

APA-3

**CERTIFICATION OF ADMINISTRATIVE RULES
FILED WITH THE LEGISLATIVE SERVICES AGENCY
OTHNI LATHRAM, DIRECTOR**

(Pursuant to Code of Alabama 1975, §41-22-6, as amended).

I certify that the attached is/are correct copy/copies of rule/s as promulgated and adopted on Thursday, February 22, 2024, and filed with the agency secretary on Thursday, February 22, 2024.

AGENCY NAME: Alabama State Board of Health Alabama Department of Public Health Division of Disease Control

INTENDED ACTION: Repeal and Replace

RULE NO.: Chapter 420-4-1

(If amended rule, give specific paragraph, subparagraphs, etc., being amended)

RULE TITLE: Notifiable Diseases

ACTION TAKEN: State whether the rule was adopted with or without changes from the proposal due to written or oral comments:

Adopted with changes

NOTICE OF INTENDED ACTION PUBLISHED IN VOLUME XLII, ISSUE NO. 2, AAM, DATED THURSDAY, NOVEMBER 30, 2023.

STATUTORY RULEMAKING AUTHORITY: Code of Alabama, 1975, §22-20-5

(Date Filed)
(For LRS Use Only)

REC'D & FILED

FEB 22, 2024

LEGISLATIVE SVC AGENCY

Sancha O. Howard

Sancha Howard

Certifying Officer or his or her
Deputy

(NOTE: In accordance with §41-22-6(b), as amended, a proposed rule is required to be certified within 90 days after completion of the notice.)

ALABAMA DEPARTMENT OF PUBLIC HEALTH
ADMINISTRATIVE CODE

CHAPTER 420-4-1
NOTIFIABLE DISEASES

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420-4-1-AIV

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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 Ala. 1975, §§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 **Repealed and new rule:** Filed November 19, 1987. **Repealed and New Rule:** Filed May 26, 2011; effective June 30, 2011. **Repealed and New Rule:** Published ~~_____~~; ~~effective _____~~ February 29, 2024; effective April 14, 2024.

420-4-1-.02

Definitions.

(1) **Birth defects** - New diagnosis of a structural, functional, or biochemical abnormality regardless of cause and irrespective of any known genetic or environmental association(s) specified by the National Birth Defects Prevention Network or as designated by the State Health Officer; whether manifested prenatally, at delivery, or at a later date up to 12 months of age and may interfere with normal growth or development.

(2) **Case of Public Health Importance** - Includes an individual that presents at a healthcare provider with unusual symptoms or an uncommon disease as determined by a reporting healthcare provider, or a disease not normally seen in Alabama. An example would be a non-reportable disease that has caused alert or concern among local healthcare providers.

(3) **Clinical materials** - A clinical isolate containing the infectious agent for which submission of material is required; or if an isolate is not available, material containing the infectious agent for which submission of material is required, in the following order of preference: (1) a patient specimen; (2) nucleic acid; or (3) other laboratory material.

(4) **Congregate living facilities** - A facility where persons reside and share common spaces with other residents. Congregate living facilities can include, but are not limited to, residential care facilities, assisted living facilities, intermediate care facilities, skilled nursing facilities, jails, prisons, shelters, mental health facilities, dormitories, and resident summer camps.

(5) **Department** - Alabama Department of Public Health.

(6) **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.

(7) **Immediate, Extremely Urgent** - Classification for diseases and conditions that require Department notification within 4 hours of presumptive diagnosis or laboratory test result.

(8) **Immediate, Urgent** - Classification for diseases and conditions that require Department notification within 24 hours of presumptive diagnosis or laboratory test result.

(9) **Isolation** - The restriction of free movement of a person or persons to prevent the spread of a notifiable disease, or other diseases as determined by the State Board of Health, 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.

(10) **Notifiable disease** - A disease or health condition of epidemic potential; a threat to the health and welfare of the public; or otherwise of public health importance. In the context of this Chapter 420-4-1, a disease or condition that is required to be reported in accordance with Rule 420-4-1-.04.

(11) **Outbreak** - The occurrence of more cases of disease in a given area, or among a specific group of people linked to a common source, over a particular period of time. Foodborne and waterborne outbreaks may be defined as two or more individuals, who reside in different households, with similar illness resulting from a common exposure, such as ingestion of a common contaminated food.

