSPITAL REPORTING

1. Purpose -A statewide Hospital Discharge Data System (HDDS) is one of the most important tools for addressing a broad range of health policy issues, including the improvement of the quality and efficiency of medical care. "Discharge data" is defined as the consolidation of complete billing, medical, and personal information describing a patient or resident, the services received, and charges billed for a single hospital

stay. The requirements for the collection and submission of data as described shall also apply to those non-federal acute care hospitals located in Alabama, Arkansas, Louisiana, and Tennessee. Data submitted by these non-Mississippi hospitals shall relate exclusively to those patients who are Mississippi residents.

2. Reporting Required-Each reporting facility will report discharge data to the MSDH on every inpatient and outpatient discharged, to include those seen in the Emergency Department. Hospitals may submit data to MSDH directly or through the Mississippi Hospital Association (MHA) for submission to the HDDS, as specified by law. The submission of similar collected data to the Mississippi Hospital Association (MHA) shall not relieve the reporting facility of its reporting requirements to the MSDH unless written approval for such reporting methodology is provided by the MSDH.

3. Data Elements -The Mississippi HDDS is based on the Health Care Finance Administration (HCFA) UB-04 or the most recent version and additional selected information routinely collected by health care facilities on each patient. Data elements are listed in the HDDS policy manual.

4. Quality Assurance-MSDH Data Use Council will develop guidelines for quality assurance and accuracy that each reporting hospital will be required to follow.

5. Time of Reporting and Methodology- Reporting facilities shall submit data for each calendar month based upon discharges occurring during such month. Collected data shall be submitted to the MSDH on or before the 15th day of the following month.

Questions concerning any reporting methodology or guidelines shall be reasonably addressed by the MSDH, and administrative remedies shall be available to any facility concerning any disputes.

CERTIFICATION OF REGULATION

This is to certify that the above **Rules and Regulations Governing Reportable Diseases and Conditions** was adopted by the Mississippi State Board of Health on _____ to become effective _____.

Witness my hand and seal of office, this___day of _____2010.

(Signed)_____

Secretary and Executive Officer

Appendices to the Rules and Regulations

Governing Reportable Diseases and Conditions

Appendix A

List of Reportable Diseases and Conditions

Appendix A. List of officially reportable diseases and conditions

The following diseases or conditions are hereby declared to be reportable.

Class 1: Diseases of major public health importance which shall be reported directly to the Department of Health by telephone within 24 hours of first knowledge or suspicion. Class 1 diseases and conditions are dictated by requiring an immediate public health response. Laboratory directors have an obligation to report laboratory findings for selected diseases (Refer to Appendix B).

Any Suspected Outbreak (including foodborne and waterborne outbreaks)

Anthrax
Arboviral infection including but not limited to California group, Eastern Equine Encephalitis, LaCrosse, Western Equine Encephalitis, St. Louis encephalitis, West Nile Virus
Botulism (includes foodborne, infant or wound)
Brucellosis
Chancroid
Cholera
Creutzfeldt-Jakob Disease, including new variant
Diphtheria
Escherichia coli, shiga toxin-producing (STEC)
Encephalitis (human)
Glanders
Hemolytic Uremic Syndrome-post-diarrheal (HUS)
Hepatitis A
HIV infection- including AIDS
Influenza-Associated Pediatric Mortality (<18 years)
Invasive Disease Due to:
Neisseria meningitidis or Haemophilus influenzae *
Measles
Melioidosis
Pertussis
Plague
Poliomyelitis
Psittacosis
Q Fever
Rabies (human or animal)
Ricin intoxication (castor beans)
Smallpox
Staphylococcus aureus
vancomycin resistant (VRSA)
vancomycin intermediate (VISA)
Syphilis (including congenital)
Tuberculosis
Tularemia
Typhoid Fever
Typhus Fever
Varicella Infection, Primary, in patients >15 years of age
Viral hemorrhagic fevers (filoviruses [e.g. Ebola, Marburg] and arenaviruses [e.g., Lassa, Machupo])
Yellow Fever

Any unusual disease or manifestation of illness, including but not limited to the appearance of a novel or previously controlled or eradicated infectious agent, or biological or chemical toxin.

*usually presents as meningitis or septicemia, or less commonly as cellulitis, epiglottitis, osteomyelitis, pericarditis or septic arthritis.

Class 2: Diseases or conditions of public health importance of which individual cases shall be reported by mail, telephone or electronically, within 1 week of diagnosis. In outbreaks or other unusual circumstances they shall be reported the same as Class 1. Class 2 diseases and conditions are those for which an immediate public health response is not needed for individual cases.

