

Title 51
PUBLIC HEALTH—SANITARY CODE
Part II. The Control of Diseases

Chapter 1. Disease Reporting
Requirements

§101. Definitions
[formally paragraph 2:001]

A. Unless otherwise specifically provided herein, the following words and terms used in this Part and all other Parts which are adopted or may be adopted, are defined for the purposes thereof as follows.

Carbon Monoxide—carbon monoxide (CO) is a colorless, odorless, poisonous gas produced through incomplete combustion of carbon-based fuels, including gasoline, oil, and wood.

Carrier—a person, who without apparent symptoms of a communicable disease, harbors the specific infectious agent and may serve as a source of infection. The carrier state may occur with infections unapparent throughout their course, and also as a feature of incubation period, convalescence, and post-convalescence of a clinically recognizable disease.

Case—a particular instance of disease.

Case of Arsenic Exposure—any medical condition/visit resulting from arsenic exposure as determined from the exposure history or patient statement and/or injury resulting from inhalation, ingestion, dermal exposure or ocular contact with arsenic. Laboratory test results for arsenic: includes results of arsenic tests (blood, urine, or tissue samples), regardless of test result.

Case of Cadmium Exposure—any medical condition/visit resulting from cadmium exposure as determined from the exposure history or patient statement and/or injury resulting from inhalation, ingestion, dermal exposure or ocular contact with cadmium. Laboratory test results for cadmium: includes results of cadmium tests (blood, urine, or tissue samples), regardless of test result.

Case of Carbon Monoxide Exposure—any medical condition/visit resulting from carbon monoxide exposure as determined from the exposure history or patient statement and/or injury resulting from inhalation contact with carbon monoxide. Laboratory test results for carbon monoxide includes results of carboxyhemoglobin tests (blood samples), regardless of test result.

Case of Lead Exposure—any medical condition/visit resulting from lead exposure as determined from the exposure history or patient statement and/or injury resulting from inhalation, ingestion, dermal exposure or ocular contact with lead. Laboratory test results for lead: includes results of lead tests (blood, urine, or tissue samples), regardless of test result.

Case of Mercury Exposure—any medical condition/visit resulting from mercury exposure as determined from the exposure history or patient statement and/or injury resulting from inhalation, ingestion, dermal exposure or ocular contact with mercury. Laboratory test results for mercury: includes results of mercury tests (blood, urine, or tissue samples), regardless of test result.

Case of Perinatal Exposure to Human Immunodeficiency Virus (HIV)—any instance of a live birth to a woman in whom HIV infection was present prior to the birth (indicated by maternal or neonatal HIV testing). Laboratory test results for perinatal exposure to HIV include results of HIV-related tests for any child 0 to 6 years of age, regardless of test result.

Case of Pesticide-Related Illness and Injury—any medical condition/visit resulting from pesticide exposure as determined from the exposure history or patient statement and/or acute, subacute, or chronic illness or injury resulting from inhalation, ingestion, dermal exposure or ocular contact with a pesticide. Laboratory test results for pesticide-related illness and injury includes results of cholinesterase tests (plasma and red blood cell), regardless of test results, for which the purpose of the test was possible pesticide exposure; and tests of pesticides or metabolites in blood, urine, or tissue samples, regardless of test results.

Communicable Disease—an illness due to a specific infectious agent or its toxic products, which arises through transmission of that agent or its products from a reservoir to susceptible host, either directly as from an infected person or animals, or indirectly through the agency of an intermediate plant or animal host, a vector or the inanimate environment.

Contact—any person who has been in such association with an infected person or animal or with a contaminated environment as to have had opportunity to acquire the infection.

Isolation—the separation for the period of communicability of infected persons from other persons, in such places and under such conditions as will prevent the direct or indirect conveyance of the infectious agent from infected persons to persons who are susceptible or who may spread the agent to others.

Pesticide—any pesticide defined in the Louisiana Pesticide Law (Louisiana Revised Statutes Title 3, Chapter 20, 1999) as now stated and as may be amended in the future. Pesticides include but are not limited to insecticides, herbicides, rodenticides, repellants, fungicides, and wood treatment products.