(12) **Pediatric** - For the purposes of reporting influenza-associated pediatric mortality, persons younger than 18 years of age.

(13) **Pre-Hospital Transport Personnel/Emergency Medical Service 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, and defined in Code of Ala. 1975, §22-18-1. Also included within this definition is any individual performing emergency medical services who is exempted from licensure by Code of Ala. 1975, §22-18-2.

(14) **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.

(15) **Sex offender** - Any adult convicted of a sex offense or any individual adjudicated for a sex offense as defined in Code of Ala. 1975, §15-20A-5.

(16) **Sex offense** - Any offense as defined in Code of Ala. 1975, §15-20A-5.

(17) **Standard** - Classification for diseases and conditions that require Department notification within 3 days of diagnosis or laboratory test result unless otherwise noted. The standard category does not apply to laboratories.

Author: Donald E. Williamson, M.D., Jane Cheeks, M.P.H., Sherri L. Davidson, M.P.H., P. Brian Hale, J.D.

Statutory Authority: Code of Ala. 1975, §§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:** Filed November 19, 1987. **Emergency rule :** Filed November 21, 1988. **Amended:** Filed February 17, 1989. **Repealed and New Rule:** Filed May 26, 2011; effective June 30, 2011. **Amended:** Filed November 25, 2014; effective December 30, 2014. **Repealed and New Rule:** Published ~~_____~~; ~~effective _____~~ February 29, 2024; effective April 14, 2024.

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 Alabama Administrative Procedure Act, Code of Ala. 1975, §41-22-1, et seq., 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 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 notifiable diseases shall be divided into three categories: (a) immediate, extremely urgent - diseases/conditions notifiable within 4 hours of presumptive diagnosis or laboratory test result; (b) immediate, urgent - diseases/conditions notifiable within 24 hours of presumptive diagnosis or laboratory test result; and (c) standard - diseases/conditions notifiable within 3 days of diagnosis or laboratory test result, unless otherwise noted. Notifiable conditions and associated laboratory tests are enumerated in Appendix I and II, respectively.

(3) Sexually Transmitted Diseases. The State Committee of Public Health, acting for the State Board of Health, shall designate in accordance with the Alabama 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) and shall be reported as provided in Rule 420-4-1-.03(2).

(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 Alabama 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 Alabama 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 or her discretion he or she 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 State 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., Sherri L. Davidson, M.P.H.
Statutory Authority: Code of Ala. 1975, §§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:** Filed November 19, 1987. Emergency Rule: Filed November 17, 1989; January 19, 1990; November 19, 1990. **Amended (Appendix I also):** Filed August 22, 1994; effective September 28, 1994. **Amended (Appendix I also):** Filed May 22, 1995; effective June 26, 1995. Amended (Appendix I only): Filed November 18, 1999; effective December 23, 1999. **Amended (Appendix I only):** Filed January 15, 2002; effective February 19, 2002. **Amended (Appendix I only):** Filed May 28, 2003; effective July 2, 2003. Amended (Appendix I only): Filed August 20, 2003; effective September 24, 2003. **Amended (Appendix I only):** Filed February 20, 2004; effective March 26, 2004. **Amended (Appendix I only):** Filed September 17, 2010; effective October 22, 2010. **Repealed and New Rule:** Filed May 26, 2011; effective June 30, 2011. **Amended:** Filed November 25, 2014; effective December 30, 2014. **Repealed and New Rule:** Published ~~_____~~; ~~effective _____~~
~~_____~~ February 29, 2024; effective April 14, 2024.

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 child care center/Head Start director shall be responsible to report cases or suspected cases of notifiable diseases and health conditions. Reports by laboratories as outlined in 420-4-1-.04(3) shall not substitute for reports by persons responsible for reporting 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)-(7).

(2) Reports by Pharmacists. Pharmacists shall report to the State Health Officer or designee in the manner designated in Rule 420-4-1-.04(4)-(7) the dispensing of:

- a. Any anti-tuberculosis medication.
- b. Any antiretroviral (ARV) medication to an infant <18 months of age.

