



Sanitary Code - State of Louisiana Part II - The Control of Disease



LAC 51:II.105: The following diseases/conditions are hereby declared reportable with reporting requirements by Class:

Class A Diseases/Conditions - Reporting Required Within 24 Hours

Diseases of major public health concern because of the severity of disease and potential for epidemic spread - Report by telephone immediately upon recognition that a case, a suspected case, or a positive laboratory result is known; in addition, all cases of rare or exotic communicable diseases, unexplained death, unusual cluster of disease, and all outbreaks shall be reported.

Acinetobacter spp., carbapenem-resistant	<i>C. sake</i> , <i>C. parapsilosis</i> , <i>C. catenulata</i> ,	Measles (Rubeola imported or indigenous)	Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV)
Acute Flaccid Paralysis including Acute Flaccid Myelitis	<i>C. guilliermondii</i> , and <i>Rhodotorula glutinis</i>	Melioidosis (<i>Burkholderia pseudomallei</i>)	Smallpox
Amoeba (free living) infection (including <i>Acanthamoeba</i> , <i>Naegleria</i> , <i>Balamuthia</i> & others)	Cholera	<i>Neisseria meningitidis</i> (invasive infection)	<i>Staphylococcus aureus</i> , Vancomycin Intermediate or Resistant (VISA/VRSA)
Anthrax	<i>Clostridium perfringens</i> (foodborne infection)	Outbreaks of Any Infectious Disease	Staphylococcal Enterotoxin B (SEB) Pulmonary Poisoning
Avian or Novel Strain Influenza A (initial detection)	COVID-19 (SARS-CoV-2)*	Pertussis	Tularemia (<i>Francisella tularensis</i>)
Botulism	Diphtheria	Plague (<i>Yersinia pestis</i>)	Viral Hemorrhagic Fever (Ebola, Lassa, Marburg, Crimean Congo, etc.)
Brucellosis	Enterobacteriaceae, carbapenem-resistant	Poliomyelitis (paralytic & non-paralytic)	Yellow Fever
<i>Candida auris</i> , as well as common misidentifications of <i>C. auris</i> (e.g., <i>C. haemolunii</i> , <i>C. dubushaemolunii</i> , <i>C. famata</i> , <i>C. lusitanae</i> ,	Fish/Shellfish Poisoning (domoic acid, neurotoxic shellfish poisoning, ciguatera, paralytic shellfish poisoning, scombroid)	<i>Pseudomonas aeruginosa</i> , carbapenem-resistant	
	Foodborne Illness	Q Fever (<i>Coxiella burnetii</i>)	
	<i>Haemophilus influenzae</i> (invasive infection)	Rabies (animal and human)	
	Influenza-associated Mortality	Ricin Poisoning	
		Rubella (congenital syndrome)	
		Rubella (German Measles)	

*Submit COVID-19 lab results through [Electronic Laboratory Reporting \(ELR\)](#) in HL7 or CSV format. If your facility does not have ELR set up to report results, contact ELR@la.gov to obtain access to the Louisiana Lab Submission Online Portal. Enter COVID-19 "Priority Events" (defined as cases of COVID-19-associated Mortality, Pediatric Hospitalizations, Vaccine Breakthrough Infections, and Infections in Pregnant Women) directly into the Priority Events Reporting Portal [here](#). COVID-19 lab results should NOT be entered into IDRIS and should NOT be reported by phone.

Class B Diseases/Conditions - Reporting Required Within 1 Business Day

Diseases of public health concern needing timely response due to potential of epidemic spread - Report by end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known.

