

Title 20. Public Health and Welfare
Chapter I. Generally, Department of Health
Subchapter D. Immunization and Disease
Part 102. Rules Pertaining to Reportable Diseases

Codification Notes. This part as promulgated prior to codification into the Code of Arkansas Rules provided as follows:

"AUTHORITY

These Rules Pertaining to Reportable Diseases are duly adopted and promulgated by the Arkansas State Board of Health pursuant to the authority expressly conferred by the Laws of the State of Arkansas including, without limitation, Ark. Code Ann. § 20-7-101 et seq."

"Effective September 11, 2023"

"CERTIFICATION

This will certify that the foregoing Rules Pertaining to Reportable Diseases in Arkansas were adopted by the Arkansas State Board of Health at a regular session of the Board held in Little Rock, Arkansas, on the July 28, 2022.

Jennifer Dillaha, MD

Secretary of Arkansas State Board of Health

Director of the Arkansas Department of Health"

Subpart 1. Generally

20 CAR § 102-101. Purpose.

The purpose of this part is to:

- (1) Provide for the prevention and control of communicable diseases; and
- (2) Protect the public health, welfare, and safety of the citizens of Arkansas.

Authority. Arkansas Code § 20-7-109.

20 CAR § 102-102. Definitions.

As used in this part:

- (1) "Board" means the State Board of Health;
- (2) "Complete quarantine" means the limitation of freedom of movement of such well persons or domestic animals as have been exposed to a communicable disease:
 - (A) For a period of time not longer than the longest usual incubation period of the disease; and
 - (B) In such manner as to prevent effective contact with those not so exposed;
- (3) "Department" means the Department of Health;
- (4) "Emergency response employee" means firefighters, law enforcement officers, emergency medical technicians, first responders, and other individuals including employees of volunteer organizations, without regard to whether such employees receive compensation, who in the performance of professional duties respond to emergencies in the State of Arkansas;
- (5) "Isolation" means the separation for special consideration, control, or observation of some part of a group of persons or domestic animals from the others to facilitate control of a communicable disease (e.g., establishment of a sanitary boundary to protect uninfected from infected portions of a population);
- (6) "Medical provider" means any:
 - (A) Hospital;
 - (B) Physician;
 - (C) Nurse;
 - (D) Hospital employee;
 - (E) Nursing home;
 - (F) Nursing home employee; or

(G) Other healthcare provider;

(7)(A) "Modified quarantine" means a selective, partial limitation of freedom of movement of persons or domestic animals, commonly on the basis of known or presumed differences in susceptibility, but sometimes because of danger of disease transmission.

(B)(i) It may be designed to meet particular situations.

(ii) Examples are:

(a) Exclusion of children from school;

(b) Exemption of immune persons from provisions required of susceptible persons (e.g., contacts acting as food handlers); and

(c) Restriction of military populations to the post or quarters;

(8) "Personal surveillance" means the practice of close medical or other supervision of contacts in order to promote prompt recognition of infection or illness, but without restricting their movements; and

(9) "Secretary" means the Secretary of the Department of Health.

Authority. Arkansas Code § 20-7-109.

20 CAR § 102-103. General measures for the control of communicable diseases.

The current edition of "Control of Communicable Diseases Manual", published by the American Public Health Association, will generally be accepted for applying control measures for communicable diseases.

Authority. Arkansas Code § 20-7-109.

20 CAR § 102-104. Responsibility for reporting.

(a) It shall be the duty of every physician, practitioner, nurse, every superintendent or manager of a dispensary, hospital, clinic, nursing or extended care home, any clinical or private laboratory, any person in attendance on a case of any of the diseases or

conditions declared notifiable, or the local health department to report the disease or condition to the Department of Health as provided in subsection (d) of this section.

(b) Any person who determines by laboratory examination that a specimen derived from the human body yields evidence suggestive of a reportable disease shall report microscopical, cultural, or other evidence of the presence of any of the diseases declared notifiable within twenty-four (24) hours to the Department of Health as provided in subsection (d) of this section.

(c) It shall be the duty of every superintendent of a public school district or such person or persons designated by the superintendent of the public school district to report immediately to the Department of Health any outbreak of three (3) or more cases of any of the conditions declared notifiable as provided in subsection (d) of this section.

