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REGULATIONS GOVERNING THE CONTROL OF COMMUNICABLE AND NON-COMMUNICABLE
DISEASES AND CONDITIONS

Above regulations have been on file in the Department of Records since
February 21, 1961.

The above regulations were advertised in the local newspapers on
February 22, 1961.

Since no requests for a hearing were received as a result of this advertising,
the regulations, having been on file for the required thirty days, are now
in effect.

CAB:oad

cc: Henry V. Walkowiak, Secretary to the Board of Health
Isador Kransel, Assistant City Solicitor

FEB 8 1961

CITY OF PHILADELPHIA
DEPARTMENT OF PUBLIC HEALTH

~~PROPOSED~~ REGULATIONS GOVERNING THE
CONTROL OF COMMUNICABLE AND
NON-COMMUNICABLE DISEASES
AND CONDITIONS

Pursuant to Section 5-301(b) of the Home Rule Charter, and Section 6-201, 6-202, 6-203, 6-204, 6-207, 6-208, 6-211, 6-212 of the Philadelphia Code, the following regulations are promulgated by the Board of Health.

1. IN THESE REGULATIONS, THE FOLLOWING DEFINITIONS APPLY:

- (a) Board. The Board of Health of the City of Philadelphia.
- (b) Carrier. A person who without any apparent symptoms of a communicable disease harbors a specific infectious agent and may serve as a source of infection.
- (c) Commissioner. The Commissioner of Health of the City of Philadelphia.
- (d) Communicable Disease. An illness due to an infectious agent or its toxic products, transmitted directly or indirectly to a well person from an infected person, animal or arthropod, or through the agency of an intermediate host, vector or the inanimate environment.
- (e) Communicable Disease Control Section. The official office of the Department of Public Health concerned with communicable diseases.
- (f) Communicable Period. The time or times during which the etiologic agent may be transferred directly or indirectly from an infected person to another person, or from an infected animal.
- (g) Concurrent Disinfection. The application of disinfection, as soon as possible, after discharge of infectious material from the body of the patient, or articles soiled therewith.
- (h) Contact. A person or animal known to have been in such association with an infected person or animal as to have had the opportunity of acquiring the infection.
- (i) Department. The Department of Public Health of the City of Philadelphia, the Commissioner of the said Department or any authorized medical representative thereof.
- (j) 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.
- (k) Isolation. The separation for the period of communicability of infected persons or animals from other persons or animals, in such places and under such conditions as will prevent the direct or indirect transmission of the infectious agent from infected persons or animals to other persons or animals who are susceptible or who may spread the disease to others.

- (l) Modified Quarantine. A selected, partial limitation of freedom of movement determined on the basis of difference in susceptibility or danger of disease transmission which is designed to meet particular situations.

Modified quarantine includes, but is not limited to, the exclusion of children from school and the prohibition, or the restriction of those exposed to a communicable disease from engaging in particular occupations.

- (m) Placarding. The posting on any home or other building of a sign or notice warning of the presence of communicable disease within and the danger of infection therefrom.
- (n) Poisoning (chemical). The introduction into or onto the body of any non-living substance in any physical form, whether introduced purposely, accidentally, or unavoidably, including introduction in occupational activity, in sufficient amounts to produce illness or death by chemical action.

This applies to all cases in which a systemic toxic reaction with damage to structure or alteration of function has occurred as a result of the ingestion, inhalation, injection, or absorption of any chemical substance and cases in which the potential for such systemic toxic reaction existed. It does not include burns or skin irritations due to contact with chemicals.

- (o) Quarantine. The limitation of freedom of movement of persons or animals who have been exposed to a communicable disease, for a period of time equal to the longest usual incubation period of the disease, in such manner as to prevent effective contact with those not so exposed. Quarantine may be complete, or it may be modified, or it may consist merely of surveillance or segregation.

