ARKANSAS STATE BOARD OF HEALTH

RULES AND REGULATIONS PERTAINING TO REPORTABLE DISEASE

Promulgated Under the Authority of
Act 96 of 1913, As Amended
Ark. Code Ann. §§ 20-7-101 et seq.

Effective ~~September 1, 2014~~ February 15, 2017

By the Arkansas State Board of Health

Arkansas Department of Health
Little Rock, Arkansas
Nathaniel Smith, MD, MPH
Director and State Health Officer

RULES AND REGULATIONS PERTAINING TO REPORTABLE DISEASE

TABLE OF CONTENTS

AUTHORITY

These Rules and Regulations Pertaining to Communicable Disease Control are duly adopted and promulgated by the Arkansas State Board of Health pursuant to the authority expressly conferred by the Laws of the State of Arkansas including, without limitation, Act 96 of 1913 (Ark. Code Ann. § 20-7-101 et seq.).

PURPOSE

The purpose of the Rules and Regulations Pertaining to the Control of Communicable Diseases is to provide for the prevention and control of communicable diseases and to protect the public health, welfare and safety of the citizens of Arkansas.

SECTION I. DEFINITIONS:

A. **Board** means the Arkansas State Board of Health.

B. **Complete quarantine** means the limitation of freedom of movement of such well persons or domestic animals as have been exposed to a communicable disease, for a period of time not longer than the longest usual incubation period of the disease, in such manner as to prevent effective contact with those not so exposed.

C. **Director** means the Director of the Arkansas Department of Health.

D. **Department** means the Arkansas Department of Health.

E. **Emergency response employee** means firefighters, law enforcement officers, emergency medical technicians, first responders, and other individuals including employees of volunteer organizations without regard to whether such employees receive compensation who, in the performance of professional duties, respond to emergencies in the State of Arkansas.

F. **Medical provider** means any hospital, physician, nurse, hospital employee, nursing home, nursing home employee, or other health care provider.

G. **Modified quarantine** means a selective, partial limitation of freedom of movement of persons or domestic animals, commonly on the basis of known or presumed differences in susceptibility, but sometimes because of danger of disease transmission. It may be designed to meet particular situations. Examples are exclusion of children from school; exemption of immune persons from provisions required of susceptible persons (e.g., contacts acting as food handlers); restriction of military populations to the post or quarters.

H. **Personal surveillance** means the practice of close medical or other supervision of contacts in order to promote prompt recognition of infection or illness, but without restricting their movements.

I. **Segregation** means the separation for special consideration, control or observation of some part of a group of persons or domestic animals from the others to facilitate control of a communicable disease (e.g., removal of susceptible children to homes of immune persons, or establishments of a sanitary boundary to protect uninfected from infected portions of a population.)

SECTION II. GENERAL MEASURES FOR THE CONTROL OF COMMUNICABLE DISEASES.

The current edition of "Control of Communicable Disease in Man," published by the American Public Health Association, will be accepted for applying general control measures for communicable diseases.

SECTION III. RESPONSIBILITY FOR REPORTING.

A. It shall be the duty of every physician, practitioner, nurse; every superintendent or manager of a dispensary, hospital, clinic, nursing or extended care home; any clinical or private laboratory; any person in attendance on a case of any of the diseases or conditions declared notifiable; or the local health department to report the disease or condition to the Department utilizing the Toll Free Disease Reporting System (1-800-482-8888) within twenty-four (24) hours.

B. Any person who determines by laboratory examination that a specimen derived from the human body yields evidence suggestive of a communicable disease shall report, within twenty-four (24) hours, to the Department on the Toll Free Disease Reporting System microscopical, cultural or other evidence of the presence of any of the diseases declared notifiable.

C. It shall be the duty of every superintendent of a public school district or such person(s) he designates, to report immediately to the Department on the Toll Free Disease Reporting System any outbreak of three (3) or more cases of any of the conditions declared notifiable.

SECTION IV. NOTIFIABLE DISEASES AND CONDITIONS

A. Notifiable diseases and conditions are to be reported to the Department utilizing the Toll Free Disease Reporting System (1-800-482-8888) within 24 hours of diagnosis. Reports should include:

1. The reporter's name, location and phone number.

2. The name of the disease reported and the onset date.

3. The patient's name, address, phone number, age, sex and race. (PLEASE spell the patient's name.)

4. The attending physician's name, location and phone number.

5. Any treatment information, if known.

6. Any pertinent laboratory or other information used in the diagnosis.

B. Additional disease-specific information may be requested. Any person desiring to further discuss reportable diseases may phone the Division of Epidemiology at (501) 537-8969 during normal business hours or 1-800-554-5738 after hours, holidays and weekends.

