

## **Title 15: Mississippi State Department of Health**

### **Part 2: Epidemiology**

#### **Subpart 11: Office of Communicable Diseases**

#### **Chapter 1 MISSISSIPPI STATE DEPARTMENT OF HEALTH RULES AND REGULATIONS GOVERNING REPORTABLE DISEASES AND CONDITIONS.**

##### Rule 1.17.16 Sexually Transmitted Diseases – General

1. Any person known or suspected of having syphilis, gonorrhea, Chlamydia, chancroid, human immunodeficiency virus (HIV) or other sexually transmissible disease (STD) or suspected of having been exposed to syphilis, gonorrhea, Chlamydia, chancroid, HIV or other STD shall submit to examination as provided in Section 105. Any person who, after due notification, fails or refuses to report for examination at the time and place designated by the health officer shall be subject to prosecution and the local health officer or the Mississippi State Department of Health or its representative may make an affidavit of such fact and cause the issuance of a warrant returnable before any court of competent jurisdiction. All records and reports herein required shall be kept in secret files and disclosed only as required before the court (Section 41-23-29, Mississippi Code of 1972 as amended.).
2. It shall be the duty of the local health officer or his or her representative to conduct effective epidemiological actions including initial and follow up interviews, rapid contact and suspect referral to medical examination, satisfactory determination of the source of patient infection and all subsequent infections, and appropriate administration of prophylactic treatment to all at risk critical period contacts.
3. Case reports of genital Chlamydia, gonorrhea, chancroid and syphilis shall include date, type of treatment and dose, or if no treatment has been initiated.
4. Syphilis
  - a. Class 1B (including congenital and infection in pregnancy) case report required.
  - b. General
    - i. Any reactive serologic test for syphilis (STS) shall be reported to the State Department of Health by the

laboratory performing the test. Report shall include test result, patient's name, age, race, sex, and address, and name of physician ordering the test.

- ii. RPR or VDRL  $\geq$  1:8 - Class 1B case report required.
  - iii. Any reactive STS in persons 10 years of age or younger - Class 1B case report required.
  - iv. RPR or VDRL  $\leq$  1:4 - Class 1B case report required. MSDH "Laboratory Log Sheet" or a form providing all the same information may be used.
5. All Mississippi physicians and medical practitioners providing prenatal care to pregnant people shall be required to:
- a. Perform syphilis testing for all pregnant people in their first trimester (or at the initial visit for prenatal care) and again in the third trimester (28-32 weeks).
  - b. Perform syphilis testing for all pregnant people at the time of delivery.
  - c. Ensure appropriate treatment for syphilis infections during pregnancy and for congenital syphilis, per the most current Centers for Disease Control and Prevention (CDC) treatment guidelines.
  - d. Ensure appropriate reporting of syphilis infection in pregnancy to the Department.

*Source: Miss. Code Ann. §41-3-17*

#### **Appendix A. List of officially reportable diseases and conditions**

The following diseases or conditions are hereby declared to be reportable.

**Class 1A:** Diseases of major public health importance which shall be reported directly to the Department of Health by telephone within 24 hours of first knowledge or suspicion. Class 1A diseases and conditions are dictated by requiring an immediate public health response. Laboratory directors have an obligation to report laboratory findings for selected diseases (Refer to Appendix B).

**Any Suspected Outbreak (including foodborne and waterborne outbreaks)**  
(Possible biological weapon agents appear in *bold italics*)

***Anthrax***

**Melioidosis**

**Botulism** (includes foodborne, infant or wound)

**Brucellosis**

Congenital Zika virus infection (including  
Congenital Zika Syndrome)

Diphtheria

*Escherichia coli* O157:H7 and any shiga  
toxin-producing *E. coli* (STEC)

**Glanders**

*Haemophilus influenzae* Invasive Disease<sup>†‡</sup>

Hemolytic Uremic Syndrome-  
post-diarrheal (HUS)

Hepatitis A

Influenza-Associated Pediatric Mortality  
(<18 years of age)

Measles

*Neisseria meningitidis* Invasive

Pertussis

**Plague**

Poliomyelitis

**Psittacosis**

**Q Fever**

Rabies (human or animal)

**Ricin intoxication (castor beans)**

SARS-CoV-2 (all laboratory results)

**Smallpox**

Tuberculosis

**Tularemia**

**Typhus Fever**

**Viral hemorrhagic fevers (filoviruses**  
[e.g. *Ebola*, *Marburg*] and *arena*  
*viruses* [e.g., *Lassa*, *Machupo*])

**Any unusual disease or manifestation of illness, including but not limited to the appearance of a novel or previously controlled or eradicated infectious agent, or biological or chemical toxin.**

<sup>†</sup>Usually presents as meningitis or septicemia, or less commonly as cellulitis, epiglottitis, osteomyelitis, pericarditis or septic arthritis.

