**FINAL AND PROPOSAL**

**FINAL AAP**

**Maryland Register**

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**Title 10
MARYLAND DEPARTMENT OF HEALTH**

**Subtitle 06 DISEASES**

**10.06.01 Communicable Diseases and Related Conditions of Public Health Importance**

Authority: Health-General Article, §§2-104(b), 18-102, 18-103, 18-105,
18-201, 18-201.1, 18-202, 18-205, 18-208, 18-214.1, 18-307, 18-337, and
24-101—24-110, Annotated Code of Maryland

**Notice of Final Action**

[20-016-F]

On April 28, 2020, the Secretary of Health adopted amendments to Regulations **.02—.08-1**, **.09—.12**, **.14—.19**, new Regulations **.08-2**, **.12-1**, and **.12-2**, amendments to and the recodification of existing Regulations **.08-2** and **.21—.25** to be Regulations **.08-3** and **.20—.24**, respectively, and the repeal of existing Regulations **.12-1** and **.20** under **COMAR 10.06.01 Communicable Diseases and Related Conditions of Public Health Importance**. This action, which was proposed for adoption in 47:2 Md. R. 82—91 (January 17, 2020), has been adopted as proposed.

**Effective Date: May 18, 2020.**

ROBERT R. NEALL
Secretary of Health

**PROPOSAL**

**Maryland Register**

**Issue Date: January 17, 2020**

**Volume 47 • Issue 2 • Page 82-91**

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18-201, 18-201.1, 18-202, 18-205, 18-208, 18-214.1, 18-307, 18-337, and
24-101—24-110, Annotated Code of Maryland

**Notice of Proposed Action**

[20-016-P]

The Secretary of Health proposes to amend Regulations **.02—.08-1**, **.09—.12**, **.14—.19**, adopt new Regulations **.08-2**, **.12-1**, and **.12-2**, amend and recodify existing Regulations **.08-2** and **.21—.25** to be Regulations **.08-3** and **.20—.24**, respectively, and repeal existing Regulations **.12-1** and **.20** under **COMAR** **10.06.01 Communicable Diseases and Related Conditions of Public Health Importance**.

**Statement of Purpose**

The purpose of this action is to:

(1) Make necessary updates to disease control measures;

(2) Standardize language and formatting; and

(3) Align record maintenance and confidentiality language with statute.

**Comparison to Federal Standards**

There is no corresponding federal standard to this proposed action.

**Estimate of Economic Impact**

The proposed action has no economic impact.

**Economic Impact on Small Businesses**

The proposed action has minimal or no economic impact on small businesses.

**Impact on Individuals with Disabilities**

The proposed action has no impact on individuals with disabilities.

**Opportunity for Public Comment**

Comments may be sent to Jake Whitaker, Acting Director, Office of Regulation and Policy Coordination, Maryland Department of Health, 201 West Preston Street, Room 512, Baltimore, MD 21201, or call 410-767-6499 (TTY 800-735-2258), or email to mdh.regs@maryland.gov, or fax to 410-767-6483. Comments will be accepted through February 18, 2020. A public hearing has not been scheduled.

**.02 Definitions.**

A. (text unchanged)

B. Terms Defined.

(1)—(3) (text unchanged)

(4) “Case (or suspected case) of avian psittacosis” means that a bird has:

(a) (text unchanged)

(b) Clinical evidence of Chlamydophila psittaci infection consisting of an epidemiologic link to an avian case that has laboratory evidence of infection, and has:

(i) Exhibited one or more **[**symptoms**]** *signs* of psittacosis;

(ii)—(iv) (text unchanged)

(5)—(29) (text unchanged)

**.03 Reportable Diseases, Conditions, Outbreaks, and Unusual Manifestations; Submitting Clinical Materials.**

A. (text unchanged)

B. **[**Within 1 working day of**]***Upon* a positive laboratory finding for a disease or condition listed in §C of this regulation, or upon request of the Secretary, the director of a medical laboratory*or a laboratory that possesses a biological agent as defined in COMAR 10.10.11.03B(8)* shall:

(1)—(2) (text unchanged)

C. List of Reportable Diseases and Conditions.

|  |  |  |
| --- | --- | --- |
| HEALTH CARE PROVIDERS,INSTITUTIONS, AND OTHERS1 | LABORATORIES | TIME FRAME FOR REPORTING2 |
| Diseases and Conditions | Laboratory Evidence of | Submit ClinicalMaterials to theDepartment3 | Immediate | Within 1 Working Day |
| (1)—(3) (text unchanged) |   |   |   |   |
| *(3-1) An exposure or potential exposure of a person to a biological agent as defined in COMAR 10.10.11.03B(8)* | *An exposure or potential exposure of a person to a biological agent as defined in COMAR 10.10.11.03B(8)* |   | *X* |   |
| (4) Acquired immunodeficiency syndrome **[**(AIDS)5**]** *(AIDS)6* | Refer to COMAR 10.18 |   | Refer to COMAR 10.18 |
| (5)—(33) (text unchanged) |   |   |   |   |
| (34) Hepatitis, viral (B, **[**C**]** *C5*, D, E, G, all other types, and undetermined) | Hepatitis B, **[**C**]** *C5*, D, E, and G virus, other types |   |   | X |
| (35) Human immunodeficiency virus **[**(HIV)5**]** *(HIV)6* | Refer to COMAR 10.18 |   | Refer to COMAR 10.18 |
| (36)—(73) (text unchanged) |   |   |   |   |
| (74) **[**Syphilis**]** *Syphilis7* | Treponema **[**pallidum**]** *pallidum7* |   |   | X |
| (75)—(76) (text unchanged) |   |   |   |   |
| (77) Tuberculosis, active disease and suspected active **[**tuberculosis6**]** *tuberculosis8*  | Mycobacterium tuberculosis **[**complex**]** *complex8* | X | X |   |
| (77-1) Tuberculosis, latent infection **[**(LTBI)7**]** *(LTBI)9* | Mycobacterium tuberculosis complex, latent **[**infection**]** *infection9* |   |   | X |
| (78) (text unchanged) |   |   |   |   |
| (79) Typhoid *or* *Paratyphoid fever* (case, carrier, or both, of Salmonella Typhi *or Paratyphi*) | Salmonella Typhi | X | X |   |
| (80)—(82) (text unchanged) |   |   |   |   |
| (83) Vibriosis, **[**non-cholera8**]** *non-cholera10* | All non-cholera Vibrio **[**species8**]** *species10* | X |   | X |
| (84)—(85) (text unchanged) |   |   |   |   |

