

CHAPTER 3

COMMUNICABLE AND NONCOMMUNICABLE DISEASES

ARTICLE A CONFIDENTIAL INFORMATION AND GENERAL PROVISIONS

Section 3-1 Purpose

The purpose of this chapter is to describe the reporting requirements for reportable diseases and conditions as well as special requirements for disease control and prevention to protect the public's health.

Section 3-2 Definitions

The following words and terms used in this Chapter, unless a different meaning is plainly required by the context or a different meaning is stated in any of the several Sections, shall have the following meaning.

ACIP - The Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.

ACT - The Pennsylvania Disease Prevention and Control Law of 1955 (35 P.S. § 521.2 et seq.).

ASSOCIATE - A person or animal that has been in such association with an infected person or animal or a contaminated environment as to have an opportunity to acquire the infection.

BOARD - Board of Health, appointed by the Commissioners, serves in an advisory and policy making role to the Director of Health.

CAREGIVER - The entity or individual responsible for the safe and healthful care or education of a child in a child care group setting.

CARRIER - A person who, without any apparent symptom of a communicable disease, harbors a specific infectious agent and may serve as a source of infection.

CASE - A person or animal that is determined to have or suspected of having a disease, infection or condition.

CASE REPORT FORM - The form designated by the Department for reporting a disease or condition.

CDC - Centers for Disease Control and Prevention.

CHILD - A person under 18 years of age.

CHILD CARE GROUP SETTING - The premises in which care is provided at any one time to four or more children, unrelated to the operator.

CLINICAL LABORATORY - A laboratory for which a permit has been issued to operate as a clinical laboratory under the Clinical Laboratory Act (35 P. S. §§ 2151-2165).

COMMUNICABLE DISEASE - An illness which is capable of being spread to a susceptible host through the direct or indirect transmission of an infectious agent or its toxic product by an infected person, animal or arthropod, or through the inanimate environment.

COMMUNICABLE PERIOD - The time during which an etiologic agent may be transferred directly or indirectly from an infected person to another person, or from an infected animal to a person.

CONTACT - A person or animal known to have had an association with an infected person or animal which presented an opportunity for acquiring the infection.

DEPARTMENT – The Montgomery County Health Department. Also referred to as the local health authority or local morbidity reporting office.

DIRECTOR – Also known as the Health Administrator. The Director of Health for the Montgomery County Health Department.

EPIDEMIC - The occurrence in a community or region of highly contagious or rapidly spreading cases of an illness.

FDA - Food and Drug Administration.

HEALTH CARE FACILITY- A chronic disease, or other type of hospital, a home health care agency, a hospice, a long-term care nursing facility, a cancer treatment center using radiation therapy on an

ambulatory basis, an ambulatory surgical facility, a birth center, and an inpatient drug and alcohol treatment facility, regardless of whether the health care facility is operated for profit, nonprofit or by an agency of the Commonwealth or local government.

HEALTH CARE PRACTITIONER - An individual who is authorized to practice some component of the healing arts by a license, permit, certificate or registration issued by a Commonwealth licensing agency or board.

HEALTH CARE PROVIDER - An individual, a trust or estate, a partnership, a corporation (including associations, joint stock companies and insurance companies), the Commonwealth or a political subdivision, or instrumentality (including a municipal corporation or authority) thereof, that operates a health care facility.

HOUSEHOLD CONTACT - A person living in the same residence as a case, including a spouse, child, parent, relation or other person, whether or not related to the case.

INCUBATION PERIOD - The time interval between the infection of a susceptible person or animal and the appearance of signs or symptoms of the disease in question or the longest usual time in which such signs or symptoms of the disease in question normally appear.

INFECTIOUS AGENT- Any organism, such as a virus, bacterium, fungus or parasite, that is capable of being communicated by invasion and multiplication in body tissues and capable of causing disease.

MEDICAL RECORD - An account compiled by physicians and other health professionals including a patient's medical history; present illness; findings on physical examination; details of treatment; reports of diagnostic tests; findings and conclusions from special examinations; findings and diagnoses of consultants; diagnoses of the responsible physician; notes on treatment, including medication, surgical operations, radiation, and physical therapy; and progress notes by physicians, nurses and other health professionals.

MODIFIED QUARANTINE - A selected, partial limitation of freedom of movement determined on the basis of differences in susceptibility or danger of disease transmission which is designated to meet particular situations. The term includes the exclusion of children from school and

the prohibition, or the restriction, of those exposed to a communicable disease from engaging in particular activities.

MONITORING OF CONTACTS- The close supervision of persons and animals exposed to a communicable disease without restricting their movement.

OPERATOR- The legal entity that operates a child care group setting or a person designated by the legal entity to serve as the primary staff person at a child care group setting.

OUTBREAK - An unusual increase in the number of cases of a disease, infection or condition, whether reportable or not as a single case, above the number of cases that a person required to report would expect to see in a particular geographic area or among a subset of persons (defined by a specific demographic or other features).

PADOH - Pennsylvania Department of Health.

PDA - Pennsylvania Department of Agriculture.

PHYSICIAN - An individual licensed to practice medicine or osteopathic medicine within this Commonwealth.

REGULATION - Any rule, ordinance, or administrative law approved by the Board and legally promulgated.

REPORTABLE DISEASE, INFECTION OR CONDITION - A disease, infection, or condition declared reportable by the Department; any unusual or group expression of illness which, in the opinion of the Director, may be a public health concern, emergency; non-communicable diseases and conditions for which the Director or his duly authorized representative may authorize reporting to provide data and information which, in the opinion of the Director, is needed in order to effectively prevent the spread of disease and promote health and wellness.

SECRETARY- The Secretary of the Pennsylvania Department of Health.

SEGREGATION- The separation for special control or observation of one or more persons or animals from other persons or animals to facilitate the control of a communicable disease.

SURVEILLANCE OF DISEASE - The continuing scrutiny of all aspects of occurrence and spread of disease that are pertinent to effective control.

Section 3-3 Confidentiality

- a. All information as to personal facts and circumstances obtained in connection with the administration of Public Health services conducted by the Montgomery County Health Department shall be held confidential and shall be considered privileged communications.
- b. Said information shall not be divulged without the consent of the individual if he/she is competent, and if he/she is incompetent or a minor child, then not without the consent of the parent, or the person in loco parentis, except as may be necessary to provide services to individuals.

Section 3-4 Limitations on confidentiality

This Article shall not be construed to prohibit the disclosure of such confidential information in the following circumstances:

- a. Where required by law
- b. Where required for the health and welfare of the individual.
- c. In summary, statistical, or other forms which do not identify individuals.

Section 3-5 Custodian of records

All records and information made confidential by this Article shall be the property of the Department and shall be under the control of the Director.

Section 3-6 Procedures for confidentiality

- a. All information procured by or made available to the Department staff, both professional and clerical, shall be used by such personnel only in accordance with this Chapter; and
- b. Employees of the Department and all persons dealing with the

Department in connection with these programs shall be informed of the policy concerning confidential information.

ARTICLE B REPORTABLE DISEASES AND CONDITIONS

Section 3-7 Reportable diseases and conditions

The following communicable diseases, unusual outbreaks of illness, non-communicable diseases and conditions are to be reportable;

1. AIDS (Acquired Immunodeficiency Syndrome)
2. Amebiasis
3. Animal bite *
4. Anthrax *
5. An unusual cluster of isolates
6. Arboviruses (includes Colorado tick fever, Crimean-Congo hemorrhagic fever, dengue, Eastern equine encephalitis, St. Louis encephalitis, West Nile virus infection, Yellow fever, et al.) *
7. Botulism (all forms) *
8. Brucellosis
9. Campylobacteriosis
10. Cancer
11. CD4 T-lymphocyte test result with a count <200 cells/microliter, or a CD4 T-lymphocyte % of <14% of total lymphocytes
12. Chancroid
13. Chickenpox (*Varicella*)
14. *Chlamydia trachomatis* infections
15. Cholera *

16. Congenital adrenal hyperplasia (CAH) (<5y/old)
17. Creutzfeldt-Jakob Disease
18. Cryptosporidiosis
19. Diphtheria *
20. Encephalitis (all types)
21. Enterohemorrhagic *E. coli* (shiga toxin-producing *E. coli* or STEC) *
22. Food poisoning outbreak *
23. Galactosemia (<5y/old)
24. Giardiasis
25. Gonococcal infections
26. Granuloma inguinale
27. Guillain-Barre syndrome
28. *Haemophilus influenzae* invasive disease *
29. Hantavirus pulmonary syndrome *
30. Hemorrhagic fever *
31. Hepatitis, viral, acute and chronic cases
32. Histoplasmosis
33. HIV infection
34. Influenza (laboratory-confirmed only)
35. Lead poisoning *
36. Legionellosis *

37. Leprosy (Hansen's Disease)
38. Leptospirosis (Weil's Disease)
39. Listeriosis
40. Lyme Disease
41. Lymphogranuloma venereum
42. Malaria
43. Maple syrup urine disease (MSUD) (<5y/old)
44. Measles (Rubeola) *
45. Meningitis, (all types--not limited to invasive *Haemophilus influenzae* or *Neisseria meningitidis*)
46. Meningococcal invasive disease *
47. Mumps
48. Perinatal exposure of a newborn to HIV
49. Pertussis (whooping cough)
50. Phenylketonuria (PKU) (<5y/old)
51. Plague *
52. Poliomyelitis *
53. Primary congenital hypothyroidism (<5y/old)
54. Psittacosis (ornithosis)
55. Rabies *
56. Respiratory syncytial virus

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57. Rickettsial diseases/infections (includes Anaplasmosis, Rocky Mountain Spotted Fever, Q fever, rickettsialpox, typhus, Ehrlichiosis)
58. Rubella (German measles) and congenital rubella syndrome
59. Salmonellosis
60. Severe Acute Respiratory Syndrome (SARS) *
61. Shigellosis
62. Sickle cell hemoglobinopathies (<5y/old)
63. Smallpox *
64. Staphylococcal aureus, Vancomycin Resistant (VRSA) or Intermediate (VISA) invasive disease
65. Streptococcal invasive disease (Group A)
66. Streptococcus pneumoniae, drug resistant invasive disease
67. Syphilis (all stages)
68. Tetanus
69. Toxic shock syndrome
70. Toxoplasmosis
71. Trichinosis
72. Tuberculosis, suspected or confirmed active disease (all sites), including the results of drug susceptibility testing and genotyping
73. Tularemia
74. Typhoid fever *

*Healthcare practitioners and healthcare facilities must report within 24 hours.