Anaplasmosis	<i>Escherichia coli</i> , Shiga-toxin producing (STEC), including <i>E. coli</i> O157:H7	Herpes (neonatal)	Syphilis ¹
Arthropod-Borne Viral Infections (West Nile, Dengue, St. Louis, California, Eastern Equine, Western Equine, Chikungunya, Usutu, Zika & others)	Granuloma Inguinale	Human Immunodeficiency Virus [(HIV), infection in pregnancy] ^{2,6}	Syphilis [(<i>Treponema pallidum</i>), infection in pregnancy] ^{1,6}
Aseptic Meningitis	Hantavirus (infection or Pulmonary Syndrome)	Human Immunodeficiency Virus[(HIV), perinatal exposure] ^{2,6}	Syphilis [(<i>Treponema pallidum</i>), perinatal exposure] ^{1,6}
Babesiosis	Hemolytic-Uremic Syndrome	Legionellosis	Tetanus
Chagas Disease	Hepatitis A (acute illness)	Listeriosis	Tuberculosis ³ (due to <i>M. tuberculosis</i> , <i>M. bovis</i> , or <i>M. africanum</i>)
Chancroid	Hepatitis B (acute illness and carriage in pregnancy)	Malaria	Typhoid Fever
Cryptosporidiosis	Hepatitis B (perinatal infection)	Mumps	<i>Vibrio</i> infections (other than cholera)
Cyclosporiasis	Hepatitis C (acute illness)	Salmonellosis	Zika Virus-associated Birth Defects
	Hepatitis C (perinatal infection)	Shigellosis	
	Hepatitis E		

Class C Diseases/Conditions - Reporting Required Within 5 Business Days

Diseases of significant public health concern - Report by the end of the work week after the existence of a case, suspected case, or a positive laboratory result is known.

Acquired Immune Deficiency Syndrome ³ (AIDS)	Giardiasis	Lyme Disease	Staphylococcal Toxic Shock Syndrome
<i>Anaplasma Phagocytophilum</i>	Gonorrhea ¹ (genital, oral, ophthalmic, pelvic inflammatory disease, rectal)	Lymphogranuloma Venereum ¹	Streptococcal Disease, Group A (invasive disease)
Aspergillosis	Guillain-Barré Syndrome	Meningitis, Eosinophilic (including those due to <i>Angiostrongylus</i> infection)	Streptococcal Disease, Group B (invasive disease)
Blastomycosis	Hansen's Disease (leprosy)	Nontuberculous Mycobacteria	Streptococcal Toxic Shock Syndrome
Campylobacteriosis	Hepatitis C ((infection, other than as in Class B)	Nipah Virus Infection	<i>Streptococcus pneumoniae</i> , invasive disease
Chlamydial infection ¹	Histoplasmosis	Non-gonococcal Urethritis	Transmissible Spongiform Encephalopathies (Creutzfeldt-Jacob Disease & variants)
Coccidioidomycosis	Human Immunodeficiency Virus ² (HIV (infection other than as in Class B)	Ophthalmia neonatorum	Trichinosis
Cryptococcosis (<i>C. neoformans</i> and <i>C. gattii</i>)	Human T Lymphocyte Virus (HTLV I and II infection)	Psittacosis	Varicella (chickenpox)
Ehrlichiosis (human granulocytic, human monocytic, <i>E. chaffeensis</i> and <i>E. ewingii</i>)	Leptospirosis	Spotted Fevers [<i>Rickettsia</i> species including Rocky Mountain Spotted Fever (RMSF)]	Yersiniosis
<i>Enterococcus</i> , Vancomycin Resistant [VRE], invasive disease]		<i>Staphylococcus aureus</i> (MRSA), Invasive Infection	

Class D Diseases/Conditions - Reporting Required Within 5 Business Days

Cancer	Heavy Metal (arsenic, cadmium, mercury) Exposure and/or Poisoning (all ages) ⁵	Phenylketonuria ⁴	Severe Traumatic Head Injury
Carbon Monoxide Exposure and/or Poisoning ⁵	Hemophilia ⁴	Pneumoconiosis (asbestosis, berylliosis, silicosis, byssinosis, etc.) ⁵	Severe Undernutrition (severe anemia, failure to thrive)
Complications of Abortion	Lead Exposure and/or Poisoning (all ages) ^{4, 5}	Radiation Exposure, Over Normal Limits ⁵	Sickle Cell Disease ⁴ (newborns)
Congenital Hypothyroidism ⁴	Pesticide-Related Illness or Injury (all ages) ⁵	Reye's Syndrome	Spinal Cord Injury
Galactosemia ⁴			Sudden Infant Death Syndrome (SIDS)

Case reports not requiring special reporting instructions (see below) can be reported by mail or fax on a Confidential Disease Report [Form 2430](#), fax (504) 568-8290, phone (504) 568-8313 or (800) 256-2748 (on-call phone).

