

New Mexico Department of Health
Proposed Repeal and Replace of Rule 7.4.3 NMAC Control of
Disease and Conditions of Public Health Significance
Hearing Date: April 30th, 2026

LIST OF EXHIBITS

1.	<u>Proposed Repeal</u> 7.4.3 NMAC Control of Disease and Conditions of Public Health Significance
2.	<u>Proposed Replacement</u> 7.4.3 NMAC Control of Disease and Conditions of Public Health Significance
3.	<u>Proposed Replacement – Redlined</u> 7.4.3 NMAC Control of Disease and Conditions of Public Health Significance
4.	Notice of Public Hearing
5.	Affidavit of Publication – Albuquerque Journal
6.	Affidavit of Publication – NM Register
7.	Letter Appointing Hearing Officer
8.	Affidavit of Notice to the Public
9.	Notifiable Conditions Update IDEB Slides
10.	Public Comments

The New Mexico Department of Health approved the repeal of its rule 7.4.3 NMAC - Control of Disease and Conditions of Public Health Significance (filed 4/14/2009) and replaced it with 7.4.3 NMAC - New Mexico Control of Disease and Conditions of Public Health Significance adopted on xx/xx/2026, and effective xx/xx/2026.

TITLE 7 HEALTH
CHAPTER 4 DISEASE CONTROL (EPIDEMIOLOGY)
PART 3 CONTROL OF DISEASE AND CONDITIONS OF PUBLIC HEALTH SIGNIFICANCE

7.4.3.1 ISSUING AGENCY: New Mexico Department of Health.
 [7.4.3.1 NMAC - Rp, 7.4.3.1 NMAC, xx/xx/2026]

7.4.3.2 SCOPE: All physicians, laboratories, health care professionals, and other persons having knowledge of diseases or conditions covered by these regulations.
 [7.4.3.2 NMAC - Rp, 7.4.3.2 NMAC, xx/xx/2026]

7.4.3.3 STATUTORY AUTHORITY: These provisions set forth herein are promulgated by the secretary of the department of health by authority of Subsection E of Section 9-7-6, NMSA 1978 and in conformity with the Public Health Act, Subsections B through G, Q through S, Y and Z of Section 24-1-3, NMSA 1978, Sections 24-1-7, 24-1-15, 24-1-15.2, 24-1-15.3, and 24-1-36, NMSA 1978 and pursuant to the Hospital-Acquired Infection Act, Sections 24-29-1 through 24-29-6, NMSA 1978. Administration and enforcement of these rules are the responsibility of the epidemiology and response division of the department of health.
 [7.4.3.3 NMAC - Rp, 7.4.3.3 NMAC, A, xx/xx/2026]

7.4.3.4 DURATION: Permanent.
 [7.4.3.4 NMAC - Rp, 7.4.3.4 NMAC, xx/xx/2026]

7.4.3.5 EFFECTIVE DATE: xxxx xx 2026, unless a later date is cited at the end of a section.
 [7.4.3.5 NMAC - Rp, 7.4.3.5 NMAC, xx/xx/2026]

7.4.3.6 OBJECTIVE: The essential objective of these rules is the control of disease and conditions of public health significance through the prompt identification of disease, notification of responsible health authorities, and institution of preventive and control measures.
 [7.4.3.6 NMAC - Rp, 7.4.3.6 NMAC, xx/xx/2026]

7.4.3.7 DEFINITIONS: As used in these provisions, the following terms shall have the meaning given to them, except where the context clearly requires otherwise.

A. Definitions beginning with “A”: “**Acute care hospital**” means a hospital providing emergency services, in-patient medical and nursing care for acute illness, injury, surgery or obstetrics; ancillary services such as pharmacy, clinical laboratory, radiology, and dietary are required for acute care hospitals.

B. Definitions beginning with “B”: [RESERVED]

C. Definitions beginning with “C”:

(1) “**Cancer**” means all malignant neoplasms and in situ neoplasms and all intracranial neoplasms, regardless of the tissue of origin.

(2) “**Carrier**” means an infected person or animal that harbors a specific infectious agent without clinical symptoms and that serves as a potential source of infection for humans.

(3) “**Condition of public health significance**” means an infection, a disease, a syndrome, a symptom, an injury or other threat that is identifiable on an individual or community level and can reasonably be expected to lead to adverse health effects in the community.

D. Definitions beginning with “D”:

(1) “**Department**” means the department of health.

(2) “**Designee**” means an agency or institution designated by the department of health to receive reports of notifiable conditions on its behalf for the purpose of public health surveillance.

(3) “**Disease**” means a disorder of structure or function in a human or animal, especially one that has a distinctive group of symptoms, signs, or anatomical changes and often a known cause, including those caused by infectious agents or their toxic products which may be transmitted to a susceptible host.

(4) “**Division**” means the epidemiology and response division of the department of health, P.O. Box 26110, Santa Fe, NM 87502-6110.

E. Definitions beginning with “E”:

(1) “**E-code**” means code for external causes of injury, poisoning, or adverse effect. (Usage note: If a patient has an injury diagnosis in a range of ICD-9-CM 800-999, an e-code is required.)

(2) **“Electronic laboratory results (ELR)”** means digital reports transmitted from laboratories or other reporting entities to public health departments, the federal centers for disease control and prevention (CDC), health systems and other authorized organizations.

F. Definitions beginning with “F”: [RESERVED]

G. Definitions beginning with “G”: [RESERVED]

H. Definitions beginning with “H”: **“Health care professional”** means any licensed doctor of medicine or osteopathy, nurse, nurse practitioner, physician’s assistant, midwife, veterinarian or other licensed health care provider.

I. Definitions beginning with “I”:

(1) **“ICD-10”** means the international classification of disease, 10th revision, clinical modification for clinical diagnosis coding

(2) **“Involuntary detention”** means that pursuant to Section 24-1-15, NMSA 1978 of the Public Health Act, the department has petitioned the court for an order to isolate or quarantine a person after obtaining knowledge that the person is infected with (or reasonably believes that a person is infected with) or exposed to a threatening communicable disease and the person has refused voluntary treatment, testing, evaluation, detention or observation.

(3) **“Isolate”** means a single species of microorganism that has been separated from a mixed sample and grown in a pure culture.

(4) **“Isolation”** means the separation of sick people with a contagious disease from people who are not sick for such period to prevent the direct or indirect transmission of the contagious disease. Periods of isolation will be defined by the department depending on the characteristics of the contagious disease of concern.

J. Definitions beginning with “J”: [RESERVED]

K. Definitions beginning with “K”: [RESERVED]

L. Definitions beginning with “L”: **“Laboratory”** means the scientific laboratory division of the department of health or any other laboratory which performs diagnostic tests on specimens obtained from New Mexico sources for diseases and conditions covered by these rules.

M. Definitions beginning with “M”: [RESERVED]

N. Definitions beginning with “N”: **“Notifiable condition”** means a disease or condition of public health significance required by statute or these rules to be reported to the department of health.

O. Definitions beginning with “O”: **“Other person”** includes but is not limited to: laboratory staff; an official in charge of any health facility; hospital records or administrative personnel; the principal or person in charge of any private or public school, or child care center; teachers and school nurses; and a householder or any other person, in the absence of a health care professional having direct knowledge of a disease or condition of public health significance.

P. Definitions beginning with “P”: [RESERVED]

Q. Definitions beginning with “Q”: **“Quarantine”** means the restriction and movement of people who were exposed to a contagious disease to observe if they become sick.

R. Definitions beginning with “R”: **“Report”** means a notification to the department of health pursuant to these rules.

S. Definitions beginning with “S”:

(1) **“Sentinel surveillance”** means surveillance of an infectious or non-infectious disease or condition through a network of selected geographical reporting sites (sentinel sites).

(2) **“Specimen”** means any material derived from humans or animals for examination for diagnosis, prevention or treatment of any disease or condition of public health significance.

T. Definitions beginning with “T”: [RESERVED]

U. Definitions beginning with “U”: [RESERVED]

V. Definitions beginning with “V”: [RESERVED]

W. Definitions beginning with “W”: [RESERVED]

X. Definitions beginning with “X”: [RESERVED]

Y. Definitions beginning with “Y”: [RESERVED]

Z. Definitions beginning with “Z”: [RESERVED]

[7.4.3.7 NMAC - Rp, 7.4.3.7 NMAC, xx/xx/2026]

7.4.3.8 NOTIFIABLE CONDITIONS:

A. Declaration of notifiable conditions: The division shall periodically issue a list of notifiable conditions according to reporting category designated as 7.4.3.13 NMAC. The list shall be reviewed on a regular

basis and revised as necessary. Diseases shown in 7.4.3.13 NMAC are declared notifiable conditions as of the effective date.

B. Official listing: The list of notifiable conditions shall be issued in a quick reference format and shall show that it is the current official list and shall specify its effective date. The division shall routinely supply the current official list to health care professionals and health facilities and to other persons or entities on request.

C. Reporting of notifiable conditions: Reporting will be by means of the following:

(1) the department's toll-free telephone receiving and recording system telephone number (1-833-796-8773) can be used for reporting any conditions, but this number must be used for emergency reporting of diseases or conditions listed under Subsection C of 7.4.3.13 NMAC;

(2) written report to the division to P.O. Box 26110, Santa Fe, NM 87502-6110 can be used only for routine reporting under Subsection D of 7.4.3.13 NMAC; or

(3) facsimile (fax) report to designated fax numbers. The main fax for the department of health (505-827-0013) can be used for routine reporting of diseases or conditions listed under Subsection D of 7.4.3.13 NMAC; or

(4) under certain circumstances, other electronic transmission, which includes submission of data via computer data transfers. This method would need to be pre-arranged with the department of health and only for routine reporting under Subsection D of 7.4.3.13 NMAC.

D. Reporting requirements - health care professionals: Every health care professional treating any person or animal having or suspected of having any notifiable condition shall report the condition within the time and in the manner set out in the list of notifiable conditions.

E. Reporting requirements - laboratories: All laboratories performing diagnostic tests for any notifiable condition shall report all findings within the time and in the manner set out in the list. Reports shall include the requirements listed under 7.4.3.13 NMAC.

F. Reporting requirement - other persons: Any other person, including all persons listed in Subsection L of 7.4.3.7 NMAC of these rules, having knowledge of any person having or suspected of having a notifiable condition, including NM residents and those seeking care in NM, shall immediately report the condition to the division.

G. Conditions of public health significance: Any person, including health care professionals and persons listed in Subsection L of 7.4.3.7 NMAC of these rules, having knowledge of a notifiable condition shall immediately report the condition to the department.
[7.4.3.8 NMAC - Rp, 7.4.3.8 NMAC, xx/xx/2026]

7.4.3.9 CONTROL OF DISEASE AND CONDITIONS OF PUBLIC HEALTH SIGNIFICANCE:

A. Responsibility for protection of public health: The department of health may take such measures as are deemed necessary and proper for the protection of the public health.

B. Coordination among agencies: The department of health shall coordinate the efforts of other concerned or interested federal, state and local agencies and shall cooperate with local health care professionals and health care facilities.

C. Imposition of isolation or quarantine: The department of health may establish or require isolation or quarantine of any animal, person, institution, community or region.

D. Case incidence in schools or health facilities: Where any case of communicable disease occurs or is likely to occur in a public, private, or parochial school, child care facility, or in a health care facility, the department of health may require the school or facility to:

(1) exclude infected persons and non-immune persons, whether students, patients, employees or other persons;

(2) close and discontinue operations if there is likelihood of an epidemic;

(3) implement infection control measures per department of health recommendations.

E. Refusal of voluntary treatment, detention or observation: When a person who is actively infectious with a threatening communicable disease refuses voluntary treatment, detention or observation, the department of health may seek a court order for isolation or quarantine of the person, pursuant to Section 24-1-15, NMSA 1978 of the Public Health Act until the person is no longer a contagious threat to the public or the person voluntarily complies with appropriate treatment and contagion precautions.