<sup>‡</sup>Specimen obtained from a normally sterile site.

**Class 1B:** Diseases of major public health importance which shall be reported directly to the Department of Health by telephone on the next business day after first knowledge or suspicion. Class 1B diseases and conditions require individual case investigation, but not an immediate public health response. Laboratory directors have an obligation to report laboratory findings for selected diseases (Refer to Appendix B in the Rules and Regulations Governing Reportable Diseases and Conditions

Arboviral infection including but not limited to

California group,

Chikungunya virus,

Dengue,

Eastern Equine Encephalitis virus,

Chancroid

Cholera

Encephalitis (human)

LaCrosse virus,

Western Equine Encephalitis virus,

St. Louis encephalitis virus,

West Nile virus

Zika virus

*Staphylococcus aureus*,

vancomycin resistant (VRSA) or

vancomycin intermediate (VISA)

HIV infection-including AIDS

Syphilis (including congenital and infection in pregnancy)

Legionellosis

Typhoid Fever

Non-cholera *Vibrio* disease

Varicella infection, Primary, in >15 years of age

Yellow Fever

**Class 2:** Diseases or conditions of public health importance of which individual cases shall be reported by mail, telephone or electronically, within 1 week of diagnosis. In outbreaks or other unusual circumstances they shall be reported the same as Class 1A. Class 2 diseases and conditions are those for which an immediate public health response is not needed for individual cases.

*Chlamydia trachomatis*, genital infection

Mumps

Creutzfeldt-Jakob Disease, including new variant

*M. tuberculosis* Infection (positive or positive IGRA\*)

Ehrlichiosis

Poisonings\*\*(including elevated lead levels\*\*\*)

*Enterococcus*, invasive infection<sup>‡</sup>, vancomycin Resistant

Rocky Mountain spotted fever

Gonorrhea

Rubella (including congenital)

Hepatitis (acute, viral only)

Spinal Cord Injuries

**Note**-Hepatitis A requires Class 1A Report

*Streptococcus pneumoniae*, invasive infection\*\*\*

Hepatitis B infection in pregnancy

HIV Infection in pregnancy

Listeriosis

Tetanus

Lyme disease

Trichinosis

Malaria

Viral Encephalitis in horses and rartities\*\*\*\*

Meningitis **other** than Meningococcal or

*Haemophilus influenzae*

<sup>‡</sup>Specimen obtained from a normally sterile site.

\* TST-tuberculin skin test; IGRA-Interferon-Gamma Release Assay (to include size of TST in millimeters and numerical results of IGRA testing).

\*\*Reports for poisonings shall be made to Mississippi Poison Control Center, UMMC 1-800-222-1222

\*\*\*Elevated Blood Levels should be reported to the MSDH Lead Program at 601-576-7447. Blood lead levels (venous)  $\geq 5\mu\text{g/dL}$  in patients less than or equal to 6 years of age.

\*\*\*\*Except for rabies, and equine encephalitis, diseases occurring in animals are not required to be reported to the MSDH.

**Class 3:** Laboratory based surveillance. To be reported by laboratory only. Diseases or conditions of public health importance of which individual laboratory findings shall be reported by mail, telephone, or electronically within one week of completion of laboratory test (refer to Appendix B).

All blood lead test results in patients $\leq 6$ years of Age	Cryptosporidiosis
CD4 count and HIV Viral Load*	Hansen Disease (Leprosy)
Campylobacteriosis	Hepatitis C infection
Carbapenem-resistant <i>Enterobacteriaceae</i> , (CRE)	Nontuberculous Mycobacterial
Chagas Disease ( <i>American trypanosomiasis</i> )	Salmonellosis
	Shigellosis

\* HIV associated CD4 (T4) lymphocyte results of any value and HIV viral load results, both detectable and undetectable

**Class 4:** Diseases of public health importance for which immediate reporting is not necessary for surveillance or control efforts. Diseases and conditions in this category shall be reported to the Mississippi Cancer Registry within six months of the date of first contact for the reportable condition.

