

MEMORANDUM

CITY OF PHILADELPHIA

TO : Seymour Kurland, City Solicitor

DATE 11/28/88

FROM : Joseph Paglia, Deputy Records Commissioner *Joseph Paglia*

SUBJECT: AMENDMENTS TO REGULATIONS GOVERNING THE CONTROL OF COMMUNICABLE AND NON-COMMUNICABLE DISEASES

The above amendments, promulgated by the Health Department, were received in the Department of Records on October 26, 1988, for filing and advertising.

Inasmuch as there were no requests for hearings, these amendments became effective midnight, November 25, 1988.

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cc: Maurice C. Clifford, M.D., Health Commissioner

**AMENDMENTS TO REGULATIONS GOVERNING THE CONTROL OF
COMMUNICABLE AND NONCOMMUNICABLE DISEASES AND CONDITIONS**

WHEREAS, Section 6-201 of the Health Code of Philadelphia authorizes the Board of Health to establish lists of communicable, reportable and quarantinable diseases; and

WHEREAS, Section 6-202 of the Code requires that physicians who treat those reportable diseases designated by the Board report the incidence of such diseases to the Department; and

WHEREAS, The Philadelphia Board of Health has adopted Regulations Governing the Control of Communicable and Noncommunicable Diseases and Conditions ("Regulations"); and

WHEREAS, The Regulations contain a listing of such diseases and the method of reporting the incidences thereof in Sections 2 and 3 of said Regulations; and

WHEREAS, The Regulations are required to conform to the minimum reporting requirements for such disorders as specified in the Law of the Commonwealth of Pennsylvania in 28 Pa. Code 27.4 "Noncommunicable Diseases and Conditions;" and

WHEREAS, Six diseases, campylobacteriosis, Haemophilus influenza type b disease, hepatitis non-A non-B, Kawasaki disease, Lyme disease and Toxic shock syndrome, became reportable in Pennsylvania by action of the Pennsylvania Department of Health as appeared in the Pennsylvania Bulletin, Vol. 17, No. 3, January 17, 1987, and therefore should be included in the list of reportable diseases in the Regulations; and

WHEREAS, The Board of Health finds that Listeriosis is a communicable disease which presents a public health problem and should be made reportable; and

WHEREAS, The Advisory Health Board of the Department of Health of the Commonwealth, by new regulations approved October 18, 1985, revised the minimum reporting requirements for lead poisoning and increased lead absorption, which revisions should be incorporated in the Regulations; and

WHEREAS, The Regulations currently require the reporting of Acquired Immune Deficiency Syndrome (AIDS), but should be amended to include more detailed instructions; and

WHEREAS, The reporting of laboratory evidence of certain diseases indicative of or compatible with AIDS is necessary to monitor the trends of AIDS more accurately; and

WHEREAS, Diseases indicative of or compatible with AIDS include atypical mycobacteriosis, cryptosporidiosis, cytomegalovirus, cryptococcosis, isosporiaris, Kaposi's sarcoma, lymphoma, lymphoid pneumonia or hyperplasia, pneumocystis carinii pneumonia, progressive multifocal leukoencephalopathy, toxoplasmosis, coccidiomycosis and histoplasmosis, each of which should therefore be made reportable; and

WHEREAS, The Center for Disease Control has listed the definitive diagnostic methods for each of those diseases indicative of or compatible with AIDS; now, therefore,

The Board of Health hereby amends the Regulations Governing the Control of Communicable and Noncommunicable Diseases and Conditions to read as follows:

**REGULATIONS GOVERNING THE CONTROL OF COMMUNICABLE
AND NONCOMMUNICABLE DISEASES AND CONDITIONS**

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2. REPORTABLE DISEASES AND CONDITIONS.

The Board declares the following diseases, unusual outbreaks of illness, noncommunicable diseases and conditions, poisonings and occupational diseases to be reportable:

(a) Diseases

(1) Acquired Immune Deficiency Syndrome (AIDS) and certain conditions indicative of or compatible with AIDS, as detailed below. Although AIDS is a clinical condition defined by the Centers for Disease Control, certain conditions must be reported by laboratory directors when they are definitively diagnosed because they might be AIDS cases. These conditions include the following diagnostic methods and diseases:

(A) By microscopy (histology or cytology):

- (i) Cryptosporidiosis
- (ii) Cytomegalovirus
- (iii) Isosporiasis
- (iv) Kaposi's sarcoma
- (v) Lymphoma
- (vi) Lymphoid pneumonia or hyperplasia
- (vii) Pneumocystis carinii pneumonia
- (viii) Progressive multifocal leukoencephalopathy
- (ix) Toxoplasmosis

(B) By microscopy (histology or cytology), culture or detection of antigen in a specimen obtained directly from the tissues affected or a fluid from those tissues:

(i) Coccidioidomycosis

(ii) Cryptococcosis

(iii) Histoplasmosis

(C) By culture:

(i) Atypical mycobacteriosis

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() Campylobacteriosis

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() Haemophilus influenzae type b disease

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() Hepatitis non-A non-B

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() Kawasaki disease

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() Listeriosis

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() Lyme disease

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() Toxic shock syndrome

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(d) Poisoning Conditions

All chemical poisoning conditions are reportable, specifically:

(1) Lead poisoning or lead toxicity [and possible lead poisoning] in children up to age six (6) and in pregnant women as evidenced by a confirmed blood lead level of [30] 25 micrograms per deciliter (ug/dl) or higher and by an erythrocyte protoporphyrin (EP) level[s] of [50] 35 micrograms per deciliter (ug/dl) or higher [are to] shall be reported.