¹Report on [STD43 Form](#). Report cases of syphilis with active lesions by telephone within one business day to (504) 568-8374.

²Report to the Louisiana STD/HIV Program: Visit www.hiv.dhh.louisiana.gov or call 504-568-7474 for regional contact information.

³Report confirmed or suspected cases of tuberculosis on [Form TB2431](#). Mail or fax form to the TB Control Program in the local Regional Office. A directory of regional offices is found [here](#).

⁴Report to the Louisiana Genetic Diseases Program and Louisiana Childhood Lead Poisoning Prevention Programs: www.genetics.dhh.louisiana.gov or fax (504) 568-8253, telephone (504) 568-8254, or (800) 242-3112.

⁵Report to the Section of Environmental Epidemiology and Toxicology, Occupational Health and Injury Surveillance Program: www.seet.dhh.louisiana.gov or call (504) 568-8150 or (888) 293-7020 or fax (504) 568-8149.

⁶Report to the Louisiana STD/HIV Program on HIV/Syphilis during Pregnancy Reporting Form: Visit www.hiv.dhh.louisiana.gov or call 504-568-7474.

Reference Cultures/Specimens to State Laboratory: Visit http://ldh.la.gov/assets/oph/Center-PHCH/Center-CH/infectious-epi/IsolatesToSendToStateLab_2019.pdf.

Additional reporting requirements exclusively for laboratory facilities may be found in LAC 51:II §107. The full text of the Sanitary Code may be found in Title 51 of the Louisiana Administrative Code at website <https://www.doa.la.gov/Pages/osr/lac/books.aspx>.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

**Centers for Disease Control
and Prevention (CDC)
Atlanta, GA 30333
June 21, 2005**

Re: Public Health Implications of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule

Dear Colleague:

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule has been in effect since April 14, 2003. The intent of HIPAA is to establish national standards for consumer privacy protection and insurance market reform. Initially, a lack of information and misinterpretation of some HIPAA provisions had a negative impact on the conduct of some time-honored public health activities. In some instances, confusion about the intent and implementation of the rules resulted in health-care providers refusing access by public health officials to patient records for immunization assessment and surveillance purposes. The National Immunization Program (NIP) of the Centers for Disease Control and Prevention (CDC) recognizes that providers are concerned about compliance, and they need clear and accurate information about the practical application of the HIPAA Privacy Rule on public health practices.

NIP has worked closely with Health and Human Services (HHS) Office for Civil Rights, which is the lead agency for interpreting and enforcing HIPAA, and the CDC legal counsel to clarify public health provisions of the Privacy Rule and to disseminate information to our partners at the state and local levels. In August 2003, NIP sent the first of a series of guidance statements to Immunization Program Managers and State Epidemiologists in response to states' requests for clarification regarding access to patient records to conduct VFC and AFIX site visits. The mailing included a one-page *HIPAA and Public Health Fact Sheet* that provided a brief summary of HIPAA and Privacy Rule definitions, and *HIPAA and Public Health Site Visits: Access to Patient Records during AFIX and VFC Visits*, a short document containing responses to specific questions asked by the states regarding disclosure of patient health information without prior authorization during VFC and AFIX provider site visits. The CDC Office of General Counsel, which provides legal advice for CDC programs on issues such as implementation of HIPAA, prepared the responses to these questions. These materials have been very effective in addressing providers' concerns about HIPAA and facilitating traditional public health practice.

Almost two years after the effective date of the Privacy Rule, several states have requested written materials clarifying other questions and concerns about HIPAA. Enclosed is the second in the series of guidance statements, *HIPAA and Perinatal Hepatitis B Prevention*. The original *HIPAA and Public Health Fact Sheet* is also enclosed. Additional information is available on the Office for Civil Rights website at <http://www.hhs.gov/ocr/hipaa> and in the MMWR, HIPAA Privacy Rule and Public Health: <http://www.cdc.gov/mmwr/pdf/other/m2e411.pdf>. We hope you will find this information helpful as you educate your provider groups and work with your respective legal offices on HIPAA issues.