(d) Each report made under this section, or as provided in this part, shall be made utilizing one of the following methods:

(1) The preferred electronic reporting portal using the HL7 feed or other reporting portal provided by the Department of Health;

(2) Direct calls, preferred for unusual cases or cluster information, to 1-501-280-4115 during the normal business hours of 8:00 a.m. – 4:30 p.m. central standard time, or to 1-800-554-5738 outside normal business hours, with the information available as provided in the Surveillance Reporting Form as provided herein; or

(3) Faxes using the Surveillance Reporting Form herein along with any pertinent lab information and notes to 1-501-661-2428.

(e) The Surveillance Reporting Form may be found at <https://www.healthy.arkansas.gov/images/uploads/pdf/CommunicableDiseaseReportingForm.pdf>.

Authority. Arkansas Code § 20-7-109.

20 CAR § 102-105. Notifiable diseases and conditions.

(a)(1) Notifiable diseases and conditions are to be reported within twenty-four (24) hours of diagnosis to the Department of Health as provided in 20 CAR § 102-104(d).

(2) Reports should include:

(A) The reporter's:

- (i) Name;
- (ii) Location; and
- (iii) Phone number;

(B) The name of the disease reported and the onset date;

(C)(i) The patient's:

- (a)* Name;
- (b)* Date of birth;
- (c)* Address including county of residence;
- (d)* Phone number;
- (e)* Age;
- (f)* Sex; and
- (g)* Race.

(ii) Please spell the patient's name;

(D) The attending physician's:

- (i) Name;
- (ii) Location; and
- (iii) Phone number;

(E) Any treatment information, if known; and

(F) Any pertinent laboratory or other information used in the diagnosis.

(b)(1) Additional disease-specific information may be requested.

(2) Any person desiring to further discuss reportable diseases may call the Division of Epidemiology at:

- (A) 501-280-4115 during normal business hours; or
- (B) 1-800-554-5738 after hours, holidays, and weekends.

Authority. Arkansas Code § 20-7-109.

20 CAR § 102-106. Diseases and conditions.

(a) Notifiable diseases and conditions.

Acute Flaccid Myelitis (AFM)

Alpha-Gal syndrome

Anaplasma phagocytophila

Animal bites

Anthrax**

Arboviral neuroinvasive and non-neuroinvasive diseases

Babesiosis

Bacillus cereus or Bacillus species that cannot be ruled out as *B. anthracis* or

B.

cereus by anthracis

Blastomycosis

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

Brucellosis

CD4+ T-Lymphocyte count

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

Candida auris infection

Infections caused by Carbapenemase-producing organisms (CPO)

Chagas disease

Chancroid

Chikungunya

Chlamydial infections

Cholera

Coccidioidomycosis (caused by *Coccidioides*)

Coronavirus disease 2019 (COVID-19 caused by SARS-CoV-2)

Creutzfeld-Jakob disease

Cryptococcosis
Cryptosporidiosis
Cyclosporiasis
Dengue (dengue fever, dengue hemorrhagic fever, dengue shock syndrome)
Diphtheria
Ehrlichiosis
Emerging threat agents
Encephalitis caused by: California serogroup virus, Eastern equine encephalitis virus, Powassan virus, St. Louis encephalitis virus, West Nile virus, Western equine encephalitis virus
Encephalitis, all types
E. coli (Shiga toxin-producing)
Food poisoning, all types
Giardiasis
Glanders
Gonorrhea
Haemophilus influenzae invasive disease
Hansens disease (Leprosy)
Hantavirus pulmonary syndrome
Hemolytic uremic syndrome
Hepatitis (type A, B, C, or E)
Histoplasmosis
HIV (human immunodeficiency virus)* (qualitative, quantitative, and genotyping tests included even if no virus is detected)
Influenza (indicate viral type if known), all fatal cases and all hospitalizations regardless of age
Legionellosis
Leptospirosis
Listeriosis
Lyme disease

Malaria
Measles (rubeola)
Meliodosis
Meningitis, all types
Meningococcal infections**
Middle Eastern Respiratory Syndrome (MERS) caused by MERS-CoV**
Monkeypox
Multisystem Inflammatory Syndrome in Children (MIS-C)
Multisystem Inflammatory Syndrome in Adults (MIS-A)
Mumps
Novel coronavirus**
Novel influenza A virus infections**
Pertussis (whooping cough)
Plague** (*Yersinia pestis*)
Poliomyelitis**
Psittacosis
Q Fever**
Rabies, human and animal
Spotted fever rickettsiosis
Rubella, including congenital infection
Severe Acute Respiratory Syndrome virus (SARS) caused by SARS-CoV-1**
Salmonellosis (including Typhoid)
Shigellosis (includes all isolates, not just those outbreak-related or on request)
Streptococcal disease, invasive group A
Streptococcus pneumoniae, invasive disease, include antibiotic resistance profile if performed
Syphilis*, including congenital infection
Tetanus
Toxic shock syndrome
Toxoplasmosis

