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 Service Personnel
420-4-1-.08	Victims Of Sex Offense To Request And Receive HIV Test Results Of Convicted Offender
420-4-1-.09	Notification Of Law Enforcement, National Security Or Federal Public Health Authorities
420-4-1-.10	Notification Of Public Health And Regulatory Authorities Of The Presence Of Lead
420-4-1-.11	Testing Of Pregnant Women For Sexually Transmitted Diseases
420-4-1-.12	Dispensing Of Legend Drugs By Alabama Department Of Public Health Registered Nurses
Appendix I	Alabama Notifiable Diseases/Conditions

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 **Repealed and new rule adopted:** Filed November 19, 1987. **Repealed and Replaced:** Filed May 26, 2011, effective date June 30, 2011.

420-4-1-.02 Definitions.

(1) **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.

(2) **Department** - Alabama Department of Public Health

(3) **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.

(4) **HIV-Infected Patient** - Any individual who has been diagnosed with the human immunodeficiency virus.

(5) **Immediate, Extremely Urgent** - Classification for diseases and conditions that require Department notification within four hours of presumptive diagnosis.

(6) **Immediate, Urgent** - Classification for diseases and conditions that require Department notification within 24 hours of presumptive diagnosis.

(7) **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.

(8) **Perinatal HIV Exposure** - The birth of an infant(s) to a woman with HIV infection.

(9) **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.

(10) **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.

(11) **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.

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

(13) **Standard** - Classification for diseases and conditions that require Department notification within five days of diagnosis unless otherwise noted.

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 adopted:** Filed November 19, 1987. **Emergency rule:** Filed November 21, 1988. **Amended:** Filed February 17, 1989. **Repealed and Replaced:** Filed May 26, 2011, effective date June 30, 2011. **Amended:** Filed November 25, 2014, effective date December 31, 2014.

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 four hours of presumptive diagnosis; (b) Immediate, urgent - diseases/conditions notifiable within 24 hours of presumptive diagnosis; and (c) Standard - diseases/conditions notifiable within five days of diagnosis, unless otherwise noted. Said notifiable diseases are enumerated in Appendix I.

(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 also):** Filed August 22, 1994; effective September 28, 1994. **Amended (Appendix**

also): Filed May 22, 1995; effective June 26, 1995. **Amended (Appendix only):** Filed November 18, 1999; effective December 23, 1999. **Amended (Appendix only):** Filed January 15, 2002; effective February 19, 2002. **Amended (Appendix only):** Filed May 28, 2003; effective July 2, 2003. **Amended (Appendix only):** Filed August 20, 2003; effective September 24, 2003. **Amended (Appendix only):** Filed February 20, 2004; effective March 26, 2004. **Amended (Appendix only):** Filed September 17, 2010; effective October 22, 2010. **Repealed and Replaced:** Filed May 26, 2011, effective date June 30, 2011. **Amended:** Filed November 25, 2014, effective date December 31, 2014.

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. Any laboratory testing for diseases that are notifiable to the Department shall report by electronic means as specified by the Department to the State Health Officer within the designated time required by disease categories under 420-4-1-.03. In addition to the minimum data elements outlined in 420-4-1-.04(7), laboratory test method and reference range shall be reported. All HIV viral loads and CD4 counts shall be reported 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 four hours of presumptive diagnosis by telephone. If reported to the County Health Officer, County Health Officer shall report to the State Health Officer or designee at the state public health office within the same four 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 by electronic means as specified by the Department or by telephone. If reported to the County Health Officer, 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 five days of diagnosis. If reported to the County Health Officer, 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. Said reports shall include, at a minimum: the name of the disease or health condition; the name, date of birth, gender, race, ethnicity, address, phone number, and payor source 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 facility affiliated with the reporter.

(8) 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.

(9) Epidemiologic Study Information. The State Health Officer, or his or her designee, may require additional investigation of confirmed or suspected (a) outbreaks of 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 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 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
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. **Amended:** Filed January 20, 1999; effective February 24, 1999. **Amended:** Filed January 15, 2002; effective February 19, 2002. **Repealed and Replaced:** Filed May 26, 2011, effective date June 30, 2011. **Amended:** Filed November 25, 2014, effective date December 31, 2014.

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 two 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 adopted:** Filed November 19, 1987. **Repealed and Replaced:** Filed May 26, 2011, effective date June 30, 2011. **Amended:** Filed November 25, 2014, effective date December 31, 2014.