F. Sentinel surveillance: The department may select an infectious or non-infectious disease or condition for sentinel surveillance that are not otherwise subject to general reporting requirements under 7.4.3.13 NMAC, through issuance of a public health order (PHO) pursuant to the department's legal authority under the Public Health Act, Subsection J of Section 24-1-3 NMSA 1978, to bring action in court for the enforcement of health

laws and rules and orders issued by the department. The PHO shall specify the manner, format, and scope of sentinel surveillance data collection. Prior to designating a disease or condition for sentinel surveillance, the department shall determine that such surveillance will provide adequate data for epidemiological purposes and that the surveillance is necessary to achieve one or more significant public health objectives, including but not limited to: characterization of a pathogen or condition; monitoring disease burden, trends, or geographic distribution; assessing vaccine effectiveness or changes in vaccine uptake; supporting prevention, preparedness, or response activities for diseases or conditions that may cause morbidity or mortality. Sentinel surveillance complements notifiable case reporting and is designed to quickly detect disease outbreaks and trends in a representative sample of the population. The department shall continuously evaluate sentinel surveillance systems to determine whether modifications are necessary, including changes to: participating geographic areas or sentinel sites; diseases, conditions, or syndromes under surveillance; or surveillance methods or mechanisms. If the department determines that a disease, condition or syndrome no longer meets the criteria for sentinel surveillance, it shall discontinue such surveillance and issue a public health order to that effect. The department shall provide each sentinel surveillance site with written guidance describing the planned surveillance mechanism for the designated disease or condition, including: reporting timeframes; required data elements; protocols for submission of laboratory test results and the submission of clinical specimens or materials from confirmed or suspected cases to the department's scientific laboratory division.

G. Other public health orders: The department of health may issue orders for the testing of particular populations or groups of persons or animals to identify carriers of disease, including immigrants, refugees, travelers, students or preschoolers and others who have been at risk of transmission or exposure. The department of health may require that all tests be done under the control of the scientific laboratory division or by a laboratory approved for that purpose.

H. Enforcement of public health orders: Any order issued by the department of health under the Public Health Act or these rules shall be enforceable as provided by law and violation is punishable in accordance with Section 24-1-21, NMSA 1978.

I. Medical records: To carry out its duties to investigate and control disease and conditions of public health significance, the department of health or designee shall have access to all medical records of persons with, or suspected of having, notifiable diseases or conditions of public health significance. The department of health is a "public health authority" as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the privacy rule. The department of health is authorized to receive protected health information without patient authorization for purposes of public health surveillance, investigation and interventions and as otherwise required by law. The division or designee may periodically review medical records to ensure the completeness and quality of reporting.

J. Confidentiality of reports: All notifiable condition reports are confidential. Disclosure to any person of report information, except for disclosure for the purpose of prevention, treatment or control, is prohibited unless disclosure is required by law.

K. Research use of notifiable condition data: Researchers authorized by the department or its designee who certify to the satisfaction of the department that confidentiality of data will be maintained in accordance with applicable state and federal confidentiality requirements, may conduct studies utilizing notifiable condition data, including studies of the sources and causes of conditions of public health significance, evaluations of the cost, quality, efficacy and appropriateness of screening, diagnostic, therapeutic, rehabilitative and preventive services and programs relating to conditions of public health significance and other clinical or epidemiologic research.

[7.4.3.9 NMAC - Rp, 7.4.3.9 NMAC, A, xx/xx/2026]

7.4.3.10 EMERGENCY DEPARTMENT REPORTING:

A. Reporting requirements: All licensed non-federal, general and specialty healthcare facilities shall report all emergency department visits electronically to the department of health with the following data elements, in the record layout provided by the division. Calendar year data shall be provided on an annual basis by March 28 of the following calendar year.

- (1) Age is the patient's age at discharge, reported in whole number years only, from zero to 130;
- (2) Sex is the sex of the patient at discharge and coded as a character as follows:
 - (a) 'M' = male;
 - (b) 'F' = female;
 - (c) 'U' = unknown.

- (3) Year of patient's birth is the year the patient was born and coded as a character, such as '1995,' or '2001'.
- (4) Month of patient's birth is the month the patient was born, coded as a two-digit number corresponding with the associated month (e.g., "01" as January, "12" as December, etc.).
- (5) Day of patient's birth is the day the patient was born, coded as a two-digit number corresponding with the associated day of the month (e.g., "01" as the first day of the month, "31" as the 31st day of the month, etc.).
- (6) Race of patient is the classification(s) of a patient's stated race to include one or more reported classifications and coded as shown below. For multiple race classifications, do not include spaces or delimiters. For example, if a patient states that he or she is both American Indian and other, the race field would be R1R9:
- (a) 'R1' = American Indian or Alaska Native;
 - (b) 'R2' = Asian (including Asian Indian, Chinese, Filipino, Japanese, Korean and Vietnamese);
 - (c) 'R3' = black or African American;
 - (d) 'R4' = Native Hawaiian or Pacific Islander (including Chamorro and Samoan);
 - (e) 'R5' = White;
 - (f) 'R6' = declined;
 - (g) 'R7' = unknown;
 - (h) 'R9' = other race.
- (7) Patient's ethnicity is the classification of a patient's stated ethnicity, coded as follows:
- (a) 'E1' = Hispanic or Latino;
 - (b) 'E2' = not Hispanic or Latino;
 - (c) 'E6' = declined;
 - (d) 'E7' = unknown or unable to attain.
- (8) Month of patient's visit is the month the patient went to the emergency department, coded as a two-digit number corresponding with the associated month (e.g., "01" as January, "12" as December, etc.).
- (9) Day of patient's visit is the day that the patient first went to the emergency department, coded as a two-digit number corresponding with the associated day of the month (e.g., "01" as the first day of the month, "31" as the 31st day of the month, etc.);
- (10) Time of patient's visit is the time the patient went to the emergency department in 24-hour format (00:00).
- (11) State is the state of the patient's residence represented by two text characters ('NM', 'TX', 'AZ,' etc.).
- (12) County is the county of the patient's residence at the time of discharge.
- (13) City is the city of the patient's residence at the time of discharge.
- (14) Address is the mailing address of the patient at the time of the discharge, including street name and number or post office box number or rural route number.
- (15) Zip code is the nine-digit zip code of the patient's residence at the time of discharge.
- (16) DIAG1 is the patient's first-listed diagnosis, using ICD-10 coding.
- (17) All subsequent diagnoses includes all other diagnoses provided as separate variables, i.e. DIAG2, DIAG3, etc., through DIAG45, if applicable, and E-Code1-Code3.
- (18) Pay type is the payment type specified as one of the following broad categories assigned by the data provider in the primary payer identification name field:
- (a) '01' = private insurance;
 - (b) '02' = medicaid;
 - (c) '03' = medicare;
 - (d) '04' = other federal plan;
 - (e) '05' = self-pay;
 - (f) '06' = county indigent fund or charity;
 - (g) '07' = other.
- (19) Hospital is the name of the reporting facility.
- (20) Facility-specific MRN is the medical record number for a patient specific to the facility.
- (21) Control number is the control number specific to the facility-patient record.
- (22) EMS is the EMS ambulance run number.
- (23) Disposition is where the patient went after the ED visit and is coded as:

- (a) '01' = routine discharge;
 - (b) '07' = left against medical advice;
 - (c) '09' = admitted as an inpatient to this hospital;
 - (d) '20' = expired/died;
 - (e) '05' = transferred to another facility.
- (24) Disposition date is the date corresponding to the disposition and formatted as DDMMYYYY.
- (25) Disposition time is the time corresponding to the disposition date and entered in 24-hour format (00:00).
- (26) Facility transfer is the facility where the patient was transferred. This should be coded using characters or by providing a copy of a data dictionary which describes which codes belongs with which facility. If not applicable, enter 'N/A.'
- (27) Total charges is the amount rounded to the nearest whole dollar for the total charges for all services reported. No cents should be reported.
- (28) Procedure coding type is the type of procedure coding used:
- (a) '01' = CPT (current procedural terminology);
 - (b) '02' = ICD (international classification of disease).
- (29) PROC1 is the patient's first-listed procedure, in ICD-10 or CPT coding.
- (30) All subsequent procedure codes include any additional procedure codes available for the patient provided as separate variables, i.e. PROC2, PROC3, up through PROC6 as ICD-10 or CPT coding.
- (31) Sexual orientation (optional reporting) is an individual's pattern of emotional, romantic and sexual attraction to specific genders. Ideally, the patient will self-report which of the following best represents them:
- (a) '01' = straight, that is, not lesbian or gay;
 - (b) '02' = lesbian or gay;
 - (c) '03' = bisexual or pansexual;
 - (d) '04' = i use a different term/something else;
 - (e) '05' = don't know.
- (32) Gender identity (optional reporting) is the patient's concept of self as male, female, a blend of both or neither. Ideally, the patient will self-report which of the following best represents them:
- (a) '01' = female;
 - (b) '02' = male;
 - (c) '03' = transgender;
 - (d) '04' = nonbinary;
 - (e) '05' = i use a different term;
 - (f) '06' = don't know;
 - (g) '07' = prefer not to answer.

B. Confidentiality: All emergency department visit reports are confidential. Disclosure to any person of report information, except for disclosure of a notifiable condition for the purpose of prevention or control of diseases and other health conditions, is prohibited unless disclosure is required by law.
[7.4.3.10 NMAC - Rp, 7.4.3.10 NMAC, xx/xx/2026]

7.4.3.11 HEALTHCARE-ASSOCIATED INFECTION REPORTING: Acute care hospitals only will submit data to the New Mexico department of health using the centers for disease control and prevention (CDC) national healthcare safety network (NHSN) and confer rights to access the data to the New Mexico department of health.
[7.4.3.11 NMAC - Rp 7.4.3.11 NMAC, xx/xx/2026]

7.4.3.12 REPEALER: These requirements repeal and replace all previous rules, particularly rules governing the control of communicable disease of November 11, 1952, rules governing the reporting of notifiable disease of June 29, 1974 and rules governing the control of disease and conditions of public health significance of 1980.
[7.4.3.12 NMAC - Rp, 7.4.3.12 NMAC, xx/xx/2026]

7.4.3.13 NOTIFIABLE DISEASES OR CONDITIONS IN NEW MEXICO:

A. Required content for reports: All reports, including electronic laboratory reports of notifiable conditions, must include:

- (1) specimen source, collection date, name of the test and test result;
- (2) patient's name, date of birth, gender, race/ethnicity, address, patient telephone numbers, and occupation;
- (3) physician or licensed healthcare professional name and telephone number; and
- (4) healthcare facility or laboratory name and telephone number, if applicable;
- (5) reason for test;
- (6) additional information required in the course of a public health investigation includes hospitalization status, patient treatment type, exposure status, travel history, and pregnancy status.

B. Laboratory specimens: Isolates, laboratory, and clinical samples for conditions marked with (*) are required to be sent to the scientific laboratory division. Conditions marked with (+) are required for sentinel surveillance. Surveillance of these conditions may change as described under Subsection F of 7.4.3.9 NMAC.

C. Emergency reporting of diseases or conditions: The following diseases, confirmed or suspected, require immediate reporting to the division.