The above list of reportable diseases and conditions has been adapted from PA Code, Title 28, Chapter 27.

Section 3-8 **Rare, exotic or tropical diseases**

Unusual, rare, exotic or imported communicable diseases, even if occurring only singly, shall also be reported to the Department, irrespective of whether such disease or condition is specifically listed above.

Section 3-9 **Group expression of illness or disease**

The occurrence of any group expression of illness or disease, communicable or non-communicable, which may affect the public health, or be of public concern, shall be reported to the Department by any person(s) having this knowledge.

ARTICLE C **REPORTING OF DISEASES**

Section 3-10 **Reporting of cases by health care practitioners and health care facilities**

Every physician or health care facility is required to report a case of a disease, infection or condition related to reporting cases, if the health care practitioner or health care facility treats or examines a person who is suffering from, or who the health care practitioner or health care facility suspects, because of symptoms or the appearance of the individual, of having a reportable disease, infection or condition. Reports shall be made by phone, regular or electronic mail, fax or via electronic reporting through Pennsylvania's version of the National Electronic Disease Surveillance System (PA-NEDSS).

- a. The report shall state:
 - i. the name of the disease or condition;
 - ii. the name and date of birth of the patient or carrier;
 - iii. the occupation of the patient or carrier;
 - iv. the name of the employer of the patient or carrier;
 - v. the address and telephone at which the patient or carrier may be located;
 - vi. the date of onset of the disease;
 - vii. the name and telephone of the attending physician.

- b. Every physician who treats a patient with a reportable communicable disease which is classed as a sexually transmitted disease (STD) shall report the case to the Department. The report shall state: diagnosis, laboratory data, and treatment of the disease; the name, age, sex, and race of the patient; and the address and telephone number at which the patient may be located.

Section 3-11 **Reporting of cases by clinical laboratories**

- a. A person who is in charge of a clinical laboratory in which a laboratory test of a specimen derived from the human body yields microscopical, cultural, immunological, chemical, serological, chemical, virologic, nucleic acid (DNA or RNA) or other evidence significant from a public health standpoint of the presence of a disease, infection or condition listed in subsection (b) shall promptly report the findings within 24 hours except as otherwise noted.
- b. The diseases, infections and conditions to be reported include the following:
 - 1. Amebiasis
 - 2. Anthrax
 - 3. An unusual cluster of isolates
 - 4. Arboviruses
 - 5. Botulism-all forms
 - 6. Brucellosis
 - 7. CD4 T-lymphocyte test result with a count of less than 200 cells/uL or less than 14% of total lymphocytes (effective October 18, 2002)
 - 8. Campylobacteriosis
 - 9. Cancer
 - 10. Chancroid

11. Chickenpox (varicella)
12. Chlamydia trachomatis infections
13. Cholera
14. Congenital adrenal hyperplasia (CAH) in children under 5 years of age
15. Creutzfeldt-Jakob disease
16. Cryptosporidiosis
17. Diphtheria infections
18. Enterohemorrhagic E. coli 0157 infections, or infections caused by other subtypes producing shiga-like toxin
19. Galactosemia in children under 5 years of age
20. Giardiasis
21. Gonococcal infections
22. Granuloma inguinale
23. HIV (Human Immunodeficiency Virus) (effective October 18, 2002)
24. Haemophilus influenzae infections-invasive from sterile sites
25. Hantavirus
26. Hepatitis, viral, acute, and chronic cases
27. Histoplasmosis
28. Influenza
29. Lead Poisoning

30. Legionellosis
31. Leprosy (Hansen's disease)
32. Leptospirosis
33. Listeriosis
34. Lyme Disease
35. Lymphogranuloma venereum
36. Malaria
37. Maple syrup urine disease (MSUD) in children under 5 years of age
38. Measles (rubeola)
39. Meningococcal infections-invasive from sterile sites
40. Mumps
41. Pertussis
42. Phenylketonuria (PKU) in children under 5 years of age
43. Primary congenital hypothyroidism in children under 5 years of age
44. Plague
45. Poliomyelitis
46. Psittacosis (ornithosis)
47. Rabies
48. Respiratory syncytial virus
49. Rickettsial infections

- 50. Rubella
 - 51. Salmonella
 - 52. Shigella
 - 53. Sickle cell disease in children under 5 years of age
 - 54. Staphylococcus aureus Vancomycin-resistant (or intermediate) invasive disease
 - 55. Streptococcus pneumoniae, drug resistant invasive disease
 - 56. Syphilis
 - 57. Tetanus
 - 58. Toxoplasmosis
 - 59. Trichinosis
 - 60. Tuberculosis, confirmation of positive smears or cultures, including results of drug susceptibility testing and send TB isolate to PADOH lab for genotyping
 - 61. Tularemia
 - 62. Typhoid
- c. The report shall include the following, except as provided in subsection (d):
- i. The name, address and telephone number of the person from whom the specimen was obtained.
 - ii. The date the specimen was collected.
 - iii. The source of the specimen (such as serum, stool, CSF, wound).
 - iv. The name of the test or examination performed and the date it was performed.

- v. The results of the test.
 - vi. The range of normal values for the specific test performed.
 - vii. The name address and telephone number of the physician for whom the examination or test was performed.
 - viii. Other information requested in case reports or formats specified by the Department.
- d. Laboratory test results shall be reported by the person in charge of a laboratory directly to the Department through secure electronic mechanisms in a manner specified by the Department, except for the following: Reports of CAH, galactosemia maple syrup urine disease, phenylketonuria, primary congenital hypothyroidism, sickle cell disease, and cancer shall be made in the manner and to the location specifically designated by PADOH.
 - e. A clinical laboratory shall submit isolates of salmonella and shigella to the Department's Bureau of Laboratories for serotyping within five (5) work days of isolation.
 - f. A clinical laboratory shall submit isolates of *Neisseria meningitidis* obtained from a normally sterile site to the Department's Bureau of Laboratories for serogrouping within five (5) work days of isolation.
 - g. A clinical laboratory shall send isolates of enterohemorrhagic *E. coli* to the Department's Bureau of Laboratories for appropriate further testing within five (5) work days of isolation.
 - h. A clinical laboratory shall send isolates of *Haemophilus influenzae* obtained from a normally sterile site to the Department's Bureau of Laboratories for serotyping within five (5) work days of isolation.
 - i. PADOH upon publication of a notice in the *Pennsylvania Bulletin*, may authorize changes in the requirements for submission of isolates based upon medical or public health developments when such departure is determined by the Department to be necessary to protect the health of the people of this Commonwealth. The change will not remain in effect for more than 90 days after publication unless the Board acts to affirm the change within that 90-day period.

Section 3-12 Communicable disease reports by schools and child care group settings

- a. School nurses or appropriate representatives of child care group settings shall report the presence of suspected or confirmed reportable diseases to the Department. The nurse shall also inform the school administrator.
- b. Any unusual increase in the number of absentees among school children or those who attend Child Care Group Settings shall be reported to the Department by the school nurse or the appropriate representative of the Child Care Group Setting.

Section 3-13 Reports by institutions

Administrators of hospitals or their designee who oversee an institution for the treatment of disease, or any institution maintaining dormitories and living quarters, or any orphanage, shall notify the Department upon admission or the occurrence in such institution of a patient with a reportable disease, and shall thereafter follow the advice and instructions of the Department for controlling such disease.

Section 3-14 Reporting by other licensed health care practitioners

Any chiropractor, dentist, nurse, optometrist, podiatrist, veterinarian, other licensed health practitioner having knowledge or suspicion of any reportable disease or condition shall report such disease or condition promptly to the Department.

Section 3-15 Reporting by householders and others

Any householder, proprietor of a hotel, motel, rooming, lodging or boarding house, or any other person having knowledge or suspicion of any reportable disease or condition shall report this knowledge or suspicion promptly to the Department.

Section 3-16 Revision of diagnosis by attending physician

Once it is reported to the Department, no diagnosis of a disease for

which isolation or quarantine is required shall be revised without notification of the Director.

Section 3-17 Reporting tuberculosis

Any private physician who treats a patient for tuberculosis, or any authorized person of a hospital, state or county institution, sanatorium, nursing or convalescent home, or tuberculosis clinic which treats a patient for tuberculosis within this County, shall promptly report (within 5 business days) the case by telephone.

Section 3-18 Reporting outbreaks and unusual occurrences of disease

- a. A person required to report shall report an outbreak within 24 hours and in accordance relating to reporting cases.
- b. A person required to report shall report an unusual occurrence of a disease, infection or condition not listed as reportable (relating to the reporting of diseases and conditions) or defined as an outbreak within 24 hours.

Section 3-19 Reports by the Director to the Pennsylvania Department of Health

- a. The Department shall report an outbreak by telephone on the same day that the outbreak is reported or otherwise made known to it, as follows:
 - i. AIDS. To the HIV/AIDS Epidemiology Section, Division of Infectious Disease Epidemiology, Bureau of Epidemiology.
 - ii. Chancroid, chlamydia trachomatis infections, gonococcal infections, granuloma inguinale, lymphogranuloma venereum, syphilis and tuberculosis. To the Division of Tuberculosis and Sexually Transmitted Diseases, Bureau of Communicable Diseases.
 - iii. Chickenpox, diphtheria, measles, mumps, pertussis, polio, rubella and tetanus. To the Division of Immunizations, Bureau of Communicable Diseases.