Footnotes:

1.—4. (text unchanged)

*5.* *Suspected hepatitis C as indicated by:*

*(a) Any hepatitis C antibody results that are positive;*

*(b) Any hepatitis C virus RNA results associated with the results in (a) of this footnote that are qualitative or quantitative, if the results are:*

*(i) Positive; or*

*(ii) Negative; and*

*(c) Any hepatitis C virus RNA results associated with the results in (a) of this footnote if the hepatitis C virus is:*

*(i) Detected; or*

*(ii) Undetected.*

**[**5.**]***6.*(text unchanged)

*7.* *Suspected syphilis as indicated by:*

*(a) Any treponemal or non-treponemal results that are qualitative or quantitative, if the results are:*

*(i) Positive;*

*(ii) Reactive; or*

*(iii) Inconclusive; and*

*(b) Any negative or non-reactive results associated with the positive, reactive, or inconclusive results in (a) of this footnote.*

**[**6.**]***8.***—[**8.**]***10.*(text unchanged)

**.04 Reporting Procedures.**

A. Sources of Reports and to Whom to Report.

(1) An institution, as specified in Health-General Article, §18-202, Annotated Code of Maryland, and a health care provider who knows of a case of a reportable disease, condition, outbreak, or unusual manifestation shall report it to **[**the**]***a* health officer.

(2) A teacher at any public, private, or parochial school or a child care provider at any child care facility shall report an occurrence of a reportable disease or condition, an outbreak, or an unusual manifestation as set forth in Regulation .03 of this chapter to the principal, school nurse, or superintendent or assistant superintendent or designee, who shall transmit to **[**the**]***a* health officer a report of the name and address of a child who appears to have a reportable communicable disease or who has been exposed to a reportable communicable disease.

(3) The master or person in charge of a vessel or aircraft within the territory of the State shall report to the Secretary or **[**the**]***a* health officer at the nearest port of landing or entry, all known facts relating to the illness and physical condition of an individual aboard the vessel or aircraft who may have a reportable disease or condition, an outbreak, or an unusual manifestation.

(4) Directors of Medical Laboratories *or Laboratories that Possess Biological Agents as Defined in COMAR 10.10.11.03B(8)*.

(a) The director of a medical laboratory *or a laboratory that possesses a biological agent as defined in COMAR 10.10.11.03B(8)*shall report:

(i)—(ii) (text unchanged)

(b) The director of a medical laboratory *or a laboratory that possesses a biological agent as defined in COMAR 10.10.11.03B(8)* located in a Maryland jurisdiction shall report to the health officer of that jurisdiction.

(c) (text unchanged)

(d) If a medical laboratory *or a laboratory that possesses a biological agent as defined in COMAR 10.10.11.03B(8)* forwards clinical materials out of State for testing, the originating medical laboratory *or a laboratory that possesses a biological agent as defined in COMAR 10.10.11.03B(8)* shall comply with this subsection by:

(i)—(ii) (text unchanged)

(e) When more than one specimen is taken from a patient during one disease episode, the director of a medical laboratory *or a laboratory that possesses a biological agent as defined in COMAR 10.10.11.03B(8)*need not report every test result of a specimen that shows evidence of the same disease in that patient if:

(i) (text unchanged)

(ii) **[**The**]***A* health officer has agreed that all test reports do not need to be reported.

(5) (text unchanged)

(6) The owner or operator of a food establishment **[**(see**]** *as defined in* Health-General Article, §21-301, Annotated Code of Maryland**[**)**]***,* shall report to **[**the**]***a* health officer an occurrence of a reportable disease or condition, an outbreak, or an unusual manifestation.

B. (text unchanged)

C. Timing of Reports.

(1)—(3) (text unchanged)

(4) **[**The**]***A* health officer shall transmit to the Secretary, by mail or as otherwise specified by the Secretary, all information obtained:

(a)—(b) (text unchanged)

(5) (text unchanged)

**.05 Record Maintenance and Confidentiality.**

A. (text unchanged)

*B. A report identifying an individual that was filed by a reporting source, as set forth under Regulation .04A of this chapter, in compliance with the provisions of Health-General Article, §§18-201, 18-202, and 18-205, Annotated Code of Maryland, and all information collected in connection with a report, are not medical records under Health-General Article, Title 4, Subtitle 3, Annotated Code of Maryland.*

**[**B.**]***C.* (text unchanged)

**.06 General Control Measures.**

A. Necessary Action. The Secretary or *a* health officer shall:

(1)—(2) (text unchanged)

B. Epidemiologic Investigations.

(1)—(3) (text unchanged)

(4) An individual, a business, a facility, or an agency, including a health care provider, school or child care facility personnel, a master of a vessel or aircraft, or a medical laboratory director, shall make available to the Secretary or **[**the**]***a* health officer all records and information necessary to the epidemiologic response or investigation.

C. **[**The**]***A* health officer or *the*Secretary shall order cessation of operation of a business or facility determined or suspected to be a threat to public health until the public health threat is determined by the health officer to have ceased.

D. Carrier Approval.

(1) **[**The**]***A* health officer shall grant or deny approval to a carrier of an infectious agent to work in any of the following occupations involving:

(a)—(d) (text unchanged)

(2) **[**The**]***A* health officer shall grant or deny approval to a carrier of an infectious agent to attend a:

(a)—(b) (text unchanged)

(3) **[**The**]***A* health officer shall consider the following when granting or denying approval to a carrier of an infectious agent to work in occupations or to attend settings listed under §D(1) and (2) of this regulation:

(a)—(g) (text unchanged)

E. Control of Food Handlers. A case with any of the following diseases may not serve or handle, in any manner whatsoever, food intended for public consumption:

(1) **[**Diarrhea caused by Entamoeba histolytica (see Regulation .08 of this chapter)**]***Disease causing diarrhea, unless physician-certified as noninfectious*;

(2) (text unchanged)

**[**(3) Disease causing diarrhea, unless physician-certified as noninfectious;**]**

**[**(4)**]** *(3)***[**E. coli**]***Escherichia coli*O157:H7 **[**(see Regulation .08-2 of this chapter)**]** *and other Shiga-Like Toxin Producing Escherichia coli (STEC), as discussed in Regulation .08-3 of this chapter*;

**[**(5)**]***(4)* Hepatitis A **[**(see Regulation .10 of this chapter)**]***,* *as discussed in Regulation .10 of this chapter*;

**[**(6)**]** *(5)***[**Diarrhea caused by Salmonella (see Regulation .16 of this chapter)**]** *Salmonellosis,* *as discussed in Regulation .16 of this chapter*;

**[**(7)**]***(6)* Shigellosis **[**(see Regulation .19 of this chapter)**]***,* *as discussed in Regulation .19 of this chapter*; *and*

**[**(8) Streptococcal infection caused by group A beta-hemolytic Streptococcus; and**]**

**[**(9)**]***(7)* Typhoid *or Paratyphoid*fever or carrier of Salmonella **[**typhi(see Regulation .22 of this chapter)**]** *Typhi or Paratyphi, as discussed in Regulation .21 of this chapter*.

