

Title 15: Mississippi State Department of Health

Part 2: Epidemiology

Subpart 11: Office of Communicable Diseases

Chapter 1 MISSISSIPPI STATE DEPARTMENT OF HEALTH RULES AND REGULATIONS GOVERNING REPORTABLE DISEASES AND CONDITIONS.

Subchapter 14 TESTING FOR HUMAN IMMUNODEFICIENCY VIRUS INFECTION

Rule 1.14.1 Testing for infection with human immunodeficiency virus (HIV) shall be performed only under the following conditions:

1. 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.
2. 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.
3. No testing shall be performed without appropriate post-test counseling of individuals tested.
4. 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.
5. For all diagnosed cases of HIV infection, subsequent HIV-related serology results as defined shall be reported to the health department. Laboratories shall report each test result for the following required HIV-related serology:
 - a. HIV viral load results, both detectable and undetectable
 - b. CD4+ (T4) lymphocyte results of any value

Source: Miss. Code Ann. §41-3-17

Rule 1.17.15 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.
 - ii. RPR or VDRL \geq 1:8 - Class 1 case report required.
 - iii. Any reactive STS in persons 10 years of age or younger - Class 1 case report required.
 - iv. 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: 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.
- d. 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.
 - i. 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.
 - ii. 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.
 - iii. 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.

- iv. 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.
- v. 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.
- vi. 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.

Source: Miss. Code Ann. §41-3-17

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)

(Possible biological weapon agents appear in *bold italics*)

<i>Anthrax</i>	<i>Neisseria meningitides</i> Invasive Disease*
Arboviral infection including but not limited to California group, Eastern Equine Encephalitis virus, LaCrosse virus, Western Equine Encephalitis virus, St. Louis encephalitis virus, West Nile virus	Pertussis
<i>Botulism</i> (includes foodborne, infant or wound)	<i>Plague</i>
<i>Brucellosis</i>	Poliomyelitis
Chancroid	<i>Psittacosis</i>
Cholera	<i>Q Fever</i>
Creutzfeldt-Jakob Disease, including new variant	Rabies (human or animal)
Diphtheria	<i>Ricin intoxication (castor beans)</i>
<i>Escherichia coli</i> O157:H7 and any shiga toxin-producing <i>E. coli</i> (STEC)	<i>Smallpox</i>
Encephalitis (human)	<i>Staphylococcus aureus</i>
<i>Glanders</i>	<i>vancomycin resistant (VRSA)</i> or <i>vancomycin intermediate (VISA)</i>
<i>Haemophilus influenzae</i> Invasive Disease*	Syphilis (including congenital)
Hemolytic Uremic Syndrome-post-diarrheal (HUS)	Tuberculosis
Hepatitis A	<i>Tularemia</i>
HIV infection- including AIDS, CD4 count and viral load	Typhoid Fever
Influenza-Associated Pediatric Mortality (<18 years of age)	<i>Typhus Fever</i>
Measles	Varicella Infection, Primary, in patients >15 years of age
<i>Melioidosis</i>	<i>Viral hemorrhagic fevers</i> (filoviruses [e.g. Ebola, Marburg] and arenaviruses [e.g., Lassa, Machupo])
	Yellow Fever

Rule 1.17.16 Tuberculosis

1. Class 1 case report required.
2. Human Infections: 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 41-33-5, 41-33-7, Mississippi Code of 1972 as amended.)
 1. Control in Animals: 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.
 1. 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 within 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.
1. Summary of TB screening and procedures:
- a. 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.

- b. 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
- c. 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.
- d. 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.

- e. 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.
- f. 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

Rule 1.17.17 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 salmonellosis, 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.

1. Mandatory report and surveillance required.

Source: Miss. Code Ann. §41-3-17