(3) Reports by Laboratories. Laboratories shall report laboratory test results to the Department by electronic means as specified by the Department within the designated time required by disease category for the corresponding disease/condition not to exceed 24 hours. All reportable laboratory test results for laboratories are listed in Appendix II. In addition to the minimum data elements outlined in 420-4-1-.04(7), laboratories shall report test method, specimen source, specimen collection date, and reference ranges. All HIV viral loads and CD4 counts shall be reported by laboratories regardless of the result.____

(4) Report of Immediate, Extremely Urgent Diseases. Diseases designated as immediate, extremely urgent shall be reported to the State Health Officer or the County Health Officer within 4 hours of presumptive diagnosis or laboratory test result by telephone. If reported to the County Health Officer, the County Health Officer shall report to the State Health Officer or designee at the state public health office within the same 4 hours.

(5) Report of Immediate, Urgent Diseases. Diseases designated as immediate, urgent shall be reported to the State Health Officer or the County Health Officer within 24 hours of presumptive diagnosis or laboratory test result by electronic means as specified by the Department or by telephone. If reported to the County Health Officer, the County Health Officer shall report to the State Health Officer or designee at the state public health office within the same 24 hours.

(6) Report of Standard Notification Diseases. Diseases and health conditions designated as standard notification diseases shall require notification by electronic means as specified by the Department, in writing, or by telephone to either the County Health Officer or the State Health Officer within 3 days of diagnosis. If reported to the County Health Officer, the County Health Officer shall report to the State Health Officer or designee at the state public health office within the same time frame.

(7) Minimum information to be reported. Reports shall include, at a minimum: the name of the disease or health condition; the name, date of birth, sex, ethnicity, race, address, and phone number(s) of the person having said disease or health condition; the date of onset, date of laboratory result, and/or date of

diagnosis of said disease or health condition; and name, phone number, and the facility affiliated with the reporter.

(8) Reporting of Birth Defects. Each healthcare facility, healthcare provider, or physician who diagnoses the birth defect shall be responsible to report diagnoses of the designated birth defects made prenatally, at delivery, and up to 12 months of age to the Department as the State Health Officer considers necessary and appropriate for the prevention and early detection of birth defects to facilitate health surveillance of the incidence and prevalence of birth defects in Alabama. In addition to the minimum data elements outlined in 420-4-1-.04(7), for birth defects, the following shall also be reported:

(a) Mother's individual identifiable health information and demographics.

(b) Identification/diagnosis associated with the following conditions:

- Anencephalus
- Anotia/microtia
- Atrioventricular septal defect
- Cleft lip and/or palate
- Common truncus arteriosus
- Gastroschisis
- Hypoplastic left heart syndrome
- Limb deficiencies
- Spina bifida
- Tetralogy of Fallot
- Total anomalous pulmonary venous connection
- Transposition of great arteries
- Trisomy 21 (Down syndrome)

(c) Other information as necessary to identify the patient and ensure accuracy and completeness.

(9) Supplemental Case Report 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. Such case report information is confidential and shall not be subject to public inspection or admission into evidence in any court except

via proceedings brought under this chapter to compel the examination, testing, commitment or quarantine of any person, or upon the written consent of the patient, provided that other persons are not so identified.

(10) Epidemiologic Study Information. The State Health Officer, or his or her 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 or her designee, 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 Department staff conducting the investigation. In addition to such questionnaires, all working documents, including, but not limited to, written notes and computer records, and 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 the Department dealing with the symptoms, condition, or other information concerning only one individual or entity is releasable upon the written consent of the individual or entity, or if the individual is a minor, his or her 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 rules in this chapter.

Author: Donald E. Williamson, M.D., Charles Woernle, M.D., M.P.H., Sherri L. Davidson, M.P.H., P. Brian Hale, J.D.

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

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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, any combination thereof, or any other lawful action necessary to prevent the spread of disease.

(a) The State Health Officer, or his or her 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 designee as provided for in Code of Ala. 1975, §22-11A-1, et seq.

(b) The State Health Officer, or his or her 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 State Health Officer, or his or her 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 Code of Ala. 1975, §22-11A-8.

(2) Prevention of Infantile Blindness. Any physician, midwife, nurse, or other person in attendance on a confinement case shall, within 2 hours after the birth of the child, use prophylactic solutions as designated by the State Board of Health for the prevention of infantile blindness or ophthalmia neonatorum.