Sincerely,

Stephen L. Cochi, M.D., M.P.H.
Captain, United States Public Health Service
Acting Director
National Immunization Program

Enclosures

cc:

President, Association of State and Territorial Health Officials
President, Association of Immunization Managers
President, Council of State and Territorial Epidemiologists

Centers for Disease Control and Prevention National Immunization Program

HIPAA and Perinatal Hepatitis B Prevention

Responses to Frequently Asked Questions about Perinatal Hepatitis B Prevention

This guidance is intended to give health care providers and public health agencies specific information regarding the HIPAA Privacy Rule and how it impacts perinatal hepatitis B prevention. Several frequently asked questions posed to the CDC legal counsel for interpretation are presented below. Additional sources of information and reference materials available on the internet are also included.

Q. 1. Does HIPAA permit providers, hospitals, and laboratories to report HBsAg-positive women to state and local health departments (including local health agencies and local boards of health) without the authorization of the individual, regardless of whether the state has a reporting law?

A. 1. Yes. Under 45 CFR §164.512(b)(1)(i) of the HIPAA Privacy Rule, covered entities may disclose protected health information without authorization to public health authorities that are authorized by law to collect such information for public health purposes. In addition, under 45 CFR §164.512(a), covered entities may disclose protected health information to public health authorities if the disclosure is required by law. A specific mandate to report is not required for disclosure. In states that do not have a law that specifically mandates the reporting of maternal HBsAg status, notifiable disease reporting laws mandate reporting of hepatitis B.

Q. 2. Does HIPAA permit providers and hospitals to disclose patient information to state and local health departments ((including local health agencies and local boards of health) without the authorization of the individual, for perinatal case management (e.g. immunization, prophylaxis, and post vaccination serology)?

A. 2. Yes. Under 45 CFR §164.512(b)(1)(i) of the HIPAA Privacy Rule, covered entities may disclose protected health information without authorization to public health authorities that are authorized by law to collect such information for public health purposes including disease prevention or control.

Q. 3. Can patient records be reviewed by state and local health department staff and their contractual agents when conducting quality assurance activities (e.g. chart reviews to assess HBsAg screening rates and appropriate prophylaxis), case investigations and/or disease outbreak activities?

A. 3. Yes. As explained above, under 45 CFR §164.512(b)(1)(i) of the HIPAA Privacy Rule, covered entities may disclose protected health information without authorization to public health authorities that are authorized by law to collect such information for public health purposes.

Q. 4. Does the HIPAA Privacy Rule apply to Indian Health Services and tribal clinics?

A. 4. Yes. The HIPAA Privacy Rule governs the use and disclosure of protected health information by covered entities (health plans, clearinghouses, and providers who transmit specified transactions electronically). The definition of health plans (45 CFR §160.103) includes the Indian Health Service (IHS) and programs under the Indian Health Care Improvement Act, 25 U.S.C. 1601 et seq. (45 CFR 160.103(1)(xii)).

Resources

Office for Civil Rights (responsible for enforcing the Privacy Rule) website:
(www.hhs.gov/ocr/hipaa)

CDC/DHHS guidance on the Privacy Rule and Public Health, available at
<http://www.cdc.gov/mmwr/pdf/other/m2e411.pdf>.

Centers for Disease Control and Prevention National Immunization Program

Health Insurance Portability and Accountability Act and Public Health

Fact Sheet

What is HIPAA?

The Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191) established a national floor of consumer privacy protection and marketplace reform. Some key provisions include: insurance reforms, privacy and security, administrative simplification, and cost savings.

What is the HIPAA Privacy Rule?

HIPAA required Congress to enact privacy legislation by August 1999 or the Secretary of DHHS was to develop regulations protecting privacy. The HIPAA Privacy Rule (Standards for Privacy of Individually Identifiable Health Information) sets national minimal standards for protected health information.

Implications for Public Health

The Privacy Rule strikes a balance between protecting patient information and allowing traditional public health activities to continue. Disclosure of patient health information without the authorization of the individual is permitted for purposes including but not limited to 1) disclosures required by law (45 CFR § 164.512(a)) or 2) for “public health activities and purposes.” This includes disclosure to “a public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including but not limited to, the reporting of disease, injury, vital events. . . , and the conduct of public health surveillance, . . . investigations, and. . . interventions.” (45 CFR § 164.512(b)(i))

Definition of Public Health Authority

Defined as “an agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is responsible for public health matters as part of its official mandates.” (45 CFR § 164.501)