Trichinellosis (trichinosis)
Tuberculosis
Tularemia**
Typhus**
Vancomycin-intermediate *Staphylococcus aureus* and vancomycin-resistant
Staphylococcus aureus
Varicella (chickenpox) disease or death
Variola** (smallpox)
Vibriosis — noncholera sp.
Viral hemorrhagic fevers** (Crimean-Congo, Ebola, Lassa, Lujo, Marburg, New
World Arenavirus, Guanarito, Junin, Machupo, Sabia)
West Nile virus
Yellow fever
Yersiniosis (*non-pestis*; any species including *enterocolitica*)
Zika

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

** These diseases (suspected or confirmed) must be reported immediately to the Department of Health. These diseases are of special importance or may indicate a bioterrorism event. To report these diseases, suspected or confirmed, please call 501-280-4115 between the hours of 8:00 a.m. – 4:30 p.m., or 1-800-554-5738 after hours, holidays, and weekends. Further, any isolates from these organisms must be submitted to the public health laboratory of the Department of Health.

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

(b) Reportable occupational diseases and other environmental exposures.

Asbestosis
Blood heavy metal levels*
Blood lead levels**
Byssinosis
Chemical exposures, all types ***
Clinical radiation adverse event
Pesticide exposures
Pneumoconiosis (coal workers)
Mesothelioma
Silicosis
Suspected unintentional radiation exposure

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

** Blood lead levels three and one-half micrograms per deciliter (3.5 µg/dl) or higher for patients seventy-two (72) months old or younger, and levels ten micrograms per deciliter (10 µg/dl) or higher for patients greater than or equal to seventy-three (73) months of age.

*** Includes chemical agents of terrorism.

(c)(1) Report any unusual diseases or outbreaks that may require public health assistance.

(2) Any unusual disease or outbreak must be reported immediately to the department.

(3) To report these diseases, suspected or confirmed, please call:

(A) 501-280-4115 between the hours of 8:00 a.m. – 4:30 p.m.; or

(B) 1-800-554-5738 after hours, holidays, and weekends.

(d)(1) Clinical samples or isolates containing the disease agents listed in this section must be submitted to the public health laboratory for further identification testing.

(2) This may include viral or bacterial isolates, human tissue, or blood samples containing the agent.

(3) In the case of stool testing, if no isolate containing the live pathogen is available, then the raw stool should be submitted.

Bacillus cereus *bv anthracis* (or *Bacillus* species that cannot be ruled out as *B. anthracis* or *B. cereus bv anthracis*)

Brucellosis

Burkholderia mallei

Burkholderia pseudomallei

Campylobacter species

Candida auris (*Candida haemulonii*)

Carbapenemase-producing organisms (CPO)

Chemical agents of terrorism

Emerging threat agents

Haemophilus influenzae, invasive isolates

Listeria species

Neisseria meningitidis

Salmonella species

Shiga toxin-producing *E. coli*

Shigella species

Vancomycin-resistant *Staphylococcus aureus*

Vibrio cholerae

Vibrio parahaemolyticus

Vibrio vulnificus

Authority. Arkansas Code § 20-7-109.

Codification Notes. "AIDS" means acquired immunodeficiency syndrome.

"SARS" means severe acute respiratory syndrome.

20 CAR § 102-107. Other diseases.

(a)(1) All outbreaks of diseases on the list, or other emerging diseases not specifically mentioned on the list, should be reported immediately, within four (4) hours.

(2) To report these diseases, suspected or confirmed, please call:

(A) 501-280-4115 between the hours of 8:00 a.m. – 4:30 p.m.; or

(B) 1-800-554-5738 after hours, holidays, and weekends.

(b) All unusually drug-resistant infections should be reported within twenty-four (24) hours to the Department of Health.

(c) Other diseases not named in these lists may at any time be declared notifiable as necessity and public health demand, and this part shall apply when so ordered by the Secretary of the Department of Health.