(3) Requirement for the Control of Tuberculosis. The State Committee of Public Health, acting for the State Board of Health, designates the 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 Hospitals. The State Committee of Public Health, acting for the State Board of Health, hereby authorizes the State Health Officer, or his or her 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 shall be the most cost effective method available. The State Committee of Public Health furthermore authorizes the State Health Officer, or his or her designee, to establish such a method.

(5) 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 or her designee.

Author: Donald E. Williamson, M.D.

Statutory Authority: Code of Ala. 1975, §§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:** Filed November 19, 1987. **Repealed and New Rule:** Filed May 26, 2011; effective June 30, 2011. **Amended:** Filed November 25, 2014; effective December 30, 2014. **Repealed and New Rule:** Published ~~_____~~; ~~effective _____~~ February 29, 2024; effective April 14, 2024.

420-4-1-.06

HIV Testing Procedures.

No person shall be tested for HIV infection by antibody determination, or by other means, unless said person or their personal physician are informed of the results of said test or said results are made available to said person. A person so notified shall be provided information on the meaning of said test results, the methods of HIV transmission, 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., P. Brian Hale, J.D.

Statutory Authority: Code of Ala. 1975, §§22-11A-1, et seq.

History: Filed March 24, 1988. **Amended:** Filed October 19, 1990. 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. **Repealed and New Rule:** Filed May 26, 2011; effective June 30, 2011. **Amended:** Filed November 25, 2014; effective December 30, 2014. **Repealed and New Rule:** Published ~~_____~~; ~~effective _____~~ February 29, 2024; effective April 14, 2024.

420-4-1-.07

Notification ~~Of~~ Pre-Hospital/Emergency Medical Service Personnel.

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

(2) Pre-hospital and emergency medical service personnel shall be notified by the hospital administrator, or his or her designee, when a patient which has been transported by said pre-hospital transport personnel and 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 pre-hospital or emergency medical service personnel in a manner consistent with transmission of said infectious agent. Documentation of said exposure shall be made in writing within 72 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 his or her designee, shall provide, in writing, to said exposed individual information which has been previously obtained in the routine healthcare 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 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., P. Brian Hale, J.D.

Statutory Authority: Code of Ala. 1975, §§22-11A-1, et seq.

History: Emergency adoption filed November 21, 1988. Permanent adoption filed February 17, 1989. **Amended:** Filed October 19, 1990. **Amended:** Filed December 17, 2008; effective January 21, 2009. **Repealed and New Rule:** Filed May 26, 2011; effective June 30, 2011. **Repealed and New Rule:** Published ~~_____~~; ~~effective _____~~ February 29, 2024; effective April 14, 2024.

420-4-1-.08

~~**Victims Of Sexual Offense To Request And Receive HIV Test Results Of of Sexual Offense to Request and Receive HIV Test Results of Convicted Offender.**~~
Victims Of Sexual Offense To Request And Receive HIV Test Results of Convicted Offender.

(1) The victim of a sex offense may request the results of any tests on the defendant convicted of such sex offense, for the presence of HIV, the etiologic agent for acquired immune deficiency syndrome (AIDS). Such request shall be made in writing to the Department and must include the victim's name and address, the Circuit Court case number, and the date and location of conviction.

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

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

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

Author: Jane Cheeks, M.P.H., P. Brian Hale, J.D.

Statutory Authority: Code of Ala. 1975, §§22-2-2(6), 22-11A-17(a) - (c).

History: **New Rule:** Filed May 22, 1995; effective June 26, 1995. **Repealed and New Rule:** Filed May 26, 2011; effective June 30, 2011. **Amended:** Filed November 25, 2014; effective December 30, 2014. **Repealed and New Rule:** Published ~~effective~~; February 29, 2024; effective April 14, 2024.

420-4-1-.09

~~Notification Of Law Enforcement, National Security~~
Security Of Law Enforcement, National Security or Federal Public Health Authorities.

In circumstances potentially or actually affecting national security, the State Health Officer or his or her 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 it relates to a patient or human laboratory subject of the Department, when the State Health Officer, by and through employees of the Department, learns by way of laboratory analysis, investigation, or otherwise of the presence of, or absence of, any notifiable disease relating to a patient of 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 it 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, §§22-2-2(6); 22-11A-38.

History: New Rule: January 15, 2002; effective February 19, 2002. **Repealed and New Rule:** Filed May 26, 2011; effective June 30, 2011. **Amended (Rule Number Only):** Filed November 25, 2014; effective December 30, 2014. **Repealed and New Rule:** Published ~~_____~~; ~~effective _____~~ [February 29, 2024](#); [effective April 14, 2024](#).