(2) Increased lead absorption in persons, age 6 and above, as evidenced by a confirmed blood lead level of [60] 40 micrograms per deciliter (ug/dl) or higher shall be reported.

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10. REGULATIONS PERTAINING TO THE CONTROL OF THE INFECTED INDIVIDUALS, CONTACTS, AND ENVIRONMENT FOR EACH REPORTABLE DISEASE

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(a) Acquired Immune Deficiency Syndrome (AIDS).

(1) Reporting. Report AIDS, and those conditions indicative of or compatible with AIDS as listed in subsection 2(a)(1) of these Regulations, to the AIDS Activities Coordinating Office.

(2) Isolation. Observe blood/body fluid precautions. Observe precautions appropriate for other specific infections that occur in AIDS patients.

(3) Concurrent disinfection. Equipment contaminated with blood or semen shall be disinfected.

(4) Terminal disinfection. Upon discharge from a hospital room, thorough cleaning of the patient's environment is required.

(5) Quarantine. No quarantine is required.

(6) Restrictions on infectious individuals. Restrictions on body fluid and organ donations shall conform to the following:

(a) AIDS cases, human immunodeficiency virus (HIV) infected persons and HIV antibody positive persons may not donate blood, plasma, semen, organs or other body tissues.

(b) 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.

() Campylobacteriosis.

(1) Reporting. Report shall be made to the Acute Communicable Disease Control Program.

(2) Isolation. Hospitalized patients shall be isolated according to the recommended standard enteric disease isolation procedures. Cases shall be excluded from any occupation that prepares or serves food for public consumption until diarrhea has ended.

(3) Concurrent disinfection. Feces and articles soiled therewith shall be disinfected, unless discharged directly into the sewer.

(4) Terminal disinfection. Terminal disinfection shall consist of thorough cleaning.

(5) Quarantine. No quarantine is required.

(6) Restrictions on infected individuals:

(a) Cases and symptomatic household contacts who prepare or serve food for public consumption shall be excluded from that occupation until diarrhea has ended.

(b) Pregnant women in the household shall be referred to their private physician.

(7) Outbreaks of campylobacteriosis

(a) 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 foodhandlers may be excluded from work until results of one stool culture is negative.

(b) 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.

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() Haemophilus influenzae Type b Disease

(i) Reporting. Report shall be made to the Acute Communicable Disease Control Program.

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DEPARTMENT OF HEALTH

(2) Isolation. Respiratory isolation is required until 24 hours of chemotherapy are completed.

(3) Concurrent disinfection. No concurrent disinfection is required.

(4) Terminal disinfection. No terminal disinfection is required.

(5) Quarantine. No quarantine is required.

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() Hepatitis non-A non-B

(1) Reporting. Report shall be made to the Acute Communicable Disease Control Program.

(2) Isolation. Isolation precautions shall be observe 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.

(3) Concurrent disinfection. Equipment contaminated with blood.

(4) Terminal disinfection. No terminal disinfection shall be required.

(5) Quarantine. No quarantine is required.

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() Kawasaki disease.

(1) Reporting. Report shall be made to the Acute Communicable Disease Control Program.

(2) Isolation. No isolation is required.

(3) Concurrent disinfection. No concurrent disinfection is required.

(4) Terminal disinfection. No terminal disinfection is required.

(5) Quarantine. No quarantine is required.

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() Listeriosis.

(1) Reporting. Report shall be made to the Acute Communicable Disease Control Program.

(2) Isolation. No isolation is required.

(3) Concurrent disinfection. No concurrent disinfection is required.

(4) Terminal disinfection. No terminal disinfection is required.

(5) Quarantine. No quarantine is required.

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() Lyme disease.

(1) Reporting. Report shall be made to the Acute Communicable Disease Control Program.

(2) Isolation. No isolation is required.

(3) Concurrent disinfection. Examine patients and symptomatic cases carefully and remove and destroy remaining ticks.

(4) Terminal disinfection. No terminal disinfection is required.

(5) Quarantine. No quarantine is required.

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() Toxic shock syndrome.

(1) Reporting. Report shall be made to the Acute Communicable Disease Control Program.

(2) Isolation. No isolation is required.

(3) Concurrent disinfection. No concurrent disinfection is required.

(4) Terminal disinfection. No terminal disinfection is required.

(5) Quarantine. No quarantine is required.

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