Quarantine—the limitation of freedom of movement of such well persons or domestic animals as have been exposed

to a communicable disease for a period of time equal to the longest usual incubation period of the disease, in such manner as to prevent effective contact with those not so exposed.

NOTE: In connection with the control of communicable diseases, the term *quarantine* is frequently used interchangeably with the term *isolation* as defined above in this Paragraph. At times, the two terms may be used together, as in an *isolation/quarantine order* pursuant to R.S. 40:4(A)(13), and further pursuant to §§117-121 in the body of this Part in this code pertaining to the Control of Diseases.

Reportable Disease—any disease or condition for which an official report is required by the state health officer.

AUTHORITY NOTE: The first source of authority for promulgation of the sanitary code is in R.S. 36:258(B), with more particular provisions found in Chapters 1 and 4 of Title 40 of the Louisiana Revised Statutes. This Part is promulgated in accordance with the specific provisions of R.S. 40:4(A)(2) and R.S. 40:5(1)(2) and (10).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1212 (June 2002), amended LR 32:1050 (June 2006), LR 34:2173 (October 2008), repromulgated LR 34:2582 (December 2008), LR 36:1014 (May 2010).

§103. Public Notice of Reportable Diseases [formerly paragraph 2:002]

A. Those diseases to be reportable will be publicly declared by the state health officer and when any disease is so declared to be a reportable disease, the regulation herein provided shall apply thereto. The state health officer may, at his discretion, from time to time, by public notice, add to or delete from the list of reportable diseases. When a disease is added to the list, the regulations herein pertaining to the reporting of disease shall apply to said disease.

AUTHORITY NOTE: Promulgated in accordance with the provisions of R.S. 40:4(A)(2) and R.S. 40:5(10).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1212 (June 2002).

§105. Reportable Diseases and Conditions [formerly paragraph 2:003]

A. The following diseases or conditions are hereby declared reportable with reporting requirements by class.

1. Class A Diseases or Conditions which Shall Require Reporting within 24 Hours

a. Class A diseases or conditions include diseases or conditions of major public health concern because of the severity of the disease or condition and the potential for epidemic spread. Class A diseases or conditions shall be reported to the Office of Public Health by telephone (or in an another electronic format acceptable to the Office of Public Health) immediately upon recognition that a case, a suspected case, or a positive laboratory result is known. In addition, all cases of rare or exotic communicable diseases, unexplained death, unusual cluster of disease and all outbreaks shall be reported. Any class A disease or condition, rare or exotic communicable disease, unexplained death, or unusual cluster of disease and any disease

outbreak, shall be reported to the Office of Public Health as soon as possible but no later than 24 hours from recognition that a case, a suspected case, a positive laboratory result, an unexplained death, an unusual cluster of disease, or a disease outbreak is known. The following diseases or conditions shall be classified as class A for reporting requirements:

- i. acute flaccid paralysis;
- ii. anthrax;
- iii. avian or novel strain influenza A (initial detection);
- iv. botulism;
- v. brucellosis;
- vi. cholera;
- vii. *Clostridium perfringens* food-borne infection;
- viii. diphtheria;
- ix. fish or shellfish poisoning (domoic acid poisoning, neurotoxic shellfish poisoning, ciguatera, paralytic shellfish poisoning, scombroid);
- x. food-borne infection;
- xi. *Haemophilus influenzae* (invasive infection);
- xii. influenza-associated mortality;
- xiii. measles (rubeola imported or indigenous);
- xiv. *Neisseria meningitidis* (invasive infection);
- xv. outbreaks of any infectious diseases;
- xvi. *pertussis*;
- xvii. plague (*yersinia pestis*);
- xviii. poliomyelitis (paralytic and non-paralytic);
- xix. Q fever (*Coxiella burnetii*);
- xx. rabies (animal and human);
- xxi. ricin poisoning;
- xxii. rubella (congenital syndrome);
- xxiii. rubella (German measles);
- xxiv. severe acute respiratory syndrome-associated coronavirus (SARS-CoV);
- xxv. *Staphylococcus aureus*, vancomycin intermediate or resistant (VISA/VRSA);
- xxvi. staphylococcal enterotoxin B (SEB) pulmonary poisoning;
- xxvii. smallpox;
- xxviii. tularemia (*Francisella tularensis*);
- xxix. viral hemorrhagic fever; and
- xxx. yellow fever.