F. Control of Communicable Diseases in Schools and Child Care Facilities.

(1) **[**The**]***A* health officer shall:

(a) (text unchanged)

(b) Determine whether enrollees, pupils, or other individuals attending schools or child care facilities have received the immunizations required under COMAR 10.06.04, **[**07.04.01**]***13A.15.03.02*, or **[**07.04.02**]***13A.16.03.04*.

(2) The principal or other person in charge of any school or child care facility shall comply with a measure or special instruction issued by the *Secretary or a* health officer under Regulation .06A of this chapter.

G. (text unchanged)

H. Skin-Penetrating Body Adornment Procedures—Infection Control.

(1)—(2) (text unchanged)

(3) **[**The**]***A* health officer may investigate complaints received regarding compliance with this section.

**.07 Minimum Control Measures for Specific Diseases or Conditions.**

A. The definitions of terms used in the text and the recommendations for control included in the Control of Communicable Diseases Manual are accepted as official and applicable to the control of disease within this State under the regulations of the Secretary, except in those instances in which the recommendations may be in conflict with **[**the regulations of the Secretary**]***Regulation .06A or Regulations .08—.21 of this chapter*, in which case the regulations of the Secretary *or special instructions of the Secretary or a health officer*shall take precedence.

B. The diseases and conditions described in Regulations **[**.08—.22**]***.08—.21* of this chapter are subject to specific requirements and control procedures as specified.

**.08 Amebiasis.**

A. (text unchanged)

B. Control of Contacts.

(1) **[**The**]***A*health officer shall investigate household and close contacts whose occupations involve food handling, patient care, and care of young children or the elderly.

(2) (text unchanged)

C. (text unchanged)

**.08-1 Campylobacteriosis.**

A. Control of a Case.

**[**(1) A physician in attendance upon a case of campylobacteriosis with diarrhea shall instruct the case on the risks of transmission and the prevention of infection, especially proper:

(a) Handwashing;

(b) Handling of raw meat; and

(c) Cleaning of the food-preparation surfaces in contact with raw meat.

(2) A case may not attend a child care facility until the:

(a) Case's fecal cultures are campylobacter-free on two consecutive specimens collected not less than 24 hours apart and not sooner than 48 hours following discontinuation of antibiotics, if antibiotics have been given; or

(b) Health officer approves readmission based on the low likelihood of disease transmission.

(3) A case, with or without diarrhea, may not participate in occupations involving food handling, patient care, or care of young children or the elderly until the:

(a) Case's fecal cultures are campylobacter-free on two consecutive specimens collected not less than 24 hours apart and not sooner than 48 hours following discontinuation of antibiotics, if antibiotics have been given; or

(b) Health officer approves resumption of occupational duties based on the low likelihood of disease transmission.

(4) A health care provider shall report groups of multiple cases to the health officer promptly.

(5) In the setting of multiple cases of diarrhea, the health officer or the Secretary shall investigate potential sources of campylobacter in food, water, raw milk, pets, and other possible environmental sources.**]**

*(1) For a case with diarrhea due to or presumed due to campylobacteriosis, a health officer shall restrict or exclude a case from:*

*(a) Attending a child care facility; or*

*(b) Participating in an occupation involving:*

*(i) Food handling;*

*(ii) Patient care; or*

*(iii) Care of young children or the elderly.*

*(2) For a case who has been without diarrhea for at least 24 hours, unless a health officer otherwise restricts or excludes the case based on Regulation .06D of this chapter, the case may:*

*(a) Attend a child care facility; and*

*(b) Participate in an occupation involving:*

*(i) Food handling;*

*(ii) Patient care; or*

*(iii) Care of young children or the elderly.*

*(3) If a health officer has restricted or excluded a case under §A(1) of this regulation or Regulation .06D of this chapter, the health officer shall approve resumption of child care attendance or occupational duties when:*

*(a) The case's fecal cultures are Campylobacter-free on two consecutive specimens collected:*

*(i) Not less than 24 hours apart; and*

*(ii) If antibiotics have been given, not sooner than 48 hours following discontinuation of antibiotics; or*

*(b) The health officer determines that the likelihood of disease transmission is low.*

B. Control of Contacts**[**. There is no control of a contact**]***at Increased Risk of Transmitting Campylobacteriosis*.

*(1) A health officer shall restrict or exclude a contact who has diarrhea from child care or an occupational setting until at least 24 hours after diarrhea ceases if the contact is in the household of a case or is a close contact who:*

*(a) Attends a child care facility; or*

*(b) Participates in an occupation involving:*

*(i) Food handling;*

*(ii) Patient care; or*

*(iii) Care of young children or the elderly.*

*(2) If an individual is a contact of a case as specified in §B(1) of this regulation, and that individual has diarrhea at the time of the health department's investigation of the case, then the contact shall submit for examination two fecal specimens taken:*

*(a) Not less than 24 hours apart; and*

*(b) If antibiotics have been given, not sooner than 48 hours following discontinuation of antibiotics.*

*(3) If either of the specimens referred to in §B(2) of this regulation is positive for Campylobacter, a health officer shall consider the contact to be a case, and the control measures specified in §A of this regulation apply.*

C. Infection Control. A health care provider shall **[**use**]***practice* standard precautions **[**when caring for a case with campylobacteriosis**]**.