- i.v. Other reportable diseases and conditions. To the Division of Infectious Disease Epidemiology, Bureau of Epidemiology.
- b. The Department shall report by telephone on the same day any of the following diseases is reported or otherwise made known to it, as follows:
 - i. Diphtheria, measles, pertussis and polio. To the Division of Immunizations, Bureau of Communicable Diseases.
 - ii. Anthrax, arbovirus disease, cholera, enterohemorrhagic *Escherichia coli*, hantavirus pulmonary syndrome, food borne botulism, *Haemophilus influenzae* invasive disease in a child under 15 years of age, hemorrhagic fever, hepatitis E, human rabies, Legionellosis, plague, smallpox, typhoid fever and yellow fever. To the Division of Infectious Disease Epidemiology, Bureau of Epidemiology.
- c. The Director shall maintain records that will permit the efficient functioning of the Department for the prevention and control of communicable disease.

ARTICLE D QUARANTINE AND ISOLATION

Section 3-20 Disease control measures

- a. The Department shall direct isolation of a person or an animal with a communicable disease or infection; surveillance, segregation, quarantine or modified quarantine of contacts of a person or an animal with a communicable disease or infection; and any other disease control measure the Department considers to be appropriate for the surveillance of disease, when the disease control measure is necessary to protect the public from the spread of infectious agents.
- b. The Department will determine the appropriate disease control measure based upon the disease or infection, the patient's circumstances, the type of facility available and any other available information relating to the patient and the disease or infection. The Department may consult with state and federal public health officials prior to taking any disease control measure.

Section 3-21 Isolation, Quarantine and Placarding

- a. Isolation. When the isolation of a person or animal that is suspected of harboring an infectious agent is appropriate, the Department shall cause the isolation to be done promptly following receipt of the case report. If more than one jurisdiction is involved, the Department shall cause a person or animal to be isolated only after consulting with and receiving approval from the Pennsylvania Department of Health. The Department shall ensure that instructions are given to the case or persons responsible for the care of the case and to members of the household or appropriate living quarters, defining the area within which the case is to be isolated and identifying the measures to be taken to prevent the spread of disease. A modified isolation may be considered for some cases.
- b. Quarantine. If the disease is one requiring quarantine of the contacts in addition to isolation of the case, the Director shall:
 - i. determine the contacts who are subject to quarantine;
 - ii. specify the place to which they shall be quarantined;
 - iii. issue appropriate instructions;
 - iv. and, ensure that provisions are made for the medical observation of the contacts as frequently as necessary during the quarantine period.
- c. Placarding. Whenever the Department deems it necessary, placards may be utilized for the purpose of isolation or quarantine as required for the protection of public health.

Section 3-22 Movement and release of persons and animals subject to isolation or quarantine by the action of the Department

- a. A person or animal subject to isolation or quarantine by action of the Department or PADOH may be removed to another location only with the permission of the Department or PADOH.
- b. The Department may order that a person or animal be released from isolation or quarantine when the Department determines that the person or animal no longer presents a public health threat.
- c. Whenever a laboratory specimen is to be examined for the presence of

disease-causing organisms to determine the duration of isolation or quarantine or to determine the eligibility of a person or animal for release from isolation or quarantine, the specimen shall be examined in a laboratory approved by the Department to conduct that type of examination.

**ARTICLE E COMMUNICABLE DISEASE IN CHILDREN AND STAFF
ATTENDING SCHOOLS AND CHILD CARE GROUP
SETTINGS**

**Section 3-23 Exclusion of children, and staff having contact with
children, for specified diseases and infections
conditions**

A person in charge of a public, private, parochial, Sunday or other school or college shall exclude from school a child, or a staff person, including a volunteer, who has contact with children, who is suspected by a physician or the school nurse of having any of the communicable diseases, infections or conditions. Readmission shall be contingent upon the school nurse, or in the absence of the school nurse, a physician, verifying that the criteria for readmission have been satisfied. The diseases, the periods of exclusion and the criteria for readmission are as follows:

- a. Diphtheria: Two weeks from the onset or until appropriate negative culture tests.
- b. Measles: Four days from the onset of rash. Exclusion may also be ordered by the Department as relating to special requirements for measles.
- c. Mumps: Nine days from the onset or until subsidence of swelling.
- d. Pertussis: Three weeks from the onset or 5 days from institution of appropriate antimicrobial therapy.
- e. Rubella: Four days from the onset of rash.
- f. Chickenpox: Five days from the appearance of the first crop of vesicles, or when all the lesions have dried and crusted, whichever is sooner.

- g. Respiratory streptococcal infections, including scarlet fever: At least 10 days from onset if no physician is in attendance or 24 hours after institution of appropriate antimicrobial therapy.
- h. Infectious conjunctivitis (pink eye): Until judged not infective; that is, without a discharge.
- i. Ringworm- The person shall be allowed to return to school, child care or other group setting immediately after the first treatment, if body lesions are covered. Neither scalp nor body lesions that are dried need to be covered.
- j. Impetigo contagiosa: Twenty-four hours after the institution of appropriate treatment.
- k. Pediculosis capitis (head lice): The person shall be allowed to return to either the school, child care or other group setting immediately after first treatment. The person shall be reexamined for infestation by the school nurse, or other health care practitioner, seven (7) days post treatment.
- l. Pediculosis corpora (body lice): After completion of appropriate treatment.
- m. Scabies: After completion of appropriate treatment.
- n. Trachoma (granular conjunctivitis): Twenty-four hours after institution of appropriate treatment.
- o. Tuberculosis: Following a minimum of two (2) weeks adequate chemotherapy and three consecutive negative morning sputum smears, if obtainable. In addition, a note from the attending physician that the person is noncommunicable shall be submitted prior to readmission.
- q. Neisseria meningitidis. Until judged noninfective after a course of rifampin or other drug which is effective against the nasopharyngeal carriage state of this disease, or until otherwise shown to be noninfective.

Section 3-24 Exclusion of children, and staff having contact with children for showing symptoms

- a. A person in charge of a public, private, parochial, Sunday or other school or college shall, following consultation with a physician or school nurse, exclude immediately a child, or staff person, including a volunteer, having contact with children, showing any of the following symptoms, unless that person is determined by the school nurse, or a physician, to be noncommunicable:
 - i. Mouth sores associated with inability to control saliva.
 - ii. Rash with fever or behavioral change.
 - iii. Purulent discharge from the eyes.
 - iv. Productive cough with fever.
 - v. Oral or axillary temperature equal to or greater than 102° F.
 - vi. Unusual lethargy, irritability, persistent crying, difficulty breathing or other signs of severe illness.
 - vii. Persistent vomiting
 - viii. Persistent diarrhea
- b. The school shall maintain a record of the exclusion and the reasons prompting the exclusion and shall review the record to determine when unusual rates of absenteeism occur.

Section 3-25 Readmission of excluded children, and staff having contact with children

- a. A child or staff person, including a volunteer, having contact with children, excluded from a public, private, parochial or other school or college under section 3-24 (relating to exclusion of children, and staff having contact with children, for showing symptoms) may not be readmitted until the school nurse or, in the absence of a school nurse, a physician, is satisfied that the condition for which the person was excluded is not communicable or until the person presents a

statement from a physician that the person has recovered or is noninfectious.

- b. A child, or staff person, including a volunteer, having contact with children, excluded for the following reasons shall be readmitted only when a physician has determined the illness to be either resolved, noncommunicable or in a noncommunicable stage:
 - i. Rash with fever or behavioral change.
 - ii. Productive cough with fever.

Section 3-26 Readmission of exposed or isolated children, and staff having contact with children

A child, or staff person, including a volunteer, having contact with children, who has been absent from school by reason of having had or because of residing on premises where there has been a disease for which isolation is required, may not be readmitted to school without the permission of the Department.

Section 3-27 Exclusion of children, and staff having contact with children, during a measles outbreak

Children, and staff, including a volunteer, having contact with children, shall be excluded from school during a measles outbreak under the procedures relating to special requirements for measles.

Section 3-28 Exclusion and readmission of children, and staff having contact with children, in child care group settings.

The following conditions and circumstances also govern exclusion from and readmission to a child care group setting of a child, or a staff person, including a volunteer, who has contact with children attending the child care group setting:

- a. Meningococcal meningitis or meningococemia. Until made noninfective by a course of rifampin or other drug which is effective against the nasopharyngeal carriage stage of this disease, or otherwise shown to be noninfective.
- b. Haemophilus influenzae (H. flu) meningitis or other invasive H.

flu disease. Until made noninfectious by a course of rifampin or other drug which is effective against the nasopharyngeal carriage stage of this disease, or otherwise shown to be noninfective.

c. Persistent Diarrhea. Until resolved or judged to be noninfective when associated with any of the following:

- i. Inability to prevent contamination of the environment with feces.
- ii. Fever.
- iii. Identified bacterial or parasitic pathogen.

d. Fever in children younger than 4 months of greater than 101° F. rectally or 100° F. axillary; in children 4-24 months of greater than 102° F. rectally or 101° F. axillary. Until resolved or judged to be noninfective.

e. Hepatitis A, viral hepatitis unspecified, or jaundice of unspecified etiology. Until 1 week following the onset of jaundice, or 2 weeks following symptom onset or IgM antibody positivity if jaundice is not present.

f. Shigellosis. Until the etiologic organism is eradicated relating to special requirements for shigellosis.

g. Typhoid fever or paratyphoid fever. Until the etiologic organism is eradicated relating to special requirements for typhoid and paratyphoid fever.

h. Exposure to an individual with meningococcal disease. Until the institution of treatment with appropriate antibiotic to eradicate the nasopharyngeal carrier state, or until proven noninfectious with nasopharyngeal cultures, or until 30 days following the exposure. Exclusion shall be postponed, until the second day following notice that exclusion will be required, to give the individual sufficient time to arrange for institution of appropriate antibiotic treatment.

To facilitate the proper exclusion of sick children and staff, the caregiver at a child care group setting shall arrange for the following:

- a. Instruction of staff, including volunteers, regarding exclusion and screening criteria that apply to themselves and attending children.
- b. Instruction of parents and guardians regarding exclusion criteria and that they are to notify the caregiver within 24 hours after it is determined or suspected that a child has an illness or condition for which exclusion is required.
- c. Follow-up after exclusion of a child by staff at the time the child is brought to the child care group setting to ensure that the condition which required exclusion has been resolved.