2. Class B Diseases or Conditions which Shall Require Reporting within One Business Day

a. Class B diseases or conditions include diseases or conditions of public health concern needing timely response because of potential for epidemic spread. The following class B diseases or conditions shall be reported to the Office of Public Health by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known:

- i. amoeba (free living) infection (including *Acanthamoeba*, *Naegleria*, *Balamuthia* and others);
- ii. anaplasmosis;
- iii. arthropod-borne neuroinvasive disease and other infections (including West Nile, St. Louis, California, Eastern Equine, Western Equine and others);
- iv. Aseptic meningitis;
- v. babesiosis;
- vi. chagas disease;
- vii. chancroid;
- viii. dengue fever;
- ix. *Escherichia coli*, shiga-toxin producing (STEC), including *E. coli* O157:H7;
- x. granuloma inguinale;
- xi. hantavirus (infection or pulmonary syndrome);
- xii. hemolytic-uremic syndrome;
- xiii. hepatitis A (acute illness);
- xiv. hepatitis B (acute illness and carriage in pregnancy);
- xv. hepatitis B (perinatal infection);
- xvi. hepatitis E;
- xvii. herpes (neonatal);
- xviii. human immunodeficiency virus [(HIV), infection in pregnancy]²;
- xix. human immunodeficiency virus [(HIV), perinatal exposure]²;
- xx. legionellosis;
- xxi. malaria;
- xxii. mumps;
- xxiii. salmonellosis;
- xxiv. shigellosis;
- xxv. syphilis¹;
- xxvi. tetanus;
- xxvii. tuberculosis³ due to mycobacterium tuberculosis, bovis or africanum; and
- xxviii. typhoid fever.

3. Class C Diseases or Conditions which Shall Require Reporting within Five Business Days

a. Class C diseases or conditions shall include diseases or conditions of significant public health concern. The following class C diseases or conditions shall be reported to the Office of Public Health by the end of the workweek after the existence of a case, suspected case, or a positive laboratory result is known:

- i. acquired immune deficiency syndrome (AIDS);²
- ii. *Anaplasma phagocytophilum*;
- iii. blastomycosis;
- iv. campylobacteriosis;
- v. chlamydial infection¹;
- vi. coccidioidomycosis;
- vii. cryptococcosis;
- viii. cryptosporidiosis;
- ix. cyclosporiasis;
- x. ehrlichiosis (human granulocytic, human monocytic, *Ehrlichia chaffeensis* and *ewingii*);
- xi. enterococcus, vancomycin resistant [(VRE), invasive disease];
- xii. giardia;
- xiii. glanders;
- xiv. gonorrhea¹ (genital, oral, ophthalmic, pelvic inflammatory disease rectal);
- xv. Hansen disease (leprosy);
- xvi. hepatitis B (carriage, other than in pregnancy);
- xvii. hepatitis C (acute illness);
- xviii. hepatitis C (past or present infection);
- xix. human immunodeficiency virus [(HIV) infection, other than as in class B]²;
- xx. human T lymphocyte virus (HTLV I and II) infection;
- xxi. leptospirosis;
- xxii. listeria;
- xxiii. lyme disease;
- xxiv. lymphogranuloma venereum¹;
- xxv. melioidosis (*Burkholderia pseudomallei*)
- xxvi. meningitis eosinophilic;
- xxvii. nipah virus infection;
- xxviii. psittacosis;
- xxix. spotted fevers [*Rickettsia* species including Rocky Mountain spotted fever (RMSF)];
- xxx. staphylococcal toxic shock syndrome;

- xxxi. *Staphylococcus aureus*, methicillin/oxacillin resistant (MRSA), invasive infection);
- xxxii. streptococcal disease, group A (invasive disease);
- xxxiii. streptococcal disease, group B (invasive disease);
- xxiv. streptococcal toxic shock syndrome;
- xxxv. *Streptococcus pneumoniae* invasive disease;
- xxxvi. transmissible spongiform encephalopathies (Creutzfeldt-Jacob disease and variants);
- xxxvii. trichinosis;
- xxxviii. varicella (chickenpox);
- xxxix. *Vibrio* infections (other than cholera); and
- xl. yersiniosis.