- (1) Infectious diseases:
 - (a) anthrax*;
 - (b) avian or novel influenza*;
 - (c) bordetella species (including pertussis)*;
 - (d) botulism (any type)*;
 - (e) cholera*;
 - (f) diphtheria*;
 - (g) haemophilus influenzae invasive infections*;
 - (h) measles;
 - (i) Middle East respiratory syndrome;
 - (j) meningococcal infections, invasive*;
 - (k) plague*;
 - (l) poliomyelitis, paralytic and non-paralytic;
 - (m) rabies;
 - (n) rubella (including congenital);
 - (o) severe acute respiratory syndrome (SARS)*;
 - (p) smallpox*;
 - (q) tularemia*;
 - (r) typhoid fever*;
 - (s) viral hemorrhagic fever;
 - (t) yellow fever.
- (2) **Other conditions:**
 - (a) suspected foodborne illness in two or more unrelated persons*;
 - (b) suspected waterborne illness or conditions in two or more unrelated persons*;
 - (c) illnesses or conditions suspected to be caused by the intentional or accidental release of biologic or chemical agents*;
 - (d) acute illnesses or conditions of any type involving large numbers of persons in the same geographic area;
 - (e) severe smallpox vaccine reaction;
 - (f) other illnesses or conditions of public health significance.
- (3) **Infectious diseases in animals:**
 - (a) anthrax;
 - (b) avian influenza in companion animals;
 - (c) plague;
 - (d) rabies;
 - (e) tularemia.

D. Routine reporting of diseases or conditions:

- (1) Infectious diseases (report case within 24 hours to division by fax at 505-827-0013 or by phone at 1-833-796-8773):
 - (a) arboviral disease;
 - (b) brucellosis;

- (c)** campylobacter infections*;
- (d)** candida auris (*C. auris*)*;
- (e)** carbapenemase-producing organism (CPO)*;
- (f)** carbapenem-resistant *Acinetobacter baumannii* (CRAB)*;
- (g)** carbapenem-resistant enterobacterales (CRE)*;
- (h)** carbapenem-resistant *Pseudomonas aeruginosa* (CRPA)*;
- (i)** chikungunya virus disease;
- (j)** *Clostridium difficile*+;
- (k)** coccidioidomycosis;
- (l)** Colorado tick fever;
- (m)** cryptosporidiosis;
- (n)** cysticercosis;
- (o)** cyclosporiasis;
- (p)** dengue;
- (q)** *E. coli* 0157:H7 infections*;
- (r)** *E. coli*, Shiga-toxin producing (STEC) infections*;
- (s)** encephalitis, other;
- (t)** giardiasis;
- (u)** group A streptococcal invasive infections*;
- (v)** group B streptococcal invasive infections*;
- (w)** Hansen's disease/leprosy;
- (x)** hantavirus pulmonary syndrome;
- (y)** hemolytic uremic syndrome;
- (z)** hepatitis A, acute;
- (aa)** hepatitis B, acute or chronic;
- (bb)** hepatitis C, acute or chronic; report antibody positive results and all PCR and genotype results including negative; for children under 4 only, report antibody negative results;
- (cc)** hepatitis E, acute;
- (dd)** influenza-associated pediatric death;
- (ee)** influenza, laboratory-confirmed hospitalization only +;
- (ff)** legionnaires' disease;
- (gg)** leptospirosis;
- (hh)** listeriosis*;
- (ii)** lyme disease;
- (jj)** malaria;
- (kk)** mumps;
- (ll)** necrotizing fasciitis*;
- (mm)** psittacosis;
- (nn)** q fever;
- (oo)** relapsing fever;
- (pp)** respiratory syncytial virus (RSV), laboratory-confirmed hospitalization only+;
- (qq)** salmonellosis*;
- (rr)** SARS-COV-2 (COVID-19), laboratory-confirmed hospitalization only+;
- (ss)** shigellosis*;
- (tt)** spotted fever rickettsiosis/Rocky Mountain spotted fever;
- (uu)** St. Louis encephalitis infections;
- (vv)** *Streptococcus pneumoniae*, invasive infections*;
- (ww)** tetanus;
- (xx)** trichinellosis;
- (yy)** toxic shock syndrome;
- (zz)** varicella;
- (aaa)** vibrio infections*;
- (bbb)** West Nile virus infections;
- (ccc)** western equine encephalitis infections;
- (ddd)** yersinia infections*.

- 8773):
- (2) Infectious diseases in animals (report case within 24 hours to division at 1-833-796-8773):
 - (a) arboviral, other;
 - (b) brucellosis;
 - (c) psittacosis;
 - (d) West Nile virus infections.
 - (3) Tuberculosis*(includes active tuberculosis disease and latent tuberculosis infection (LTBI). Report results to NM department of health by phone at 1-833-796-8773 or by fax at 505-827-0163.
 - (a) Active tuberculosis (TB) disease: - report suspected or lab-confirmed cases within 24 hours. Lab-confirmed TB cases include:
 - (i) AFB culture positives for mycobacterium tuberculosis complex or (MTBC);
 - (ii) PCR/NAAT molecular test positive for MTBC.
 - (b) Suspected TB cases include:
 - (i) chest imaging (CXR or CT scan) compatible with tuberculosis disease;
 - (ii) biopsy/pathology consistent with possible mycobacterium complex or MTBC;
 - (iii) symptoms and clinical evaluation consistent with suspected or active TB.
 - (c) Latent TB: report within seven days where LTBI diagnosis is established when the following are met:
 - (i) a positive Mantoux tuberculin skin test or interferon gamma release assay test;
 - (ii) no radiological evidence of active tuberculosis in the lungs;
 - (iii) no signs or symptoms consistent with tuberculosis disease; and
 - (iv) no documented prior tuberculosis infection.
 - (4) Sexually transmitted diseases. Report to communicable disease bureau - STD program, NM department of health, P.O. Box 26110, Santa Fe, NM 87502-6110, call 1-833-796-8773 or fax to 505-207-7991.
 - (a) chancroid;
 - (b) chlamydia trachomatis infections;
 - (c) gonorrhea;
 - (d) syphilis, including positive (reactive) and negative (non-reactive) laboratory results).
 - (5) HIV (human immunodeficiency virus)of all stages. Report to HIV and hepatitis epidemiology program, by written report (1190 St. Francis Dr., N1350, Santa Fe, NM 87502), phone (1-833-796-8773), or fax (505-827-0013):
 - (a) confirmed positive HIV antibody tests (screening test plus confirmatory test);
 - (b) tests for HIV RNA or HIV cDNA ('-viral load tests-');
 - (c) tests to detect HIV proteins;
 - (d) positive HIV cultures;
 - (e) HIV genotype tests;
 - (f) CD4 lymphocyte tests (count and percent);
 - (g) opportunistic infections, cancers and any other test or condition indicative of HIV or AIDS.
 - (6) Occupational illness and injury. Report to division, by phone at 1-833-796-8773 or by fax (505-827-0013):
 - (a) asbestosis;
 - (b) coal worker's pneumoconiosis;
 - (c) hypersensitivity pneumonitis;
 - (d) mesothelioma;
 - (e) noise induced hearing loss;
 - (f) occupational asthma;
 - (g) occupational burn hospitalization;
 - (h) occupational heat-related illness
 - (i) occupational injury death;

- (j) occupational pesticide poisoning;
- (k) occupational traumatic amputation;
- (l) silicosis;
- (m) other illnesses or injuries related to occupational exposure.

(7) Health conditions related to environmental exposures and certain injuries: Report to division by phone at 1-833-796-8773 or by fax at 505-827-0013.

- (a) Environmental exposures:
 - (i) all pesticide poisoning;
 - (ii) arsenic in urine greater than 50 micrograms/liter;
 - (iii) carbon monoxide poisoning;
 - (iv) infant methemoglobinemia;
 - (v) lead (all blood levels);
 - (vi) mercury in urine greater than 3 micrograms/liter or mercury in blood greater than 5 micrograms/liter;
 - (vii) uranium in urine greater than 0.2 micrograms/liter or 0.2 micrograms/gram creatinine;
 - (viii) other suspected environmentally-induced health conditions.

- (b) **Injuries:**
 - (i) drug overdose;
 - (ii) firearm injuries;
 - (iii) fracture due to fall among older (65 years of age and older) adults;
 - (iv) suicide attempt;
 - (v) traumatic brain injuries.

(8) Adverse vaccine reactions: Report to vaccine adverse events reporting system, <https://vaers.hhs.gov/>.

(9) Cancer: Report to designee, New Mexico tumor registry. Report all malignant and in situ neoplasms and all intracranial neoplasms, regardless of the tissue of origin, using the prevailing standards promulgated by the national cancer institute, the centers for disease control and prevention, the North American association of central cancer registries, and the American college of surgeons. Call 505-272-5541 for questions.

(10) Human papillomavirus (HPV): Laboratories report the following as electronic laboratory results (ELR) and as specified by the department's designee, New Mexico HPV Pap Registry. Call 505-272-5785 for questions:

- (a) papanicolaou test results (all results) from cervical, vaginal and anal sites, include primary screening, cotest, triage or abnormal follow-up indications;
- (b) cervical, vulvar, vaginal, anal, oropharyngeal, uterine, and endometrial pathology results (all results);
- (c) HPV test results (all results) from any anatomic site including primary screening (self- or clinician-collection), cotest, triage or abnormal follow-up indications;
- (d) Immunocytochemistry (ICC), Immunohistochemistry (IHC), biomarker tests (all results) used as adjunctive tests to (a), (b) and (c) above.

(11) Birth defects:

- (a) Report to division, NM department of health, by phone (1-833-796-8773) or written report (P.O. Box 26110, Santa Fe, NM 87502-6110);
- (b) All birth defects diagnosed by age four years, including:
 - (i) defects diagnosed during pregnancy;
 - (ii) defects diagnosed on fetal deaths;
 - (iii) defects found in chromosome testing on amniotic fluid, chorionic villus sampling and products of conception for trisomy 13, trisomy 18 and trisomy 21.

(12) Genetic and congenital hearing screening: Report to children's medical services, 2040 S. Pacheco, Santa Fe, NM 87505 fax to 505-476-8896 or 505-827-5995 or call 505-476-8868.

- (a) neonatal screening for congenital hearing loss (all results);
- (b) suspected or confirmed congenital hearing loss in one or both ears;
- (c) all conditions identified through statewide newborn genetic screening;
- (d) newborn critical congenital heart defects screening (all results).

[7.4.3.13 NMAC - Rp, 7.4.3.13 NMAC xx/xx/2026]

HISTORY OF 7.4.3 NMAC:

Pre-NMAC History: The material in this part was derived from that previously filed with the commission of public records - state records center and archives:

HSSD 72-3, Regulations Governing The Reporting Of Notifiable Diseases, filed 10/4/1972.

HSSD 74-16, Regulations Governing The Reporting Of Notifiable Diseases, filed 7/30/1974.

HED-79-4 (HSD), Regulations Governing The Control Of Disease And Conditions Of Public Health Significance, filed 12/20/1979.

History of Repealed Material: 7 NMAC 4.3, Control of Disease and Conditions of Public Health Significance (filed 10/31/1996), repealed 8/15/2003.

7.4.3 NMAC, Control of Disease and Conditions of Public Health Significance (filed July 31, 2003), repealed 04/30/2009.

7.4.3 NMAC, Control of Disease and Conditions of Public Health Significance (filed 4/14/2009), repealed xx/xx/2026.

Other History:

HED-79-4 (HSD), Regulations Governing The Control Of Disease And Conditions Of Public Health Significance (filed 12/20/1979) was renumbered, reformatted, and amended into the first version of the New Mexico Administrative code as 7 NMAC 4.3, Control of Disease and Conditions of Public Health Significance, effective 10/31/1996.

7 NMAC 4.3, Control of Disease and Conditions of Public Health Significance, filed 10/16/1996 was replaced by the second version of the New Mexico Administrative code as 7.4.3 NMAC, Control of Disease and Conditions of Public Health Significance, effective 8/15/2003.

7.4.3 NMAC, Control of Disease and Conditions of Public Health Significance (filed July 31, 2003) was replaced by 7.4.3 NMAC, Health, Disease Control (Epidemiology), Control of Disease and Conditions of Public Health Significance, effective 04/30/2009.