Authority. Arkansas Code § 20-7-109.

20 CAR § 102-108. Responsibility of the Secretary of the Department of Health.

When the Secretary of the Department of Health has knowledge or is informed of the existence of a suspected case or outbreak of a communicable disease:

(1) The secretary shall take whatever steps necessary for the investigation and control of the disease as authorized by acts of the General Assembly under Title 20 of the Arkansas Code; and

(2) If the secretary finds that the nature of the disease and the circumstances of the case or outbreak warrant such action, the secretary shall:

- (A) Make, or cause to be made, an examination of the patient in order to verify the diagnosis;
- (B) Make an investigation to determine the source of the infection; and
- (C) Take appropriate steps to prevent or control spread of the disease.

Authority. Arkansas Code § 20-7-109.

20 CAR § 102-109. Cease and desist orders.

(a) If the Secretary of the Department of Health has reasonable cause to suspect that any person who is HIV-positive is intentionally engaging in conduct that is likely to cause the transmission of the virus, the secretary may issue an order to said person to cease and desist such conduct.

(b) Failure to comply immediately shall constitute a violation of this part.

(c) Such violation shall be promptly reported to the prosecuting attorney in the county where the person resides for appropriate action.

Authority. Arkansas Code § 20-7-109.

Codification Notes. "HIV" means human immunodeficiency virus.

20 CAR § 102-110. Isolation.

(a) It shall be the duty of the attending physician or other attending medical provider, immediately upon discovering a disease requiring isolation, to cause the patient to be isolated pending official action by the Secretary of the Department of Health.

(b) Such medical provider also shall:

(1) Advise other members of the household regarding precautions to be taken to prevent further spread of the disease; and

(2) Inform them as to appropriate, specific, preventive measures.

(c) The medical provider shall, in addition, furnish the patient's attendant with such detailed instructions regarding the disinfection and disposal of infective secretions and excretions as may be prescribed by the secretary.

Authority. Arkansas Code § 20-7-109.

20 CAR § 102-111. State and local quarantine.

(a) The Secretary of the Department of Health shall impose such quarantine restrictions and rules upon commerce and travel by railway, common carriers, or any other means, and upon all individuals as in his or her judgment, as the Governor-appointed and Senate-confirmed public health officer for the state, may be necessary to prevent the introduction of communicable disease into the state or from one place to another within the state.

(b) No quarantine rules of commerce or travel shall be instituted or operated by any place, city, town, or county against another place or county in this or in any other state except by authority of the secretary as:

- (1) Delineated by acts of the General Assembly; and
- (2) Codified in Title 20 of the Arkansas Code.

(c) No person shall:

- (1) Interfere with any health authority having jurisdiction; or
- (2) Carry or remove from one (1) building to another, or from one (1) locality to another within or without the state, any patient affected with a communicable disease dangerous to the public health except as provided under the rules governing the transportation of same.

Authority. Arkansas Code § 20-7-109.

20 CAR § 102-112. Terminal disinfection.

(a) Each person released from quarantine or isolation shall take such measures as are required by the Department of Health for that particular disease.

(b) The area of isolation shall be disinfected according to the instructions of the department.

Authority. Arkansas Code § 20-7-109.

20 CAR § 102-113. Identification of the body of a deceased person who has been infected by a communicable disease.

(a) Any physician or any other person who has reason to believe that a deceased person may have been infected by Creutzfeldt-Jakob disease (CJD) shall immediately after death attach to the large digit of the right foot a red indicator measuring no less than three inches by five inches (3" x 5") that clearly states that the patient may have been infected with Creutzfeldt-Jakob disease (CJD).

(b) If the body is wrapped in plastic sheets or other covering material and the toe tag is not visible, a duplicate clearly visible tag shall be applied to the outside covering material.

Authority. Arkansas Code § 20-7-109.

20 CAR § 102-114. Protection of emergency response employees.

(a)(1) Any emergency response employee who fears that he or she has been exposed to a communicable disease may notify the Department of Health.

(2) Upon notification, the department shall determine if the exposure requires additional investigation.

(3)(A) In the event that it is determined that the exposure is one that should not create the risk of transmission of a communicable disease, the emergency response employee shall be so notified.

(B) If requested, he or she will be instructed as to additional steps that may be taken to confirm that no exposure to actual disease has occurred.