4. Class D Special Reportable Diseases or Conditions Shall Require Reporting within Five Business Days

a. Class D diseases or conditions shall include diseases or conditions of significant public health concern. The following class D diseases or conditions shall be reported to the Office of Public Health by the end of the workweek after the existence of a case, suspected case, or a positive laboratory result is known:

- i. cancer;
- ii. monoxide exposure and / or poisoning;
- iii. complications of abortion;
- iv. congenital hypothyroidism⁴;
- v. galactosemia;
- vi. heavy metal (arsenic, cadmium, mercury) exposure and/or poisoning (all ages)⁵;
- vii. hemophilia;
- viii. lead exposure and/or poisoning (children); (adults);
- ix. pesticide-related illness or injury (all ages);
- x. phenylketonuria⁴;
- xi. Reye's syndrome;
- xii. severe traumatic head injury;
- xiii. severe under nutrition (severe anemia, failure to thrive);
- xiv. sickle cell disease (newborns);
- xv. spinal cord injury; and
- xvi. sudden infant death syndrome (SIDS).

5. Class E Syndromic Surveillance: Reportable Conditions seen at Emergency Departments of Acute Care Hospitals which Shall Require Reporting Electronically within One Business Day of the Visit

a. Class E shall include all conditions seen at emergency departments of acute care hospitals. The text content of the chief complaint for the visit or an international classification of disease code shall be reported to the Office of Public Health within one business day of the visit by electronic means as specified by the Office of Public Health beginning on [the effective date of this rule].

B. Case reports not requiring special reporting instructions (see below) can be reported by mail or facsimile [(504) 568-8290 (fax)] on confidential disease report forms, or by phone [call (800) 256-2748 for forms and instructions] or in an electronic format acceptable to the Office of Public Health.

1. ¹Report on STD-43 Form. Report cases of syphilis with active lesions by telephone, within one business day, to (504) 568-7474.

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

3. ³Report on CDC72.5 (f.5.2431) card.

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

5. ⁵Report to the Section of Environmental Epidemiology and Toxicology, www.seet.dhh.louisiana.gov, or call (504) 568-8159 or (888) 293-7020.

AUTHORITY NOTE: Promulgated in accordance with the provisions of R.S. 40:4(A)(2) and R.S. 40:5(10).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1212 (June 2002), amended LR 32:1050 (June 2006), LR 34:2173 (October 2008), repromulgated LR 34:2582 (December 2008), LR 36:1014 (May 2010), repromulgated LR 36:1253 (June 2010), amended LR 39:1053 (April 2013).

§107. Physicians Reporting Duties [formerly paragraph 2:004]

A. It is hereby made the duty of every physician practicing medicine in the state of Louisiana to report to the state health officer (as per §105.B) any case or suspected case of reportable disease or condition which he or she is attending, or has examined, or for which such physician has prescribed. The report shall be made promptly at the time the physician first visits, examines or prescribes for the patient, and such report shall state the name, age, sex, race, usual residence, place where the patient is to be found, the nature of the disease or condition and the date of onset.

B. [formerly paragraph 2:005] Any physician, whether Louisiana resident or non-resident, engaged in the practice of medicine at any federal installation or on any vessel, train or other common carrier, which enters any port, station or place in the state of Louisiana, is required to report as specified in §107.A.

AUTHORITY NOTE: Promulgated in accordance with the provisions of R.S. 40:4(A)(2) and R.S. 40:5(10).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1213 (June 2002), amended LR 36:1015 (May 2010).

§109. Reports by All Health Care Providers and by Other Facilities, Programs, and Entities [formerly paragraph 2:006]

A. It shall be the duty of every osteopath, coroner, medical examiner, dentist, homeopath, infection control practitioner, laboratory director, medical records director, nurse, nurse midwife, nurse practitioner, pharmacist, physician assistant, podiatrist, poison control center, social worker, veterinarian, and any other health care professional to report a positive laboratory result or a confirmed or suspected case of any reportable disease or condition as specified in §105 in which he or she has examined or evaluated, or for which he or she is attending or has knowledge. In the absence of a health care professional responsible for reporting as per the above or §107, it shall be the duty of the director, chief administrative officer, or other-in-charge of any facility, program, or other entity that requires or conducts testing for reportable diseases or conditions, to report a positive laboratory result or a confirmed or suspected case of any reportable disease or condition as specified in §105.