*D. Control of Carriers. A health care provider shall apply the control measures specified in §A of this regulation to carriers in addition to cases.*

***.08-2 Cholera (Vibrio cholera O1 or O139).***

*A. Control of a Case.*

*(1) For a case with diarrhea due to or presumed due to cholera, a health officer shall restrict or exclude a case from:*

*(a) Attending a child care facility; or*

*(b) Participating in an occupation involving;*

*(i) Food handling;*

*(ii) Patient care; or*

*(iii) Care of young children or the elderly.*

*(2) For a case who has been without diarrhea for at least 48 hours, unless a health officer otherwise restricts or excludes the case based on Regulation .06D of this chapter, the case may:*

*(a) Attend a child care facility; and*

*(b) Participate in an occupation involving:*

*(i) Food handling;*

*(ii) Patient care; or*

*(iii) Care of young children or the elderly.*

*(3) If a health officer has restricted or excluded a case under §A(1) of this regulation or Regulation .06D of this chapter, the health officer shall approve resumption of child care attendance or occupational duties when:*

*(a) The case's fecal cultures are Vibrio-free on two consecutive specimens collected:*

*(i) Not less than 24 hours apart; and*

*(ii) If antibiotics have been given, not sooner than 48 hours following discontinuation of antibiotics; or*

*(b) The health officer determines that the likelihood of disease transmission is low.*

*B. Control of Contacts at Increased Risk of Transmitting Cholera.*

*(1) A health officer shall restrict or exclude from child care or an occupational setting a contact who has diarrhea, until at least 48 hours after diarrhea ceases, if the contact is in the household of a case or is a close contact who:*

*(a) Attends a child care facility; or*

*(b) Participates in an occupation involving:*

*(i) Food handling;*

*(ii) Patient care; or*

*(iii) Care of young children or the elderly.*

*(2) If an individual is a contact of a case as specified in §B(1) of this regulation, and that individual has diarrhea at the time of the health department's investigation of the case, then the contact shall submit for examination two fecal specimens taken at:*

*(a) Not less than 24 hours apart; and*

*(b) If antibiotics have been given, not sooner than 48 hours following discontinuation of antibiotics.*

*(3) If either of the specimens referred to in §B(2) of this regulation is positive for Vibrio cholera, a health officer shall consider the contact to be a case, and the control measures specified in §A of this regulation apply.*

**[.08-2] *.08-3* Escherichia coli O157:H7 and Other Shiga-Like Toxin Producing [Enteric Bacteria] *Escherichia coli (STEC)*.**

A. Control of a Case.

(1) A case may not attend a child care facility until **[**the**]**:

(a) **[**Case's**]***The case’s* fecal cultures or stool Shiga-like toxin tests are free of E. coli O157:H7 and other **[**Shiga-like toxin producing enteric bacteria**]***Shiga-Like Toxin Producing Escherichia coli (STEC)* on two consecutive specimens collected not less than 24 hours apart and not sooner than 48 hours following discontinuation of antibiotics, if antibiotics have been given; or

(b) **[**Health**]***A health* officer approves readmission based on the low likelihood of disease transmission.

(2) A case, with or without diarrhea, may not participate in occupations involving food handling, patient care, or care of young children or the elderly until **[**the**]**:

(a) **[**Case's**]***The case’s* fecal cultures or stool Shiga-like toxin tests are free of E. coli O157:H7 and other **[**Shiga-like toxin producing enteric bacteria**]***Shiga-Like Toxin Producing Escherichia coli (STEC)* on two consecutive specimens collected not less than 24 hours apart and not sooner than 48 hours following discontinuation of antibiotics, if antibiotics have been given; or

(b) **[**Health**]***A health* officer approves resumption of occupational duties based on the low likelihood of disease transmission.

B. Control of Contacts.

(1) **[**The**]***A* health officer shall require a culture of feces or stool Shiga-like toxin test only from a household member or other close contact who attends a child care facility or whose occupation involves food handling, patient care, or care of young children or the elderly.

(2) A household member or other close contact shall submit for examination two fecal specimens taken at an interval of not less than 24 hours *apart*.

(3) If either of the specimens submitted pursuant to §B(2) of this regulation is positive for E. coli O157:H7, other **[**Shiga-like toxin producing enteric bacteria**]***Shiga-Like Toxin Producing Escherichia coli (STEC)*, or Shiga-like toxin, **[**the**]***a* health officer shall consider the contact to be a case, and the control measures specified in §A of this regulation apply.

(4) A household member or other close contact who currently has diarrhea or who has had an onset of diarrhea in the past 3 weeks may not attend a child care facility until **[**the**]**:

(a) **[**Household**]***The household* member or other close contact is without diarrhea for at least 24 hours and fecal cultures or Shiga-like toxin tests are free of E. coli O157:H7 and other **[**Shiga-like toxin producing enteric bacteria**]***Shiga-Like Toxin Producing Escherichia coli (STEC)* on two consecutive specimens collected not less than 24 hours apart and not sooner than 48 hours following discontinuation of antibiotics, if antibiotics have been given; or

(b) **[**Health**]***A health* officer approves readmission based on the low likelihood of disease transmission.

(5) A contact who currently has diarrhea or who has had an onset of diarrhea within the past week may not participate in occupations involving food handling, patient care, or care of young children or the elderly until **[**the**]**:

(a) **[**Contact**]***The contact* is without diarrhea for at least 24 hours and fecal cultures or Shiga-like toxin tests are free of E. coli O157:H7 and other **[**Shiga-like toxin producing enteric bacteria**]***Shiga-Like Toxin Producing Escherichia coli (STEC)* on two consecutive specimens collected not less than 24 hours apart and not sooner than 48 hours following discontinuation of antibiotics, if antibiotics have been given; or

(b) **[**Health**]***A health* officer approves resumption of occupational duties based on the low likelihood of disease transmission.

C. (text unchanged)

**.09 Foodborne and Waterborne Diseases.**

A. Control of a Case or Contacts. If one of the following diseases is identified, **[**the**]***a* health officer shall follow the procedures detailed in this chapter for the specific disease:

(1) (text unchanged)

*(2) Cholera;*

*(3) Escherichia coli O157:H7 and other Shiga-Like Toxin Producing Escherichia coli (STEC);*

**[**(2)**]***(4)—***[**(3)**]** *(5)* (text unchanged)

**[**(4)**]** *(6)* Shigellosis; *and*

**[**(5) Trichinosis; and**]**

**[**(6)**]***(7)* Typhoid fever *(Salmonella Typhi) or paratyphoid fever (Salmonella Paratyphi A, Salmonella Paratyphi B tartrate negative, and Salmonella Paratyphi C)*.