SECTION V. DISEASES AND CONDITIONS
A. NOTIFIABLE DISEASES AND CONDITIONS

~~AIDS*~~

Anaplasma phacogytophila

Anthrax**

Arboviral neuroinvasive and non-neuroinvasive diseases ~~(California serogroup virus disease)~~

Babesiosis

Blastomycosis

Botulism** (foodborne, infant, wound, other)

Brucellosis

CD4+ T-Lymphocyte Count

Campylobacteriosis (includes all isolates, not just those outbreak-related or on request)

Chagas Disease

Chancroid

Chikungunya

Chlamydial ~~trachomatis~~ Infections

Cholera

Coccidioides immitis

Creutzfeld-Jakob Disease

Cryptosporidiosis

Cyclosporiasis

Dengue (Dengue Fever, Dengue Hemorrhagic Fever, Dengue Shock Syndrome)

Diphtheria Ehrlichiosis

Emerging threat agents

Encephalitis caused by: California serogroup virus, Eastern equine encephalitis virus, Powassan virus, St. Louis encephalitis virus, West Nile virus, Western equine encephalitis virus~~)~~

Ehrlichiosis

Encephalitis, all types

E. coli (Shiga toxin producing)

Food Poisoning, all types

Giardiasis

Gonorrhea

Haemophilus influenzae Invasive Disease

Hansens Disease (Leprosy)

Hantavirus Pulmonary Syndrome

Hemolytic-Uremic Syndrome

Hepatitis (Type A, B, C, or E)

Histoplasmosis

HIV (Human Immunodeficiency Virus)* (Qualitative, Quantitative, and Genotyping tests included even if no virus is detected)

Influenza (Indicate viral type if known) (Including all cases resulting in mortality)

Legionellosis

Listeriosis

Lyme Disease

Malaria

Measles (Rubeola)

Melioidosis

Meningitis, all types

Meningococcal Infections**

Mumps

Novel Coronavirus (Middle Eastern Respiratory Syndrome or Severe Acute Respiratory Syndrome virus)**

Novel Influenza A Virus Infections**

Pertussis** (Whooping Cough)

Plague**

Poliomyelitis**

Psittacosis

Q Fever**

Rabies, Human and animal

Spotted Fever Rickettsiosis

Rubella, including congenital infection

SARS**

Salmonellosis (Including Typhoid)

Shigellosis (includes all isolates, not just those outbreak-related or on request)

Staphylococcus aureus which is resistant to vancomycin

Streptococcal Disease, Invasive Group A

Invasive *Streptococcis pneumoniae*, include antibiotic resistance profile if performed

Streptococcis Pneumoniae, Invasive, not resistant

Syphilis*, including congenital infection

Tetanus

Toxic Shock Syndrome

Toxoplasmosis

Trichinellosis (Trichinosis)

Tuberculosis

Tularemia**

Typhus**

Varicella (Chickenpox),

Variola** (Smallpox)

Vibriosis – non cholera sp.

Viral Hemorrhagic Fevers** (Crimean-Congo, Ebola, Lassa, Lujo, Marburg, New World Arenavirus-Guanarito, Junin, Machupo, Sabia)

West Nile Virus

Yellow Fever

Zika

* Any woman infected with AIDS, HIV or Syphilis, who is pregnant, must be so reported indicating the trimester of pregnancy. This applies each time the woman becomes pregnant.

** These diseases (suspected or confirmed) must be reported immediately to the Arkansas Department of Health. These diseases are of special importance or may indicate a bioterrorism event. If it is a local call or you are in Pulaski County, report to (501) 537-8969 between the hours of 8:00 AM – 4:30 PM. All other suspected or confirmed cases must be reported to (800) 554-5738. This line is available twenty-four hours a day. Further, any isolates from these organisms must be submitted upon request to the Arkansas Department of Health.

Note: "Certain Healthcare Associated Infections (HAIs) are required to be reported to the ADH via the National Healthcare Safety Network. Their omission above should not be interpreted as a release from this reporting requirement."