The National Program of Cancer Registries at the Centers for Disease Control and Prevention requires the collection of certain diseases and conditions. A comprehensive reportable list including ICD9CM/ICD10CM codes is available on the Mississippi Cancer Registry website,

[https://www.umc.edu/Administration/Outreach\\_Services/Mississippi\\_Cancer\\_Registry/Reportable\\_Diseases.aspx](https://www.umc.edu/Administration/Outreach_Services/Mississippi_Cancer_Registry/Reportable_Diseases.aspx).

Each record shall provide a minimum set of data items which meets the uniform standards required by the National Program of Cancer Registries and documented in the North American Association of Central Cancer Registries (NAACCR)

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due notification, fails or refuses to report for examination at the time and place designated by the health officer shall be subject to prosecution and the local health officer or the Mississippi State Department of Health or its

representative may make an affidavit of such fact and cause the issuance of a warrant returnable before any court of competent jurisdiction. All records and reports herein required shall be kept in secret files and disclosed only as required before the court (Section 41-23-29, Mississippi Code of 1972 as amended.).

2. It shall be the duty of the local health officer or his or her representative to conduct effective epidemiological actions including initial and follow up interviews, rapid contact and suspect referral to medical examination, satisfactory determination of the source of patient infection and all subsequent infections, and appropriate administration of prophylactic treatment to all at risk critical period contacts.
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- g. Ensure appropriate treatment for syphilis infections during pregnancy and for congenital syphilis, per the most current Centers for Disease Control and Prevention (CDC) treatment guidelines.
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### Any Suspected Outbreak (including foodborne and waterborne outbreaks)

(Possible biological weapon agents appear in *bold italics*)

<i>Anthrax</i>	<b>Melioidosis</b>
<i>Botulism</i> (includes foodborne, infant or wound)	<i>Neisseria meningitidis</i> Invasive
<b>Brucellosis</b>	Pertussis
Congenital Zika virus infection (including Congenital Zika Syndrome)	<b>Plague</b>
Diphtheria	Poliomyelitis
<i>Escherichia coli</i> O157:H7 and any shiga toxin-producing <i>E. coli</i> (STEC)	<b>Psittacosis</b>
<b>Glanders</b>	<b>Q Fever</b>
<i>Haemophilus influenzae</i> Invasive Disease <sup>†‡</sup>	Rabies (human or animal)
Hemolytic Uremic Syndrome- post-diarrheal (HUS)	<b>Ricin intoxication (castor beans)</b>
Hepatitis A	SARS-CoV-2 (all laboratory results)
Influenza-Associated Pediatric Mortality (<18 years of age)	<b>Smallpox</b>
	Tuberculosis
	<b>Tularemia</b>
	<b>Typhus Fever</b>
	<b>Viral hemorrhagic fevers (filoviruses)</b>

Measles

[e.g. Ebola, Marburg] and arena viruses [e.g., Lassa, Machupo])

**Any unusual disease or manifestation of illness, including but not limited to the appearance of a novel or previously controlled or eradicated infectious agent, or biological or chemical toxin.**

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Arboviral infection including but not limited to California group, Chikungunya virus, Dengue, Eastern Equine Encephalitis virus,	LaCrosse virus, Western Equine Encephalitis virus, St. Louis encephalitis virus, West Nile virus Zika virus
Chancroid	<i>Staphylococcus aureus</i> ,
Cholera	vancomycin resistant (VRSA) or
Encephalitis (human)	vancomycin intermediate (VISA)
HIV infection-including AIDS	Syphilis ( <u>including congenital and infection in pregnancy</u> )
Legionellosis	Typhoid Fever
Non-cholera <i>Vibrio</i> disease	Varicella infection, Primary, in >15 years of age Yellow Fever

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<i>Chlamydia trachomatis</i> , genital infection	Mumps
Creutzfeldt-Jakob Disease, including new variant	<i>M. tuberculosis</i> Infection (positive or positive IGRA*)
Ehrlichiosis	Poisonings** (including elevated lead levels***)
<i>Enterococcus</i> , invasive infection <sup>‡</sup> , vancomycin Resistant	



Gonorrhea  
 Hepatitis (acute, viral only)  
**Note**-Hepatitis A requires Class 1A Report  
 Hepatitis B infection in pregnancy  
 HIV Infection in pregnancy  
 Listeriosis  
 Lyme disease  
 Malaria  
 Meningitis **other** than Meningococcal or  
*Haemophilus influenzae*

Rocky Mountain spotted fever  
 Rubella (including congenital)  
 Spinal Cord Injuries  
*Streptococcus pneumoniae*, invasive  
 infection\*\*\*  
 Tetanus  
 Trichinosis  
 Viral Encephalitis in horses and  
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