Chlamydia trachomatis, genital infection
Dengue
Ehrlichiosis
Enterococcus, invasive infection, vancomycin resistant
Gonnorhea
Hepatitis (acute, viral only) **Note** - Hepatitis A requires Class 1 Report
Legionellosis
Listerioisis
Lyme borreliosis
Malaria
Meningitis **other** than Meningococcal or *Haemophilus influenzae*
Mumps
M. tuberculosis Infection (positive TST or positive BAMT****) in children<15 years of age
Noncholera vibrio disease
Poisonings*(including elevated blood lead levels**)
Rocky Mountain Spotted Fever
Rubella (including congenital)
Salmonellosis
Shigellosis
Spinal Cord Injuries
Streptococcus pneumoniae, invasive infection***
Tetanus
Trichinosis
Viral Encephalitis in horses and ratities

Except for rabies, and equine encephalitis, diseases occurring in animals are not required to be reported to the Department of Health.

*Reports for poisonings shall be made to Mississippi Poison Control Center, UMMC 1-800-222-1222

**Elevated Blood Levels should be reported to the MSDH Lead Program at 601-576-7447.

***Specimen obtained from a normally sterile site.

****TST-tuberculin skin test; BAMT-blood assay for *m. tuberculosis*

Class 3: Laboratory based surveillance. To be reported by laboratory only. Diseases or conditions of public health importance of which individual laboratory findings shall be reported by mail, telephone, or electronically within one week of completion of laboratory test (refer to Appendix B).

Blastomycosis
Blood Lead test results
Campylobacteriosis
Chagas Disease (American Trypanosomiasis)
Cryptosporidiosis
Hansen Disease (Leprosy)
Hepatitis C infection
Histoplasmosis
Nontuberculous Mycobacterial Disease

Class 4 Diseases of public health importance for which immediate reporting is not necessary for surveillance or control efforts. Diseases and conditions in this category shall be reported to the Mississippi Cancer Registry within six months of the date of first contact for the reportable condition.

The National Program of Cancer Registries at the Centers for Disease Control and Prevention requires the collection of certain diseases and conditions. A comprehensive reportable list including ICD9CM codes is available on the Mississippi Cancer Registry website,

http://mcr.umc.edu/documents/Reportablecasesafter1006.pdf

Each record shall provide a minimum set of data items which meets the uniform standards required by the National Program of Cancer Registries and documented in the North American Association of Central Cancer Registries (NAACCR)

Appendix B

Laboratory Results That Must be Reported to the Mississippi State Department of Health

Laboratory Results That Must be Reported to the Mississippi State Department of Health

Laboratories shall report these findings to the Mississippi State Department of Health at least **WEEKLY**. Diseases in bold type shall be reported immediately by telephone. Isolates of organisms marked with a dagger (†) shall be sent to the Mississippi State Department of Health Public Health Laboratory. All referring laboratories should call the Public Health Laboratory prior to shipping any isolate (601-576-7582)

Positive Bacterial Cultures or Direct Examinations

Result	Reportable Disease
Any bacterial agent in CSF	bacterial meningitis
Bacillus anthracis†	**Anthrax**
Bordetella pertussis\	**Pertussis**
Borrelia burgdorferi†	Lyme disease
Brucella species†	**Brucellosis**
Burkholderia mallei†	**Glanders**
Burkholderia pseudomallei†	**Melioidosis**
Campylobacter species	campylobacteriosis
Chlamydia psittaci	Psittacosis
Chlamydia trachomatis	Chlamydia trachomatis genital infection
Clostridium botulinum†**	**Botulism**
Clostridium tetani	Tetanus
Corynebacterium diphtheriae†	**Diphtheria**
Coxiella burnetii†	**Q fever**
Enterococcus species*	enterococcus infection, invasive vancomycin resistant
Escherichia coli, shiga toxin-producing (STEC)†	**Shiga toxin-producing E coli (STEC) infection**
Francisella tularensis†	**Tularemia**
Haemophilus ducreyi	**Chancroid**
Haemophilus influenza †*(not from throat, sputum)	**H. influenzae infection, invasive**
Legionella species	Legionellosis
Listeria monosytogenes†	Listeriosis
Mycobacterium species disease	nontuberculous mycobacterial
Mycobacterium tuberculosis	**Tuberculosis**
Neisseria gonorrhea	Gonorrhea
Neisseria meningitidis †*(not from throat, sputum)	**meningococcal infection, invasive**
Rickettsia prowazekii	**Typhus fever**
Rickettsia rickettsii	Rocky Mountain spotted fever
Salmonella species, not *S. typhi*	Salmonellosis
Salmonella typhi †	**Typhoid fever**
Shigella species	Shigellosis
Staphylococcus aureus- vancomycin resistant or vancomycin intermediate resistant	**vancomycin resistant *Staphylococcus aureus* (VRSA) or vancomycin Intermediate *Staphylococcus aureus* (VISA)**
*Streptococcus pneumoniae**	pneumococcal infection, invasive
Vibrio cholerae 01†	**Cholera**
Vibrio species†	Vibrio infection
Yersinia pestis†	**Plague**