~~(p) Regulation. Any rule or regulation issued by the Board of Health, or any ordinance, rule or regulation enacted by the City of Philadelphia.~~

- (q) Reportable Diseases or Conditions. Any disease or condition declared reportable by regulation; any unusual or group **expression of illness**, which, in the opinion of the Commissioner of Health, may be a public health emergency; non-communicable diseases and conditions for which the Commissioner or his duly authorized medical representative may authorize reporting to provide data and information, which in the opinion of the Commissioner are needed to carry out effectively those programs of the Department designed to protect and promote the health of the people of Philadelphia, or to determine the need to establish such programs.
- (r) 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.
- (s) Surveillance. The close supervision of persons and animals exposed to a communicable disease without restricting their movements.

- (t) Terminal Disinfection. The process of rendering the personal clothing and immediate physical environment of the patient free from capability of conveying the disease process to others at a time when the patient is no longer a source of infection.
- (u) Tuberculosis Control Section. The official office of the Department of Public Health concerned with tuberculosis.
- (v) Venereal Disease Control Section. The official office of the Department of Public Health concerned with venereal diseases.

2. REPORTABLE DISEASES AND CONDITIONS

The Board of Health declares the following communicable diseases, unusual outbreaks of illness, non-communicable diseases and conditions to be reportable:

(a) Communicable

- (1) Actinomycosis
- (2) Ancylostomiasis (Hook Worm Disease)
- (3) Anthrax
- (4) Chancroid
- (5) Chickenpox - in persons fifteen years of age and/or older
- (6) Cholera
- (8) Diphtheria *→ Epidemic of the Newborn, Epidemic*
 - a. Acute
 - b. Carriers
- (9) Dysentery, Amebic (Amebiasis)
 - a. Acute
 - b. Carriers
- (10) Dysentery, Bacillary (Shigellosis)
- (11) Encephalitis
 - a. Primary
 - (1) Arthropod-Borne Viral
 - (2) Other Infections - identified by name of etiologic agent
 - b. Secondary as complications of other infections
- (12) Food Poisoning (Intoxication or Infection)
- (13) Gonococcal Infections including
 - a. Acute Gonorrhoea
 - b. Gonococcal Vulvovaginitis of children
 - c. Ophthalmia Neonatorum (Gonococcal)
 - d. Gonococcal Conjunctivitis
- (14) Granuloma Inguinale
- (15) Hepatitis - Viral (Infectious or Homologous Serum)
- (16) Histoplasmosis
- (17) Leprosy
- (18) Leptospirosis
- (19) Lymphocytic Choriomeningitis
- (20) Lymphogranuloma venereum
- (21) Malaria
- (22) Measles (Rubeola)
- (23) Meningococcal infections
 - a. Meningitis
 - b. Meningococemia
- (24) Mononucleosis - Infectious
- (25) Pertussis (Whooping Cough)
- (26) Plague
- (27) Poliomyelitis

- a. Paralytic (including Bulbar)
- b. Non paralytic
- (28) Psittacosis
- (29) 'Q' Fever
- (30) Rabies
- (31) Relapsing Fever - Louse Borne
- (32) Rickettsialpox
- (33) Rocky Mountain spotted fever
- (34) Salmonellosis (Cases, Carriers or Asymptomatic)
- (35) Schistosomiasis
- (36) Smallpox
- (37) Staphylococcal Infection
- (38) Streptococcal Infections
 - a. Streptococcal sore throat with rash (Scarlet Fever)
 - b. Streptococcal sore throat without rash
 - c. Puerperal infections
 - d. Erysipelas
- (39) Syphilis - all forms
- (40) Tetanus
- (41) Toxoplasmosis
- (42) Trachoma
- (43) Trichinosis - active
- (44) Tuberculosis - all forms
- (45) Tularemia
- (46) Typhoid Fever
 - a. Acute infections
 - b. Carriers
- (47) Typhus Fever - all forms
- (48) Undulant Fever (Brucellosis)
- (49) Yellow Fever

(b) Unusual Diseases or Outbreaks

The occurrence of any unusual disease or group expression of illness which may be of public concern whether or not it is known to be of communicable nature should be reported to the Communicable Disease Control Section. Examples of such diseases or illnesses are: fevers of unknown origin, cat-scratch fever, unusual incidence of respiratory illness such as pneumonia or influenza and the infection due to Coxsackie viruses, adenoviruses and ECHO viruses; for example: aseptic meningitis, herpangina, pleurodynia, epidemic keratoconjunctivitis and epidemic gastroenteritis (non-bacterial).