B. REPORTABLE OCCUPATIONAL DISEASES AND OTHER ENVIRONMENTAL EXPOSURES

Asbestosis

Blood Heavy Metal Levels*

Blood Lead Levels~~*~~***

Byssinosis

Chemical Exposures, All Types ~~**~~ ***

Pesticide Exposures

Pneumoconiosis (Coal Workers)

Mesothelioma

Silicosis

* Any elevated blood level of mercury, arsenic, cadimum or other heavy metal

~~*~~*** Blood lead levels over 5 ug/dl for patients 72 months old or younger and levels over 10 ug/dl for patients ≥ 73 months of age

~~**~~*** Includes chemical agents of terrorism

C. REPORT ANY UNUSUAL DISEASES OR OUTBREAKS THAT MAY REQUIRE PUBLIC HEALTH ASSISTANCE. Any unusual disease or outbreak must be reported immediately to the Department. If it is a local call or you are in Pulaski County, report to (501) 537-8969 between the hours of 8:00 AM – 4:30 PM. All other suspected or confirmed cases must be reported to (800) 554-5738. This line is available twenty-four hours a day.

D. Clinical samples containing the disease agents listed in this section must be ~~The following bacterial isolates must be~~ submitted ~~upon request~~ to the Department laboratory for further identification/~~fingerprinting~~ testing. This may include viral or bacterial isolates or human tissue or blood samples containing the agent. In the case of stool testing, if no isolate containing the live pathogen is available, then the raw stool should be submitted. In addition, the results of any Pulsed Field Gel Electrophoresis tests involving the following ~~bacterial~~ isolates must be submitted.

Campylobacter sp.

Chemical agents of terrorism

Emerging threat agents

Haemophilus influenza, invasive isolates

Listeria sp.

Neisseria meningitidis

Salmonella sp

Shiga toxin producing E. coli;

Shigella sp.

Staphylococcus aureus which is resistant ~~or intermediate susceptible~~ to vancomycin

~~Invasive isolates of Streptococcus pneumonia and Haemophilus influenza~~

SECTION VI. OTHER DISEASES.

Other diseases not named in these lists may at any time be declared notifiable as the necessity and public health demand, and these regulations shall apply when so ordered by the Director.

SECTION VII. RESPONSIBILITY OF THE DIRECTOR.

When the Director has knowledge, or is informed of the existence of a suspected case or outbreak of a communicable disease:

A. The Director shall take whatever steps necessary for the investigation and control of the disease.

B. If the Director finds that the nature of the disease and the circumstances of the case or outbreak warrant such action, the Director shall make, or cause to be made, an examination of the patient in order to verify the diagnosis, make an investigation to determine the source of the infection, and take appropriate steps to prevent or control spread of the disease.

SECTION VIII. CEASE AND DESIST ORDERS.

If the Director has reasonable cause to suspect that any person who is HIV positive is intentionally engaging in conduct that is likely to cause the transmission of the virus, the Director may issue an order to said person to cease and desist such conduct. Failure to comply immediately shall constitute a violation of these rules and regulations. Such violation shall be promptly reported to the prosecuting attorney in the county where the person resides for appropriate action.

SECTION IX. ISOLATION.

It shall be the duty of the attending physician, immediately upon discovering a disease requiring isolation, to cause the patient to be isolated pending official action by the Director. Such physician also shall advise other members of the household regarding precautions to be taken to prevent further spread of the disease, and shall inform them as to appropriate, specific, preventive measures. He shall, in addition, furnish the patient's attendant with such detailed instructions regarding the disinfection and

disposal of infective secretions and excretions as may be prescribed by the Director of the Arkansas Department of Health.

SECTION X. STATE AND LOCAL QUARANTINE

A. The Director shall impose such quarantine restrictions and regulations upon commerce and travel by railway, common carriers, or any other means, and upon all individuals as in his judgment may be necessary to prevent the introduction of communicable disease into the State, or from one place to another within the State.

B. No quarantine regulations of commerce or travel shall be instituted or operated by any place, city, town or county against another place or county in this or in any other State except by authority of the Director.

C. No person shall interfere with any health authority having jurisdiction, or carry or remove from one building to another, or from one locality to another within or without the State, any patient affected with a communicable disease dangerous to the public health except as provided under the rules governing the transportation of same.

SECTION XI. TERMINAL DISINFECTION.

Each person released from quarantine or isolation shall take such measures as are required by the Department for that particular disease. The area of isolation shall be disinfected according to the instructions of the Department.