7.4.3 NMAC, Control of Disease and Conditions of Public Health Significance (filed 4/14/2009) was replaced by 7.4.3 NMAC, Health, Disease Control (Epidemiology), Control of Disease and Conditions of Public Health Significance, effective xx/xx/2026.

TITLE 7 HEALTH
CHAPTER 4 DISEASE CONTROL (EPIDEMIOLOGY)
PART 3 CONTROL OF DISEASE AND CONDITIONS OF PUBLIC HEALTH SIGNIFICANCE

7.4.3.1 ISSUING AGENCY: New Mexico Department of Health.

[7.4.3.1 NMAC - Rp, 7.4.3.1 NMAC, ~~04/30/2009~~xx/xx/2026]

7.4.3.2 SCOPE: All physicians, laboratories, health care professionals, and other persons having knowledge of diseases or conditions covered by these regulations.

[7.4.3.2 NMAC - Rp, 7.4.3.2 NMAC, ~~04/30/2009~~xx/xx/2026]

7.4.3.3 STATUTORY AUTHORITY: These provisions set forth herein are promulgated by the secretary of the department of health by authority of ~~NMSA 1978 Subsection E of Section 9-7-6(E), NMSA 1978~~ and in conformity with the Public Health Act, ~~particularly Subsections B through G, Q through S, Y and Z of Section 24-1-3, NMSA 1978, Sections 24-1-3C, 24-1-7, and 24-1-15, 24-1-15.2, 24-1-15.3, and 24-1-36, NMSA 1978~~ and pursuant to the Hospital-Acquired Infection Act, ~~NMSA 1978, Sections 24-29-1 through 24-29-6, NMSA 1978.~~ Administration and enforcement of these rules are the responsibility of the epidemiology and response division of the department of health.

[7.4.3.3 NMAC - Rp, 7.4.3.3 NMAC, ~~04/30/2009~~; A, ~~02/29/2012~~xx/xx/2026]

7.4.3.4 DURATION: Permanent.

[7.4.3.4 NMAC - Rp, 7.4.3.4 NMAC, ~~04/30/2009~~xx/xx/2026]

7.4.3.5 EFFECTIVE DATE: ~~April 30, 2009~~xxxx xx 2026, unless a later date is cited at the end of a section.

[7.4.3.5 NMAC - Rp, 7.4.3.5 NMAC, ~~04/30/2009~~xx/xx/2026]

7.4.3.6 OBJECTIVE: The essential objective of these rules is the control of disease and conditions of public health significance through the prompt identification of disease, notification of responsible health authorities, and institution of preventive and ~~ameliorative~~control measures.

[7.4.3.6 NMAC - Rp, 7.4.3.6 NMAC, ~~04/30/2009~~xx/xx/2026]

7.4.3.7 DEFINITIONS: As used in these provisions, the following terms shall have the meaning given to them, except where the context clearly requires otherwise.

~~_____ A. _____~~ **A. Definitions beginning with "A":** "Acute care hospital" means a hospital providing emergency services, in-patient medical and nursing care for acute illness, injury, surgery or obstetrics; ancillary services such as pharmacy, clinical laboratory, radiology, and dietary are required for acute care hospitals.

~~_____ B. _____~~ **B. Definitions beginning with "B":** [RESERVED]

~~_____ C. _____~~ **C. Definitions beginning with "C":**

~~_____ (1) _____~~ **(1) "Cancer"** means all malignant neoplasms and in situ neoplasms and all intracranial neoplasms, regardless of the tissue of origin.

~~_____ (2) _____~~ **(2) "Carrier"** means an infected person or animal that harbors a specific infectious agent without clinical symptoms and that serves as a potential source of infection for humans.

~~_____ (3) _____~~ **(3) "Condition of public health significance"** means ~~a condition dangerous an infection, a disease, a syndrome, a symptom, an injury or other threat that is identifiable on an individual or community level and can reasonably be expected to public lead to adverse health or safety effects in the community.~~

~~_____ D. _____~~ **D. Definitions beginning with "D":**

~~_____ (1) _____~~ **(1) "Department"** means the department of health.

~~_____ (2) _____~~ **(2) "Designee"** means an agency or ~~institution~~institution designated by the department of health to receive reports of notifiable conditions on its behalf for the purpose of public health surveillance.

~~(3) “Disease” means a disorder of structure or function in a human or animal, especially one that has a distinctive group of symptoms, signs, or anatomical changes and often a known cause—F~~

~~“Disease” means an illness~~, including those caused by infectious agents or their toxic products which may be transmitted to a susceptible host.

~~G.~~ (4) **“Division”** means the epidemiology and response division of the department of health, P.O. Box 26110, Santa Fe, NM 87502-6110.

E. Definitions beginning with “E”:

(1) **“E-code”** means code for external causes of injury, poisoning, or adverse effect. (Usage note: If a patient has an injury diagnosis in a range of ICD-9-CM 800-999, an e-code is required.)

(2) **“Electronic laboratory results (ELR)”** means digital reports transmitted from laboratories or other reporting entities to public health departments, the federal centers for disease control and prevention (CDC), health systems and other authorized organizations.

F. Definitions beginning with “F”: [RESERVED]

G. Definitions beginning with “G”: [RESERVED]

H. Definitions beginning with “H”: **“Health care professional”** means any licensed doctor of medicine or osteopathy, nurse, nurse practitioner, physician’s assistant, midwife, veterinarian or other licensed health care provider.

I. ~~“Isolation,”~~ Definitions beginning with “I”:

(1) **“ICD-10”** means the international classification of disease, 10th revision, clinical modification for clinical diagnosis coding

(2) **“Involuntary detention”** means that pursuant to Section 24-1-15, NMSA 1978 of the Public Health Act, the department has petitioned the court for an order to isolate or quarantine ~~means the complete~~ a person after obtaining knowledge that the person is infected with (or reasonably believes that a person is infected with) or exposed to a threatening communicable disease and the person has refused voluntary treatment, testing, evaluation, detention or observation.

(3) **“Isolate”** means a single species of microorganism that has been separated from a mixed sample and grown in a pure culture.

(4) **“Isolation”** means the separation ~~or partial restriction of movement and association in such manner and~~ of sick people with a contagious disease from people who are not sick for such period to prevent the direct ~~and~~ or indirect transmission of the ~~infectious agent~~ contagious disease. Periods of isolation will be defined by the department depending on the characteristics of the contagious disease of concern.

J. Definitions beginning with “J”: [RESERVED]

K. Definitions beginning with “K”: [RESERVED]

L. Definitions beginning with “L”: ~~J.~~ **“Laboratory”** means the scientific laboratory division of the department of health or any other laboratory which performs diagnostic tests on specimens obtained from New Mexico sources for diseases and conditions covered by these rules.

M. Definitions beginning with “M”: [RESERVED]

N. Definitions beginning with “N”: ~~K.~~ **“Notifiable condition”** means a disease or condition of public health significance required by statute or these rules to be reported to the department of health.

O. Definitions beginning with “O”: ~~L.~~ **“Other person”** includes but is not limited to: laboratory staff; an official in charge of any health facility; hospital records or administrative personnel; the principal or person in charge of any private or public school, or child care center; teachers and school nurses; and a householder or any other person, in the absence of a health care professional having direct knowledge of a disease or condition of public health significance.

P. Definitions beginning with “P”: [RESERVED]

Q. Definitions beginning with “Q”: **“Quarantine”** means the restriction and movement of people who were exposed to a contagious disease to observe if they become sick.

R. Definitions beginning with “R”: ~~M.~~ **“Regional or local public health office”** means a public health office designated by the public health division of the department of health.

~~N.~~ “Report” means a notification to the department of health pursuant to these rules.

~~O.~~ **S. Definitions beginning with “S”:**

~~(1)~~ “Sentinel surveillance” means surveillance of an infectious or non-infectious disease or condition through a network of selected geographical reporting sites (sentinel sites).

~~(2)~~ “Specimen” means any material derived from humans or animals for examination for diagnosis, prevention or treatment of any disease or condition of public health significance.

~~T.~~ **Definitions beginning with “T”:** [RESERVED]

~~U.~~ **Definitions beginning with “U”:** [RESERVED]

~~V.~~ **Definitions beginning with “V”:** [RESERVED]

~~W.~~ **Definitions beginning with “W”:** [RESERVED]

~~X.~~ **Definitions beginning with “X”:** [RESERVED]

~~Y.~~ **Definitions beginning with “Y”:** [RESERVED]

~~Z.~~ **Definitions beginning with “Z”:** [RESERVED]

[7.4.3.7 NMAC - Rp, 7.4.3.7 NMAC, ~~04/30/2009; A, 02/29/2012; A, 06/15/2016~~xx/xx/2026]

7.4.3.8 NOTIFIABLE CONDITIONS:

A. Declaration of notifiable conditions: The division shall periodically issue a list of notifiable conditions according to reporting category designated as 7.4.3.13 NMAC. The list shall be reviewed on a regular basis and revised as necessary. Diseases shown in 7.4.3.13 NMAC are declared notifiable conditions as of the effective date.

B. Official listing: The list of notifiable conditions shall be issued in a quick reference format and shall show that it is the current official list and shall specify its effective date. The division shall routinely supply the current official list to health care professionals and health facilities and to other persons or entities on request.

C. Reporting of notifiable conditions: Reporting will be by means of the following:

~~(1)~~ the ~~division’s 24-hour telephone number as listed in the report, “New Mexico epidemiology,” the division’s newsletter or by direct telephone contact with the regional or local public health office;~~

~~(2)~~ the ~~division’s department’s~~ toll-free telephone receiving and recording system telephone number ~~listed in the report “New Mexico epidemiology”;~~

~~(3)~~ ~~(1-833-796-8773) can be used for specified reporting any conditions, reporting to the address/phone number published on the printed form but this number must be used for emergency reporting of the “list of notifiable diseases or conditions”;~~

~~(4)~~ ~~listed under Subsection C of 7.4.3.13 NMAC;~~

~~(2)~~ written report to the division to P.O. Box 26110, Santa Fe, NM 87502-6110 can be used only for routine reporting under Subsection D of 7.4.3.13 NMAC; or

~~(5)~~ ~~(3)~~ facsimile (fax) report to designated fax numbers. The main fax for the department of health (505-827-0013) can be used for routine reporting of diseases or conditions listed under Subsection D of 7.4.3.13 NMAC; or

~~(4)~~ under certain circumstances, other electronic transmission, which includes ~~facsimile and~~ submission of data via computer data transfers. ~~This method would need to be pre-arranged with the department of health and only for routine reporting under Subsection D of 7.4.3.13 NMAC.~~

D. Reporting requirements - health care professionals: Every health care professional treating any person or animal having or suspected of having any notifiable condition shall report the condition within the time and in the manner set out in the list of notifiable conditions.

E. Reporting requirements - laboratories: All laboratories performing diagnostic tests for any notifiable condition shall report all ~~positive~~ findings within the time and in the manner set out in the list. Reports shall include the ~~name of the reporting laboratory, the patient’s name, date of birth/age, and~~

~~address, the date of clinical diagnosis, if known, and the health care professional or hospital requesting the test~~ requirements listed under 7.4.3.13 NMAC.

F. Reporting requirement - other persons: Any other person, including all persons listed in Subsection L of 7.4.3.7 NMAC of these rules, having knowledge of any person having or suspected of having a notifiable condition, including NM residents and those seeking care in NM, shall immediately report the condition to the division.

G. Conditions of public health significance: Any person, including health care professionals and persons listed in Subsection L of 7.4.3.7 NMAC of these rules, having knowledge of a notifiable condition shall immediately report the condition to the ~~division~~department.

[7.4.3.8 NMAC - Rp, 7.4.3.8 NMAC, ~~04/30/2009; A, 02/29/2012~~xx/xx/2026]

7.4.3.9 CONTROL OF DISEASE AND CONDITIONS OF PUBLIC HEALTH SIGNIFICANCE:

A. Responsibility for protection of public health: The department of health may take such measures as are deemed necessary and proper for the protection of the public health.