B. Investigation and Control Measures.

(1) A food establishment as defined in Health-General Article, §21-301, Annotated Code of Maryland, shall provide to **[**the**]***a* health officer the information the health officer or the Secretary determines to be necessary and pertinent to the investigation.

(2) **[**The**]***A* health officer or the Secretary shall investigate the source, inspect food establishments, and collect samples of suspected foods and clinical specimens from food service workers and cases or contacts in an effort to determine the cause of a foodborne illness.

(3) **[**The**]***A* health officer or the Secretary shall submit all samples for laboratory examination.

(4) **[**The**]***A* health officer or the Secretary may detain a food item, issue a public notice requiring the recall or return of a food item, or prohibit the serving of food at a food service facility, until it is determined whether the food item or the facility is implicated as a source of illness.

**.10 Hepatitis, Viral Type A.**

A. (text unchanged)

B. Control of Contacts. For an individual who previously has not received hepatitis A vaccine, the physician in attendance or **[**the**]***a* health officer shall offer a single dose of single antigen hepatitis A vaccine or immune globulin to contacts for prophylaxis:

(1) As soon as possible, but within 2 weeks of exposure to household, sexual, child care, or other contacts as determined by **[**the**]***a* health officer; and

(2) (text unchanged)

C. (text unchanged)

**.11 Hepatitis, Viral Type B.**

A. Control of a Case. A physician in attendance upon a case having viral hepatitis type B shall educate that case on the:

(1) Risks of sexual transmission, household contact transmission, maternal-infant transmission, and transmission by the sharing of hypodermic needles and other drug paraphernalia; **[**and**]**

(2) Availability of hepatitis B vaccine and hepatitis B immune globulin for contacts who have had sexual contact with a case of hepatitis B within the preceding 14 days, contacts who have percutaneous exposures to hepatitis B, and infants born to case mothers who carry hepatitis B virus at delivery, and the need for referring those contacts to health care providers for preventive treatment**[**.**]***;*

*(3) Importance of vaccination for viral hepatitis type A if the case is not already immune by reason of prior infection or prior vaccination; and*

*(4) Importance of testing pregnant women for hepatitis B surface antigen at each pregnancy.*

B. Control of Contacts. A physician or health officer in attendance upon a contact of viral hepatitis type B shall:

(1) Educate that contact about the availability of vaccine and hepatitis B immune globulin for contacts with exposure to *the case’s* blood or *other infectious* body fluids **[**that contain blood**]**; **[**and**]**

(2) Recommend preventive treatment consistent with current Centers for Disease Control and Prevention guidelines based on type of exposure*; and*

*(3) Require that infants born to hepatitis B surface antigen positive mothers:*

*(a) Receive hepatitis B immune globulin and the first dose of hepatitis B vaccine within 12 hours of birth;*

*(b) Receive the rest of the vaccination series; and*

*(c) Are tested for hepatitis B surface antigen and hepatitis B surface antibody at 9 to 15 months old*.

C. (text unchanged)

**.11-1 Hepatitis, Viral Type C.**

A. Control of a Case. A physician in attendance upon a case of viral hepatitis type C shall educate that case on:

(1) The risks of transmission of viral hepatitis type C by:

(a)—(c) (text unchanged)

(d) Parenteral or permucosal exposure to blood or *other infectious*body fluids;

(e)—(g) (text unchanged)

(2)—(5) (text unchanged)

B. (text unchanged)

C. Infection Control. A health care provider shall:

(1) (text unchanged)

(2) Implement and maintain, in *hemodialysis centers and other*settings where viral hepatitis type C transmission is known to be an increased risk, additional infection control measures based upon the Centers for Disease Control and Prevention recommendations for prevention and control of hepatitis C infection and HCV-related chronic disease, as directed by the Secretary to reduce disease transmission.

D. Education. The Secretary, with the assistance of the health officer, shall provide professional and public education and informational materials on viral hepatitis**[**,**]** type C, modes of transmission, and prevention of viral hepatitis**[**,**]** type C.

**.12 Measles (Rubeola).**

A. Control of a Case. A*health officer or health care provider shall recommend that* *a* case may not attend a school*, workplace,* or child care facility from the onset of the illness at least through the 4th day after the rash appears.

B. Control of Contacts.

*(1) Nonimmune Contacts.*

*(a) Nonimmune individuals for measles, in general, are people who:*

*(i) Have not received two doses of measles containing vaccine on or after the first birthday;*

*(ii) Have no documentation of immunity or disease; or*

*(iii) Were born in or after 1957.*

*(b) A health officer or health care provider shall recommend that:*

*(i) Nonimmune contacts receive measles vaccine within 72 hours of exposure if not medically contraindicated; and*

*(ii) Nonimmune household or other close contacts, particularly contacts younger than 1 year old, pregnant women, persons with immunodeficiencies, or those for whom the vaccine is contraindicated, be given immune globulin within 6 days of exposure.*

*(c) A health officer shall restrict or exclude a nonimmune contact from attending a school, health care facility, child care facility, or workplace until 21 days after the onset of rash in the last case of measles.*

*(2)***[**The**]***A* health officer **[**may**]***:*

*(a) May* require all nonimmune individuals to be excluded from a school*, workplace,* or child care facility when a case of measles is diagnosed or suspected in a student, employee, or volunteer of the school or facility**[**. The health officer shall**]***; and*

*(b) Shall* authorize readmission upon documented proof of immunity in the form of immunization record, serologic test, or the low likelihood of disease transmission.

C. (text unchanged)

D. Proof of Immunity for **[**Hospital**]***Health Care* Workers.

(1) A worker born *in or*after **[**1956**]***1957* working at least 20 hours each week who is newly retained as medical staff, a direct or contractual employee, or a volunteer of a hospital classified as a “general hospital” under Health-General Article, §19-307, Annotated Code of Maryland, shall have documentation of receipt of **[**one dose**]** *two doses* of live measles virus vaccine after becoming 1 year old or proof of immunity by blood test for antibody to rubeola. The hospital shall keep the measles vaccination or immunity status of each worker on file.

