

**ALABAMA STATE BOARD OF HEALTH  
ALABAMA DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF DISEASE CONTROL ADMINISTRATIVE CODE  
CHAPTER 420-4-1 NOTIFIABLE DISEASES  
TABLE OF CONTENTS**

420-4-1-.01	Purpose
420-4-1-.02	Definitions
420-4-1-.03	Enumeration
420-4-1-.04	Reporting
420-4-1-.05	Control Procedures
420-4-1-.06	HIV Testing Procedures
420-4-1-.07	Notification of Pre-Hospital/Emergency Medical Care
420-4-1-.08	Notification of Funeral Home Personnel
420-4-1-.09	Investigation of HIV/Hepatitis B Virus Infected Health Care Worker
420-4-1-.10	Victims of Sexual Offense
420-4-1-.11	Spousal Notification of a Known HIV-Infected Patient
420-4-1-.12	Notification of Law Enforcement, National Security or Federal Public Health Authorities
420-4-1-.13	Notification of Public Health and Regulatory Authorities of the Presence of Lead
420-4-1-.14	Testing of Pregnant Women for Sexually Transmitted Diseases
Appendix 1	420-4-1-.03 Alabama Notifiable Diseases/Conditions
Appendix 1	420-4-1-.14(8)

**420-4-1-.01 Purpose**

The purpose of these rules is to provide administrative details and procedures for the control of notifiable diseases or health conditions.

Author: Donald E. Williamson, M.D.

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

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 Repealed and new rule adopted: Filed November 19, 1987.

**420-4-1-.02 Definitions**

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

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

appurtenance.

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

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

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

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

Author: Donald E. Williamson, M.D.

Statutory Authority: Code of Alabama, 1975, Sections 22-2-2(6); 22-11A-1, et seq., and Act No. 88-983.

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### **420-4-1-.03 Enumeration**

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

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

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

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

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

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

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

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

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May 28, 2003; effective September 24, 2003. Emergency amendment filed December 17,

2003. Amended: Filed December 17, 2003; effective March 26, 2004.

#### **420-4-1-.04 Reporting**

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

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

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

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

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

- (a) isolates or suspected isolates of *Bacillus anthracis* regardless of clinical source;
- (b) isolates of all bacillus species obtained from normally sterile clinical sites including, but not limited to cerebral spinal fluid, blood, pleural fluid; or

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

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

(6) Supplemental Information. The State Health Officer may require additional information concerning any of the notifiable diseases or health conditions in order to properly investigate and control said disease or health condition. For this purpose, the State Health Officer may designate supplemental forms for various notifiable diseases for collecting the required information. Physicians, hospitals, nurses, and others as required by law shall, in addition to the basic information required on the initial report, provide such information as required on the supplemental report for those diseases so designated.

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

Author: Donald E. Williamson, M.D.

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

History: Filed September 1, 1982. Emergency repeal and new rule adopted filed September 23, 1987. Repealed and new rule adopted: Filed November 19, 1987. Amended Filed January 20, 1999; effective February 24, 1999. Emergency rule amended adopted filed October 17, 2001. Effective January 24, 2002.

#### **420-4-1-.05 Control Procedures**

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

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

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

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

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

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

(b) Tetracycline;

(c) Erythromycin; or

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

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

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

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

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

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

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

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

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

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

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

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

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

(b) a confirmation test such as the Western Blot or the immunofluorescence test

has been found to be positive in follow-up of a positive rapid, point-of-care test, or

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

- (i) HIV nucleic acid (DNA or RNA) detection (e.g., DNA polymerase chain reaction [PCR] or plasma HIV-1 RNA), or
- (ii) HIV p24 antigen test, including neutralization assay, or
- (iii) HIV isolation (viral culture).

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

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

Author: Donald E. Williamson, M.D.

Statutory Authority: Code of Alabama, 1975, Section 22-11A-1, et seq.

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

Ed. Note: Previous rule 420-4-1-.06 entitled "Appeal and Penalty" filed September 1, 1982. Emergency repeal and adoption of new rule filed September 23, 1987. Repealed: Filed November 19, 1987. Amended: Filed December 17, 2008; Effective January 21,

2009.

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

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

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

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

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

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

Author: Donald E. Williamson, M.D.

Statutory Authority: Code of Alabama, 1975, Section 22-11A-1, and Act No. 90-552

History: Emergency adoption filed November 21, 1988. Permanent adoption filed February 17, 1989. Amended: Filed October 19, 1990.

#### **420-4-1-.08 Notification of Funeral Home Personnel**

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

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

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

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

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

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

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

Author: Donald E. Williamson, M.D.

Statutory Authority: Code of Alabama, 1975, Section 22-11A-1, and Act No. 88-983.

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

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

(1) Definitions.

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

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

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

all records requested by the Department.

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

Author: Donald E. Williamson, M.D.

Authority: Code of Alabama, 1975, Section 22-11A-7, 22-11A-13, and 22-11A-14(g).