B. Coordination among agencies: The department of health shall coordinate the efforts of other concerned or interested federal, state and local agencies and shall cooperate with local health care professionals and health care facilities.

C. Imposition of isolation or quarantine: The department of health may establish or require isolation or quarantine of any animal, person, institution, community or region.

D. Case incidence in schools or health facilities: Where any case of communicable disease occurs or is likely to occur in a public, private, or parochial school, child care facility, or in a health care facility, the department of health may require the school or facility to:

(1) exclude infected persons and non-immune persons, whether students, patients, employees or other persons;

(2) close and discontinue operations if there is likelihood of an epidemic;

(3) implement infection control measures per department of health recommendations.

E. Refusal of voluntary treatment, detention or observation: When a person who is actively infectious with a threatening communicable disease refuses voluntary treatment, detention or observation, the department of health may seek a court order ~~to detain~~for isolation or quarantine of the person, pursuant to Section 24-1-15, NMSA 1978 of the Public Health Act until the person is no longer a contagious threat to the public or the person voluntarily complies with appropriate treatment and contagion precautions.

~~F.~~ **F. Sentinel surveillance:** The department may select an infectious or non-infectious disease or condition for sentinel surveillance that are not otherwise subject to general reporting requirements under 7.4.3.13 NMAC, through issuance of a public health order (PHO) pursuant to the department's legal authority under the Public Health Act, Subsection J of Section 24-1-3 NMSA 1978, to bring action in court for the enforcement of health laws and rules and orders issued by the department. The PHO shall specify the manner, format, and scope of sentinel surveillance data collection. Prior to designating a disease or condition for sentinel surveillance, the department shall determine that such surveillance will provide adequate data for epidemiological purposes and that the surveillance is necessary to achieve one or more significant public health objectives, including but not limited to: characterization of a pathogen or condition; monitoring disease burden, trends, or geographic distribution; assessing vaccine effectiveness or changes in vaccine uptake; supporting prevention, preparedness, or response activities for diseases or conditions that may cause morbidity or mortality. Sentinel surveillance complements notifiable case reporting and is designed to quickly detect disease outbreaks and trends in a representative sample of the population. The department shall continuously evaluate sentinel surveillance systems to determine whether modifications are necessary, including changes to: participating geographic areas or sentinel sites; diseases, conditions, or syndromes under surveillance; or surveillance methods or mechanisms. If the department determines that a disease, condition or syndrome no longer meets the criteria for sentinel surveillance, it shall discontinue such surveillance and issue a public health order to that effect. The department shall provide each sentinel surveillance site with written guidance describing the planned surveillance mechanism for the designated disease or condition, including: reporting timeframes; required data elements; protocols for submission of laboratory test results and the submission of clinical specimens or materials from confirmed or suspected cases to the department's scientific laboratory division.

G. Other public health orders: The department of health may issue orders for the testing of particular populations or groups of persons or animals to identify carriers of disease, including immigrants, refugees, travelers, students or preschoolers and others who have been at risk of transmission or exposure. The department of

health may require that all tests be done under the control of the scientific laboratory division or by a laboratory approved for that purpose.

GH. Enforcement of public health orders: Any order issued by the department of health under the Public Health Act or these rules shall be enforceable as provided by law and violation is punishable in accordance with Section 24-1-21, NMSA 1978.

HI. Medical records: To carry out its duties to investigate and control disease and conditions of public health significance, the department of health or designee shall have access to all medical records of persons with, or suspected of having, notifiable diseases or conditions of public health significance. The department of health is a “public health authority” as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the ~~Privacy Rule~~ privacy rule. The department of health is authorized to receive protected health information without patient authorization for purposes of public health surveillance, investigation and interventions and as otherwise required by law. The division or designee may periodically review medical records to ensure the completeness and quality of reporting.

IJ. Confidentiality of reports: All notifiable condition reports are confidential. Disclosure to any person of report information, except for disclosure for the purpose of prevention, treatment or control, is prohibited unless disclosure is required by law.

JK. Research use of notifiable condition data: Researchers authorized by the ~~division~~ department or its designee who certify to the satisfaction of the ~~division~~ department that confidentiality of data will be maintained in accordance with applicable state and federal confidentiality requirements, may conduct studies utilizing notifiable condition data, including studies of the sources and causes of conditions of public health significance, evaluations of the cost, quality, efficacy and appropriateness of screening, diagnostic, therapeutic, rehabilitative and preventive services and programs relating to conditions of public health significance and other clinical or epidemiologic research.

[7.4.3.9 NMAC - Rp, 7.4.3.9 NMAC, ~~04/30/2009; A, 02/29/2012; A, 06/15/2016~~ A, xx/xx/2026]

7.4.3.10 EMERGENCY DEPARTMENT REPORTING:

A. Reporting requirements: ~~Hospitals~~ All licensed non-federal, general and specialty healthcare facilities shall report all emergency department visits electronically to the department of health ~~in such a format, with such the following data elements and in accordance with such standards of quality, timeliness and completeness as established, in the record layout provided by the division.~~ Calendar year data shall be provided on an annual basis by March 28 of the following calendar year.

(1) Age is the patient’s age at discharge, reported in whole number years only, from zero to 130;

(2) Sex is the sex of the patient at discharge and coded as a character as follows:

(a) ‘M’ = male;

(b) ‘F’ = female;

(c) ‘U’ = unknown.

(3) Year of patient’s birth is the year the patient was born and coded as a character, such as ‘1995,’ or ‘2001’.

(4) Month of patient’s birth is the month the patient was born, coded as a two-digit number corresponding with the associated month (e.g., “01” as January, “12” as December, etc.).

(5) Day of patient’s birth is the day the patient was born, coded as a two-digit number corresponding with the associated day of the month (e.g., “01” as the first day of the month, “31” as the 31st day of the month, etc.).

(6) Race of patient is the classification(s) of a patient's stated race to include one or more reported classifications and coded as shown below. For multiple race classifications, do not include spaces or delimiters. For example, if a patient states that he or she is both American Indian and other, the race field would be R1R9:

(a) ‘R1’ = American Indian or Alaska Native;

(b) ‘R2’ = Asian (including Asian Indian, Chinese, Filipino, Japanese, Korean and Vietnamese);

- (c) 'R3' = black or African American;
 - (d) 'R4' = Native Hawaiian or Pacific Islander (including Chamorro and Samoan);
 - (e) 'R5' = White;
 - (f) 'R6' = declined;
 - (g) 'R7' = unknown;
 - (h) 'R9' = other race.
- (7) Patient's ethnicity is the classification of a patient's stated ethnicity, coded as follows:
- (a) 'E1' = Hispanic or Latino;
 - (b) 'E2' = not Hispanic or Latino;
 - (c) 'E6' = declined;
 - (d) 'E7' = unknown or unable to attain.
- (8) Month of patient's visit is the month the patient went to the emergency department of health, coded as a two-digit number corresponding with the associated month (e.g., "01" as January, "12" as December, etc.).
- (9) Day of patient's visit is the day that the patient first went to the emergency department, coded as a two-digit number corresponding with the associated day of the month (e.g., "01" as the first day of the month, "31" as the 31st day of the month, etc.);
- (10) Time of patient's visit is the time the patient went to the emergency department in 24-hour format (00:00).
- (11) State is the state of the patient's residence represented by two text characters ('NM', 'TX', 'AZ,' etc.).
- (12) County is the county of the patient's residence at the time of discharge.
- (13) City is the city of the patient's residence at the time of discharge.
- (14) Address is the mailing address of the patient at the time of the discharge, including street name and number or post office box number or rural route number.
- (15) Zip code is the nine-digit zip code of the patient's residence at the time of discharge.
- (16) DIAG1 is the patient's first-listed diagnosis, using ICD-10 coding.
- (17) All subsequent diagnoses includes all other diagnoses provided as separate variables, i.e. DIAG2, DIAG3, etc., through DIAG45, if applicable, and E-Code1-Code3.
- (18) Pay type is the payment type specified as one of the following broad categories assigned by the data provider in the primary payer identification name field:
- (a) '01' = private insurance;
 - (b) '02' = medicaid;
 - (c) '03' = medicare;
 - (d) '04' = other federal plan;
 - (e) '05' = self-pay;
 - (f) '06' = county indigent fund or charity;
 - (g) '07' = other.
- (19) Hospital is the name of the reporting facility.
- (20) Facility-specific MRN is the medical record number for a patient specific to the facility.
- (21) Control number is the control number specific to the facility-patient record.
- (22) EMS is the EMS ambulance run number.
- (23) Disposition is where the patient went after the ED visit and is coded as:
- (a) '01' = routine discharge;
 - (b) '07' = left against medical advice;
 - (c) '09' = admitted as an inpatient to this hospital;
 - (d) '20' = expired/died;
 - (e) '05' = transferred to another facility.
- (24) Disposition date is the date corresponding to the disposition and formatted as DDMMYY.
- (25) Disposition time is the time corresponding to the disposition date and entered in 24-hour format (00:00).
- (26) Facility transfer is the facility where the patient was transferred. This should be coded using characters or by providing a copy of a data dictionary which describes which codes belongs with which facility. If not applicable, enter 'N/A.'

- (27) Total charges is the amount rounded to the nearest whole dollar for the total charges for all services reported. No cents should be reported.
- (28) Procedure coding type is the type of procedure coding used:
- (a) '01' = CPT (current procedural terminology);
- (b) '02' = ICD (international classification of disease).
- (29) PROC1 is the patient's first-listed procedure, in ICD-10 or CPT coding.
- (30) All subsequent procedure codes include any additional procedure codes available for the patient provided as separate variables, i.e. PROC2, PROC3, up through PROC6 as ICD-10 or CPT coding.
- (31) Sexual orientation (optional reporting) is an individual's pattern of emotional, romantic and sexual attraction to specific genders. Ideally, the patient will self-report which of the following best represents them:
- (a) '01' = straight, that is, not lesbian or gay;
- (b) '02' = lesbian or gay;
- (c) '03' = bisexual or pansexual;
- (d) '04' = i use a different term/something else;
- (e) '05' = don't know.
- (32) Gender identity (optional reporting) is the patient's concept of self as male, female, a blend of both or neither. Ideally, the patient will self-report which of the following best represents them:
- (a) '01' = female;
- (b) '02' = male;
- (c) '03' = transgender;
- (d) '04' = nonbinary;
- (e) '05' = i use a different term;
- (f) '06' = don't know;
- (g) '07' = prefer not to answer.

B. Confidentiality: All-emergency department visit reports are confidential. Disclosure to any person of report information, except for disclosure of a notifiable condition for the purpose of prevention or control of diseases and other health conditions, is prohibited unless disclosure is required by law.
[7.4.3.10 NMAC - Rp, 7.4.3.10 NMAC - ~~7.4.3.11 NMAC, 04/30/2009, xx/xx/2026~~]

7.4.3.11 HEALTHCARE-ASSOCIATED INFECTION REPORTING: Acute care hospitals only will submit data to the New Mexico department of health using the centers for disease control and prevention (CDC) national healthcare safety network (NHSN) and confer rights to access the data to the New Mexico department of health ~~for central line associated bloodstream infections and clostridium difficile infections. All carbapenem-resistant enterobacteriaceae and carbapenem-resistant pseudomonas aeruginosa cases, including non-healthcare-associated, will be reported to the New Mexico department of health.~~

[7.4.3.11 NMAC - ~~N, 02/29/2012; A, 06/15/2016~~ Rp 7.4.3.11 NMAC, xx/xx/2026]

7.4.3.12 REPEALER: These requirements repeal and replace all previous rules, particularly rules governing the control of communicable disease of November 11, 1952, rules governing the reporting of notifiable disease of June 29, 1974 and rules governing the control of disease and conditions of public health significance of 1980.