* Specimen obtained from a normally sterile site (usually blood or cerebrospinal fluid, or, less commonly, joint, pleural, or pericardial fluid). **Do not report throat or sputum isolates.**

† Isolates of organism should be sent to the Mississippi State Department of Health Public Health Laboratory. All referring laboratories should call the Public Health Laboratory at (601)-576-7582 prior to shipping any isolate.

**Contact the Mississippi State Department of Health, Epidemiology Program at 601-576-7725 or the Public Health Laboratory (601)576-7582 for appropriate tests when considering a diagnosis of botulism.

Laboratory Results That Must be Reported to the Mississippi State Department of Health

Laboratories shall report these findings to the Mississippi State Department of Health at least **WEEKLY**. Diseases in bold type shall be reported immediately by telephone. Confirmatory tests for some of these may be obtained by special arrangement through the Epidemiology Program at 601-576-7725

Positive Serologic Tests

Arboviral agents including but not limited to:

- **California encephalitis**
- **Eastern equine encephalitis**
- **LaCrosse encephalitis**
- **St. Louis encephalitis**
- **Western equine encephalitis**
- **West Nile encephalitis**

Brucellosis
Cholera
Chlamydia trachomatis genital infection
Dengue
Ehrlichiosis
hepatitis A (anti-HAV IgM)
hepatitis B (anti-HBc IgM)
hepatitis C
HIV infection (refer to Section 113)
Legionellosis[1]
Lyme disease
Malaria
Measles
Mumps
Plague
Poliomyelitis
Psittacosis
Rocky Mountain spotted fever
Rubella
syphilis (refer to Section 116)
Smallpox
Trichinosis
Yellow fever

[1] Serologic confirmation of an acute case of legionellosis can not be based on a single titer. There must be a four-fold rise in titer to >1:128 between acute and convalescent specimens.

Laboratory Results That Must be Reported to the Mississippi State Department of Health

Laboratories shall report these findings to the Mississippi State Department of Health at least **WEEKLY. Diseases in bold type shall be reported immediately by telephone.** The dagger † indicates the positive specimens may be submitted to the Mississippi Public Health Laboratory for confirmation.

Positive Parasitic Cultures or Direct Examinations

Result	Reportable Disease Condition
any parasite in CSF†	parasitic meningitis
Cryptosporidium parvum	cryptosporidiosis
Trypanosoma cruzi	Chagas disease (american trypanosomiasis)
Plasmodium species†	malaria

Positive Fungal Cultures or Direct Examinations

Result	Reportable Disease Condition
any fungus in CSF	Fungal meningitis
Blastomyces dermatitidis	blastomycosis
Histoplasma capsulatum	histoplasmosis

Positive Viral Cultures or Direct Examinations

Result	Reportable Disease Condition
any virus in CSF	viral meningitis
Arboviral agents including but not limited to:	
California encephalitis virus	**California encephalitis**
Eastern equine encephalomyelitis virus	**Eastern equine encephalitis (EEE)**
LaCrosse encephalitis virus	**LaCrosse encephalitis**
St. Louis encephalitis virus	**St. Louis encephalitis (SLE)**
Western equine encephalomyelitis virus	**Western equine encephalitis (WEE)**
West Nile virus	**West Nile encephalitis (WNV)**
dengue virus, serotype 1, 2, 3, or 4	Dengue
polio virus, type 1, 2, or 3	**poliomyelitis**
variola virus	**Smallpox**
Filoviruses	**Viral hemorrhagic fevers**
Arenaviruses	**Viral hemorrhagic fevers**
yellow fever virus	**Yellow fever**

Positive Blood Chemistries

blood lead levels (venous) of > 15 µg/dl in children less than 16 years of age
blood lead levels (venous) of > 25 µg/dl in those 16 years of age or older

Positive Toxin Identification

Ricin toxin from *Ricinus communis* (castor beans)

Surgical Pathology Results

Creutzfeldt-Jakob Disease, including new variant
Malignant Neoplasms
Hansen disease
Human rabies
Trichinosis
Tuberculosis