420-4-1-.10

~~Notification OF Public Health And Regulatory Authorities Of The Presence Of of Public Health and Regulatory Authorities of the Presence of Lead.~~

The State Health Officer, or his or her 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 that 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 Ala. 1975, §§22-2-2(6), 22-11A-1, et. seq.

History: New Rule: Filed October 21, 2004; effective November 25, 2004. **Repealed and New Rule:** Filed May 26, 2011; effective June 30, 2011. **Amended (Ruled Number Only):** Filed November 25, 2014; effective December 30, 2014. **Repealed and New Rule:**

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420-4-1-.11

Testing ~~Of Pregnant Women For~~ of Pregnant Women for Sexually Transmitted Diseases.

(1) Practitioners attending a pregnant woman shall test them at the initial prenatal visit for chlamydia, gonorrhea, syphilis, hepatitis B virus (HBV), hepatitis C virus (HCV), and HIV infections unless the pregnant woman has previously been confirmed to have HIV infection.

(2) Practitioners shall test for:

(a) Syphilis during the third trimester, between 28-32 weeks gestation, regardless of risk factors.

b) HIV infection at 28-32 weeks gestation, regardless of risk factors, unless a pregnant woman is already confirmed to be infected with HIV.

(c) Chlamydia and gonorrhea at 36 weeks of gestation if the initial testing was positive, signs and symptoms are present, or the pregnant woman is at high risk of infection.

(d) A pregnant woman who declined to test earlier in their pregnancy shall again be offered testing for chlamydia, gonorrhea, syphilis, and HIV during the early third trimester.

(3) Practitioners shall test all pregnant women at the time of labor and delivery for syphilis, HIV infection (unless they are already confirmed to be infected with HIV), and HBV (if no prior testing for HBV or the pregnant woman has signs or symptoms of hepatitis).

(4) If a pregnant woman first presents for care at the time of labor and delivery, practitioners shall test the pregnant woman for chlamydia, gonorrhea, syphilis, HBV, HCV, and HIV infection. (HIV testing is required if the pregnant woman is not confirmed to have HIV infection.)

(5) Refusal of a pregnant woman to permit testing for chlamydia, gonorrhea, syphilis, HBV, HCV, and not previously confirmed to have HIV infection, despite pre-test counseling, shall be documented in the medical record.

(6) Practitioners shall use only those tests for sexually transmitted diseases/infections licensed by the U.S. Food and Drug

Administration. Test results for HIV infection shall be confirmed before the patient is notified of her results, except in circumstances to aid the decision to initiate antiretroviral prophylaxis to protect the baby. In such cases, providers shall perform a rapid test for HIV infection on a pregnant woman who presents in labor without previous prenatal care that has not been previously confirmed as infected with HIV. Providers shall perform confirmatory testing after a positive rapid test.

(7) Appendix IV provides the summary table of routine prenatal screening for sexually transmitted diseases.

Author: Charles H. Woernle, M.D., M.P.H.

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

History: New Rule: Filed February 17, 2006; effective March 24, 2006. **Repealed and New Rule:** Filed May 26, 2011; effective June 30, 2011. **Amended:** Filed November 25, 2014; effective December 30, 2014. **Repealed and New Rule:** Published ~~effective~~; February 29, 2024; effective April 14, 2024.

420-4-1-.12

~~Dispensing Of Legend Drugs By Alabama~~
~~Department Of Legend Drugs by Alabama~~
Department of Public Health Registered
Nurses.

(1) Registered nurses in the employment of the State Health Department or a county health department may dispense legend drugs for diseases and programs approved by the State Board of Pharmacy.

(2) Registered nurses may dispense legend drugs for the treatment of tuberculosis, sexually transmitted diseases, family planning, hypertension, meningitis, and pertussis.

(3) Registered nurses may use the Patient Delivered Partner Therapy Program, to dispense legend drugs to the sex partners of patients infected with *Chlamydia trachomatis*, *Neisseria gonorrhoeae*, or *Trichomonas vaginalis* without testing, performing an examination, or establishing a nurse-patient relationship.