(c) Reporting of Animal Bites

All animal bites inflicted by an animal susceptible to rabies (such as a dog bite, cat bite or by any other animal, where the skin is punctured or lacerated), shall be reported to the Communicable Disease Control Section either by appropriate reporting cards, or in the case of face or neck bites, by telephone.

(d) Non-Communicable Diseases and Conditions

Such non-communicable diseases and conditions for which reports are

needed to enable the Commissioner to determine and employ the most efficient and practical means to protect and to promote the health of the people by the prevention and control of such diseases and conditions shall be reportable. The Commissioner reserves the right to determine the necessity for reporting any specific condition which may affect the people.

- (e) Poisoning Conditions - All chemical poisoning conditions are reportable.
- (f) Occupational Diseases and Other Conditions Declared to be Reportable:

Radiation disease
Pneumoconiosis

3. METHODS OF REPORTING DISEASE, THE CONTENTS OF REPORTS, AND TO WHOM DISEASES ARE TO BE REPORTED

(a) Communicable Diseases

(1) Every physician who treats or examines any person who is suffering from or who is suspected of having a reportable communicable disease, or any person who is or is suspected of being a carrier, or who is infected asymptotically, shall make a prompt report of the disease or condition to the Communicable Disease Control Section of the Department of Public Health. The report shall be on a standard report card or letter or in some specific cases as will be outlined later, by telephone. The report shall state the name of the disease, the name of the patient or carrier, the address at which the patient or carrier may be located, the date of onset of the disease, and the name of the householder in whose family the disease may have occurred; also, the name and address of the reporting agency.

(2) Any physician who treats a patient with a reportable communicable disease which is classed as a venereal disease shall report the case in the manner prescribed in sealed envelopes to the Venereal Disease Control Section of the Department of Public Health. The report shall state the name and stage of the disease, the name, age, sex and race of the patient, and the address at which the patient may be located; also, the name and address of the reporting agency.

(3) Any person who is in charge of a laboratory in which a laboratory examination of any specimen derived from the human body yields microscopical, cultural, immunological, serological or other evidence significant from a public health standpoint of the presence of any one of the diseases listed in this paragraph shall report promptly such findings to the Department of Public Health.

The diseases to which the foregoing applies shall include the following:

Amebiasis	Plague
Anthrax	Psittacosis
Brucellosis	Q Fever
Chancroid	Relapsing Fever - louse-borne
Diphtheria	Rickettsial infections
Bacillary dysentery	Salmonella infections (including
Gonococcal infection	Paratyphoid Fever infections)
Granuloma Inguinale	Syphilis
Leptospirosis (Weil's Disease)	Trichinosis

Lymphogranuloma venereum
Malaria
Meningococcal infection

Tuberculosis infection
Tularemia
Typhoid infection

(4) School physicians and nurses shall report to the principals the presence of suspected communicable disease in school children. The principal shall report these incidents to the school medical services of the Board of Education who will telephone the communicable Disease Control Section. Likewise, any unusual increase in absenteeism shall be reported to the Communicable Disease Control Section.

(5) Reporting by Heads of Institutions

Superintendents of hospitals or other persons in charge of any institution for the treatment of disease or of any institution maintaining dormitories and living rooms or of an orphanage shall notify, in writing, the Communicable Disease Control Section upon the occurrence in or admission to such institution of a reportable disease and shall thereafter follow the advice and instructions of the health authorities for controlling such disease. It should be expressly understood that such notification shall not relieve physicians of their duty to report in the manner set forth in paragraphs 1 and 2 of this section, cases which they may treat or examine in any such institution.

(6) Reporting by Hotel Proprietors and Others

Any proprietor of a hotel or rooming or lodging or boarding house, or any other person having knowledge or suspicion of any communicable disease should report this suspicion promptly to the Communicable Disease Control Section.

(b) Report of Animal Bites

Anyone who treats a patient who has received a bite or a laceration caused by an animal shall report this injury to the Communicable Disease Control Section. The report should state the name, age, sex and address of the patient, date of occurrence and the name and address of the owner of the animal if known and obtainable.

