**TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION**

<table>
<thead>
<tr>
<th>Control:</th>
<th>420</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department or Agency:</td>
<td>Alabama State Board of Health Alabama Department of Public Health Division of Disease Control</td>
</tr>
<tr>
<td>Rule No.:</td>
<td>Chapter 420-4-1</td>
</tr>
<tr>
<td>Rule Title:</td>
<td>Notifiable Diseases</td>
</tr>
<tr>
<td>Intended Action</td>
<td>Repeal and Replace</td>
</tr>
</tbody>
</table>

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? **Yes**

Is there a reasonable relationship between the state’s police power and the protection of the public health, safety, or welfare? **Yes**

Is there another, less restrictive method of regulation available that could adequately protect the public? **No**

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved? **No**

To what degree?: **N/A**

Is the increase in cost more harmful to the public than the harm that might result from the absence of the proposed rule? **No**

Are all facets of the rule-making process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? **Yes**

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? **No**

Does the proposed rule have an economic impact? **No**

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of certifying officer: **Sancha O. Howard**

Date: **Monday, November 20, 2023**
AGENCY NAME: Alabama Department of Public Health

RULE NO. & TITLE: Chapter 420-4-1 Notifiable Diseases

INTENDED ACTION: Repeal and Replace

SUBSTANCE OF PROPOSED ACTION:
The proposed revisions will improve the timeliness of reporting notifiable diseases, provide clarification, remove antiquated references, and allow the Department to better serve and protect the public.

TIME, PLACE AND MANNER OF PRESENTING VIEWS:
A public hearing will be held on December 13, 2023 at 9:00 a.m., at the Alabama Department of Public Health, RSA Tower, Training Room 982, 201 Monroe Street, Montgomery, Alabama 36104.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:
Thursday, January 4, 2024

CONTACT PERSON AT AGENCY:
Sherri Davidson, Ph.D., M.P.H.
Office of Informatics & Data Analytics
Department of Public Health
P.O. Box 303017
Montgomery, Alabama 36130-3017
Telephone number: (334) 260-2050

(Signature of officer authorized to promulgate and adopt rules or his or her deputy)
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(c); 22-11A-1, et seq.
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.
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 Al. 1975, §§22-2-2(6); 22-11A-1, et seq.
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
(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 payer 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 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 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 I. Davidson, M.P.H., P. Brian Hale, J.D.

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.

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.


**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.

420-4-1-.08 Victims Of Sexual Offense To Request And Receive HIV Test Results Of Convicted Offender.

(1) The victim of a sexual offense may request the results of any tests on the defendant convicted of such sexual 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 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).
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, General Counsel
**Statutory Authority:** Code of Ala. 1975, §§22-2-2(6), 22-11A-38.


420-4-1-.10 Notification 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 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.


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.

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

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 sexual 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.


Amended (Ruled Number Only): Filed November 25, 2014; effective December 30, 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
- Coronavirus disease (COVID-19) from providers and all Severe Acute Respiratory Syndrome
- Coronavirus (SARS-CoV-2) test results from laboratories
- Diphtheria
- *E. coli*, shiga toxin-producing (STEC)
- *Haemophilus influenzas*, invasive disease
- Haemolytic uremic syndrome
- Hepatitis A, including ALT
- Legionellosis
- Meningococcal Disease
- 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

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

- Acute flaccid myelitis
- Anaplasmosis
- Arboviral disease (all test results)
- Babesiosis
- Campylobacteriase
- Chancroid
- *Chlamydia trachomatis*
- Coccidioidomycosis
- Cryptosporidiosis
- Cyclosporiasis
- Dengue
- Ehrlichiosis
- Giardiasis
- Gonorrhea
- Hansen’s disease (Leprosy)
- Hantavirus pulmonary syndrome
- Hepatitis B, C, and other viral (all lab results, including associated ALTs)
- HIV infection* (including asymptomatic infection, AIDS, CD4 counts, and viral loads)
- Influenza-associated deaths
- Lead, screening test results
- Leptospirosis
- Listeriosis
- Lyme disease
- Malaria
- Mumps
- Perinatal hepatitis B
- Perinatal HIV exposure (<18 months of age)
- Psittacosis
- Q Fever
- Salmonellosis
- Shigellosis
- Spotted Fever Rickettsiosis
- Staphylococcus aureus, Vancomycin-resistant (VISA) and Vancomycin-resistant (VRSA)
- Streptococcus pneumoniae, invasive disease
- Syphilis
- Tetanus
- Toxic shock syndrome (non-streptococcal)
- Trichinellosis (Trichinosis)
- Varicella
- Vibriosis
- 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 as determined by the reporting healthcare provider
420-4-1-A2 Appendix II—Routine Prenatal Screening for Sexually Transmitted Disease (STD) (Repealed 12/30/14).