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

#### **420-4-1-.10 Victims of Sexual Offense to Request and Receive HIV Test Results of Convicted Offender**

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

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

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

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

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

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

must include the victim's name and address, the Circuit court case number, and the date and location of conviction.

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

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

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

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

Authority: Code of Alabama, 1975, Sections 22-2-2(6), 22-11A- 17(a)(c).

History: Filed May 23, 1995

#### **420-4-1-11 Spousal Notification of a Known HIV-Infected Patient**

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

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

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

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

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

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

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

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

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

Authority: Code of Alabama, 1975, Sections 22-11A-38(a)(d), 22-11A-53

History: Effective July 25, 1997.

#### **420-4-1-.12 Notification of Law Enforcement, National Security or Federal Public Health Authorities**

In circumstances potentially or actually affecting national security, the State Health Officer or his designee is authorized to notify appropriate local, county, state or federal law enforcement authorities, other agencies charged to protect national security or federal public health agencies under the following conditions.

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

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

(3) As relates to non-human subjects, when the State Health Officer, by and through the State Laboratory or environmental or epidemiological staff, shall be called upon by such law enforcement or national security authorities to make or perform tests, examinations of or investigations of objects, environs, animals or other animate or inanimate non-human subjects for the presence or absence of conditions or modalities

causative of or suspected of being causative of any notifiable disease, reports of such tests, examinations or investigations shall be made only to such law enforcement, national security or national public health authorities and directly to affected persons in a manner consistent with the protection of the confidentiality of directly affected persons when balanced against the interests of aiding the protection of national security.

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

Author: John R. Wible, General Counsel

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

History: Emergency Rule Filed October 17, 2001. Effective January 24, 2002.

#### **420-4-1-13 Notification of Public Health and Regulatory Authorities of the Presence of Lead**

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

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

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

History: New rule: Filed August 19, 2004. Effective November 25, 2004.

#### **420-4-1-14 Testing of Pregnant Women for Sexually Transmitted Diseases**

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

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

(b) a sexually transmitted disease during the pregnancy,

(c) use of illicit drugs, or

(d) exchanging sex for money or drugs.

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

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

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

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

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

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

(8) Appendix 1, the summary table of Routine Prenatal Screening for Sexually Transmitted Diseases (STD)/No Prenatal Care--Patient Presents at Delivery, is attached hereto as a part of the rule.

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

History: New rule: Filed February 17, 2006. Effective March 24, 2006.

**APPENDIX 1  
ALABAMA NOTIFIABLE DISEASES/CONDITIONS**

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

Anthrax, human	Measles (rubeola)	Tuberculosis
Botulism	N. meningitidis, invasive	Typhoid fever
Cholera	diseases FN(2)	Yellow fever
Diphtheria	Pertussis	Outbreaks of any kind
H. influenzae, invasive	Poliomyelitis, paralytic	Cases related to nuclear,
diseases FN(1)	Rabies, human and animal	biological, or chemical
Hepatitis A	Severe Acute Respiratory	terroristic agents
Listeriosis	Syndrome (SARS)	Cases of potential public health
	Trichinosis	importance FN(3)

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

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

**FOOTNOTE 3.** as determined by the reporting healthcare provider

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

Brucellosis	Human Immunodeficiency	Rocky Mountain spotted fever
Campylobacteriosis	Virus infection* (including	Rubella
Chancroid*	asymptomatic infection	Salmonellosis
Chlamydia trachomatis*	ARC, and AIDS)	Shigellosis
Cryptosporidiosis,	Lead elevated blood levels	Syphilis*
Dengue Fever	( $\geq 10$ mcg/dl)	Tetanus
E. coli O157:H7	Legionellosis	Toxic shock syndrome
(including HUS and TTP)	Leprosy	Tularemia
Ehrlichiosis	Leptospirosis	Vaccinia virus infection or
Encephalitis, viral	Lyme Disease	disease other than the
Giardiasis	Lymphogranuloma venereum*	expected response to
Gonorrhea*	Malaria	smallpox vaccination
Granuloma inguinale*	Mumps	Varicella
Hepatitis, B, C, and other viral	Psittacosis	Vibriosis
Histoplasmosis	Q Fever	Yersiniosis

\* Designated Sexually Transmitted Diseases by the State Board of Health

3/26/04

**State Health Department Telephone Numbers:**

**Division of Epidemiology (334) 206-5347 or 1-800-338-8EPI (24-hour coverage), FAX: (334) 206-5967**

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

**Division of Sexually Transmitted Diseases (334) 206-5350**

**Division of Tuberculosis Control (334) 206-5330**

**Division of Immunization (334) 206-5023**

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

### Routine Prenatal Screening for Sexually Transmitted Diseases (STD)

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

### No Prenatal Care – Patient Presents at Delivery

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

**\*Positive Risk Assessment** – Presence of one or more risk factors including, but not limited to, a history of:

- Multiple sex partners or an at-risk partner during the pregnancy
- Use of illicit drugs
- STD during the pregnancy
- Exchanging sex for money or drugs