Section 3-29 **Immunization requirements for children in child care group settings**

- a. Caregiver responsibilities:
 - i. Except as exempted in subsection (d), effective March 27, 2002 the caregiver at a child care group setting may not accept or retain a child 2 months of age or older at the setting, for more than 60 days, unless the caregiver has received a written objection to a child being vaccinated on religious grounds from a parent or guardian, or one of the following:
 - aa. For all children not exempt under subsection (d), an initial written verification from a physician, the Department of the dates (month, day and year) the child was administered any vaccines recommended by ACIP. The verification shall also specify any vaccination not given due to medical condition of the child and shall state whether the condition is temporary or permanent. The verification shall show compliance with the vaccination requirements in subsection (b).
 - bb. For all children for whom vaccinations remain outstanding following the caregiver's receipt of the initial written verification, subsequent written verifications from a physician, the Health Department as additional vaccinations become due. These verifications shall be prepared in the same manner as set forth in subparagraph (aa), but need not repeat information contained in a previously submitted verification. The verifications shall demonstrate continuing compliance

with the vaccination requirements in subsection (b).

- ii. If the caregiver receives a written verification under paragraph (i) explaining that timely vaccination did not occur due to a temporary medical condition, the caregiver shall exclude the child from the child care group setting after an additional 30 days unless the caregiver receives, within that 30 day period, written verification from a physician, or the Health Department that the child was vaccinated or that the temporary medical condition still exists. If the caregiver receives a written verification that vaccination has not occurred because the temporary condition persists, the caregiver shall require the presentation of a new verification at 30-day intervals. If a verification is not received as required, the caregiver shall exclude the child from the child care group setting and not readmit the child until the caregiver receives a verification that meets the requirements of this section.
 - iii. The caregiver shall retain the written verification or objection referenced in paragraphs (i) and (ii) for 60 days following the termination of the child's attendance.
 - iv. The caregiver shall ensure that a certificate of immunization is completed and signed for each child enrolled in the child care group setting. The certificates shall be updated by the caregiver to include the information provided to the caregiver under subsection (a) when that additional information is received. The immunization status of each enrolled child shall be summarized and reported on an annual basis to the PA Department of Health at the time prescribed and on the form provided by the PA Department of Health.
- b. Vaccination Requirements. Each child enrolled in a child care group setting shall be immunized in accordance with ACIP standards in effect on January 1, 1999, governing the issuance of ACIP recommendations for the immunization of children.
- i. The standards are as follows:
 - aa. The immunization practice is supported by both published and unpublished scientific literature as a means to address the morbidity and mortality of the disease.

- bb. The labeling and packaging inserts for immunizing agent are considered.
 - cc. The immunizing agent is safe and effective
 - dd. The schedule for use of the immunizing agent is administratively feasible.
- ii. The Department will deem an ACIP recommendation pertaining to the immunization of children to satisfy the standards in this subsection unless ACIP alters its standards for recommending immunizations for children by eliminating a standard set forth in this subsection and the recommendation is issued under those changed standards.
- c. Notice: PADOH will place a notice in the *Pennsylvania Bulletin* listing publications containing ACIP recommendations issued under the standards in subsection (b). PADOH published the initial notice at 32 Pa. B. 539 (January 26, 2002). PADOH will update that list in a notice which it will publish in the *Pennsylvania Bulletin* within 30 days after ACIP issues a recommendation which satisfies the criteria of this section.
- d. Exemptions:
- i. This section does not apply to the following:
 - aa. Children attending kindergarten, elementary school or higher school who are 5 years of age or older. These caregivers shall comply with Code sections 3-33 (relating to immunization).
 - bb. A caregiver who does not serve as a caregiver for a least 40 hours during at least one month.
 - ii. The requirement imposed by subsection (a), to not accept a child into a child care group setting without receiving an initial written verification or objection specified in subsection (a), does not apply during a month the caregiver does not serve as a caregiver for at least 40 hours.

- e. Exclusion when disease is present: Whenever one of the diseases relating in the Code section 3-28 (relating to exclusion and readmission of children, and staff having contact with children, in child care group settings) has been identified within a child care group setting, the Department may order the exclusion from the child care group setting or any other child care group setting which is determined to be at high risk of transmission of that disease, of an individual susceptible to that disease in accordance with public health standards as determined by the Department.

**ARTICLE F SEXUALLY TRANSMITTED DISEASES, TUBERCULOSIS
AND OTHER COMMUNICABLE DISEASES**

Section 3-30 Examination of persons suspected of being infected

Whenever the Department has reasonable grounds to suspect a person of being infected with an organism causing a sexually transmitted disease, tuberculosis, or other communicable disease, or of being a carrier, but lacks confirmatory medical or laboratory evidence, the Department may require the person to undergo a medical examination and any other approved diagnostic procedure to determine whether or not the person is infected or is a carrier.

Section 3-31 Refusal to submit to examination and treatment

- a. In the event a person refuses to submit to a required examination, the Department may take any of the following actions:
 - i. Direct the person to be quarantined until it is determined that the person does not pose a threat to the public health by reason of being infected with a disease causing organism or being a carrier
 - ii. File a petition in the Court of Common Pleas of Montgomery County. Upon filing, the Court shall hold a hearing without a jury to ascertain whether the person named in the petition has refused to submit to an examination or treatment. Upon a finding that the person has refused to submit to an examination and that there is no valid reason for the person to do so, the Court shall order the person to submit to the

examination.

- iii. Any person refusing to undergo an examination as provided in section 7 of the Act (35 P.S. 521.7) may be committed by the Court to an institution in Pennsylvania determined by the Department to be suitable for the care of such cases.

Section 3-32 Examination of persons detained by police authorities

- a. A person taken into custody and charged with a crime involving lewd conduct or a sex offense, or a person to whom the jurisdiction of a juvenile court attaches may be examined for a sexually transmitted disease by a qualified physician appointed by the Department, by the local health authority or by the court having jurisdiction over the person so charged. If the person refuses to permit an examination or provide a specimen for laboratory tests as requested by the physician designated by the Department or local health authority to secure an appropriate remedy.
- b. A person convicted of a crime or pending trial, who is confined in or committed to a State or local penal institution, reformatory or other house of correction or detention, may be examined for a sexually transmitted disease by a qualified physician appointed by the Health Department. If the person refuses to permit an examination or provide a specimen for laboratory tests as requested by the physician, judicial action may be pursued by the Health Department to secure an appropriate remedy.

Section 3-33 Diagnosis and treatment of sexually transmitted diseases

The Department shall provide or designate adequate facilities for the free diagnosis and, where necessary, for the preservation of the public health, free treatment of persons infected with sexually transmitted diseases. The diagnosis shall include blood tests and other tests.

Section 3-34 Sale of drugs for sexually transmitted diseases

The sale of drugs or other remedies for the treatment of sexually transmitted diseases shall be prohibited except under prescription of physicians licensed to practice in Pennsylvania.

Section 3-35 Prenatal examination for syphilis

- a. A physician who attends, treats or examines a pregnant woman for conditions relating to pregnancy during the period of gestation or delivery shall inform the woman that he intends to take or cause to be taken, unless the woman objects, a sample of her blood at the time of the first examination (including the initial visit when a pregnancy test is positive), or within 15 days after the first examination (including the initial visit when a pregnancy test is positive), or within 15 days after the first examination, and shall submit the sample to a clinical laboratory for an approved test for syphilis.
- b. The serological test required by subsection (a) will be made without charge by the Department upon the request of the physician submitting the blood sample and the submission of a certificate by the physician that the patient is unable to pay.

Section 3-36 Reporting birth and fetal deaths

In reporting every birth and fetal death, physicians and others required to make the reports shall state upon the certificate whether or not the blood test required by 35P.S. § 521.13 (a) (relating to prenatal examination for syphilis) was made. If the test was made, the date of the test shall be given, and if the test was not made it may be stated whether it was not made because, in the opinion of the physician, the test was not advisable or because the woman objected.

Section 3-37 Diagnostic tests for sexually transmitted disease

A standard or approved test procedure for each of the sexually transmitted diseases shall be a test approved by the PADOH, and if a laboratory test is part of the approved procedure, it shall be made in a laboratory approved by the PADOH to make the tests.

Section 3-38 Treatment of minors

A person under the age of 21 infected with a sexually transmitted disease may be given appropriate treatment by a physician. If the minor consents to undergo treatment, approval or consent of his parents or persons in loco parentis may not be necessary, and the physician may not be sued or held liable for properly administering appropriate

treatment to the minor.

Section 3-39 Prophylactic treatment of newborns

Physicians and midwives attending women in childbirth shall instill in each eye of the newborn child, as soon as practicable after birth, either a 1.0% silver nitrate solution, or tetracycline ophthalmic ointment or solution, or erythromycin ophthalmic ointment or solution as a single application in both conjunctival sacs, or appropriate medication approved by the PADOH. If the parent or guardian of the newborn child objects on the ground that the prophylactic treatment conflicts with the parent's religious beliefs or practices, prophylactic treatment shall be withheld and an entry in the child's hospital record indicating the reason for withholding treatment shall be made and signed by the attending physician and the parent or guardian.

Section 3-40 Prenatal examination for hepatitis B

- a. A physician who attends, treats or examines a pregnant woman for conditions relating to pregnancy during the period of gestation or delivery, shall inform the woman that the physician intends to take or cause to be taken, unless the woman objects, a sample of her blood at the time of the first examination (including the initial visit when a pregnancy test is positive) or within 15 days thereafter, but no later than the time of delivery, and shall submit the sample to a clinical laboratory approved by the Department to conduct immunologic testing.
- b. When a pregnant woman tests positive for hepatitis B surface antigen, a physician shall provide the appropriate prophylactic treatment to the newborn within 12 hours after birth. If the parent or guardian of the newborn child objects on the ground that the prophylactic treatment conflicts with the parent's or guardian's religious beliefs or practices, prophylactic treatment shall be withheld, and an entry in the child's hospital record indicating the reason for withholding treatment shall be made and signed by the attending physician and the parent or guardian.

ARTICLE G REGULATIONS PERTAINING TO EACH REPORTABLE DISEASE

Section 3-41 General

This Article contains the names of reportable diseases in alphabetical order, and prescribes, in each case, the general requirements for the control of the infected individual, and his or her contacts, and his or her environment.