(4)(A) If the department determines that the exposure was one that could have caused the transmission of a communicable disease, the department shall

immediately contact the treating physician to determine if the patient was infected with a communicable disease.

(B) If it is determined that the individual was infected with a communicable disease, the emergency response employee shall be:

- (i) Contacted immediately by the department; and
- (ii) Counseled concerning the recommended course of action.

(b)(1) Any medical provider who has knowledge that an emergency response employee has been exposed to a communicable disease shall notify the department immediately.

(2) The department shall:

- (A) Contact the emergency response employee immediately; and
- (B) Provide appropriate counseling concerning the appropriate course of

action.

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

Authority. Arkansas Code § 20-7-109.

20 CAR § 102-115. Exclusion and readmission to school or childcare facilities.

Under these duly promulgated rules, it shall be the duty of the principal or other person in charge of any public or private schools or childcare facilities, at the direction of the Department of Health, to exclude therefrom any child, teacher, or employee affected with a communicable disease until the individual is certified free of disease by written notice from:

- (1) A physician;
- (2) A school nurse;
- (3) A public health nurse; or

(4) The department.

Authority. Arkansas Code § 20-7-109.

20 CAR § 102-116. Tuberculosis.

Refer to the Rules Pertaining to the Control of Communicable Diseases — Tuberculosis, 20 CAR pt. 103, State Board of Health, as last amended.

Authority. Arkansas Code § 20-7-109.

20 CAR § 102-117. Public food handlers.

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

- (1) Free of such disease; or
- (2) Incapable of transmitting the infection.

Authority. Arkansas Code § 20-7-109.

20 CAR § 102-118. Communicable diseases in dairies.

(a) When the Department of Health has good cause to believe that a milk supply is suspected to be the source of infection for any one (1) of the communicable diseases known to be transmitted through milk, the department shall prohibit the use, sale, or disposal of such milk except by a method approved by the Secretary of the Department of Health until such time as the secretary deems it to be safe for human consumption.

(b) When a case of typhoid fever, salmonella infection, brucellosis, shigellosis, pulmonary streptococcal infection, diphtheria, or any other disease capable of being transmitted through milk is confirmed on the premises where a dairy is maintained, the

department shall prohibit the use, sale, or disposal of such milk except by a method approved by the secretary until he or she is satisfied that such is safe for human consumption.

Authority. Arkansas Code § 20-7-109.

20 CAR § 102-119. Laboratory tests for the release of cases or carriers of communicable diseases.

(a) When laboratory tests are required for the release of cases or carriers, the tests shall be performed by:

- (1) The public health laboratory of the Department of Health; or
- (2) Another laboratory approved by the State Epidemiologist.

(b) A specimen may be sent to a laboratory not so approved, provided that:

- (1) It is divided; and
- (2) A portion of the specimen is sent to an approved laboratory.

(c) Release shall be considered on the basis of the report of the approved laboratory only.

Authority. Arkansas Code § 20-7-109.

20 CAR § 102-120. Diphtheria laboratory specimens for diagnosis and release.

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

(b)(1) A case or carrier of diphtheria shall not be released until two (2) cultures from the throat and two (2) from the nose, taken not less than twenty-four (24) hours apart, fail to show the presence of diphtheria bacilli.

(2) The first of such cultures shall be taken not less than one (1) week from the day of the onset of the disease.

(3) A virulence test should be made in any case where positive cultures are reported three (3) weeks or longer after:

(A) The onset of the disease; or

(B) Discovery of a carrier.

(4) If the organisms are nonvirulent, the patient may be released.

Authority. Arkansas Code § 20-7-109.

20 CAR § 102-121. Typhoid fever.

(a) Laboratory specimens for diagnosis of cases and release.

(1)(A) Samples of feces and whole blood submitted to the Public Health Laboratory for culture within the first week of the suspected case of typhoid fever give the greatest probability of obtaining a positive result insofar as the culture is concerned.

(B) Such cultures when positive are the only proof of diagnosis of typhoid fever.

(2)(A) All patients testing positive for typhoid fever should undergo additional testing to determine if they are a carrier.

(B) Carrier testing involves submission of successive stool samples at least one (1) month apart until three (3) negative samples are obtained.

(3)(A) Patients who have been determined to have typhoid fever shall be:

(i) Isolated or excluded for such period as required; and

(ii) Released from isolation and supervision only by the health

authority.

(B) If the person is continent and does not work in food handling, then they do not have to be excluded.