(c) Poisoning Conditions

Reports shall be made in same manner as for Communicable Disease. See Section 3 (a).

4. QUARANTINE AND ISOLATION

(a) Establishment of Isolation and Quarantine

When the initiation of isolation of patients ill with any communicable disease, or the quarantine of susceptible contacts is required, the provisions of Section 8 should be followed.

(b) Instructions to the Household

It shall be the duty of the physician in attendance on the case considered

to be an infectious or communicable disease, to give detailed instructions to the members of the household in regard to precautionary measures to be taken for preventing the spread of the disease. Such instructions shall conform to the regulations and the Health Code of the Department of Public Health. It is the responsibility of such practicing physician to keep himself informed as to the regulations and the Health Code.

(c) Modified Isolation

If the disease is one in which only a modified isolation is required, the Commissioner of Health shall issue appropriate instructions prescribing the isolation technique to be followed. The isolation technique will depend on the disease.

(d) Isolation in Hospitals

Cases of communicable disease requiring isolation which cannot be taken care of at home for any reason, will be admitted to a hospital, with facilities for adequate isolation procedures. When desired, arrangements for admission to Philadelphia General Hospital will be made by the Communicable Disease Control Section upon receipt of a telephoned request by the attending physician or hospital clinic. The family will be informed as to the necessary procedures to be followed for admission.

(e) Quarantine

If the disease is one requiring quarantine of the contacts, in addition to isolation of the case, the Commissioner of Health or his duly authorized medical agent shall determine the contacts who are subject to quarantine, specify the place to which they shall be quarantined and issue appropriate instructions. He shall insure that provisions are made for the medical observation of such contacts as frequently as he deems necessary during the quarantine period. He may, if needed, utilize placarding.

(f) Conditions under Which Patients Subject to Isolation or Quarantine May Be Removed or Transported.

(1) A person under isolation or quarantine may be removed to another dwelling or to a hospital only with the permission of the Commissioner of Health or his duly authorized medical representative.

(2) If removal of a patient under isolation or quarantine from Philadelphia to another health jurisdiction within Pennsylvania, or if interstate removal becomes necessary, permission can only be granted by the Commissioner of Health or his duly authorized medical representative.

(g) Period of Exclusion for Communicable Diseases

(1) The duration of the period of exclusion from school or occupation for any person who has or has had one of the diseases specified below, is declared to be as follows:

- a. Measles - ten days from onset of catarrhal symptoms.
- b. Whooping Cough - four weeks from onset.
- c. Chickenpox - seven days from onset.

- d. Respiratory streptococcal infections including Scarlet Fever - if no physician is in attendance of the patient, not less than seven days from onset.
- e. Acute Infectious Hepatitis - at least twenty-one days from onset.

(2) Re-admissions to School for Specified Diseases

An exclusion and return sheet for Public, Private and Parochial schools is distributed by the Communicable Disease Control Section. It should be consulted by the principals and teachers prior to re-admitting the excluded pupil. If the student has been absent because of an illness other than a communicable disease, the attending physician may certify as to recovery and re-admission to classes.

(3) Exclusion From School of Pupils Showing Symptoms of a Communicable Disease

Every teacher, principal, superintendent or other person or persons in charge of any public, private, parochial, Sunday or other school or college immediately shall exclude any person showing an unusual skin eruption, soreness of the throat, or having symptoms of whooping cough or diseases of the eyes, and shall report the fact of such exclusion and the reason therefor to the Communicable Disease Control Section, together with the name and address of the person excluded.

(4) Re-admission to School of Pupils Excluded Because of Suspected Communicable Disease

Any person excluded from any public, private, parochial, or other school or college on account of being suspected of having a disease for which isolation is required shall be re-admitted upon the presentation of a certificate from a physician stating that the condition for which the person was excluded was not communicable or a certificate from the health authorities that the person is released from isolation.

Any person who has been absent from school by reason of having had or because of residing in a premises where there has been a disease for which isolation is required shall be re-admitted to school only with the permission of the Department of Public Health--this, whether or not there has been a physician in attendance or whether or not isolation has been established in the household.