Section 3-42 AIDS (Acquired Immunodeficiency Syndrome)

- a. Reporting: Report to the Department.
- b. Isolation, Blood/Body Fluid Precautions: Standard precautions
- c. Concurrent Disinfection: Of equipment contaminated with blood, all excretions, and secretions.
- d. Terminal Disinfection: Thorough cleaning.
- e. Quarantine: None.
- f. Restrictions on infectious individuals. Restrictions on body fluid and organ donations shall conform to the following:
 - i. Persons with evidence of HIV infection may not donate blood, plasma, semen, organs or other body tissues.
 - ii. Blood banks, sperm banks and hospitals may not accept for human use blood, plasma, semen, organs or other body tissues without obtaining prior evidence that the donor is HIV antibody negative. Transplants may be performed prior to receiving HIV test results if delay, due to performance of the test, would threaten the recipient's survival.

Section 3-43 AMEBIASIS

- a. Reporting: Report to the Department.
- b. Isolation: Hospitalized patients shall be isolated according to standard enteric disease precautions. A case of amebiasis who prepares or serves food for public consumption, who attends or works in a child care group setting in a capacity which requires

contact with children, or who provides direct patient care shall be required to cease work or child care until the contact has submitted two consecutive stool specimens, taken at least 24 hours apart and at least 48 hours after the last dose of any antiparasitic therapy, to an appropriate clinical laboratory for bacteriologic examination and those specimens are determined by the laboratory to be negative for *Entamoeba histolytica*.

- c. Concurrent Disinfection: Feces shall be disposed of in a sanitary manner, and hands shall be washed after defecation.
- d. Terminal disinfection: Thorough cleaning.
- e. Quarantine: A household contact of a case of amebiasis who prepares or serves food for public consumption, who attends or works in a child care group setting in a capacity which requires contact with children, or who provides direct patient care shall be required to cease work or childcare until the contact has submitted two consecutive stool specimens, taken at least 24 hours apart and at least 48 hours after the last dose of any antiparasitic therapy, to an appropriate clinical laboratory for bacteriologic examination and those specimens are determined by the laboratory to be negative for *Entamoeba histolytica*.
- f. Other requirements or procedures: Refer to Epidemiology Manual for the Identification, Investigation and Control of Infectious Diseases, Division of Infectious Disease Epidemiology, Pennsylvania Department of Health.

Section 3-44 **ANIMAL BITES**

- a. Reporting: Any bite or other trauma inflicted on a human or domestic animal by an animal capable of being a reservoir for rabies shall be reported to the Department within 24 hours.
- b. Isolation: None.
- c. Concurrent Disinfection: None.
- d. Terminal disinfection: None.

- e. Quarantine: No quarantine of human contacts shall be required.
- f. Quarantine of biting animals.
 - i. Any dog, cat, or other domestic mammal that bites or otherwise potentially exposes a human to rabies shall be quarantined in a place and manner approved by the Director for at least ten days after the date of the bite.
 - ii. Any wild animal that bites or otherwise potentially exposes a human to rabies shall be immediately destroyed and its head submitted to a diagnostic laboratory provided by or certified by the Commonwealth for a rabies examination. Exceptions to the requirement of this paragraph may be granted by the Director or his representative.
 - iii. The Director may order, in writing, the killing in a humane manner of any biting animal for the purpose of a laboratory examination for rabies if it has been determined that it is necessary to preserve human health.
- g. The Director may order the owner or custodian of a biting animal to have the animal examined for rabies by a Pennsylvania licensed veterinarian at any time during the quarantine period. The cost of such examinations and any other associated cost shall be borne by the owner or guardian of the biting animal.
- h. No animal under quarantine may be moved from the place of quarantine without the written permission of the Director or his representative.
- i. No individual may fail or refuse to surrender any animal for quarantine or destruction as required in this subsection when demand is made by the written order of the Director.

Section 3-45 **ANTHRAX**

- a. Reporting: Report to the Department within 24 hours.
- b. Isolation: Until lesions are healed.
- c. Concurrent disinfection: Discharges from lesions and articles soiled

from such discharge shall require disinfection. Spores shall require incineration or steam sterilization under pressure, or other techniques approved by the Centers for Disease Control.

- d. Terminal disinfection: Thorough cleaning.
- e. Quarantine: None.

Section 3-46 **ARBOVIRUSES**

- a. Reporting: Report to Department within 24 hours.
- b. Isolation:
 - i. For Arthropod-Borne Viral Arthritis and Rash: Protect patients from mosquitoes to avoid further transmission.
 - ii. For Arthropod-Borne Viral Encephalitis: depending on vector, none or none after tick removal.
 - iii. For Arthropod-Borne Viral Fevers if mosquito-borne: blood and body fluid precautions. Patient should be kept in a screened room or in quarters treated with an insecticide for at least seven (7) days after onset or until afebrile.

If tick borne: blood and body fluid precautions. No blood donation for 4 months.

If phlebotomine-borne: none; prevent access of sandflies to infected individuals for the first few days of illness by very fine screening or mosquito bed nets and by spraying quarters with insecticide.
 - iv. For Arthropod-Borne Viral Hemorrhagic Fevers (mosquito-borne): blood and body fluid precautions.
- c. Concurrent disinfection: None other than removing or destroying vector (e.g. ticks, sandflies) where applicable for (b. iv.) above, bloody discharges may be infective; decontaminate by heat or chlorine disinfectants.
- d. Terminal disinfection: None.

- e. Quarantine: None.

Section 3-47 **BOTULISM**

- a. Reporting: Report case or suspected case to the Department within 24 hours.
- b. Isolation: None.
- c. Concurrent disinfection: None.
- d. Terminal Disinfection: None.
- e. Quarantine: None.

Section 3-48 **BRUCELLOSIS**

- a. Reporting: Report to the Department.
- b. Isolation: No isolation shall be required; drainage/secretion precautions should be used.
- c. Concurrent disinfection: Purulent discharges shall require disinfection.
- d. Terminal Disinfection: Thorough cleaning.
- e. Quarantine: None.

Section 3-49 **CAMPYLOBACTERIOSIS**

- a. Reporting: Report to the Department.
- b. Isolation: Hospitalized patients shall be isolated according to standard enteric disease precautions. A case of campylobacteriosis who prepares or serves food for public consumption, who attends or works in a child care group setting in a capacity which requires contact with children, or who provides direct patient care shall be required to cease work or child care until asymptomatic.

- c. Concurrent disinfection: Feces and articles soiled therewith shall be disinfected.
- d. Terminal disinfection: Thorough cleaning.
- e. Quarantine: None.
- f. Outbreaks of campylobacteriosis
 - i. Food or waterborne. Suspected outbreaks shall be investigated to identify the implicated food, water or raw milk to which others may have been exposed. The Department has the authority to require stool cultures on individuals involved in the outbreak. Suspect food handlers may be excluded from work until results of one stool culture is negative.
 - ii. Institutional outbreaks. The Department has the authority to conduct an epidemiologic investigation to require stool specimens on patients and employees and to exclude from work an individual who is a threat to the health of others in that institution.
- g. Other requirements or procedures: Refer to Epidemiology Manual for the Identification, Investigation and Control of Infectious Diseases, Division of Infectious Disease Epidemiology, Pennsylvania Department of Health.

Section 3-50 CHANCROID

- a. Reporting: Report to the Department.
- b. Isolation: None.
- c. Concurrent disinfection: None.
- d. Terminal disinfection: None.
- e. Quarantine: Avoid sexual contact until all lesions are healed.
- f. Investigation of contacts: Search for contacts, sexual partners 2 weeks before and 2 weeks after onset. Women may be carriers. Sexual contacts should receive prophylactic treatment.

Section 3-51 CHLAMYDIA TRACHOMATIS

- a. Reporting: Report laboratory confirmed cases to the Department.
- b. Isolation: Drainage/secretion precautions for hospitalized patients.
- c. Concurrent disinfection: Articles contaminated with urethral discharge.
- d. Terminal Disinfection: None.
- e. Quarantine: None.
- f. Investigation of contacts: Identification of sexual contacts; prophylactic treatment is recommended for sexual contacts. Neonates, who have not been given systemic treatment, are advised to have clinical evaluation and management per CDC guidance.

Section 3-52 CHOLERA

- a. Reporting: Report to the Department within 24 hours.
- b. Isolation: Enteric precautions while the patient is infectious.
- c. Concurrent disinfection: Prompt and thorough disinfection of articles contaminated with feces, vomitus, and urine shall be required. Urine and feces shall be directly flushed down the toilet. Attendants shall practice scrupulous cleanliness, and hands shall be washed with an antiseptic soap or disinfectant after handling or touching articles contaminated by feces.
- d. Terminal disinfection: Thorough cleaning. Urinals and bedpans shall be decontaminated and sterilized.
- e. Quarantine: None.
- f. Other requirements or procedures: Refer to Epidemiology Manual for the Identification, Investigation and Control of Infectious Diseases, Division of Infectious Disease Epidemiology, Pennsylvania Department of Health.

Section 3-53 **DIPHTHERIA**

- a. Reporting: Report to the Department within 24 hours.
- b. Isolation: The infected person shall be isolated until cultures from the nose and throat taken on two occasions not less than 24 hours apart, and 24 hours after cessation of antimicrobial therapy, fail to show diphtheria bacilli. Where termination of isolation by culture is impracticable, isolation may end with fair safety 14 days after onset. Where practicable, a virulence or toxigenicity test shall be made if throat cultures are reported to be positive three (3) weeks or more after onset. Isolation may be terminated if the microorganism reported present is proved avirulent or nontoxigenic.
- c. Concurrent disinfection: All articles in contact with the patient and all articles soiled by discharges of patient shall require disinfection.
- d. Terminal disinfection: Thorough cleaning.
- e. Quarantine: All close contacts shall be isolated until the results of the bacteriologic examinations are known. Persons with positive cultures should be treated. Contacts shall be isolated until appropriate measures exist or have been taken to ensure the public health.
- f. Diphtheria carriers: A chronic diphtheria carrier is any person who has been free from the symptoms of diphtheria for four weeks or longer and who harbors virulent or toxigenic diphtheria bacilli. A chronic carrier of diphtheria bacilli may be placed under quarantine until cultures from the nose and throat on four successive occasions, not less than 24 hours apart, are negative, or until the cultures are found to be avirulent or nontoxigenic. When appropriate medical and surgical measures to eliminate the carrier state fail, the Department may release the carrier from quarantine when such a release is not detrimental to the public health.