(4) When a patient that is diagnosed with chlamydia, gonorrhea, or trichomoniasis indicates that their sex partners are unlikely to seek evaluation and treatment, Alabama Department of Public Health registered nurses may dispense legend drugs for partners by providing the legend drugs to patients for delivery to the patient's sex partners.

(5) Registered nurses may use the Patient Delivered Partner Therapy Program to dispense legend drugs to pregnant women that are appropriate for treatment of a sexually transmitted infection. Legend drugs shall not include drugs known to be contraindicated during pregnancy.

(6) Registered nurses shall not use the Patient Delivered Partner Therapy Program to dispense legend drugs to sex partners that are less than 12 years of age.

Author: Anthony Merriweather, M.S.P.H.

Statutory Authority: Code of Ala. 1975, §34-23-11.

History: New Rule: Filed May 22, 2014; effective June 26, 2014. **Amended (Ruled Number Only):** Filed November 25, 2014; effective December 30, 2014. **Repealed and New Rule:** Published ~~_____~~; effective ~~_____~~ February 29, 2024; effective April 14, 2024.

420-4-1-A1

**Appendix I - Alabama Notifiable Diseases/
Conditions (Healthcare Providers and Other
Required Reporters, Excluding Laboratories).**

Immediate, Extremely Urgent Disease/Condition - Report to the County or State Health Department by telephone within 4 hours of presumptive diagnosis or clinical suspicion

Anthrax, human	Smallpox
Botulism	Tularemia
Brucellosis	Viral hemorrhagic fever
Plague	Cases related to nuclear, biological, or chemical terroristic agents
Poliomyelitis, paralytic	
Severe Acute Respiratory Syndrome- associated Coronavirus (SARS- CoV) — -disease	

Immediate, Urgent Disease/Condition - Report to the County or State Health Department by electronic means as specified by the Department or by telephone within 24 hours of presumptive diagnosis

COVID-19 infection in congregate living facilities	Measles (rubeola)	Rabies, human and animal
Diphtheria	Meningococcal disease (<i>Neisseria meningitidis</i>) ¹	Rubella
<i>Haemophilus influenzae</i> , invasive disease ¹	Novel influenza A virus infection (i.e., potential new strain)	Tuberculosis disease, active
Hemolytic uremic syndrome (HUS), post-diarrheal	Pertussis	Typhoid fever
		Outbreaks of any kind
		Cases of potential public

Hepatitis A, including ALT Poliovirus infection, health importance²
 Legionellosis nonparalytic

Standard Disease/Condition - Report to the County or State Health Department by electronic means as specified by the Department within 3 days of diagnosis, unless otherwise noted

Acute flaccid myelitis	Hepatitis B, C, and D (Acute	Salmonellosis
Anaplasmosis	only and with associated ALTs)	Shigellosis
Arboviral disease	HIV infection* (including	Spotted Fever Rickettsiosis
Babesiosis	asymptomatic infection, AIDS,	<i>Staphylococcus aureus</i> ,
Birth defects ²	CD4 counts, and viral loads)	Vancomycin-intermediate
Campylobacteriosis	Influenza-associated pediatric	(VISA) and Vancomycin-
Chancroid*	deaths	resistant (VRSA)
<i>Chlamydia trachomatis</i> *	Lead, all blood results	<i>Streptococcus pneumoniae</i> ,
Cholera	Listeriosis ¹	invasive disease ¹
Coccidioidomycosis	Lyme disease	Syphilis*
Cryptosporidiosis	Malaria	Tetanus
Cyclosporiasis	Mumps	Trichinellosis (Trichinosis)
Dengue	Perinatal hepatitis B & C	Tuberculosis infection,
<i>E.coli</i> , shiga toxin-	Perinatal HIV Exposure (<18	latent
producing (STEC)	months of age)	Varicella
Ehrlichiosis	Primary amebic	Vibriosis
Gonorrhea*	meningoencephalitis	Yellow fever
Hansen's disease (Leprosy)	Q Fever	Zika virus

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

¹ Detection of organism from a normally sterile body site (e.g., blood, cerebrospinal fluid, or, less commonly, joint, pleural, or pericardial fluid)

² Reportable within 30 days of diagnosis or associated laboratory test

State Health Department Telephone Numbers:

Bureau of Clinical Laboratories 334-290-6130 (24-hour coverage)
 Infectious Diseases & Outbreaks Division 334-206-5971 or 1-800-338-8374 (24-hour coverage), FAX: 334-206-3734
 Office of HIV Prevention & Care 334-206-5364 or 1-800-344-1153
 Division of Immunization 334-206-5023 or 1-800-469-4599
 Division of Sexually Transmitted Diseases 334-206-5350
 Division of Tuberculosis Control 334-206-5330

Author: Sherri L. Davidson, Ph.D, M.P.H.