(5) School Attendance by Pupils With Infectious Conditions or Acute Contagious Conjunctivitis Prohibited

No person suffering from acute contagious conjunctivitis (pink eye); impetigo contagiosa; pediculosis; scabies; tinea circinata; tonsillitis; trachoma or favus shall be permitted to attend any public, private, parochial, Sunday or other school or colleges. The teachers of public schools and the principals, superintendents, or other persons in charge of private, parochial, Sunday or other school or colleges shall exclude any such persons from said schools, such exclusions to continue until the case has recovered and so certified by the physician in attendance,

provided that any person suffering from ringworm of the scalp shall be permitted to attend school if under medical treatment.

(6) Re-admission to School of Pupils Recovered From Infectious Conditions

No person who has been excluded or who has been absent from any school by reason of having or of being suspected to have had acute contagious conjunctivitis (pink eye), impetigo contagiosa, pediculosis, scabies, tinea circinata, tonsillitis, trachoma or favus shall be re-admitted except with a certificate of recovery from a physician.

(h) Laboratory Examinations to Determine Release From Isolation or Quarantine

(1) Whenever these rules and regulations of the Department of Public Health provide for the submission of laboratory specimens to be examined for the presence of micro-organisms in order to determine the duration of isolation or quarantine or to determine the eligibility of the release therefrom, such specimens shall be examined in the laboratory of the Department of Public Health of the City of Philadelphia or if the need arises, in the Pennsylvania Department of Health Laboratory.

5. SALE OF MILK AND OTHER FOODS OR DRINK FROM PREMISES IN WHICH EXISTS A CASE OF TYPHOID FEVER OR OTHER INFECTIOUS DISEASES

The sale, handling for sale or any other distribution or manufacturing of any milk product for public consumption or the sale, handling, distributing or manufacturing of any other article of food or any beverage or candy or tobacco intended for public consumption on the premises in which exists a case, carrier or suspected case or carrier of amebiasis, diphtheria, bacillary dysentery (shigellosis), food infection (salmonellosis), meningococcic meningitis, paratyphoid fever, poliomyelitis, scarlet fever or upper respiratory tract infections due to hemolytic streptococci, erysipelas, smallpox, tuberculosis, infectious hepatitis, typhoid fever shall be prohibited unless permission is expressly granted by the Commissioner of Health or his duly authorized medical representative after appropriate measures are taken to assure the protection of the health of the people who may be prospective consumers.

6. VENEREAL DISEASES

(a) Syphilis, in its communicable stages, Gonorrhoea, Chancroid, Lymphogranuloma Venereum and Granuloma Inguinale are herein designated as venereal diseases and are hereby declared to be subject to regulation as contagious, infectious, communicable and dangerous to public health.

(b) Examination and Diagnosis of Persons Suspected of Being Infected with Venereal Disease

Whenever the Commissioner of Health or his duly authorized medical representative has reasonable grounds to suspect any person of being infected with a venereal disease in a communicable stage, he shall require such person to under-go a medical examination and such approved laboratory procedures, to determine whether or not he is infected with a venereal disease in a communicable stage. In the event that the person refuses to submit to the examination, the Commissioner of Health or his duly authorized medical agent may (1) cause the person to be quarantined un-

til it is determined that he is not infected with a venereal disease in a communicable stage or (2) file a petition in the court of Common Pleas in Philadelphia, which petition shall have appended thereto a statement, under oath, by a physician duly licensed to practice in the Commonwealth, that such person is suspected of being infected with a venereal disease in a communicable stage. Upon filing of such petition, the court shall, within twenty-four hours after service of a copy thereof upon the respondent, hold a hearing, without a jury, to ascertain whether the person named in the petition has refused to submit to an examination to determine whether he or she is infected with a venereal disease in a communicable stage. Upon a finding that the person has refused to submit to such examination and that there was no valid reason for such person to do so, the court shall forthwith order such person to submit to the examination. The certificate of the physician appended to the petition shall be received in evidence and shall constitute prima facie evidence that the person therein named is suspected of being infected with a venereal disease in a communicable stage. The examination ordered by the court may be performed by a physician of his own choice at his own expense. The examination shall include physical and laboratory tests performed in a laboratory approved by the Commissioner of Health or his duly authorized medical agent and shall be conducted in accordance with accepted professional practices, and the results thereof shall be reported to the Venereal Disease Control Section of the Department of Public Health on forms furnished by said Department. Any person refusing to undergo an examination, as herein provided, may be committed by the court to an institution in this Commonwealth determined by the Secretary of Health of the State of Pennsylvania, to be suitable for the care of such cases. (Act of April 23, 1956, P. L. 1510, Section 7 as amended by Act No. 343 of September 11, 1959).