APPENDIX II,
ATTACHMENT TO RULE 420-4-1-.14
ROUTINE PRENATAL SCREENING FOR SEXUALLY TRANSMITTED DISEASE (STD)
(Repealed 12/30/14)

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


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.

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.
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).

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.

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.

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.
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 childcare 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.

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
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.

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.
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: Filed XX-XX-XXXX;
effective XX-XX-XXXX

420-4-1-.08 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).

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, General Counsel
420-4-1-.10 Notification 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.

420-4-1-.11 Testing 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.


**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, 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 trichomoniais 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.
### 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 or clinical suspicion

<table>
<thead>
<tr>
<th>Disease</th>
<th>Disease</th>
<th>Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthrax, human</td>
<td>Smallpox</td>
<td></td>
</tr>
<tr>
<td>Botulism</td>
<td>Tularemia</td>
<td></td>
</tr>
<tr>
<td>Brucellosis</td>
<td>Viral hemorrhagic fever</td>
<td></td>
</tr>
<tr>
<td>Plague</td>
<td>Cases related to nuclear, biological,</td>
<td></td>
</tr>
<tr>
<td>Poliomyelitis, paralytic</td>
<td>or chemical terroristic agents</td>
<td></td>
</tr>
<tr>
<td>Severe Acute Respiratory Syndrome-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>associated Coronavirus (SARS-CoV)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Disease</th>
<th>Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19 infection in congregate living facilities</td>
<td>Measles (rubeola)</td>
<td>Rabies, human and animal</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>Meningococcal disease</td>
<td>Rubella</td>
</tr>
<tr>
<td>Haemophilus influenzae, invasive disease</td>
<td>Novel influenza A virus infection (i.e., potential new strain)</td>
<td>Typhoid fever</td>
</tr>
<tr>
<td>Hemolytic uremic syndrome (HUS), post-diarrheal</td>
<td>Pertussis</td>
<td>Outbreaks of any kind</td>
</tr>
<tr>
<td>Hepatitis A, including ALT</td>
<td>Poliovirus infection, nonparalytic</td>
<td>Cases of potential public health importance</td>
</tr>
<tr>
<td>Legionellosis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Disease</th>
<th>Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute flaccid myelitis</td>
<td>Hepatitis B, C, and D (Acute only and with associated ALTs)</td>
<td>Salmonellosis</td>
</tr>
<tr>
<td>Anaplasmosis</td>
<td>HIV infection* (including asymptomatic infection, AIDS, CD4 counts, and viral loads)</td>
<td>Shigellosis</td>
</tr>
<tr>
<td>Arboviral disease</td>
<td>Influenza-associated pediatric deaths</td>
<td>Spotted Fever Rickettsiosis</td>
</tr>
<tr>
<td>Babesiosis</td>
<td></td>
<td>Staphylococcus aureus, Vancomycin-intermediate resistant (VISA)</td>
</tr>
<tr>
<td>Birth defects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Campylobacteriosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chancroid*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia trachomatis*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cholera</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coccidioidomycosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cryptosporidiosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cyclosporiasis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dengue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E.coli, shiga toxin-producing (STEC)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ehrlichiosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gonorrhea*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hansen’s disease (Leprosy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza-associated pediatric deaths</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Listeriosi</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malaria</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perinatal hepatitis B &amp; C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perinatal HIV Exposure (&lt;18 months of age)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary amebic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>meningococcal disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q Fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q Fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salmonellosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shigellosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spotted Fever Rickettsiosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staphylococcus aureus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vancomycin-intermediate resistant (VISA)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Syphilis*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trichinellosis (Trichinosis)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberculosis infection, latent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vibriosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yellow fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zika virus</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Designated Sexually Transmitted Diseases by the State Board of Health

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

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 Replaced: Filed XX-XX-XXXX; effective XX-XX-XXXX
APPENDIX II
ALABAMA NOTIFIABLE LABORATORY RESULTS
Laboratories Only

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 damselae*
- *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: Repealed and Replaced: Filed XX-XX-XXXX; effective XX-XX-XXXX
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)
History: New Rule Filed: XX-XX-XXXX
### Alabama Prenatal STD Testing Summary Table

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

**Author:** Sherri L. Davidson, Ph.D, M.P.H., Anthony Merriweather, M.S.P.H  
**Statutory Authority:** Code of Ala. 1975, §22-11A-13  
**History:** New Rule Filed: XX-XX-XXXX; effective XX-XX-XXXX