Statutory Authority: Code of Ala. 1975, §22-11A-1

History: Repealed and New Rule: Published ~~_____~~; effective ~~_____~~
February 29, 2024; effective April 14, 2024.

420-4-1-AII

Appendix II Routine Prenatal Screening for Sexually Transmitted Disease (STD)- Alabama Notifiable Laboratory Results (Laboratories Only).

APPENDIX II

ALABAMA NOTIFIABLE LABORATORY RESULTS

Laboratories Only

Note: Positive results only, unless otherwise specified.

Immediate, Extremely Urgent - Report to the County or State Health Department by telephone within 4 hours of laboratory result, as well as submit electronically within 24 hours

- *Bacillus anthracis*
- *Brucella* species
- *Burkholderia mallei*
- *Burkholderia pseudomallei*
- *Clostridium botulinum* or botulinum toxin in food, wound, unspecified source, or an infant (<12 months old)
- Crimean-Congo hemorrhagic fever virus
- *Francisella tularensis*
- Ebola virus
- Lassa virus
- Lujo virus
- Marburg virus
- New World arenavirus - Chapare virus
- New World arenavirus - Guanarito virus
- New World arenavirus - Junin virus
- New World arenavirus - Machupo virus
- New World arenavirus - Sabia virus
- Poliovirus
- Variola virus (orthopox virus)
- Vaccinia virus
- *Yersinia pestis*

Standard Reporting by Laboratories - Report electronically within 24 hours

- *Anaplasma* species
- *Babesia* species
- *Bordetella pertussis*
- *Borrelia burgdorferi*
- California serogroup virus diseases (all results)
- *Campylobacter* species
- Chikungunya virus disease (all results)
- *Chlamydia trachomatis*
- *Clostridium tetani*
- *Coccidioides* species
- *Corynebacterium diphtheriae*
- *Coxiella burnetii*
- *Cryptosporidium* species
- *Cyclospora cayetanensis*
- Cytomegalovirus (if age <21 days old)
- Dengue virus (all results)

- Eastern equine encephalitis virus disease (all results)
- *Ehrlichia* species
- *Escherichia coli*, Shiga toxin-producing
- *Grimontia hollisae*
- *Haemophilus ducreyi*
- *Haemophilus influenzae* isolated from a normally sterile site
- Hepatitis A (IgM positives and genotyping results)
- Hepatitis B, C, and D (all results to include surface antigens, antibody, genotyping, viral load/RNA/DNA, and associated ALTs)
- HIV, all test results (e.g., positive and negative immunoassay, positive and negative virologic tests, and associated CD4 counts) for children <18 months old
- Human immunodeficiency virus (HIV), repeatedly reactive enzyme immunoassay followed by a positive confirmatory test (e.g., Western blot, IFA, or HIV differentiation). Positive result on any HIV virologic test (e.g., p24 AG, nucleic acid test (NAT/NAAT), viral culture). All viral load (detectable and undetectable) test results and associated CD4 counts.
- Influenza virus (molecular positive test results only)
- Lead, all blood results
- *Legionella* species
- *Listeria monocytogenes* from a normally sterile site
- Mantoux tuberculin skin test (TST) and interferon gamma release assay (IGRA) blood test, positives
- Measles (rubeola) virus
- Mumps virus
- *Mycobacterium leprae*
- *Mycobacterium tuberculosis* complex, culture, or NAAT (including PCR)
- *Naegleria fowleri*
- *Neisseria gonorrhoeae*
- *Neisseria meningitidis* isolated from a normally sterile site
- *Photobacterium damsela*
- *Plasmodium* species
- Powassan virus disease (all results)
- Rabies virus in animal or human
- Rapid plasma reagin (RPR), positive results
- *Rickettsia rickettsii* and other spotted fever *Rickettsia* species
- Rubella virus
- *Salmonella* species
- SARS-CoV-2
- *Shigella* species
- St. Louis encephalitis virus disease (all results)
- *Staphylococcus aureus*, intermediate or full resistance to vancomycin (VISA, VRSA)
- *Streptococcus pneumoniae* isolated from a normally sterile site
- *Treponema pallidum*
- *Trichinella* species
- Varicella virus
- Venereal Disease Research Laboratory (VDRL) test, positive results
- *Vibrio cholerae* type O1 and O139
- *Vibrio* species
- West Nile virus disease (all results)
- Western equine encephalitis virus disease (all results)
- Yellow fever virus (all results)
- Zika virus (all results)
- Detection or isolation of one or more specimens of etiological agents of a disease or condition not listed that is of urgent public health significance