(C) If the person is incontinent or a food handler, then they will be required to be excluded from job duties and followed by the Department of Health until they:

(i) Have three (3) negative stool samples at least one (1) month apart; and

(ii) Are cleared through the Department of Health.

(b) Typhoid carriers.

(1)(A) Any person who has recovered from typhoid fever, and in whose feces or urine typhoid bacilli are present one (1) year or longer after such recovery, shall be declared to be a chronic carrier.

(B) Any person who has recently recovered from typhoid fever and from whose feces or urine typhoid organisms are cultured by the Public Health Laboratory during the first year from such recovery shall:

- (i) Be considered a convalescent, or temporary carrier; and
- (ii) Conform to all rules regarding the control of typhoid carriers.

(C) Any person found in the investigation of a case or cases of typhoid fever from whose feces or urine typhoid bacilli are cultured by the Public Health Laboratory shall be declared to be a chronic carrier except that such person be one who has recently recovered from typhoid fever.

(2) Control of typhoid carriers.

(A) The urine and feces of a typhoid carrier shall be disposed of in such a manner that they will not:

- (i) Endanger any public or private water supply; or
- (ii) Be accessible to flies.

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

(C)(i) No typhoid carrier shall:

(a) Conduct or be employed in any restaurant, hotel, or boarding house; or

(b) Conduct a lodging house in which, prior to taking lodgers, a separate toilet and bathroom have not been installed for the use solely of the typhoid carrier.

(ii) Said toilet shall be located in a part of the house separate from any part that may be occupied by a lodger.

(D)(i) Any person determined to be a typhoid carrier as defined in this part shall sign an agreement, to be witnessed by at least two (2) persons.

(ii) Said agreement shall read as follows:

TYPHOID CARRIER AGREEMENT

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

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

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

3. I will inform the Arkansas Department of Health, Outbreak Response Section, 4815 West Markham Street, Little Rock, Arkansas 72205-3867, by phone at 1-501-537-8969, in advance of any change in address from that listed below.

Signature of Carrier

Complete Address of Carrier

Signatures and addresses of two witnesses

Name Address

Name Address

Date of Signing

(3) Release of chronic typhoid carriers from control restrictions.

(A)(i) A chronic typhoid carrier may be released from restrictions only on approval of the Secretary of the Department of Health and only after submitting proof of a minimum of six (6) consecutive negative feces cultures (for urinary carriers, urine cultures):

(a) Taken at least one (1) month apart and at least ten (10) days after taking any antibiotic; and

(b) Performed by the Public Health Laboratory.

(ii) At least two (2) of the specimens must be liquid stools obtained after administration of a cathartic such as magnesium sulfate.

(iii) At least two (2) of the specimens must be validated by collection under close supervision as having come from the carrier.

(iv) For fecal carriers, the identity of the specimen may be confirmed by:

(a) Oral administration of a suitable marker material under supervision; and

(b) Finding this material in a specimen.

(v) Cultures of duodenal fluid may be substituted for stool cultures, if desired.

(B)(i) A released chronic carrier who wishes to work in a food handling or other occupation from which carriers are excluded must present evidence from a local health department that he or she has received instruction in methods of:

(a) Food handling; and

(b) Personal hygiene.

(ii) While employed in such a restricted occupation, he or she must submit evidence of a negative stool, or urine if appropriate, culture and additional food handling instruction every year.

Authority. Arkansas Code § 20-7-109.

20 CAR § 102-122. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, HIV (human immunodeficiency virus), chancroid, lymphogranuloma venereum, granuloma inguinale, and ophthalmia neonatorum (gonorrhea ophthalmia)).

(a) Testing of pregnant women.

(1)(A) Every physician attending a pregnant woman shall:

(i) Take, or cause to be taken, a sample of venous blood at the time of first examination and during the third trimester, ideally at twenty-eight (28) to thirty-two (32) weeks' gestation; and

(ii) Submit such sample to an approved laboratory for a standard:

(a) Serologic test for syphilis;

(b) Test for human immunodeficiency virus; and

(c) Test for Hepatitis B.

(B) Any person, other than a physician, permitted by law to attend pregnant women but not permitted by law to take blood samples, shall:

(i) Cause a specimen of blood to be taken by or under the direction of a physician duly licensed to practice medicine and surgery; and

(ii) Have such specimen submitted to an approved laboratory for testing.