(2) (text unchanged)

***.12-1 Mumps.***

*A. Control of a Case. A health officer or health care provider shall recommend that a case may not attend a school, workplace, or child care facility from the onset of illness through the 5th day after onset of parotitis.*

*B. Control of Contacts.*

*(1) Nonimmune Individuals.*

*(a) Nonimmune individuals for mumps, in general, are people who:*

*(i) Have not received two doses of mumps containing vaccine on or after the first birthday;*

*(ii) Have no documentation of immunity or disease; or*

*(iii) Were born in or after 1957.*

*(b) A health officer shall restrict or exclude a nonimmune contact from attending a school, health care facility, child care facility, or workplace until 25 days after the onset of parotitis in the last case of mumps.*

*(2) A health officer:*

*(a) May require all nonimmune individuals to be excluded from a school, workplace, or child care facility when a case of mumps is diagnosed or suspected in a student, employee, or volunteer of the school or facility; and*

*(b) Shall authorize readmission upon documented proof of immunity in the form of:*

*(i) An immunization record;*

*(ii) A serologic test; or*

*(iii) The low likelihood of disease transmission.*

*C. Infection Control. A health care provider shall practice droplet precautions for 5 days after onset of parotitis.*

***.12-2 Pertussis.***

*A. Control of a Case.*

*(1) A health officer or health care provider shall recommend that a case may not attend school, a workplace, or a child care facility until the patient has received at least 5 days of appropriate antibiotics.*

*(2) If a case does not receive antibiotics, a health officer shall restrict or exclude the case from attending a school, health care facility, child care facility, or workplace for 3 weeks after onset of cough.*

*B. Control of Contacts. A health officer may:*

*(1) Require all inadequately immunized household contacts younger than 7 years old to be excluded from schools, child care facilities, and public gatherings:*

*(a) For 21 days after last exposure; or*

*(b) Until the case patients and contacts have received 5 days of appropriate antibiotics;*

*(2) Require all contacts to verify immunization status and be brought up to date if not adequately immunized to protect against subsequent exposure; and*

*(3) Require antibiotic prophylaxis for contacts of cases.*

*C. Infection Control. A health care provider shall practice droplet precautions for the shorter of:*

*(1) 21 days after onset of cough; or*

*(2) When a case has been on appropriate antibiotics for 5 days.*

**.14 Rabies.**

A.—C. (text unchanged)

D. Confinement or Examination of Animals. **[**The**]***A* health officer or the Maryland Public Health Veterinarian shall direct the quarantine, examination, control, and disposition of any animal that bites or otherwise potentially exposes a human to rabies, according to COMAR 10.06.02.

**.15 Rubella (German Measles).**

A. Control of a Case.

**[**(1)**]** A health officer or health care provider shall recommend that a case **[**be**]***:*

*(1) Be* isolated from a woman of childbearing age who is not immune or is of unknown immunity, from the onset of illness through the 7th day after appearance of the rash**[**.

(2) A case may**]***; and*

*(2)* *May*not attend a school*, workplace,* or child care facility from the onset of the illness through the 7th day after the appearance of the rash.

B. Control of Contacts.

*(1) Nonimmune Contacts.*

*(a) Nonimmune individuals for rubella, in general, are people who:*

*(i) Have not received at least one dose of rubella containing vaccine on or after the first birthday;*

*(ii) Have no documentation of immunity or disease; or*

*(iii) Were born in or after 1957.*

*(b) A health officer shall restrict or exclude a nonimmune contact from attending a school, health care facility, child care facility, or workplace until 21 days after the onset of rash in the last case of rubella.*

*(2)***[**The**]***A* health officer:

**[**(1)**]** *(a)*May require all nonimmune individuals to be excluded from a school*, workplace,* or child care facility when a case of rubella is diagnosed or suspected in a student*,* **[**or other**]** employee*,* or volunteer of **[**that**]***the* school or facility; *and*

**[**(2)**]***(b)* (text unchanged)

C. Infection Control. A health care provider shall **[**specify**]***practice* droplet precaution for 7 days after onset of the rash.

D. Proof of Immunity for **[**Hospital**]***Health Care* Workers.

(1) A worker born *in or*after **[**1956**]***1957* working at least 20 hours each week who is newly retained as medical staff, a direct or contractual employee, or a volunteer of a hospital classified as a “general hospital” under Health-General Article, §19-307, Annotated Code of Maryland, shall have documentation of receipt of either one dose of live rubella virus vaccination on or after becoming 1 year old or proof of immunity by blood test for antibody to rubella. The hospital shall keep the vaccine or immunity status of each worker on file.

(2) (text unchanged)

**.16 Salmonellosis.**

A. Control of a Case.

**[**(1) The health officer shall restrict or exclude a case with diarrhea due to or presumed due to salmonellosis from:

(a) Attending:

(i) A child care facility; or

(ii) A family day care home; or

(b) Participation in an occupation involving the:

(i) Handling of food; or

(ii) Care of patients, young children, or the elderly.

(2) Unless the health officer restricts or excludes the case when the health officer determines the case to be a risk based on Regulation .06D of this chapter, a case who has been without diarrhea due to or presumed due to salmonellosis for at least 24 hours may:

(a) Attend:

(i) A child care facility; or

(ii) A family day care home; or

(b) Participate in an occupation involving the:

(i) Handling of food; or

(ii) Care of patients, young children, or the elderly.

(3) If a health officer has restricted or excluded a case under §A(1) and (2) of this regulation, the health officer shall approve resumption of child care attendance or occupational duties when:

(a) The case's fecal cultures are Salmonella-free on two consecutive specimens collected not less than 24 hours apart and not sooner than 48 hours following discontinuation of antibiotics, if antibiotics have been given; or

(b) The health officer determines that the likelihood of disease transmission is low.**]**

*(1) For a case with diarrhea due to or presumed due to salmonellosis, a health officer shall restrict or exclude a case from:*

*(a) Attending a child care facility; or*

*(b) Participating in an occupation involving:*

*(i) Food handling;*

*(ii) Patient care; or*

*(iii) Care of young children or the elderly.*

*(2) For a case who has been without diarrhea for at least 24 hours, unless a health officer otherwise restricts or excludes the case based on Regulation .06D of this chapter, the case may:*

*(a) Attend a child care facility; and*

*(b) Participate in an occupation involving:*

*(i) Food handling;*

*(ii) Patient care; or*

*(iii) Care of young children or the elderly.*

*(3) If a health officer has restricted or excluded a case under §A(1) of this regulation or Regulation .06D of this chapter, the health officer shall approve resumption of child care attendance or occupational duties when:*

*(a) The case’s fecal cultures are Salmonella-free on two consecutive specimens collected:*

*(i) Not less than 24 hours apart; and*

*(ii) If antibiotics have been given, not sooner than 48 hours following discontinuation of antibiotics; or*

*(b) The health officer determines that the likelihood of disease transmission is low.*

B. Control of Contacts at Increased Risk of Transmitting Salmonellosis.

(1) **[**The**]***A* health officer shall restrict or exclude from child care or an occupational setting a contact who has diarrhea, until at least 24 hours after diarrhea ceases, if the contact is in the household of a case or is a close contact *who*:

(a) **[**Who attends:**]***Attends a child care facility; or*

**[**(i) A child care facility; or

(ii) A family day care home; or**]**

(b) **[**Whose**]** *Participates in an* occupation **[**involves**]** *involving*:

(i) Food handling; **[**or**]**

(ii) **[**Care of patients, young children, or the elderly**]***Patient care; or*

*(iii) Care of young children or the elderly*.