AUTHORITY NOTE: Promulgated in accordance with the provisions of R.S. 40:4(A)(2) and R.S. 40:5(10).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1213 (June 2002), amended LR 32:1051 (June 2006), LR 36:1015 (May 2010).

§111. Reports Required of Parents, Schools and Day Care Centers [formerly paragraph 2:007]

A. It shall be the duty of every parent, guardian, householder, attendant or other in charge, principal of a public or private school, operator of a day care center or residential facility (public or private) to report a case of reportable disease in his household or school to the state health officer (as per §105.B), when he or she knows or reasonably believes that the disease is one which legally must be reported, except when he or she knows or reasonably believes that a physician, presumed to have already reported the case, is in attendance.

AUTHORITY NOTE: Promulgated in accordance with the provisions of R.S. 40:4(A)(2) and R.S. 40:5(10).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1213 (June 2002), amended LR 36:1015 (May 2010).

§113. Laboratory Reporting Requirements [formerly paragraph 2:008]

A. The director of every laboratory whether public, private, hospital or other, within or out of the state shall report to the state health officer the results of all tests that are in any way clinically relevant, suggestive or indicative of an individual having active disease, past or present exposure to, past or present contact with and/or past or present association with any of the disease/conditions listed in LAC

51 (Public Health—Sanitary Code), Part II, Chapter 1, §105. The results of the tests to be reported to the state health officer do not have to be conducted for diagnostic reasons, nor do the results have to be diagnostic or confirmatory. The report should be received in a timely manner consistent with the requirements of the diseases/conditions class described in §105 and shall state the name, date of birth, sex, race, usual residence, specimen identification code/ID and test results of the tested individual as well as the name of the physician or person submitting the specimen. Contact information for the laboratory performing the test(s) must be provided. Laboratories shall not defer their public health reporting responsibilities to any other authorities within the institutions they serve. In addition, laboratories performing tests on specimens received from other laboratories shall report to the state health officer all results as prescribed above plus the contact information for the facility/laboratory where the specimen originated. Moreover, no considerations, evaluations or concerns, regarding any test technology or test result by institutions and/or organizations whether federal, state or otherwise (e.g., FDA, CMS-CLIA, etc.) which may be overseeing, approving, evaluating or licensing laboratory testing, shall represent an *a priori* rationale for withholding laboratory reports from the state health officer.

B. A reference culture is required to be sent to the Office of Public Health laboratory for the following microorganisms within five working days of the final identification of the microorganism:

- i. *Bacillus anthracis* (confirmed or suspected);
- ii. *Bordetella pertussis*;
- iii. *Burkholderia mallei*;
- iv. *Campylobacter spp.*;
- v. *Corynebacterium diphtheria*;
- vi. *E.Coli* O157H7 or *E.coli* shiga toxin producing;
- vii. *Francisella* species;
- viii. *Listeria spp.*;
- ix. mycobacterium tuberculosis, bovis or *africanum*;
- x. *Plesiomonas spp.*;
- xi. salmonella;
- xii. shigella;
- xiii. *Vibrio spp.*;
- xiv. *Yersinia enterocolitica*; and
- xv. *Yersinia pestis*.

C. A reference culture is required to be sent to the Office of Public Health laboratory for the following microorganisms if the original culture was from a sterile site (e.g., blood, spinal fluid, other internal fluid, tissue, etc.). Such reference culture shall be sent to the Office of Public

Health laboratory within five working days of the final identification of the microorganism:

- i. *Haemophilus influenzae* type b or untyped;
- ii. *Neisseria meningitidis*; and
- iii. *Streptococcus pneumoniae*.

D. Laboratory reports shall not be construed by the Office of Public Health as diagnosis. In the case of private patients, follow-up of laboratory reports shall be through the physician(s) submitting the specimen(s).