Section 3-54 **ENCEPHALITIS**

- a. Reporting: Report to the Department.
- b. Isolation: Appropriate for confirmed or suspected etiologic agent.

- c. Concurrent disinfection: Appropriate for confirmed or suspected etiologic agent.
- d. Terminal disinfection: Appropriate for confirmed or suspected etiologic agent.
- e. Quarantine: None, except as may be indicated by the suspected etiologic agent.

Section 3-55 **FOOD POISONING OUTBREAK**

- a. Reporting: Report to the Department within 24 hours.
- b. Isolation: Appropriate for confirmed or suspected etiologic agent.
- c. Concurrent disinfection: Appropriate for confirmed or suspected etiologic agent.
- d. Terminal disinfection: Appropriate for confirmed or suspected etiologic agent.
- e. Quarantine: None.

Section 3-56 **GIARDIASIS**

- a. Reporting: Report to the Department

Isolation: Hospitalized patients shall be isolated according to standard enteric disease precautions. A case of giardiasis who prepares or serves food for public consumption, who attends or works in a child care group setting in a capacity which requires contact with children, or who provides direct patient care shall be required to cease work or child care until asymptomatic.

- c. Concurrent disinfection: Feces and articles soiled therewith shall be disinfected. Direct discharge of feces may be made into modern and adequate sewage disposal systems without preliminary disinfection.
- d. Terminal disinfection: Thorough cleaning.
- e. Quarantine: None.

- f. Other requirements or procedures: Refer to Epidemiology Manual for the Identification, Investigation and Control of Infectious Diseases, Division of Infectious Disease Epidemiology, Pennsylvania Department of Health.

Section 3-57 GONOCOCCAL INFECTIONS

- a. Reporting: Report laboratory confirmed cases to the Department.
- b. Isolation: None, except for newborns with gonococcal ophthalmia neonatorum, for whom isolation may be terminated after 24 hours of adequate and effective therapy under medical supervision.
- c. Concurrent disinfection: Care shall be taken in the disposal of discharges from lesions and articles soiled from such discharges.
- d. Terminal disinfection: None.
- e. Quarantine: None.
- f. Investigation of contacts: Identification of sexual contacts; prophylactic treatment is recommended for sexual contacts. Neonates, who have not been given systemic treatment, are advised to have clinical evaluation and management per CDC guidance.

Section 3-58 GUILLAIN-BARRE SYNDROME

- a. Reporting: Report to the Department.
- b. Isolation: None, except as may be required for an underlying contagious etiology.
- c. Concurrent disinfection: None.
- d. Terminal disinfection: None.
- e. Quarantine: None.

Section 3-59 HAEMOPHILUS INFLUENZAE INVASIVE DISEASE

- a. Reporting: Report to the Department within 24 hours.

- b. Isolation: Respiratory isolation is required until 24 hours after initiation of effective therapy.
- c. Concurrent disinfection: None.
- b. Quarantine. No isolation of contacts. Recommend to observe contacts under 4 years old, especially infants, including those in household, child care centers and nurseries, for signs of illness, especially fever.
- c. Other requirements or procedures: Refer to Epidemiology Manual for the Identification, Investigation and Control of Infectious Diseases, Division of Infectious Disease Epidemiology, Pennsylvania Department of Health.

Section 3-60 HEPATITIS A, Acute

- a. Reporting: Report to the Department.
- b. Isolation: For acute cases of Hepatitis A, enteric precautions shall be observed during first 2 weeks of illness and at least one week after onset of clinical jaundice. Blood and body fluid precautions shall be observed until specific diagnosis of HA is made. Cases of Hepatitis A who prepares or serves food for public consumption, who attends or works in a child care group setting in a capacity which requires contact with children, or who provides direct patient care shall be required to cease work or child care for a period of two weeks after onset of illness or for as long as indicated by the results of appropriate laboratory examinations.
- c. Concurrent disinfection: Feces and articles soiled therewith shall be disinfected. Direct discharge of feces may be made into modern and adequate sewage disposal systems without preliminary disinfection.
- d. Terminal disinfection: None.
- e. Quarantine: None.
- f. Other requirements or procedures: Refer to Epidemiology Manual for the Identification, Investigation and Control of Infectious Diseases, Division of Infectious Disease Epidemiology, Pennsylvania Department of Health.

Section 3-61 HEPATITIS B, Acute and Chronic

- a. Reporting: Report to the Department.
- b. Isolation: Isolation precautions shall be observed in handling blood or blood products and excretions until one week after cessation of signs and symptoms of the disease or until two weeks after onset of illness, whichever is longer. Blood and blood products containing hepatitis B surface antigen shall be considered infectious.
- c. Concurrent disinfection: Equipment contaminated with blood, serum or other excretions shall be disinfected.
- d. Terminal disinfection: None.
- e. Quarantine: None.

Section 3-62 HEPATITIS non A/ non B (including HEPATITIS C)

- a. Reporting: Report to the Department.
- b. Isolation: Universal precautions shall be observed in handling blood, blood products, or body fluids until one week after resolution of signs and symptoms of the disease.
- c. Concurrent disinfection: Equipment contaminated with blood, serum, or other excretions shall be disinfected.
- d. Terminal disinfection: None.
- e. Quarantine: None.

Section 3-63 HISTOPLASMOSIS

- a. Reporting: Report to the Department.
- b. Isolation: None.
- c. Concurrent Disinfection: None.
- d. Terminal disinfection: None.

- e. Quarantine: None.

Section 3-64 LEAD POISONING

- a. Reporting: Report to the Montgomery County Health Department all cases of possible or suspected lead poisoning in children through six (6) years of age. Report all other elevated lead levels in children over seven (7) years of age, adults, and pregnant women, to the PA Department of Health for referral and follow-up.
- b. Isolation: None.
- c. Concurrent disinfection: None.
- d. Terminal disinfection: None.
- e. Quarantine: None:

Section 3-65 LEGIONELLOSIS

- a. Reporting: Report to the Department within 24 hours.
- b. Isolation: None.
- c. Concurrent disinfection: None.
- d. Terminal disinfection: None.
- e. Quarantine: None.

Section 3-66 LEPTOSPIROSIS

- a. Reporting: Report to the Department.
- b. Isolation: Blood/body fluid precautions.
- c. Concurrent disinfection: Articles soiled with discharges, including urine, shall be disinfected.
- d. Terminal disinfection: Thorough cleaning.

- e. Quarantine: None.

Section 3-67 **LISTERIOSIS**

- a. Reporting: Report to the Department.
- b. Isolation: None.
- c. Concurrent Disinfection: None.
- d. Terminal Disinfection: None.
- e. Quarantine: None.

Section 3-68 **LYME DISEASE**

- a. Reporting: Report to the Department.
- b. Isolation: None.
- c. Concurrent disinfection: None.
- d. Terminal disinfection: None.
- e. Quarantine: None.

Section 3-69 **LYMPHOGRANULOMA VENEREUM**

- a. Reporting: Report to the Department.
- b. Isolation: None.
- c. Concurrent disinfection: Care shall be taken in the disposal of discharges from lesions and articles soiled from such discharges.
- d. Terminal disinfection: None.
- e. Quarantine: None.
- f. Investigation of contacts: Identification of sexual contacts; prophylactic treatment is recommended for sexual contacts.

Neonates, who have not been given systemic treatment, are advised to have clinical evaluation and management per CDC guidance.

Section 3-70 **MALARIA**

- a. Reporting: Report to the Department.
- b. Isolation: For hospitalized patients, blood/body fluid precautions. Patients should be in mosquito-proof area.
- c. Concurrent disinfection: None.
- d. Terminal disinfection: None.
- e. Quarantine: None.

Section 3-71 **MEASLES (RUBEOLA)**

- a. Reporting: Report to the Department within 24 hours.
- b. Isolation: Infected persons shall be restricted to the premises from onset of prodrome through the first five (5) days of rash.
- c. Concurrent disinfection: All articles soiled with secretions of the nose and throat shall be disinfected.
- d. Terminal disinfection: Thorough cleaning.
- e. Quarantine: Whenever measles or rubeola is determined to be present in a school population, the Director may do the following:
 - i. Determine the immunity status of the school population with a specific focus on identifying which individuals are presumed susceptible. Measles immunity is defined as:
 - aa. Documentation of receiving two doses of live virus measles vaccine, the first dose being on or after 12 months of age, and the second dose at least 4 weeks after the first.
 - bb. Serologic evidence of measles antibodies.

- cc. Diagnosis of having had measles disease as documented by a physician.
- ii. Order exclusion of the presumed susceptibles from the school until one of the following conditions is met:
 - aa. The susceptible person is vaccinated with live attenuated measles vaccine.
 - bb. The susceptible person presents serological evidence of measles immunity. The serological evidence is the presence of antibody to measles determined by the hemagglutination inhibition test or a comparable test.
 - cc. No cases of measles have occurred for a 14-day period.

Section 3-72 **MENINGITIS, ALL TYPES**

- a. Reporting: Report to the Department.
- b. Isolation: Appropriate for confirmed or suspected etiologic agent.
- c. Concurrent disinfection: Appropriate for confirmed or suspected etiologic agent.
- d. Terminal disinfection: Appropriate for confirmed or suspected etiologic agent.
- e. Quarantine: None. Surveillance may be conducted, however, at the discretion of the Department.

Section 3-73 **MENINGOCOCCAL DISEASE**

- a. Reporting: Report to the Department within 24 hours.
- b. Isolation: The infected person shall be appropriately isolated until 24 hours after start of chemotherapy.
- c. Concurrent disinfection: Discharges from nose and throat and articles soiled therewith shall be disinfected.
- d. Terminal disinfection: Thorough cleaning.

