

I inquired if the health department would be comfortable excluding any of the 78 reportable diseases, other than HIV. I also inquired if any of the types of transmission defined in epidemiology that Jen provided, i.e. direct (contact or droplet) or indirect (airborne, vehicle-borne or vector-borne), could be used to come up with an alternative for "transmitted by casual contact." I also asked about pre-existing guidance on transmissibility that we could reference in the law, to make sure the law wouldn't apply in situations where transmission is not a legitimate concern/possibility. Jen provided Nevada regulations that define "contact" etc., and noted a Guidance that these regulations refer to. This Guidance could be useful for defining "significant likelihood of transmission"/ "high probability of transmission" - something that should be added to this law. From Jen:

Likelihood of transmission is different for each disease and the individual circumstances. NAC 441a.045 and 441a.050 , 441a.052, 441a.060 address these through reference to the 2007 Guidance for Isolation precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. <https://www.leg.state.nv.us/nac/nac-441a.html#NAC441ASec045>

It makes sense to me that this could be useful for elaborating on the requirement for a significant likelihood of transmission. But I still think reform should also address the fundamental issue of which diseases this law could ever apply to.