SECTION XII. IDENTIFICATION OF THE BODY OF A DECEASED PERSON WHO HAS BEEN INFECTED BY A COMMUNICABLE DISEASE

Any physician or any other person who has reason to believe that a deceased person may have been infected by Creutzfeldt-Jakob Disease (CJD) shall immediately after death attach to the large digit of the right foot, a red indicator tag furnished by the Department or, if not available, a tag measuring no less than 3 inches by 5 inches, which clearly states that the patient may have been infected with Creutzfeldt-Jakob Disease (CJD). If the body is wrapped in plastic sheets or other covering material and the toe tag is not visible, a duplicate clearly visible tag shall be applied to the outside covering material.

SECTION XIII. PROTECTION OF EMERGENCY RESPONSE EMPLOYEES

A. Any emergency response employee who fears that he or she has been exposed to a communicable disease may notify the Department. Upon notification, the Department shall determine if the exposure requires additional investigation. In the event that it is determined that the exposure is one which

should not create the risk of transmission of a communicable disease, the emergency response employee shall be so notified. If requested, he or she will be instructed as to additional steps that may be taken to confirm that no exposure to actual disease has occurred. If the Department determines that the exposure was one that could have caused the transmission of a communicable disease, the Department shall immediately contact the treating physician to determine if the patient was infected with a communicable disease. If it is determined that the individual was infected with a communicable disease, the emergency response employee shall be contacted immediately by the Department and counseled concerning the recommended course of action.

B. Any medical provider who has knowledge that an emergency response employee has been exposed to a communicable disease shall notify the Department immediately. The Department shall contact the emergency response employee immediately and provide appropriate counseling concerning the appropriate course of action.

C. Any medical provider who has knowledge that a patient with a communicable disease is being transferred, transported or treated by an emergency response employee shall, prior to said transfer, transportation or treatment notify the emergency response employee of the patient's communicable condition.

SECTION XIV. EXCLUSION AND READ MISSION TO SCHOOL OR CHILD CARE FACILITIES.

It shall be the duty of the principal or other person in charge of any public or private schools, or child care facilities, at the direction of the Department, to exclude therefrom any child, teacher or employee affected with a communicable disease until the individual is certified free of disease, by written notice from a physician, school nurse, public health nurse or the Department.

SECTION XV. TUBERCULOSIS.

Refer to the Amendment to the Rules and Regulations Pertaining to the Control of Communicable Diseases, Arkansas State Board of Health, filed with the Secretary of State March 10, 1994.

SECTION XVI. PUBLIC FOOD HANDLERS

No person known to be infected with a communicable disease, or suspected of being infected with a communicable disease, or who has been found to be a carrier of disease-producing organisms, shall engage in the commercial handling of food, or be employed on a dairy or on premises handling milk or milk products, until he is determined by the Department to be free of such disease, or incapable of transmitting the infection.

SECTION XVII. COMMUNICABLE DISEASES IN DAIRIES

A. When the Department has good cause to believe that a milk supply is suspected to be the source of infection for any one of the communicable diseases known to be transmitted through milk, the Department shall prohibit the use, sale, or disposal of such milk except by a method approved by the Director until such time as he deems it to be safe for human consumption.

B. When a case of Typhoid Fever, Salmonella infection, Brucellosis, Shigellosis, Respiratory Streptococcal infection, Diphtheria, or any other disease capable of being transmitted through milk is confined on the premises where a dairy is maintained, the Department shall prohibit the use, sale or disposal of such milk except by a method approved by the Director until he is satisfied that such is safe for human consumption.

SECTION XVIII. LABORATORY TESTS FOR THE RELEASE OF CASES OR CARRIERS OF COMMUNICABLE DISEASES

When laboratory tests are required for the release of cases, or carriers, the tests shall be performed by the Public Health Laboratory or by another laboratory approved by the State Epidemiologist. A specimen may be sent to a laboratory not so approved, provided that it is divided and a portion of the specimen is sent to an approved laboratory. Release shall be considered on the basis of the report of the approved laboratory only.

SECTION XIX. DIPHTHERIA LABORATORY SPECIMENS FOR DIAGNOSIS AND RELEASE

A. Cultures should be obtained separately from the nose and throat by means of sterile swab and test tube as provided by the Department for aid in diagnosis.