- e. Quarantine: None. Surveillance may be conducted at the discretion of the Department.
- f. Other requirements or procedures: Refer to Epidemiology Manual for the Identification, Investigation and Control of Infectious Diseases, Division of Infectious Disease Epidemiology, Pennsylvania Department of Health.

Section 3-74 MUMPS

- a. Reporting: Report to the Department.
- b. Isolation: The infected person shall be appropriately isolated until five (5) days after the onset of the parotid swelling.
- c. Concurrent disinfection: None.
- d. Terminal disinfection: None.
- e. Quarantine: Whenever mumps is determined to be present in a school population, the Director may do the following:
 - i. Determine the immunity status of the school population with a specific focus on identifying which individuals are presumed susceptible. Mumps immunity is defined as:
 - aa. Documentation of receiving one or more doses of live virus mumps vaccine, the first dose being on or after 12 months of age, and the second dose at least four (4) weeks after the first.
 - bb. Serologic evidence of mumps antibodies.
 - cc. Diagnosis of having had mumps disease as documented by a physician.
 - ii. Order exclusion of the presumed susceptibles for 26 days after the onset of parotitis in the last person diagnosed in their vicinity (school, work, etc.) until one of the following conditions is met:
 - aa. The susceptible person is vaccinated with live attenuated

mumps vaccine.

- bb. The susceptible person presents serological evidence of measles immunity. The serological evidence is the presence of antibody to measles determined by the hemagglutination inhibition test or a comparable test.
- cc. No cases of measles have occurred for a 26-day period.

Section 3-75 PERINATAL EXPOSURE OF A NEWBORN TO HIV

- a. Reporting: Report to the Department.
- b. Isolation: None.
- c. Concurrent disinfection: None.
- d. Terminal disinfection: None.
- e. Quarantine: None.

Section 3-76 PERTUSSIS (WHOOPIING COUGH)

- a. Reporting: Report to the Department.
- b. Isolation: The patient shall be restricted to his own premises and separated from susceptible infants and children for a period of 21 days after onset or five (5) days after the institution of appropriate antimicrobial therapy.
- c. Concurrent disinfection: Discharges from the nose and throat, and articles soiled from such discharges shall be disinfected.
- d. Terminal disinfection: Thorough cleaning.
- e. Quarantine: None. Household and close social contacts should receive post-exposure prophylaxis.

Section 3-77 PHENYLKETONURIA

- a. Reporting: Report to the Pennsylvania Department of Health.

- b. Isolation: None.
- c. Concurrent disinfection: None.
- d. Terminal disinfection: None.
- e. Quarantine: None.

Section 3-78 **PLAGUE**

- a. Reporting: Report to the Department within 24 hours.
- b. Isolation: Rid patients and their clothing of fleas with an effective insecticide. All patients shall be hospitalized if practical, and reasonable aseptic precautions shall be taken for patients with bubonic plague. Patients with primary pneumonic plague or patients developing plague pneumonia shall be isolated.
- c. Concurrent disinfection: Sputum, blood and all body secretions and articles soiled from such shall require disinfection.
- d. Terminal disinfection: Terminal disinfection shall consist of thorough cleaning. Persons having expired from plague shall be handled with strict aseptic precautions.
- e. Quarantine: Contact quarantine shall be required as deemed necessary by the Director.

Section 3-79 **POLIOMYELITIS**

- a. Reporting: Report to the Department within 24 hours.
- b. Isolation: Isolation shall be up to two weeks from the date of onset or, if longer, for the duration of fever.
- c. Concurrent disinfection: Throat discharges, feces and articles soiled from such discharges shall require disinfection. In communities with modern and adequate sewage disposal, feces and urine can be discharged directly into sewers without preliminary disinfection.
- d. Terminal disinfection: Thorough cleaning.

- e. Quarantine: Quarantine shall be at the direction of the Director.

Section 3-80 **PSITTACOSIS (ORNITHOSIS)**

- a. Reporting: Report to the Department.
- b. Isolation: Isolation shall be maintained during febrile acute stages. Nurses caring for patients with a cough shall wear adequate masks. Coughing patients should be instructed to cough into paper tissues.
- c. Concurrent disinfection: All discharges shall be disinfected.
- d. Terminal disinfection: Terminal disinfection shall consist of thorough wet cleaning and exposure to sunlight.
- e. Quarantine: No quarantine shall be required for household contacts. Buildings having housed birds, however, shall not be used by human beings until thoroughly cleaned, disinfected, and infected birds have been destroyed or adequately treated. Additional regulations pertaining to Psittacosis are found under Article H of this Chapter.
- f. Other requirements or procedures: Refer to Epidemiology Manual for the Identification, Investigation and Control of Infectious Diseases, Division of Infectious Disease Epidemiology, Pennsylvania Department of Health.

Section 3-81 **RABIES**

- a. Reporting: Report to the Department within 24 hours.
- b. Isolation: Infected persons shall be isolated through the duration of the illness. Immediate attendants shall be warned of the hazard of infection through the saliva of the patient.
- c. Concurrent disinfection: Saliva and articles soiled from saliva shall be disinfected.
- d. Terminal disinfection: Thorough cleaning.
- e. Quarantine: No quarantine of contacts shall be required. However,

search for rabid animals and for persons and other animals exposed should be pursued.

- f. Tissue or organs of infected patients shall not be donated for transplantation.

Section 3-82 RICKETTSIAL DISEASES/INFECTIONS

- a. Reporting: Report to the Department.
- b. Isolation: Appropriate for confirmed or suspected etiologic agent.
- c. Concurrent disinfection: Appropriate for confirmed or suspected etiologic agent.
- d. Terminal disinfection: Appropriate for confirmed or suspected etiologic agent.
- e. Quarantine: Appropriate for confirmed or suspected etiologic agent.

Section 3-83 RUBELLA (GERMAN MEASLES AND CONGENITAL RUBELLA SYNDROME)

- a. Reporting: Report to the Department.
- b. Isolation: Infected persons shall be appropriately isolated for seven (7) days after the appearance of the rash. Strict isolation of infants with congenital rubella syndrome must be effected since such infants may be infectious for up to a year.
- c. Concurrent disinfection: None.
- d. Terminal disinfection: None.
- e. Quarantine: No quarantine of contacts shall be required. Exclude children from school and adults from work for seven (7) days after onset of rash.

Section 3-84 SALMONELLOSIS

- a. Reporting: Report to the Department. Bacterial isolates shall be

sent to the PADOH's Bureau of Laboratories for serotyping within five (5) work-days of isolation.

- b. Isolation: Hospitalized patients shall be isolated according to standard enteric disease precautions. A case of salmonellosis who prepares or serves food for public consumption shall be required to cease work until they have two (2) consecutive negative stool specimens at least 48hrs after antibiotic therapy, if prescribed, and at least 24 hours apart. A case of salmonella who attends or works in a child care setting in a capacity which requires contact with children, or who provides direct patient care shall be required to cease work or childcare until asymptomatic.
- c. Concurrent disinfection: Feces, urine, and other infectious body discharges and articles soiled therewith shall be disinfected. In communities with modern and adequate sewage disposal systems, feces and urine may be disposed of directly into the sewer without preliminary disinfection.
- d. Terminal disinfection: Thorough cleaning.
- e. Quarantine: None.
- f. Outbreaks of salmonellosis. Investigations of outbreaks of salmonellosis shall conform to the following:
 - i. Foodborne: Suspected foodborne outbreaks of salmonellosis shall be investigated. The Department has the authority to require stool cultures on individuals involved in the outbreak. Suspect food handlers may be excluded from work until the results of their stool cultures are negative.
 - ii. Institutional outbreaks: The Department has the authority to conduct an epidemiologic investigation, to require stool specimens on patients and employees, and to exclude from work an individual who is a threat to the health of others in that institution.
- g. Other requirements or procedures: Refer to Epidemiology Manual

for the Identification, Investigation and Control of Infectious Diseases, Division of Infectious Disease Epidemiology, Pennsylvania Department of Health.

Section 3-85 SHIGELLOSIS

- a. Reporting: Report to the Department. Bacterial isolates shall be sent to the PADOH's Bureau of Laboratories for serotyping within five (5) work-days of isolation.
- b. Isolation: Hospitalized patients shall be isolated according to standard enteric disease precautions. A case of shigellosis who prepares or serves food for public consumption, who attends or works in a child care group setting in a capacity which requires contact with children, or who provides direct patient care shall be required to cease work or childcare until they have two (2) consecutive negative stool specimens at least 48 hours after any antimicrobial therapy and at least 24 hours apart.
- c. Concurrent disinfection: Feces and other infectious body discharges and articles soiled therewith shall be disinfected. In communities with modern and adequate sewage disposal systems, feces and urine may be disposed of directly into sewer without preliminary disinfection.
- d. Terminal disinfection: Thorough cleaning
- e. Quarantine: A household contact of a case of shigellosis who prepares or serves food for public consumption, who attends or works in a child care group setting in a capacity which requires contact with children, or who provides direct patient care shall be required to cease work or child care until they have two (2) consecutive negative stool specimens at least 48 hours after any antimicrobial therapy and at least 24 hours apart.
- f. Restrictions on infected persons. If a case or household contact is not a foodhandler or pregnant, no follow-up stool cultures are required.
- g. Outbreaks of shigellosis:
 - i. Foodborne: All suspected foodborne outbreaks of shigellosis

must be investigated. The Department has the authority to require stool cultures on all individuals involved in the outbreak. Suspect foodhandlers may be excluded from work until the results of their stool cultures are negative.

- ii. Institutional outbreaks: The Department has the authority to conduct an epidemiologic investigation, to require stool specimens on all patients and employees, and to exclude from work any individual who is a threat to the health of others in that institution.
- h. Other requirements or procedures: Refer to Epidemiology Manual for the Identification, Investigation and Control of Infectious Diseases, Division of Infectious Disease Epidemiology, Pennsylvania Department of Health.

Section 3-86 **SMALLPOX**

- a. Reporting: Report to the Department within 24 hours.
- b. Isolation: Infected persons shall be appropriately isolated until their last smallpox scab falls off.
- c. Concurrent disinfection: The virus can spread through these materials or through the objects contaminated by them, such as bedding or clothing. People who cared for smallpox patients and washed their bedding or clothing had to wear gloves and take care to not get infected.
- d. Terminal disinfection: Thorough cleaning.
- e. Quarantine: None.