[7.4.3.12 NMAC - Rp, 7.4.3.12 NMAC, ~~04/30/2009; 7.4.3.12 NMAC - Rn, 7.4.3.11 NMAC, 02/29/2012~~ xx/xx/2026]

7.4.3.13 NOTIFIABLE DISEASES OR CONDITIONS IN NEW MEXICO:

A. Required content for reports: All reports, including electronic laboratory reports of notifiable conditions, must include:

- (1) ~~specimen source, collection date, name of the disease or condition being reported~~ test and test result;
- (2) patient's name, date of birth/~~age~~, gender, race/ethnicity, address, patient telephone numbers, and occupation;

- (3) physician or licensed healthcare professional name and telephone number; and
- (4) healthcare facility or laboratory name and telephone number, if applicable;

(5) reason for test;

(6) additional information required in the course of a public health investigation includes hospitalization status, patient treatment type, exposure status, travel history, and pregnancy status.

B. Laboratory ~~of~~specimens: Isolates, laboratory, and clinical samples for conditions marked with (*) are required to be sent to the scientific laboratory division. Conditions marked with (+) are required for sentinel surveillance. Surveillance of these conditions may change as described under Subsection F of 7.4.3.9 NMAC.

C. Emergency reporting of diseases or conditions: The following diseases, confirmed or suspected, require immediate reporting ~~by telephone~~ to the ~~epidemiology and response~~ division ~~at (505) 827-0006.~~

- (1) Infectious diseases:
 - (a) anthrax*;
 - (b) avian or novel influenza*;
 - (c) bordetella species (including pertussis)*;
 - (d) botulism (any type)*;
 - (e) cholera*;
 - (f) diphtheria*;
 - (g) haemophilus influenzae invasive infections*;
 - (h) measles;
 - (i) Middle East respiratory syndrome;
 - (j) meningococcal infections, invasive*;
 - (k) plague*;
 - (l) poliomyelitis, paralytic and non-paralytic;
 - (m) rabies;
 - (n) rubella (including congenital);
 - (o) severe acute respiratory syndrome (SARS)*;
 - (p) smallpox*;
 - (q) tularemia*;
 - (r) typhoid fever*;
 - (s) viral hemorrhagic fever;
 - (t) yellow fever.

(2) **Other conditions:**

- (a) suspected foodborne illness in two or more unrelated persons*;
- (b) suspected waterborne illness or conditions in two or more unrelated persons*;
- (c) illnesses or conditions suspected to be caused by the intentional or accidental release of biologic or chemical agents*;
- (d) acute illnesses or conditions of any type involving large numbers of persons in the same geographic area;
- (e) severe smallpox vaccine reaction;
- (f) other illnesses or conditions of public health significance.

(3) **Infectious diseases in animals:**

- (a) anthrax;
- (b) avian influenza in companion animals;
- ~~(c)~~ plague;
- ~~(d)~~ rabies;
- ~~(e)~~ tularemia.

D. Routine reporting of diseases or conditions:

(1) Infectious diseases (report case within 24 hours to ~~epidemiology and response~~ division by fax at 505-827-0013 or by phone at ~~505-827-0006; or contact the local health office~~, 1-833-796-8773);

- (a) arboviral disease;
- (b) brucellosis;

- (c) campylobacter infections*;
- (d) candida auris (C. auris)*;
- ~~(e)~~ carbapenemase-producing organism (CPO)*;
- ~~(f)~~ carbapenem-resistant Acinetobacter baumannii (CRAB)*;
- ~~(g)~~ carbapenem-resistant enterobacterales (CRE)*;
- ~~(h)~~ carbapenem-resistant Pseudomonas aeruginosa (CRPA)*;
- ~~(i)~~ chikungunya virus disease;
- ~~(ei)~~ clostridium difficile*;+;
- ~~(fk)~~ coccidioidomycosis;
- ~~(gl)~~ Colorado tick fever;
- ~~(hm)~~ cryptosporidiosis;
- ~~(in)~~ cysticercosis;
- ~~(jo)~~ cyclosporiasis;
- ~~(kp)~~ dengue;
- ~~(lq)~~ E. coli 0157:H7 infections*;
- ~~(mr)~~ E. coli, ~~shiga~~Shiga-toxin producing (STEC) infections*;
- ~~(ns)~~ encephalitis, other;
- ~~(ot)~~ giardiasis;
- ~~(pu)~~ group A streptococcal invasive infections*;
- ~~(qv)~~ group B streptococcal invasive infections*;
- ~~(rw)~~ Hansen's disease/leprosy;
- ~~(sx)~~ hantavirus pulmonary syndrome;
- ~~(ty)~~ hemolytic uremic syndrome;
- ~~(uz)~~ hepatitis A, acute;
- ~~(vaa)~~ hepatitis B, acute or chronic;
- ~~(wbb)~~ hepatitis C, acute or chronic; report antibody positive results and all PCR and genotype results including negative; for children under 4 only, report antibody negative results;
- ~~(xcc)~~ hepatitis E, acute;
- ~~(ydd)~~ influenza-associated pediatric death;
- ~~(zee)~~ influenza, laboratory--confirmed hospitalization only~~;~~+;
- ~~(aaff)~~ legionnaires' disease;
- ~~(bbgg)~~ leptospirosis;
- ~~(eehh)~~ listeriosis*;
- ~~(ddii)~~ lyme disease;
- ~~(eejj)~~ malaria;
- ~~(ffkk)~~ mumps;
- ~~(ggll)~~ necrotizing fasciitis*;
- ~~(hhmm)~~ psittacosis;
- ~~(inn)~~ q fever;
- ~~(jjoo)~~ relapsing fever;
- ~~(kk)~~ _____ (pp) respiratory syncytial virus (RSV),
laboratory-confirmed hospitalization only+;
- ~~(qq)~~ salmonellosis*;
- ~~(rr)~~ SARS-COV-2 (COVID-19), laboratory-confirmed hospitalization only+;
- ~~(ss)~~ shigellosis*;
- ~~(tt)~~ spotted fever rickettsiosis/Rocky Mountain spotted fever;

~~(ll) salmonellosis*;~~

~~(mm) shigellosis*;~~

~~(nn) St. Louis encephalitis infections;~~

~~(oo) streptococcus pneumoniae, invasive infections*;~~

~~(pp) tetanus;~~

~~(qq) trichinellosis;~~

~~(rr) toxic shock syndrome;~~

~~(ss) varicella;~~

~~(tt) vibrio infections*;~~

~~(uu) west nile(vvv) West Nile virus infections;~~

~~(ww) western equine encephalitis infections;~~

~~(xx) yersinia infections*.~~

(2) Infectious diseases in animals (report case within 24 hours to ~~epidemiology and response~~ division at ~~505-827-0006; or contact the local health office; 1-833-796-8773~~):

(a) arboviral, other;

(b) brucellosis;

(c) psittacosis;

(d) ~~west nile~~West Nile virus infections.

(3) Tuberculosis*:-*(~~includes active tuberculosis disease and latent tuberculosis infection (LTBI)~~). Report ~~suspect or confirmed cases results~~ to NM department of health ~~tuberculosis program by phone at 1-833-796-8773 or by fax at 505-827-0163 or by phone at 505-827-2471 or 505-827-2473; active disease,~~

~~(a) Active tuberculosis (TB) disease: - report suspected or lab-confirmed cases within 24 hours; infection. Lab-confirmed TB cases include:~~

~~(i) AFB culture positives for mycobacterium tuberculosis complex or (MTBC);~~

~~(ii) PCR/NAAT molecular test positive for MTBC.~~

~~(b) Suspected TB cases include:~~

~~(i) chest imaging (CXR or CT scan) compatible with tuberculosis disease;~~

~~(ii) biopsy/pathology consistent with possible mycobacterium complex or MTBC;~~

~~(iii) symptoms and clinical evaluation consistent with suspected or active TB.~~

~~(c) Latent TB: report within ~~72 hours~~ seven days where LTBI diagnosis is established when the following are met:~~

~~(i) a positive Mantoux tuberculin skin test or interferon gamma release assay test;~~

~~(ii) no radiological evidence of active tuberculosis in the lungs;~~

~~(iii) no signs or symptoms consistent with tuberculosis disease; and~~

~~(iv) no documented prior tuberculosis infection.~~

(4) Sexually transmitted diseases:- Report to ~~infectious~~communicable disease bureau - STD program, NM department of health, P.O. Box 26110, Santa Fe, NM 87502-6110, ~~call 1-833-796-8773 or fax to 505-476-3638; or call 505-476-3636~~207-7991.

(a) chancroid;

(b) chlamydia trachomatis infections;

(c) gonorrhea;

(d) syphilis, including positive (reactive) and negative (non-reactive) laboratory results).

(5) HIV (human immunodeficiency virus) ~~and AIDS (acquired immunodeficiency syndrome)~~ of all stages. Report to HIV and hepatitis epidemiology program, by written report (1190 St. Francis Dr., N1350, Santa Fe, NM 87502-), phone (1-833-796-8773), or fax (505-476-3544 or call 505-476-3515-827-0013):

- (a) ~~all~~ confirmed positive HIV antibody tests (screening test plus confirmatory test);
- (b) ~~all~~ tests for HIV RNA or HIV cDNA ('-viral load tests-');
- (c) ~~all~~ tests to detect HIV proteins;
- (d) ~~all~~ positive HIV cultures;
- (e) ~~all~~ HIV genotype tests;
- (f) ~~all~~ CD4 lymphocyte tests (count and percent);
- (g) opportunistic infections, cancers and any other test or condition indicative of

HIV or AIDS.

(6) Occupational illness and injury. Report to epidemiology and response division, NM department of health, P.O. Box 26110, Santa Fe, NM 87502-6110; by phone at 1-833-796-8773 or call by fax (505-827-0006-0013):

- (a) asbestosis;
- (b) coal worker's pneumoconiosis;
- (c) hypersensitivity pneumonitis;
- (d) mesothelioma;
- (e) noise induced hearing loss;
- (f) occupational asthma;
- (g) occupational burn hospitalization;
- (h) occupational injury death; heat-related illness
- (i) occupational injury death;
- (j) occupational pesticide poisoning;
- (k) occupational traumatic amputation;
- (l) silicosis;
- (m) other illnesses or injuries related to occupational exposure.

(7) Health conditions related to environmental exposures and certain injuries: Report to epidemiology and response division, NM department of health, P.O. Box 26110, Santa Fe, NM 87502-6110; by phone at 1-833-796-8773 or call by fax at 505-827-0006-0013.

- (a) Environmental exposures:
 - (i) all pesticide poisoning;
 - (ii) arsenic in urine greater than 50 micrograms/liter;
 - (iii) carbon monoxide poisoning;
 - (iv) infant methemoglobinemia;
 - (v) lead (all blood levels);
 - (vi) mercury in urine greater than 3 micrograms/liter or mercury in blood greater than 5 micrograms/liter;
 - (vii) uranium in urine greater than 0.2 micrograms/liter or 0.2 micrograms/gram creatinine;
 - (viii) other suspected environmentally-induced health conditions.
- (b) Injuries:
 - (i) drug overdose;
 - (ii) firearm injuries;
 - (iii) fracture due to fall among older (65 years of age and older) adults;
 - (iv) suicide attempt;
 - (v) traumatic brain injuries.

(8) Adverse vaccine reactions-: Report to vaccine adverse events reporting system, <http://www.vaers.hhs.org>. Send copy of report to immunization program vaccine manager, NM department of health, P.O. Box 26110, Santa Fe, NM 87502-6110; fax 505-827-1741; <https://vaers.hhs.gov/>.

(9) Healthcare associated infections.