(2) If an individual is a contact of a case as specified in §B(1) of this regulation, and that individual has diarrhea at the time of the health department's investigation of the case, then the contact shall submit for examination two fecal specimens taken **[**at**]**not*:*

*(a)***[**less**]** *Less* than 24 hours *apart;* and **[**not**]**

*(b)* **[**sooner**]** *Sooner* than 48 hours following discontinuation of antibiotics if antibiotics have been given.

(3) If either of the specimens referred to in §B(2) of this regulation is positive for Salmonella, **[**the**]***a* health officer shall consider the contact to be a case, and the control measures specified in §A of this regulation apply.

C.—D. (text unchanged)

**.17 Syphilis and HIV.**

A. Control of a Case.

(1) (text unchanged)

(2) An individual under medical observation for diagnosis of syphilis or HIV shall remain under medical supervision until the:

(a) (text unchanged)

(b) Syphilis or HIV, if present, has been reported to **[**the**]** *a* health officer;

(c)—(d) (text unchanged)

(3) A physician shall report to **[**the**]***a* health officer within 1 working day and in writing the name and address of an individual who is:

(a)—(b) (text unchanged)

(4) A health officer shall:

(a)—(b) (text unchanged)

(c) Forward to the Secretary immediately a report of an individual reported under the provisions of **[**§A**]** *§A(3)* of this regulation or Health-General Article, §18-201.1, Annotated Code of Maryland, who is outside the health officer’s territorial jurisdiction for referral to the health officer of the proper jurisdiction.

B. Control of Contacts.

(1) A physician in attendance upon a patient having syphilis or HIV:

(a) Shall endeavor to bring an individual with whom the patient has had potentially infectious contact to examination and, as appropriate, prophylaxis by:

(i) Requesting **[**the**]** *a* health officer to conduct a contact investigation of any case of syphilis or HIV; or

(ii) (text unchanged)

(b) Shall report immediately to **[**the**]***a* health officer an individual identified as having had potentially infectious contact with a patient having syphilis reported under the provisions of §A(3) of this regulation; and

(c) May report to **[**the**]***a* health officer an individual identified as having had potentially infectious contact with a patient having HIV reported under Health-General Article, §18-201.1, Annotated Code of Maryland, if a patient that has been informed of the patient’s HIV positive status refuses to notify the patient’s sexual and needle-sharing partners.

(2)—(3) (text unchanged)

C. (text unchanged)

D. Congenital Syphilis.

(1) (text unchanged)

(2) A physician in attendance upon an infant born to an untreated woman who has a positive serological test for syphilis shall:

(a) (text unchanged)

(b) Report immediately to **[**the**]***a* health officer the following information:

(i)—(iii) (text unchanged)

(3) (text unchanged)

**.18 Other Sexually Transmitted Infections.**

A. Control of a Case.

(1) Hepatitis, viral type B*,* **[**— see Regulation .11**]** *as discussed in Regulation .11 of this chapter*.

(2) (text unchanged)

B.—C. (text unchanged)

**.19 Shigellosis.**

A. Control of a Case.

(1) A case may not attend a child care facility until **[**the**]***:*

*(a) The* case's fecal cultures are Shigella-free on two consecutive specimens collected not less than 24 hours apart and not sooner than 48 hours following discontinuation of antibiotics, if antibiotics have been given**[**,**]***;* or **[**until the**]**

*(b) A* health officer approves readmission based on the low likelihood of disease transmission.

(2) A case, with or without diarrhea, may not participate in occupations involving food handling, patient care, or care of young children or the elderly until **[**the**]***:*

*(a) The* case's fecal cultures are Shigella-free on two consecutive specimens collected not less than 24 hours apart and not sooner than 48 hours following discontinuation of antibiotics, if antibiotics have been given**[**,**]***;* or **[**until the**]**

*(b) A* health officer approves resumption of occupational duties based on the low likelihood of disease transmission.

B. Control of Contacts.

**[**(1) The health officer shall require a culture of feces only from a household member or close contact who attends a child care facility or whose occupation involves food handling, patient care, or care of young children or the elderly.**]**

*(1) A health officer shall require a culture of feces only from a household member or close contact who:*

*(a) Attends a child care facility; or*

*(b) Whose occupation involves:*

*(i) Food handling;*

*(ii) Patient care; or*

*(iii) Care of young children or the elderly.*

(2) A contact shall submit for examination two fecal specimens taken at an interval of not less than 24 hours *apart*.

*(3)*If either of **[**these**]***the* specimens *collected under §B(2) of this regulation* is positive for Shigella, the health officer shall consider the contact to be a case, and the control measures specified in §A of this regulation shall apply.

C. (text unchanged)

**[.21] *.20* Tuberculosis.**

A. Control of a Case*and Suspected Case*.

*(1) A health care provider shall immediately send notification that they have a patient who is suspected of being in a communicable stage to the local health officer of the jurisdiction in which the patient is currently located.*

*(2) A health care provider may not discharge a patient who is suspected of being in a communicable stage until the local health department of the jurisdiction in which the patient is located has been informed of and concurs with the planned discharge or release of the individual.*

**[**(1)**]***(3)—***[**(4)**]** *(6)*(text unchanged)

**[**(5)**]***(7)***[**The**]***A* health officer shall monitor the treatment of individuals with tuberculosis and suspected tuberculosis to determine if the treatment is appropriate.

**[**(6)**]***(8)* A health officer **[**or health care provider treating an individual with tuberculosis or suspected tuberculosis may:

(a) Impose limitations on travel; and

(b) Place restrictions on hospital discharge**]***may impose limitations on travel and place restrictions on hospital discharge for an individual with tuberculosis or suspected tuberculosis*.