B. A case or carrier of Diphtheria shall not be released until two cultures from the throat and two from the nose, taken not less than twenty-four (24) hours apart, fail to show the presence of Diphtheria bacilli. The first of such cultures shall be taken not less than one week from the day of the onset of the disease. A virulence test should be made in any case where positive cultures are reported three weeks or longer after the onset of the disease or discovery of a carrier. If the organisms are non-virulent, the patient may be released.

SECTION XX. TYPHOID FEVER

A. Laboratory Specimens for Diagnosis of Cases and Release

1. Samples of feces and whole blood submitted to the Public Health Laboratory for culture within the first week of the suspected case of Typhoid Fever give the greatest probability of obtaining a positive result insofar as the culture is concerned. Such cultures when positive are the only proof of diagnosis of Typhoid Fever.

2. A specimen of both feces and urine shall be collected about one week after the onset of the disease and sent to the Public Health Laboratory to determine whether Typhoid organisms are being passed from the bowel or kidney.

3. Patients who have been determined to have Typhoid Fever shall be isolated for such period as required, and shall be released from isolation and from supervision by the health authority after three specimens of both feces and urine, collected not less than twenty-four (24) hours apart and not earlier than seven (7) days after the patient becomes afebrile, shall have been examined by the Public Health Laboratory and found to be negative.

B. Typhoid Carriers

1. Any person who has recovered from Typhoid Fever and in whose feces or urine Typhoid bacilli are present one year or longer after such recovery shall be declared to be a chronic carrier. Any person who has recently recovered from Typhoid Fever and from whose feces or urine Typhoid organisms are cultured by the Public Health Laboratory during the first year from such recovery shall be considered a convalescent, or temporary carrier, and shall conform to all the Regulations regarding the control of Typhoid carriers. Any person found in the investigation of a case or cases of Typhoid Fever from whose feces or urine Typhoid bacilli are cultured by the Public Health Laboratory shall be declared to be a chronic carrier except that such person be one who has recently recovered from Typhoid Fever.

2. Control of Typhoid Carriers

a) The urine and feces of a Typhoid carrier shall be disposed of in such a manner that they will not endanger any public or private water supply, or be accessible to flies.

b) No Typhoid carrier shall prepare or handle any food or drink to be consumed by persons other than members of the household with whom he resides.

c) No Typhoid carrier shall conduct or be employed in any restaurant, hotel or boarding house, or conduct a lodging house in which, prior to taking lodgers, a separate toilet and bathroom have not been installed for the use solely of the Typhoid carrier. Said toilet shall be located in a part of the house separate from any part that may be occupied by a lodger.

d) Any person determined to be a Typhoid carrier as defined in these Regulations shall sign an AGREEMENT, to be witnessed by at least two persons. Said AGREEMENT shall read as follows:

TYPHOID CARRIER AGREEMENT

In view of the fact that I have been proven to be a Typhoid carrier, I do solemnly swear to abide by the following regulations as long as I remain a Typhoid carrier, which I understand will probably be for the remainder of my life:

1. Under no circumstances will I handle milk or milk products such as cream, ice cream, butter or cheese, nor any other foodstuffs, nor will I do any cooking of food except for my own individual consumption and for those members of my immediate family who have been immunized against typhoid fever within the past three years.

2. Following each visit to the toilet I will wash my hands thoroughly with soap and water.

3. I will inform the Arkansas Department of Health, Division of Communicable Diseases, 4815 West Markham Street, Little Rock, Arkansas 72205-3867, in advance of any change in address from that listed below.

Signature of Carrier

Complete Address of Carrier

Signatures and addresses of two witnesses

Name Address

Name Address

Date of Signing

3. Release of Chronic Typhoid Carriers from Control Restrictions

a) A chronic Typhoid carrier may be released from restrictions only on approval of the Director and only after submitting proof of a minimum of six (6) consecutive negative feces cultures (for urinary carriers, urine cultures) taken at least one (1) month apart and at least ten (10) days after taking any antibiotic, and performed by the Division of Laboratories of the Department. At least two (2) of the specimens must be liquid stools obtained after administration of a cathartic such as magnesium sulfate. At least two (2) of the specimens must be validated by collection under close supervision as having come from the carrier. For fecal carriers, the identity of the specimen may be confirmed by oral administration of a suitable marker material under supervision and finding this material in a specimen. Cultures of duodenal fluid may be substituted for stool cultures, if desired.

b) A released chronic carrier who wishes to work in a food handling or other occupation from which carriers are excluded must present evidence from a Local Health Department that he has received instruction in methods of food handling and personal hygiene. While employed in such a restricted occupation he must submit evidence of a negative stool (or urine if appropriate) culture and additional food handling instruction every year.