~~(a) Acute care hospitals only report through NHSN and confer rights to NM department of health.~~

~~(i) central line-associated bloodstream infections (CLABSI) events;~~

~~(ii) clostridium difficile infections.~~

~~(b) Report all infections, including non-healthcare-associated, within 24 hours to epidemiology and response division by fax at 505-827-0013 or by phone at 505-827-0006.~~

~~(i) carbapenem-resistant enterobacteriaceae*;~~

~~(ii) carbapenem-resistant pseudomonas aeruginosa*.~~

~~(10) Cancer-: Report to designee-, [New Mexico tumor registry](#). Report all malignant and in situ neoplasms and all intracranial neoplasms, regardless of the tissue of origin, using the prevailing standards promulgated by the national cancer institute, the centers for disease control and prevention, the North American association of central cancer registries, and the American college of surgeons. [Call 505-272-5541 for questions.](#)~~

~~(11.10) Human papillomavirus (HPV)-: Laboratories report the following ~~tests to as~~ electronic laboratory results (ELR) and as specified by the department's designee, [New Mexico HPV Pap Registry](#). Call 505-272-5785 for questions:~~

~~(a) papanicolaou test results (all results)-) from cervical, vaginal and anal sites, include primary screening, cotest, triage or abnormal follow-up indications;~~

~~(b) cervical, vulvar ~~and~~ vaginal, anal, oropharyngeal, uterine, and endometrial pathology results (all results);~~

~~(c) HPV test results (all results)-) from any anatomic site including primary screening (self- or clinician-collection), cotest, triage or abnormal follow-up indications;~~

~~(12) ~~(d)~~ Immunocytochemistry (ICC), Immunohistochemistry (IHC), biomarker tests (all results) used as adjunctive tests to (a), (b) and (c) above.~~

~~(11) Birth defects-:~~

~~(a) Report to ~~epidemiology and response~~ division, NM department of health, by phone (1-833-796-8773) or written report (P.O. Box 26110, Santa Fe, NM 87502-6110; ~~or call 505-827-0006~~);~~

~~(b) All birth defects diagnosed by age ~~4~~four years, including:~~
~~(i) defects diagnosed during pregnancy;~~
~~(ii) defects diagnosed on fetal deaths;~~
~~(iii) defects found in chromosome testing on amniotic fluid, chorionic villus sampling and products of conception for trisomy 13, trisomy 18 and trisomy 21.~~

~~(13.12) Genetic and congenital hearing screening-: Report to children's medical services, 2040 S. Pacheco, Santa Fe, NM 87505; ~~fax to 505-476-8896 or 505-827-5995~~ or call 505-476-8868.~~

- (a) neonatal screening for congenital hearing loss (all results);
- (b) suspected or confirmed congenital hearing loss in one or both ears;
- (c) all conditions identified through statewide newborn genetic screening;
- (d) newborn critical congenital heart defects screening (all results).

[7.4.3.13 NMAC - ~~Rn & ARp~~, 7.4.3. ~~1213~~ NMAC, ~~02/29/2012; A, 06/15/2016~~ xx/xx/2026]

HISTORY OF 7.4.3 NMAC:

Pre-NMAC History:- The material in this part was derived from that previously filed with the commission of public records - state records center and archives:

HSSD 72-3, Regulations Governing The Reporting Of Notifiable Diseases, filed 10/4/~~72~~1972.

HSSD 74-16, Regulations Governing The Reporting Of Notifiable Diseases, filed 7/30/~~74~~1974.

HED-79-4 (HSD), Regulations Governing The Control Of Disease And Conditions Of Public Health Significance, filed 12/20/~~79~~1979.

History of Repealed Material: -7 NMAC 4.3, Control of Disease and Conditions of Public Health Significance (filed 10/31/~~96~~1996), repealed 8/15/2003.

7.4.3 NMAC, Control of Disease and Conditions of Public Health Significance (filed July 31, 2003), repealed 04/30/2009.

7.4.3 NMAC, Control of Disease and Conditions of Public Health Significance (filed 4/14/2009), repealed xx/xx/2026.

Other History:

HED-79-4 (HSD), Regulations Governing The Control Of Disease And Conditions Of Public Health Significance (filed 12/20/~~79~~1979) was renumbered, reformatted, and amended into the first version of the New Mexico Administrative code as 7 NMAC 4.3, Control of Disease and Conditions of Public Health Significance, effective 10/31/~~96~~1996.

7 NMAC 4.3, Control of Disease and Conditions of Public Health Significance, filed 10/16/~~96~~1996 was replaced by the second version of- the New Mexico Administrative code as 7.4.3 NMAC, Control of Disease and Conditions of Public Health Significance, effective 8/15/2003.

7.4.3 NMAC, Control of Disease and Conditions of Public Health Significance (filed July 31, 2003) was replaced by 7.4.3 NMAC, Health, Disease Control (Epidemiology), Control of Disease and Conditions of Public Health Significance, effective 04/30/2009.

7.4.3 NMAC, Control of Disease and Conditions of Public Health Significance (filed 4/14/2009) was replaced by 7.4.3 NMAC, Health, Disease Control (Epidemiology), Control of Disease and Conditions of Public Health Significance, effective xx/xx/2026.

NOTICE OF PUBLIC HEARING

The New Mexico Department of Health will hold a public hearing on the proposed repeal and replacement of rule 7.4.3 NMAC, “Control of Disease and Conditions of Public Health Significance.” The hearing will be held on April 30, 2026, at 10:00 a.m. via the Microsoft Teams Internet-based video conferencing system, and via telephone. Members of the public who wish to submit public comment regarding the proposed repeal and replacement of the rule will be able to do so via video conference and via telephone during the course of the hearing, and by submitting written comment.

The Department proposes to repeal and replace the entirety of rule 7.4.3 NMAC, to incorporate various new and modified provisions, including but not limited to provisions concerning:

- Additional language on Statutory Authority (section 3);
- Definitions (section 7);
- Methods and requirements to report notifiable conditions (section 8);
- Addition of sentinel surveillance of infectious and non-infectious diseases or conditions that are not already included under section 13 and details about the requirements for sentinel surveillance to be initiated (section 9)
- Listing of required emergency department visit variables (section 10);
- Move Healthcare Associated Infections to section 13 where the other notifiable conditions are listed (section 11);
- Add new notifiable conditions and modify certain existing notifiable conditions to update terminology or provide current laboratory test requirements (tuberculosis is one example) (section 13);

The purpose of the proposed repeal and replacement of 7.4.3 NMAC is to implement the Public Health Act. Administration and enforcement of these rules are the responsibility of the Epidemiology and Response Division of the Department of Health, under Section 24-1-3, which authorizes the department to “investigate, control and abate the causes of disease, especially epidemics, sources of mortality and other conditions of public health,” and to “maintain and enforce rules for the control of communicable diseases deemed to be dangerous to public health.” 7.4.3 NMAC has not been updated since 2016 and therefore requires extensive updates to allow the department to effectively address its duties.

The legal authority authorizing the proposed repeal and replacement of the rule by the Department is at the Department of Health Act, Subsection E of Section 9-7-6 NMSA 1978, which authorizes the secretary of the department of health to “...make and adopt such reasonable and procedural rules and regulations as may be necessary to carry out the duties of the department and its divisions” and to “maintain and enforce such rules as may be necessary to carry out the provisions of the Public Health Act and to publish the rules.” (Public Health Act Section 24-1-3). And by the authority of and in conformity with the Public Health Act, Subsections B through G, Q through S, Y and Z of Section 24-1-3, NMSA 1978, Sections 24-1-7, 24-1-15, 24-1-15.2, 24-1-15.3, and 24-1-36, NMSA 1978 and pursuant to the Hospital-Acquired Infection Act, Sections 24-29-1 through 24-29-6, NMSA 1978.

A free copy of the full text of the proposed repeal and replacement can be obtained online from the New Mexico Department of Health’s website at <http://nmhealth.org/about/asd/cmo/rules/> or by contacting the Department using the contact information below.

The public hearing will be conducted to receive public comment on the proposed repeal and replacement. Any interested member of the public may attend the hearing and may submit data, views, or arguments on the proposed rule either orally or in writing during the hearing.

To access the hearing via the Internet: please go to <https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting>, then enter the following meeting i.d. code and passcode where indicated on the screen: meeting i.d. code 219 293 526 532 36 and passcode Py3c8pF6 and then click the “Join a meeting” button.

To access the hearing by telephone: please call (888) 506-1357 and enter phone conference i.d. 217586114#

All comments will be recorded.

Written public comment regarding the proposed rule can be submitted either by e-mail to Jacob Clark at jacob.clark@doh.nm.gov, or U.S. postal mail to the following address:

Jacob Clark
NMDOH OGC
P.O. Box 26110
1190 St. Francis Dr., Suite N-4095
Santa Fe, NM 87502-6110

Written comments must be received by the close of the public rule hearing on April 30, 2026. All written comments will be published on the agency website at <https://www.nmhealth.org/about/asd/cmo/rules/> within 3 days of receipt, and will be available at the New Mexico Department of Health for public inspection.

If you are an individual with a disability who is in need of special assistance or accommodations to attend or participate in the hearing, please contact Jacob Clark by telephone at (505) 827-2997. The Department requests at least ten (10) days' advance notice to provide special accommodation.

Affidavit of Publication

STATE OF NEW MEXICO }
COUNTY OF BERNALILLO } SS

Ad Cost: \$225.98
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I, Michele Aster, the undersigned, Legal Representative of the Albuquerque Journal, on oath, state that this newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, chapter 167, Session Laws of 1937, and payment of fees has been made of assessed and a copy of which is hereto attached, was published in said publication in the daily edition, 1 time on the following date:

March 24, 2026

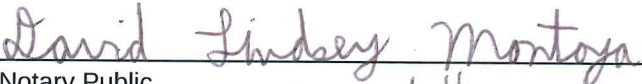
That said newspaper was regularly issued and circulated on those dates.

SIGNED:



Legal Representative

Subscribed to and sworn to me this 24th day of March 2026.



Notary Public

County Bernalillo

ID#: 1140229

My commission expires: 04-26-2027

STATE OF NEW MEXICO
NOTARY PUBLIC
DAVID LINDSEY MONTOYA
COMMISSION NUMBER 1140229
EXPIRATION DATE 04-26-2027

NM DEPT HEALTH GENERAL COUNCIL
NM DEPT OF HEALTH GENERAL COUNCIL
1190 ST FRANCIS N4095
SANTA FE, NM 87502

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Journal: March 24, 2026



INVOICE

**NM Commission of Public
Records**
1205 Camino Carlos Rey
Santa Fe, NM 87507

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+1 (505) 476-7912
www.nmcpr.state.nm.us

Bill to
Department of Health - General Counsel
Office
P.O. Box 26110
Santa Fe, NM 87502-6110

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Office
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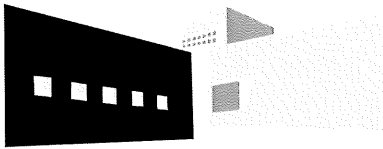
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1.	NM Register - 431902	Notice Of Public Hearing (7.4.3 NMAC), hearing date: 4/30/2026	26	\$3.00	\$78.00
2.	NM Register - 431902	Notice Of Public Hearing (7.30.12 NMAC), hearing date: 5/15/2026	30	\$3.00	\$90.00
3.	NM Register - 431902	Notice Of Public Hearing (7.35.2 NMAC), hearing date: 4/24/2026	37	\$3.00	\$111.00

Total **\$279.00**

Note to customer
Thank you for your business!

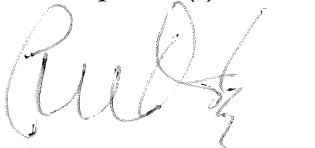


NEW MEXICO
State Records Center and Archives
COMMISSION OF PUBLIC RECORDS
Your Access to Public Information

Affidavit of Publication in New Mexico Register

I, Matthew Ortiz, certify that the agency noted on Invoice # SRCA - 8734 has published legal notice of rulemaking or rules in the NEW MEXICO REGISTER, VOLUME XXXVI, that payment has been assessed for said legal notice of rulemaking or rules, which appears on the publication date and in the issue number noted on Invoice # SRCA - 8734, and that Invoice # SRCA - 8734 has been sent electronically to the person(s) listed on the *Billing Information Sheet* provided by the agency.