- Agents suspected to be the cause of a cluster or outbreak

State Health Department Telephone Number:

Bureau of Clinical Laboratories 334-290-6130 (24-hour coverage)

Infectious Diseases & Outbreaks Division 334-206-5971 or 1-800-338-8374 (24-hour coverage)

Office of HIV Prevention & Care 334-206-5364 or 1-800-344-1153

Division of Immunization 334-206-5023 or 1-800-469-4599

Division of Sexually Transmitted Diseases 334-206-5350

Division of Tuberculosis Control 334-206-5330

Author: Sherri L. Davidson, Ph.D, M.P.H.

Statutory Authority: Code of Ala. 1975, §22-11A-1

History: New Rule: Published ~~_____~~; ~~effective _____~~ February 29, 2024; effective April 14, 2024.

~~Submission of Clinical Materials by Performing Laboratories~~

Bacillus anthracis
 Botulinum neurotoxin-producing species of *Clostridium*
Brucella abortus
Brucella melitensis
Brucella suis
Burkholderia mallei
Burkholderia pseudomallei
Campylobacter spp.
Candida auris
 Carbapenem-resistant *Enterobacteriaceae* (CRE)
 Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA)
 Carbapenem-resistant *Acinetobacter baumannii* (CRAB)
Coxiella burnetii
Cryptosporidium spp.
E. coli, shiga-toxin producing
Ebola
Francisella tularensis
Haemophilus influenzae from a normally sterile site
Legionella spp. from a lower respiratory sample
Listeria monocytogenes
Mycobacterium tuberculosis
Naegleria fowleri
Neisseria meningitidis from a normally sterile site
 Novel Coronaviruses
 Novel Influenza
Salmonella serotype Typhi
Salmonella spp., non-Typhoidal
Shigella spp.
Streptococcus pneumoniae from a normally sterile site *
 Variola (Smallpox virus)
Vibrio spp.
Yersinia pestis
 * Submit all CSF isolates. Other isolates from normally sterile sites (e.g., blood, middle ear fluid, joint fluid, or peritoneal fluid) must be non-susceptible to any relevant antibiotics according to current Clinical Laboratory Standards Institute M100 guidance.

Author: Sherri L. Davidson, Ph.D, M.P.H., Sharon Massingale, Ph.D, HCLD/CC (ABB)

Statutory Authority: Code of Ala. 1975, §22-11A-13

History: New Rule: Published _____; effective _____ February 29, 2024; effective April 14, 2024.

Appendix IV - Alabama Prenatal STD Testing Summary Table.

~~Alabama Prenatal STD Testing Summary Table~~

Test	Initial Prenatal Visit	Third Trimester	Labor and Delivery
Chlamydia	All pregnant women	All pregnant women at 36 weeks gestation if: * The initial test was positive, * Signs or symptoms present, or * At high risk of infections	Only if no prenatal care
Gonorrhea	All pregnant women	All pregnant women at 36 weeks gestation if: * The initial test was positive, * Signs or symptoms present, or * At high risk of infections	Only if no prenatal care
Hepatitis B	All pregnant women		All pregnant women
Hepatitis C	All pregnant women		Only if no prenatal care
HIV	All pregnant women not previously confirmed as HIV infected	All pregnant women at 28-32 weeks gestation unless previously confirmed as HIV infected	All pregnant women not previously confirmed as HIV infected
Syphilis	All pregnant women	All pregnant women at 28-32 weeks gestation	All pregnant women

Author: Sherri L. Davidson, Ph.D, M.P.H., Anthony Merriweather, M.S.P.H

Statutory Authority: Code of Ala. 1975, §22-11A-13

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