SECTION XXI. SEXUALLY TRANSMITTED DISEASE (SYPHILIS, GONORRHEA, CHANCROID, LYMPHOGRANULOMA VENEREUM, GRANULOMA INGUINALE) AND OPHTHALMIA NEONATURUM (GONORRHEAL OPHTHALMIA)

A. Testing of pregnant women.

1. Every physician attending a pregnant woman shall take, or cause to be taken, a sample of venous blood at the time of first examination and during the third trimester, ideally at 28 to 32 weeks gestation, and submit such sample to an approved laboratory for a standard serologic test for Syphilis; a standard test for Human Immunodeficiency virus; and a standard test for

Hepatitis B. Any person other than a physician permitted by law to attend pregnant women but not permitted by law to take blood samples, shall cause a specimen of blood to be taken by, or under the direction of a physician duly licensed to practice medicine and surgery, and have such specimen submitted to an approved laboratory for testing.

2. Any person reporting a birth or stillbirth shall state on the certificate whether a blood test for Syphilis had been made upon a specimen of blood taken from the woman who bore the child for which a birth or stillbirth certificate is filed and the approximate date when the specimen was taken.

B. Ophthalmia Neonatorum (Gonorrhea Ophthalmia)

1. Ophthalmia Neonatorum is to be reported to the Epidemiology Program, Arkansas Department of Health, as soon as the disease is suspected.

2. ~~It shall be the duty of the attending physician to prescribe appropriate medication for the prevention of infant blindness, to be administered within one (1) hour of the time of birth. Effective prophylaxis against gonococcal ophthalmia and chlamydial conjunctivitis is provided by either erythromycin (0.5%) ophthalmic ointment or tetracycline (1%) ophthalmic ointment given as a single application into each conjunctival sac with no rinsing of the eyes.~~

~~3.~~ 2. It shall be the duty of the local health authority in whose jurisdiction the case occurs to investigate the case to confirm the diagnosis by bacteriological examination and, if of Gonococcal origin, to determine if the attendant at delivery used prophylactic medication in the eyes of the infant.

~~4.~~ 3.Due to the nature of the infection and its communicability, and inasmuch as Gonorrheal Ophthalmia is amenable to penicillin therapy; it shall be the duty of every physician to administer adequate penicillin therapy at once. It shall be the duty of every midwife attending such cases, or suspected cases, to refer all such cases to a licensed physician for treatment.

~~5. Conjunctival discharges and articles soiled therewith shall be disinfected.~~

C. It shall be the duty of every physician to report, as soon as diagnosed, every case of sexually transmitted disease on the Confidential Case Report, as provided by the Department, or by utilizing the Toll Free Communicable Disease Reporting System, to the Sexually Transmitted Disease Program, Arkansas Department of Health. Physicians shall report the patient by name, address, age, sex, race and date of birth within twenty-four (24) hours of the diagnosis in case of primary, secondary and congenital Syphilis and Syphilis in pregnant women.

D. Whenever the Director has reasonable grounds to believe that any person is suffering from Syphilis, Gonorrhea, Chancroid, Lymphogranuloma Venereum or Granuloma Inguinale in a communicable state, he is authorized to cause such person to be apprehended and detained for the necessary tests and examination, including an approved blood serologic test and other approved laboratory tests, to ascertain the existence of said disease or diseases: provided, that any evidence so acquired shall not be used against such person in any criminal prosecution.

E. The Director may, when in the exercise of his discretion he believes that the public health requires it, commit any commercial prostitute, or other persons apprehended and examined and found afflicted with said diseases, or either of them who refuses or fails to take treatment adequate for the protection of the public health, to a hospital or other place in the State of Arkansas for such treatment even over the objection of the person so diseased and treated provided the commitment can be done without endangering the life of the patient.

F. It shall be the duty of a physician on the occasion of the first visit to or by a person suffering from Syphilis, Gonorrhea, Chancroid, Lymphogranuloma Venereum or Granuloma Inguinale to instruct said person in the precautions to be taken to prevent communication of the disease to others, and to inform him of the necessity of continued uninterrupted treatment until such adequate treatment has been administered.