Affiant:




Matthew Ortiz

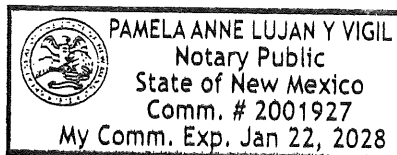
Subscribed, sworn and acknowledged before me this 27th day of March 2026.

Notary Public:

My Commission Expires:



1/22/2028



1205 Camino Carlos Rey | Santa Fe, NM 87507 | www.srca.nm.gov

Hon. Raúl Torrez
Attorney General

Hon. Joseph Maestas
State Auditor

Hon. Maggie Toulouse Oliver
Secretary of State

Debra Garcia y Griego
Secretary, Department of Cultural Affairs

Robert E. Doucette Jr.
Secretary, General Services Department

Stephanie Wilson
State Law Librarian, Supreme Court Law Library



Michelle Lujan Grisham
Governor

Gina DeBlassie
Cabinet Secretary

New Mexico Department of Health

EXHIBIT 7

Via Electronic Mail

March 11, 2026

Craig Erickson
Utton & Kery, P.A.
PO Box 2386
Santa Fe, NM 87504
E-mail: craig@uttonkery.com

Re: Appointment Letter, Public Rulemaking Hearing on Proposed Repeal and Replacement of a Rule 7.4.3 NMAC, Control of Disease and Conditions of Public Health Significance

Dear Mr. Erickson:

Pursuant to NMSA 1978, § 9-7-6(E), I hereby appoint you to serve as the hearing officer to preside at the Department of Health's public hearing April 30th, 2026, and to submit a written recommendation regarding the proposed rule adoption. This rulemaking hearing is scheduled for 10:00 a.m. and will be conducted via the Microsoft Teams web conference platform and via telephone. Attached is a copy of the Notice of Public Hearing.

The hearing will be conducted to receive public comment regarding the repeal and replacement of 7.4.3 NMAC, "Control of Disease and Conditions of Public Health Significance." An exhibit binder will be provided to you prior to the date of the hearing.

Thank you for accepting this appointment.

Sincerely,

Gina DeBlassie
NMDOH Cabinet Secretary

3/12/2026
Date

cc: Christopher D. Woodward, Deputy General Counsel

Affidavit of Notice to the Public

I, Jacob Clark, the undersigned, on oath, swear and affirm that the Notice of the Public Hearing for the proposed repeal and replacement of rule 7.4.3 (Control of Disease and Conditions of Public Health Significance), was provided to the public as identified below:

1. On March 24th, 2026, I verified that the Notice of Public Hearing was electronically posted on the New Mexico Department of Health agency website at <https://www.nmhealth.org/about/asd/cmo/rules/>, in accordance with the State Rules Act at NMSA 1978, § 14-4-5.2.
2. On March 24th, 2026, I verified that the Notice of Public Hearing was posted on the New Mexico Sunshine Portal website, in accordance with the State Rules Act at NMSA 1978, § 14-4-5.2.
3. On March 24th, 2026, I emailed the Notice of Public Hearing to persons who have made a written request for notice from the agency of announcements addressing the subject of rulemakings and who have provided the agency an electronic mail address, in accordance with the State Rules Act at NMSA 1978, § 14-4-5.2. The list of persons who requested notice includes the following persons:

Tim Gardner	tgardner@drnm.org
Lucy Galaviz	lgalaviz@drnm.org
Rachel S. Gudgel	rachel.gudgel@nmlegis.gov

4. No persons have provided a postal address to request written notice by postal mail.
5. On March 24th, 2026, I emailed the Notice of Public hearing to the New Mexico Legislative Council Service, at lcs@nmlegis.gov, in accordance with the State Rules Act at NMSA 1978, § 14-4-5.2.
6. On March 24th, 2026, I emailed the Notice of Public Hearing to Kim Sewell of the New Mexico Small Business Regulatory Advisory Commission, the identified contact person for the receipt of proposed rule changes, at Kim.Sewell@edd.nm.gov, pursuant to the Small Business Regulatory Relief Act at NMSA 1978, § 14-4A-4.
7. On March 24th, 2026, I ensured that the Notice of Public Hearing was posted publicly on the exterior doors at the Harold Runnels Building, Department of Health, 1190 S. St. Francis Drive, Santa Fe, NM 87505.

FURTHER AFFIANT SAYETH NAUGHT.



Jacob Clark, Affiant

STATE OF NEW MEXICO }
COUNTY OF SANTA FE }

SWORN TO and SUBSCRIBED before me on the 25 day of March, 2026 by Jacob Clark.



Notarial Officer

My Commission Expires:

NA Bar # 14653



State of New Mexico
Notarial Officer
Amanda H. Frazier
State Bar #14653



Notifiable Conditions Proposed Update: Public Hearing April 30, 2026

Background

- New Mexico’s Public Health Act (NMSA 1978, Sections 24-1-1 et seq.): DOH authority to protect and promote public health and safety.
 - Under 24-1-3C: “to investigate, control and abate the causes of disease, especially epidemics, sources of mortality and other conditions of public health.”
- Duties further delineated under Title 7 (Health) Chapter 4 [Disease control (epidemiology) Part 3 (Control of disease and conditions of public health significance) under the New Mexico Administrative Code (NMAC).
- **7.4.3.8 NMAC: “The division shall periodically issue a list of notifiable conditions according to reporting category designated as 7.4.3.13 NMAC. The list shall be reviewed on a regular basis and revised as necessary.”**
- Last update to 7.4.3.13 NMAC occurred in June 2016 (<https://www.nmhealth.org/publication/view/regulation/372/>).

Completed Steps

- Proposals by DOH bureaus (and designees) submitted to modify, delete, or add notifiable conditions
- Proposals reviewed and scored by NC Proposals Committee*
 - Nine proposals for new NCs submitted, seven approved
 - Eight proposals to modify existing NCs. All modifications were approved
- In the meantime, 7.4.3 NMAC overall reviewed. Extensive edits made.

*PHD Director, Chief Medical Officer, Director of the Center for Healthy and Safe Communities, and Director of SLD, Deputy State Epidemiologist, and Retired Deputy State Epidemiologist Project Manager

Completed Steps

New Proposed Notifiable Conditions:

1. *Candida auris*
2. carbapenemase-producing organism (CPO)
3. carbapenem-resistant *Acinetobacter baumannii* (CRAB)
4. occupational heat-related illness
5. suicide attempt
6. Respiratory Syncytial Virus laboratory confirmed hospitalization
7. SARS-COV-2 (COVID-19), laboratory confirmed hospitalization

Completed Steps

Modified NCs:

1. carbapenem-resistant enterobacteriaceae
2. HPV (multiple changes to include different anatomic sites and immunocytochemistry tests)
3. HIV (human immunodeficiency virus) and ~~AIDS (acquired immunodeficiency syndrome)~~ of all stages.
4. syphilis, **including positive (reactive) and negative (non-reactive) laboratory results).**
5. hepatitis C, acute or chronic; **report antibody positive results and all PCR and genotype results including negative; for children under 4 only, report antibody negative results**
6. Tuberculosis (more details regarding active and latent)
7. **spotted fever rickettsiosis/Rocky Mountain spotted Fever**
8. avian influenza in companion animals (under infectious diseases in animals)

Completed Steps

- Notifiable conditions language plus other changes in 7.4.3 submitted to OGC for 4 rounds of edits – content and format
- Other changes required:
 - Addition of data elements for emergency department visits reporting
 - Addition of section about sentinel surveillance to address the need to modify surveillance between rulemaking periods through a public health order:

F. The department may select an infectious or non-infectious disease or condition for sentinel surveillance that are not otherwise subject to general reporting requirements under 7.4.3.13, through issuance of a public health order (PHO) pursuant to the department’s legal authority under the Public Health Act,, Section 24-1-3(J) NMSA 1978, to bring action in court for the enforcement of health laws and rules and orders issued by the department.

Completed Steps

- Presentation to Cabinet Secretary
- Cabinet Secretary approval of initial proposed changes
- Rules and Archives reviews format
- Public comments taken online during 30-day period
 - No written public comments were submitted
- Internal Review Changes
 - Added one phone number for HPV reporting
 - Updated Birth Defects (paragraph (11) of Subsection D of 7.4.3.13 NMAC) subparagraph (a):
 - Report to family health bureau - maternal & child health epidemiology program, NM department of health, by fax (505-476-8995), or written report (2040 S. Pacheco, Santa Fe, NM 87505).

Next Steps

- Public rule hearing on proposed update to 7.4.3. including 7.4.3.13 NMAC
- Consolidate all the comments and changes into the final version for publishing the new notifiable conditions list
- Hearing officer report submitted to NMDOH for review
- Publish final fully approved NMAC language

Mr. Tony Quintana, MS, CHES; Ms. Teresa Gomez, MA; and Ms. Jennifer Nanez, MSW, LCSW serve as co-leads for the American Indian Suicide Prevention Workgroup (AISPWG), a workgroup under the NM Coalition for Suicide Prevention and Awareness. As AISPWG co-leads, we are submitting comment related to proposed changes to NMAC 7.4.3 adding suicide attempt as a public health notifiable condition.

The suggested change has both benefits and challenges, especially in relation to our Tribal communities. Adding suicide attempt as a public health notifiable condition can increase Tribal awareness of rates of suicide attempt in our local communities. Data allows for Tribes to evaluate risk factors that may contribute to suicide attempt, and work to develop data driven prevention and intervention efforts in our local communities. However, providing support to address or increase efforts for prevention within Tribal communities must also follow data collection in collaboration with Tribal communities. The same is true for suicide death. If suicide attempt is created as a public health notifiable condition, suicide death should also be added as a notifiable condition. Resources from the State must be provided to Tribes to support postvention response within the community.

New Mexico's American Indian and Alaska Native populations have one of the highest rates of suicide attempt and death due to suicide in NM, our Tribes themselves are small. Data collection consisting of address information and zip code is nearly immediately identifiable for families and individuals in our Tribal communities. Data reporting must have clear guidelines on how this information may be shared publicly, even in aggregate. For example, in some Tribes, zip codes easily identify a Tribal community as a whole. Tribal data sovereignty and Tribal Public Health Authority, including Tribal specific reporting requirements, data sharing agreements and timeframes must be considered in any health policy change, and adhered to by the State in respect for Government-to-Government relationship.

The modified Reporting Requirements—other persons (NMAC 7.4.3. Section F.) indicate most instances regarding public health notifiable conditions are often diagnosed or treated in health facilities. In Tribal Communities, may initially be encountered at Law Enforcement (LE) or EMS engagement—and depending on acuity, may progress to hospital or clinic, or be treated or resolved at LE or EMS level. What education will be provided to these agencies across the State and at the Tribal level in reporting requirements for this proposed addition of suicide attempt?

A final recommendation is that meaningful consultation must occur with NM's Tribes, Pueblos and Nations to discuss this proposed change, including impact, resource provision, Tribal Public Health Authority, Data Sovereignty and Data Sharing Agreements. Suicide attempt and suicide death does remain a significant issue for our Tribal communities and urban Indigenous populations across the State. Data sharing, as well as data driven approaches, can help our communities tackle this challenge. Tribal sovereignty, Tribal Public Health Authority, and Tribal Data Sovereignty **must** be adhered to and respected.

Tony Quintana, MS, CHES
He, Him, His
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Proud Indigenous Youth Leaders Program
Community Health Education & Resiliency Program
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