(2) Any person reporting a birth or stillbirth shall state on the certificate:

(A) Whether a blood test for syphilis had been made upon a specimen of blood taken from the woman who bore the child for which a birth or stillbirth certificate is filed; and

(B) The approximate date when the specimen was taken.

(b) Ophthalmia neonatorum (gonorrhea ophthalmia).

(1) Ophthalmia neonatorum is to be reported to the Epidemiology Program of the Department of Health, as soon as the disease is suspected.

(2) It shall be the duty of the local health authority in whose jurisdiction the case occurs:

(A) To investigate the case to confirm the diagnosis by bacteriological examination; and

(B) If of gonococcal origin, to determine if the attendant at delivery used prophylactic medication in the eyes of the infant.

(3)(A) Due to the nature of the infection and its communicability, and inasmuch as gonorrheal ophthalmis is amenable to antimicrobial therapy, it shall be the duty of every physician to administer appropriate antimicrobial therapy at once, consistent with the current American Academy of Pediatrics' Report of the Committee on Infectious Diseases, i.e., The Red Book.

(B) It shall be the duty of every midwife attending such cases, or suspected cases, to refer all such cases to a licensed physician for treatment.

(c)(1) It shall be the duty of every physician to report, as soon as diagnosed, every case of sexually transmitted disease using either the reporting methods under 20 CAR § 102-104(d) or the Adult Case Report form, found at <https://www.healthy.arkansas.gov/programs-services/topics/std-prevention>, as provided by the Department of Health, to the Sexually Transmitted Disease Program of the Department of Health.

(2) Physicians shall report the patient by name, address, age, sex, race, and date of birth within twenty-four (24) hours of the diagnosis in case of:

(A) Primary, secondary, and congenital syphilis; and

(B) Syphilis in pregnant women.

(d) Whenever the Secretary of the Department of Health has reasonable grounds to believe that any person is suffering from syphilis, gonorrhea, chancroid, chlamydia, HIV (human immunodeficiency virus), lymphogranuloma venereum, or granuloma inguinale in a communicable state, the secretary is authorized to cause such person to be apprehended and detained for the necessary tests and examination, including an approved blood serologic test and other approved laboratory tests, to ascertain the existence of said disease or diseases provided that any evidence so acquired shall not be used against such person in any criminal prosecution.

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

(f) It shall be the duty of a physician on the occasion of the first visit to or by a person suffering from syphilis, gonorrhea, chancroid, chlamydia, HIV (human immunodeficiency virus), lymphogranuloma venereum, or granuloma inguinale to:

(1) Instruct said person in the precautions to be taken to prevent communication of the disease to others; and

(2) Inform him or her of the necessity of continued uninterrupted treatment until such adequate treatment has been administered.

(g)(1) It shall be the duty of every physician to administer appropriate and adequate treatment to any individual regardless of age, sex, or race whom he or she has reasonable grounds to believe is suffering from syphilis, gonorrhea, chancroid, chlamydia, HIV (human immunodeficiency virus), lymphogranuloma venereum, or granuloma inguinale in a communicable state, to render the disease noncommunicable to others for the protection of the public health.

(2) Likewise, it shall be the duty of every physician to treat, prophylactically or therapeutically, any individual regardless of age, sex, or race whom he or she has reasonable grounds to believe has been exposed to a communicable case of syphilis, gonorrhea, chancroid, chlamydia, HIV (human immunodeficiency virus), lymphogranuloma venereum, or granuloma inguinale for the protection of the public health.

(3) Consent to the provision of medical and surgical care or services by a physician licensed to practice medicine in this state, when executed by a minor who is or believes himself or herself to be afflicted with a sexually transmitted disease, shall be valid and binding as if the minor had achieved his or her majority.

Authority. Arkansas Code § 20-7-109.

Codification Notes. "AIDS" means acquired immunodeficiency syndrome.

20 CAR § 102-123. Rabies control.

Refer to the:

(1) Rules Pertaining to Rabies Control, 20 CAR pt. 105, State Board of Health, as last amended; and

(2) Rabies Control Act, Arkansas Code § 20-19-301 et seq., as last amended.

Authority. Arkansas Code § 20-7-109.

20 CAR § 102-124. Severability.

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

Authority. Arkansas Code § 20-7-109.

20 CAR § 102-125. Repeal.

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

Authority. Arkansas Code § 20-7-109.