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.
Ed. Note: Previous rule 420-4-1-.06 entitled "Appeal and Penalty" filed September 1, 1982. **Repealed and Replaced:** Filed May 26, 2011, effective date June 30, 2011. **Amended:** Filed November 25, 2014, effective date December 31, 2014.

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 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 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.

420-4-1-.08 Victims Of Sex Offense To Request And Receive 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 health care 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 Replaced:** Filed May 26, 2011, effective date June 30, 2011. **Amended:** Filed November 25, 2014, effective date December 31, 2014.

420-4-1-.09 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 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, J.D.
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 Replaced: Filed May 26, 2011, effective date June 30, 2011.

420-4-1-.10 Notification Off 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 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.

Authors: 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 Replaced:** Filed May 26, 2011, effective date June 30, 2011.

420-4-1-.11 Testing Of Pregnant Women For Sexually Transmitted Diseases. Practitioners of pregnant women shall follow guidelines set forth by the American College of Obstetricians and Gynecologists (ACOG) for testing pregnant women for sexually transmitted diseases.

Author: Charles H. Woernle, M.D., M.P.H., Sherri L. Davidson, 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 Replaced:** Filed May 26, 2011, effective date June 30, 2011. **Amended:** Filed November 25, 2014, effective date December 31, 2014.

420-4-1-.12 Dispensing 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 or Trichomoniasis without testing, performing an examination, or establishing a nurse-patient relationship.

(4) When a patient that is diagnosed with Chlamydia trachomatis or Trichomoniasis indicates that their sex partners are unlikely to seek evaluation and treatment, ADPH 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 shall not use the patient delivered partner therapy program to dispense legend drugs to sex partners that are or might be pregnant or 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

APPENDIX I
ALABAMA NOTIFIABLE DISEASES/CONDITIONS

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

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

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

Brucellosis
Cholera
Diphtheria
E. coli, shiga toxin-producing (STEC)
Haemophilus influenzae, invasive disease [1]
Hemolytic uremic syndrome (HUS), post-diarrheal
Hepatitis A, including ALT
Legionellosis
Measles (rubeola)
Meningococcal Disease (*Neisseria meningitidis*)[1]
Novel influenza A virus infection (i.e., potential new strain)
Pertussis
Poliovirus infection, nonparalytic
Rabies, human and animal
Rubella
Tuberculosis
Typhoid fever
Yellow fever
Outbreaks of any kind
Cases of potential public health importance [2]

Standard Notification Disease/Condition - Report by electronic means as specified by the Department, in writing, or by telephone to the County or State Health Department within 5 days of diagnosis, unless otherwise noted

Anaplasmosis
Asthma [3]
Arboviral disease (all resulted tests)
Babesiosis
Campylobacteriosis
Chancroid*
*Chlamydia trachomatis**
Cryptosporidiosis
Dengue
Ehrlichiosis
Giardiasis
Gonorrhea*
Hansen's disease (Leprosy)
Hepatitis B, C, and other viral (acute only), including ALT
HIV infection* (including asymptomatic infection, AIDS, CD4 counts, and viral loads)
Influenza-associated pediatric mortality
Lead, screening test results
Leptospirosis
Listeriosis
Lyme disease
Malaria
Mumps
Perinatal HIV Exposure (<18 months of age)
Psittacosis
Q Fever
Salmonellosis
Shigellosis
Spotted Fever Rickettsiosis
Staphylococcus aureus, Vancomycin-intermediate (VISA) and Vancomycin-resistant (VRSA)
Streptococcus pneumoniae, invasive disease [1]
Syphilis*
Tetanus
Trichinellosis (Trichinosis)
Varicella
Vibriosis

*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] as determined by the reporting healthcare provider
[3] Asthma discharge data reporting is limited to hospitals and is to be reported quarterly to the Asthma Program within the Division of Chronic Disease Prevention. In addition to the elements specified in 420-4-1.04- (7) to be reported for all patients with a Primary, Secondary, or Tertiary ICD-9 Diagnosis Code of 493.XX or ICD-10 of J45-J46 (Asthma), reporters must also report Admit Date; Discharge Date (or Length of Stay); and Primary, Secondary, and Tertiary Diagnosis Codes.

State Health Department Telephone Numbers:
Bureau of Clinical Laboratories 334-260-3400 (24-hour coverage)
Division of Chronic Disease Prevention's Asthma Program 334-206-3028
Division of Epidemiology 334-206-5971 or 1-800-338-8374 (24-hour coverage), FAX: 334-206-3734
Division of HIV/AIDS Prevention & Control 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