G. It shall be the duty of every physician to administer appropriate and adequate treatment to any individual regardless of age, sex, or race whom he has reasonable grounds to believe is suffering from Syphilis, Gonorrhea, Chancroid, Lymphogranuloma Venereum or Granuloma Inguinale in a communicable state, to render the disease non-communicable to others for the protection of the public health. Likewise, it shall be the duty of every physician to treat, prophylactically or therapeutically, any individual regardless of age, sex or race whom he has reasonable grounds to believe has been exposed to a communicable case of Syphilis, Gonorrhea, Chancroid, Lymphogranuloma Venereum or Granuloma Inguinale for the protection of the public health. Consent to the provision of medical and surgical care or services by a physician licensed to practice medicine in this State, when executed by a minor who is or believes himself to be afflicted with a sexually transmitted disease, shall be valid and binding as if the minor had achieved his majority.

SECTION XXII. RABIES CONTROL.

Refer to the Rules and Regulations Pertaining to Rabies Control, Arkansas State Board of Health, July 1975, and the Rabies Control Act, Act 11 of 1968 as amended by Act 725 of 1975.

SEVERABILITY

If any provision of these Rules and Regulations, or the application thereof to any person or circumstances is held invalid, such invalidity shall not affect other provisions or applications of these Rules and Regulations which can give effect without the invalid provisions or applications, and to this end the provisions hereto are declared to be severable.

REPEAL

All Rules and Regulations and any parts of Rules and Regulations in conflict herewith are hereby repealed.

CERTIFICATION

This will certify that the foregoing Rules and Regulations Pertaining to Communicable Disease Control in Arkansas were adopted by the Arkansas State Board of Health at a regular session of the Board held in Little Rock, Arkansas, on the ~~24th~~ ___day of ~~July~~ _____, 201~~4~~7, to be effective ~~September~~ February 1~~5~~, 201~~4~~7.

_____
Nathaniel Smith, MD, MPH
Secretary
Arkansas State Board of Health

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Arkansas Deaprtment of Health
DIVISION Outbreak Response Section
PERSON COMPLETING THIS STATEMENT Catherine Waters RN
TELEPHONE NO. 501-661-2318 **FAX NO.** 501-661-2300 **EMAIL:** catherine.waters@arkansas.gov

To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE Proposed Changes to Rules and Regulations Pertaining to Reportable Disease

1. Does this proposed, amended, or repealed rule have a financial impact? Yes ☐ No ☒

2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule? Yes ☒ No ☐

3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes ☒ No ☐

   If an agency is proposing a more costly rule, please state the following:

   (a) How the additional benefits of the more costly rule justify its additional cost;

   (b) The reason for adoption of the more costly rule;

   (c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and;

   (d) Whether the reason is within the scope of the agency's statutory authority; and if so, please explain.

4. If the purpose of this rule is to implement a federal rule or regulation, please state the following:

   (a) What is the cost to implement the federal rule or regulation?

Current Fiscal Year		**Next Fiscal Year**	
General Revenue		General Revenue	
Federal Funds		Federal Funds	
Cash Funds		Cash Funds	
Special Revenue		Special Revenue	
Other (Identify)		Other (Identify)	

Total	0	Total	0

(b) What is the additional cost of the state rule?

Current Fiscal Year		**Next Fiscal Year**	
General Revenue		General Revenue	
Federal Funds		Federal Funds	
Cash Funds		Cash Funds	
Special Revenue		Special Revenue	
Other (Identify)		Other (Identify)	
Total	0	Total	0

5. What is the total estimated cost by fiscal year to any private individual, entity and business subject to the proposed, amended, or repealed rule? Identify the entity(ies) subject to the proposed rule and explain how they are affected.

Current Fiscal Year	**Next Fiscal Year**
$ 0	$ 0

6. What is the total estimated cost by fiscal year to state, county, and municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

Current Fiscal Year	**Next Fiscal Year**
$ 0	$ 0

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars ($100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes ☐ No ☒

If YES, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

(1) a statement of the rule's basis and purpose;

(2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;

(3) a description of the factual evidence that:

(a) justifies the agency's need for the proposed rule; and

(b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;

(4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;

(5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;

(6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and

(7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:

(a) the rule is achieving the statutory objectives;
(b) the benefits of the rule continue to justify its costs; and
(c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.