AUTHORITY NOTE: Promulgated in accordance with the provisions of R.S. 40:4(A)(2) and R.S. 40:5(10).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1214 (June 2002), amended LR 32:1052 (June 2006), LR 39:1054 (April 2013).

§115. Investigations [formerly paragraph 2:009]

A. The state health officer may immediately upon receiving notification of any communicable disease or reportable condition, investigate as the circumstances may require for the purpose of verification of the diagnosis, to ascertain the source of the causative agent, to disclose unreported cases and to reveal susceptible contacts if such information is required to prevent a serious health threat to the community. The decision of the state health officer as to the diagnosis shall be final, for administrative purposes.

B. [formerly paragraph 2:010] The state health officer is hereby empowered and it is made his or her duty whenever a case of communicable disease occurs, to obtain laboratory specimens of body tissues, fluids or discharges and of materials directly or indirectly associated with the case as may be necessary or desirable in confirmation of the diagnosis or for ascertaining the source of the infection, recency of onset, strain of organism, and/or medication resistance, when acceptable laboratory and medical reports are not available. Whenever laboratory tests are required for the release of cases or carriers or suspected cases or carriers, the state health officer shall be satisfied that a sufficient number of specimens are examined, that the specimens are authentic and are examined in an acceptable laboratory.

C. [formerly paragraph 2:013] No person shall interfere with or prevent the entrance to or examination of any house, building, trailer, camp, train, airplane, bus, steamship, or other water craft, or any abode, by the state health officer where a case of communicable disease is either suspected or reported to exist.

D. [formerly paragraph 2:009-1] The state health officer shall make a good faith effort to notify individuals who are spouses and/or sexual contacts to persons with Human Immunodeficiency Virus (HIV) infection of their exposure, offer them counseling about their risk of infection, and offer them testing for HIV infection. In performing this activity, the state health officer or his/her designee shall initially contact the primary medical provider of the person who has HIV infection, if such medical provider can be identified,

and ask if the infected person or the medical provider intends to conduct this notification. If neither the infected person nor the medical provider intends to notify spouses or sexual partners of the exposure, the state health officer or his/her designee shall attempt to interview the infected person directly to identify these partners for counseling and testing. Notification of partners shall be conducted in such a manner as to maintain the confidentiality of the infected person.

AUTHORITY NOTE: Promulgated in accordance with the provisions of R.S. 40:4(A)(2) and R.S. 40:5(10).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1214 (June 2002), amended LR 32:1052 (June 2006), LR 36:1016 (May 2010).

§117. Disease Control Measures Including Isolation/Quarantine [formerly paragraph 2:011]

A. Individuals suspected of being cases or carriers of a communicable disease, or who have been exposed to a communicable disease, and who in the opinion of the state health officer may cause serious threat to public health, shall either submit to examination by a physician and to the collection of appropriate specimens as may be necessary or desirable in ascertaining the infectious status of the individual, or be placed in isolation or under quarantine as long as his or her status remains undetermined. Specimens collected in compliance with this Section shall be examined either by a state laboratory free of charge or by a laboratory approved by the state health officer at the individual's own expense.

B. [formerly paragraph 2:014] It shall be the duty of the state health officer or his or her duly authorized representative to promptly institute necessary control measures whenever a case of communicable disease occurs.

C. [formerly paragraph 2:015] The state health officer or his or her duly authorized representative is hereby empowered and it is made his or her duty, whenever a case of communicable disease occurs in any household or place, and it is in his or her opinion, necessary or advisable that persons residing therein shall be kept from contact with the public, to declare the house, building, apartment, room, or place where the case occurs, a place of quarantine, and to require that only persons so authorized by the state health officer shall leave or enter said quarantined place during the period of quarantine.

D. [formerly paragraph 2:016] Whenever a disease of international or interstate epidemic significance occurs in any community within or outside the state of Louisiana, the state health officer shall, if in his or her opinion, it is necessary, proclaim and institute a quarantine of the locality in which the said disease prevails and shall formulate and publish rules and regulations to carry out such quarantine effectively; which rules and regulations shall have the same force and authority as this code and shall remain in force until rescinded by proclamation of the state health officer.

E. [formerly paragraph 2:017] It is a violation of this code for any person to enter or leave any quarantined area in