Section 3-87 **SYPHILIS**

- a. Reporting: Report to the Department.
- b. Isolation: None.
- c. Concurrent disinfection: In adequately treated cases, no concurrent disinfection shall be required. Care shall be taken in the disposal of

discharges from open lesions and articles soiled from such discharges.

- d. Terminal disinfection: Thorough cleaning.
- e. Quarantine: None.
- f. Prenatal examination: A prenatal examination for syphilis shall be required as prescribed by CDC guidance.

Section 3-88 TETANUS

- a. Reporting: Report to the Department.
- b. Isolation: None.
- c. Concurrent disinfection: None.
- d. Terminal disinfection: None.
- e. Quarantine: None.

Section 3-89 TOXIC SHOCK SYNDROME

- a. Reporting: Report to the Department.
- b. Isolation: None.
- c. Concurrent disinfection: None.
- d. Terminal disinfection: None.
- e. Quarantine: None.

Section 3-90 TOXOPLASMOSIS

- a. Reporting: Report to the Department.
- b. Isolation: None.
- c. Concurrent disinfection: None.

- d. Terminal disinfection: None.
- e. Quarantine: None.

Section 3-91 TRICHINOSIS

- a. Reporting: Report to the Department.
- b. Isolation: None.
- c. Concurrent disinfection: None.
- d. Terminal disinfection: None.
- e. Quarantine: None.

Section 3-92 TUBERCULOSIS

- a. Reporting: Any private physician who treats a patient for tuberculosis or any authorized person of a hospital, State or County institution, sanitarium, nursing or convalescent home or tuberculosis clinic which treats a patient for tuberculosis within Montgomery County shall promptly report (within 5 work days) the case in the manner prescribed in Section 3-10 of this Chapter.
- b. Isolation: Any person having tuberculosis in its communicable stage shall be isolated in the following manner: Isolation for tuberculosis shall be established at the usual residence of the patient suffering from tuberculosis whenever facilities for adequate isolation of the infectious patient are available in the home and where the patient will accept such isolation. Isolation of the patient treated at home shall consist of instruction in the need to cover the mouth and nose when coughing or sneezing and careful handling and disposal of sputum. Since control of infection is best achieved by prompt, specific drug therapy which reduces infectiousness and results in sputum conversions, the result of sputum examination is used to determine how long the patient needs to remain at home.

Title 28 PA Code, section 27.161 states that if isolation for persons infected with tuberculosis cannot be accomplished or maintained at the usual residence of the patient and whenever in the opinion of

the Department such a person is a menace to others by reason of his refusal to submit to treatment, or his habits, or his neglect of treatment, such isolation shall be enforced by removing the patient to an institution in Montgomery County or elsewhere in Pennsylvania determined by the Department to be suitable for the care and treatment of such cases. Isolation of patients treated in hospitals shall consist of an appropriate form of respiratory isolation.

Release from isolation criteria for patient with pulmonary/laryngeal TB:

aa. Drug susceptible TB:

1. Sputum Acid Fast Bacilli smear positive, and /or NAA positive or patient receiving treatment as suspected pulmonary TB : must meet all of the following criteria:

- have (3) consecutive negative AFB sputum smears collected at least 8 hours apart and at least 1 early morning specimen
- Have completed standard 4 drug anti-TB therapy for two (2) weeks DOT therapy
- exhibits clinical improvement
- Have no risk factors for drug resistance. Positive resistance risk- request PADOH lab to send specimen to CDC for MDDR testing

bb. MDR/or XDR confirmed TB: Discharge from isolation patient *must* meet all the following criteria:

- Patient must have resolution of fever and near resolution of cough (clinical improvement)
- Demonstrated adherence of DOT therapy. Receiving and tolerating appropriate drug resistant TB regimen (consultation with New Jersey Medical School Global Tuberculosis Institute)
- Have three consecutive negative AFB *cultures*

c. Concurrent disinfection: *M. tuberculosis* is primarily transmitted only through air, not by surface contact. There are no

special precautions necessary for handling of dishes, laundry, clothing and personal items. Decontamination of air may be achieved by ventilation; may be supplemented by ultraviolet light. Health-care facilities should observe the guidelines below:

Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005

https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm?s_cid=rr5417a1_e

- d. Terminal disinfection: No special requirements are indicated. Normal procedures should be followed.
- e. Quarantine and commitment: Quarantine or commitment may be established at the discretion of a qualified health officer in accordance with the provisions of Section 3-21 of this Chapter. Contacts themselves shall not be considered as public health problems unless proven by examination to be active infectious cases of tuberculosis. All household contacts and other intimate contacts shall be required to have a tuberculin test or chest x-ray, or both. If lesions suspicious of tuberculosis are found on x-ray of contacts, laboratory studies shall be conducted as are necessary to determine whether or not such patients represent public health problems.
- f. Treatment Standards:
 - a. Directly observed therapy (DOT) is required for all TB cases/suspects.
 - b. For tuberculosis cases/suspects being managed by private physicians, the Director of Health, being ultimately responsible for appropriate treatment, shall have access to all patient records and tuberculosis treatment plans to ensure that the diagnosis, treatment and management are performed according to the most current CDC guidelines.

Section 3-93 TULAREMIA

- a. Reporting: Report to the Department.
- b. Isolation: None. Standard precautions.

- c. Concurrent disinfection: Discharges from ulcer, lymph nodes, or conjunctival sac shall be disinfected.
- d. Terminal disinfection: Thorough cleaning.
- e. Quarantine: None.

Section 3-94 TYPHOID AND PARATYPHOID

- a. Reporting: Report to the Department within 24 hours.
- b. Isolation: Hospitalized patients shall be isolated according to the recommended standard enteric disease isolation procedures. A case of typhoid or paratyphoid who prepares or serves food for public consumption, who attends or works in a child care group setting in a capacity which requires contact with children, or who provides direct patient care shall be required to cease work or childcare until they have three (3) consecutive negative stool specimens at least 24 hours apart and no earlier than 1 month after onset. Patient must be off antibiotics for at least 48 hours prior to obtaining specimens.
- c. Concurrent disinfection: Feces, urine, and articles soiled therewith shall require disinfection. In communities with modern and adequate sewage disposal systems, feces and urine may be disposed of directly into the sewer without preliminary disinfection.
- d. Terminal disinfection: Thorough cleaning.
- e. Quarantine: All household contacts shall be cultured to identify any chronic carrier. An asymptomatic household contact of typhoid or paratyphoid case who prepares or serves food for public consumption, who attends or works in a child care group setting in a capacity which requires contact with children, or who provides direct patient care shall be required to cease work or childcare until they have two (2) consecutive negative stool specimens at least 24 hours apart. A symptomatic contact should be treated as a case.
- f. Restrictions on infected persons:
 - i. Convalescents from typhoid shall have their stools examined

- bacteriologically once a month to determine if they are chronic carriers of the organism. If the stools are negative for three consecutive months, they are not considered as carriers and may be discharged from any further investigation.
- ii. Chronic carriers: Individuals who excrete the typhoid bacillus in their stools for greater than one year are considered as chronic carriers of the typhoid bacillus. These individuals shall not be allowed to work in an occupation that prepares or serves food for public consumption, including patient care or care of children or the elderly in an institutional setting, and they shall not change their address without notifying the Department.
- g. Outbreaks of typhoid:
- i. Foodborne: All suspected foodborne outbreaks of typhoid/paratyphoid must be investigated. The Department has the authority to require stool specimens on all individuals involved in the outbreaks and may exclude from work or childcare at the discretion of the Director or his designee.
 - ii. Institutional outbreaks: The Department has the authority to conduct an epidemiologic investigation, to require stool specimens on all patients and employees, and to exclude from work any individual who is a threat to the health of others in that institution.
- i. Other requirements or procedures: Refer to Epidemiology Manual for the Identification, Investigation and Control of Infectious Diseases, Division of Infectious Disease Epidemiology, Pennsylvania Department of Health..

Section 3-95 **YELLOW FEVER**

- a. Reporting: Report to the Department.
- g. Isolation: No isolation shall be required; however, the patient shall be protected from mosquitoes for the first three days in a mosquito-proof room.
- c. Concurrent disinfection: No disinfection shall be required; however, the home of the patient and all houses in its vicinity shall be sprayed

promptly with an insecticide having residual action.

- d. Terminal disinfection: None.
- e. Quarantine: None.

ARTICLE H MISCELLANEOUS: ANIMALS, DISPOSITION OF HUMAN BODIES

Section 3-96 DISEASE FROM ANIMALS

Any disease, infection or condition that occur due to contact with an animal will be investigated by the Department. Animal health or animal trade issues shall be handled, as appropriate, by PDA.

Section 3-97 Disposition of property and remains of infected persons

- a. No person may give, lend, sell, transmit or expose, without previous cleaning and a certificate from the health authorities attesting to the cleaning of bedding, clothing, rags or other articles which have been exposed to contamination from bubonic plague, smallpox (variola, varioloid) or anthrax, except where the transmission of the articles is made with proper precautions and with the permission of the health authorities for the purpose of having them cleaned.
- b. At the discretion of the Department, no person may rent a room, house or part of a house in which there has been a person suffering from a communicable disease without having the room, house or part of a house and articles therein, previously cleaned to the satisfaction of the Department. The keeping of a hotel, boarding house or an apartment house shall be deemed as renting part of a house to a person who shall be admitted as a guest into the hotel, boarding house or apartment house.
- c. In the preparation for burial and transportation of a body of a person who has died of an infectious disease, it shall be the duty of the undertaker or person acting as such to prepare the body in accordance with any current guidance, as approved by the Department, for that specific disease or condition. Regulations of 028 Pa. Code § 1.25 shall be follow

- d. Services held in connection with the funeral of a person who has died with a disease for which isolation or quarantine is required, may be public but shall be private when so ordered by the health authorities of the jurisdiction in which the services shall be held. The attendance at private funerals shall include only the immediate relatives of the deceased and the necessary number of pallbearers.