**[**(7)**]***(9)***[**The**]***A* health officer may remove the limitations and restrictions set forth in **[**§A(6)**]***§A(8)* of this regulation when appropriate and consistent with the individual's tuberculosis treatment plan.

**[**(8)**]***(10)*—**[***(9)***]** *(11)* (text unchanged)

B. Control of Contacts. **[**The**]***A* health officer shall:

(1)—(2) (text unchanged)

(3) Provide for the supervised presumptive treatment of latent tuberculosis infection for a child younger than **[**4**]***5* years old identified as a close contact to a confirmed case or suspected case of active pulmonary tuberculosis.

**[.22] *.21*Typhoid Fever *(Salmonella Typhi) and Paratyphoid Fever (Salmonella Paratyphi A, Salmonella Paratyphi B tartrate negative, and Salmonella Paratyphi C)*.**

A. Control of a Case.

(1) A case may not attend a child care facility until fecal specimens are Salmonella-free on three consecutive specimens collected not less than 24 hours apart and not sooner than 48 hours following discontinuation of antibiotics, or until **[**the**]***a* health officer approves readmission based on the low likelihood of transmission.

(2) (text unchanged)

(3) A health officer shall supervise a case and release a case from supervision only after fecal specimens are culture negative for Salmonella **[**typhi**]***Typhi* *or Paratyphi*on three consecutive specimens collected not **[**less than 24 hours apart, not sooner than 48 hours following discontinuation of antibiotics, and not earlier than 1 month after onset or date of first positive culture if asymptomatic.**]***:*

*(a) Less than 24 hours apart;*

*(b) Sooner than 48 hours following discontinuation of antibiotics; and*

*(c) Earlier than 1 month after onset or date of first positive culture if asymptomatic.*

(4) (text unchanged)

(5) If a person continues to excrete Salmonella **[**typhi**]** *Typhi or Paratyphi* at 12 months, the requirements of §D of this regulation apply.

B. Control of Contacts of a Case. Household, sexual, and other close contacts of a case may not attend a child care facility or participate in occupations involving food handling, patient care, or care of young children or the elderly until two consecutive cultures of feces taken at least 24 hours apart are negative for Salmonella **[**typhi**]***Typhi* *or Paratyphi*.

C. (text unchanged)

D. Control of Carriers.

(1) A health officer shall:

(a) Monitor the location, occupation, and bacteriological status of a carrier of Salmonella **[**typhi**]***Typhi* *or Paratyphi*;

(b)—(g) (text unchanged)

(2) (text unchanged)

(3) A carrier:

(a) May not participate in occupations involving*:*

*(i)***[**food**]***Food* handling**[**,**]***;*

*(ii)* **[**patient**]***Patient* care**[**,**]***;* or

*(iii)***[**care**]***Care* of young children or the elderly;

(b) (text unchanged)

(c) Shall keep **[**the**]***a* health officer informed at all times of the carrier's address and occupation, and shall notify the health officer at once of any change in address or occupation.

E. Control of Contacts of a Carrier.

(1) (text unchanged)

(2) A contact shall submit for examination two fecal specimens taken at an interval of not less than 24 hours *apart*.

(3) If either of the specimens required in §E(2) of this regulation is positive for Salmonella **[**typhi**]***Typhi* *or Paratyphi*, then the health officer shall consider the contact to be a case, and the control measures specified in §A of this regulation apply.

**[.23] *.22* Sale and Distribution of Reptiles.**

A. Scope.

(1) Pursuant to the authority conferred upon the Secretary by Health-General Article, §18-219, Annotated Code of Maryland, the Secretary has determined that reptiles and reptile eggs are dangerous to human health and safety in that human contact with reptiles and reptile eggs may spread disease to humans. **[**With this regulation, the**]**

*(2) The* Secretary prohibits the sale or public distribution of turtles with a carapace length of less than 4 inches and viable reptile eggs.

**[**(2)**]***(3)—***[**(5)**]** *(6)*(text unchanged)

B. Reptile Sales.

(1) A person may not sell in Maryland viable reptile eggs or live turtles with a carapace length of less than 4 inches, except as otherwise provided in **[**§A(3)**]***§A(4)* of this regulation.

(2) (text unchanged)

C.—D. (text unchanged)

**[.24] *.23 Communicable Disease Information Provided With* Sale and Distribution of Pet Animals.**

To help prevent the spread of a communicable disease, a seller or a group of sellers who prepares or causes to be prepared a pamphlet, flyer, or other printed information on the handling of one or more pet animals and who distributes **[**this**]** *the*pamphlet, flyer, or other printed information, shall ensure that **[**this**]** *the*pamphlet, flyer, or other printed information stresses the*:*

*A.***[**importance**]***Importance* of handwashing after contact with a reptile or other pet animals or its surroundings**[**,**]***;* and **[**the**]**

*B.* **[**need**]***Need* to consult a physician if **[**a**]***one or more of the following individuals live in the household for which a pet animal is purchased:*

*(1) A* child younger than 5 years old**[**, a**]***;*

*(2) A* pregnant woman**[**,**]***;* or **[**an**]**

*(3) An* immunocompromised individual **[**lives in the household for which a pet animal is purchased**]**.

**[.25] *.24* Control of Communicable Diseases in Pet Stores.**

A. (text unchanged)

B. **[**The**]***To ensure prevention and control of diseases common to and shared among humans and animals, the* Department recommends that pet stores utilize the Compendium of Animal Rabies Prevention and Control, the Compendium of Measures To Control Chlamydophila psittaci Infection Among Humans (Psittacosis) and Pet Birds (Avian Chlamydiosis), and the Compendium of Measures to Prevent Disease Associated with Animals in Public Settings*,* issued by the National Association of State Public Health Veterinarians**[**, to ensure prevention and control of diseases common to and shared among humans and animals**]**.

C. (text unchanged)

D. A health officer:

(1) May delegate the authority to conduct annual pet store inspections to another specified agency such as, but not limited to, **[**the**]** local animal control; and

(2) (text unchanged)

E. Enforcement. An authorized law enforcement officer or local animal control authority shall promptly enforce a written order of **[**the**]***a* health officer or the Maryland Public Health Veterinarian issued pursuant to COMAR 10.06.02.

F. (text unchanged)

ROBERT R. NEALL
Secretary of Health