(1) Any person taken into custody and charged with any crime involving lewd conduct or sex offense shall be examined for venereal diseases by the Commissioner of Health or his duly authorized medical representative.

(2) Any person taken into custody and confined in or committed to any penal institution, reformatory or any other house of correction or detention, or any person to whom the jurisdiction of a juvenile court attaches shall be examined for venereal diseases by the Commissioner of Health or his duly authorized medical representative.

(3) Any such person found upon examination to be infected with any venereal disease shall be provided with appropriate treatment.

(c) Reporting of Venereal Disease

Every physician practicing in the City of Philadelphia shall report in writing to the Venereal Disease Control Section of the Department of Public Health on printed forms furnished by said office, the name, address, age, sex, race and occupation, together with the stage of the disease, date and source of infection, when ascertainable, and infectiousness of every person under his or her care for gonorrhoea, syphilis, chancroid, lymphogranuloma venereum or granuloma inguinale. All reports shall

be confidential and not open to public inspection or be inspected by any persons other than the official custodian of such reports in the Department of Public Health, the Chief of the Venereal Disease Control Section, and such other persons as may be authorized by law to inspect such reports or records.

The Commissioner of Health, or his authorized medical representative may at his discretion release confidential information concerning individuals with venereal disease when it is his considered opinion that such release of information is in the interest of the public health and welfare. With this sole exception, the custodian of such reports or records, the said Commissioner or any other persons shall not divulge any part of any such reports or records which would disclose the identity of the person to whom it relates.

(d) Persons Refusing to Submit to Treatment for Venereal Diseases

(1) If the Commissioner of Health or his duly authorized medical agent finds that any person who is infected with a venereal disease in a communicable stage refuses to submit to treatment approved by the Department of Public Health, the Commissioner or his authorized medical agent may cause the person to be isolated in an appropriate institution designated by the Department for safekeeping and treatment until the disease has been rendered non-communicable. (Act of April 23, 1956, P. L. 1510, Section 11 (a) as amended by Act No. 344, September 11, 1959, Section 11 (a) + a.1).

(2) The Commissioner of Health or duly authorized medical agent may file a petition in the court of Common Pleas of Philadelphia to commit such person to an appropriate institution designated by the Department of Public Health for safekeeping and treatment until such time as the disease has been rendered non-communicable. Upon filing of such petition, the court shall, within twenty-four hours after service of a copy thereof upon the respondent, hold a hearing, without a jury, to ascertain whether the person named in the petition has refused to submit to treatment. Upon a finding that the person has refused to submit to such treatment, the court shall forthwith order such person to be committed to an appropriate institution or hospital designated by the Department of Public Health. (Act of April 23, 1956, P. L. 1510, Section 11 (a) as amended by Act No. 344, September 11, 1959, Section 11 (a.2)).

(3) For the purpose of this section, it is understood that treatment approved by the Department of Public Health shall include treatment by a duly accredited practitioner of any well recognized church or religious denomination which relies on prayer or spiritual means alone for healing. Provided, however, that all requirements relating to sanitation, isolation or quarantine are complied with. (Act of April 23, 1956, P. L. 1510, Section 11 (a) as amended by Act No. 344, September 11, 1959, Section 11 (a.3)).

(e) Diagnosis and Treatment of Venereal Disease

The Venereal Disease Control Section shall provide or designate adequate facilities for the free consultation, diagnosis and treatment of patients infected with venereal disease.

(f) Premarital Examination

- (1) No license to marry shall be issued until there shall be in the possession of the Clerk of the Orphan's Court a statement or statements signed by a duly licensed physician of the Commonwealth of Pennsylvania, or of any other state or territory or any commissioned medical officer of the Army, Navy, or Air Force, or any physician in the Public Health Service of the Federal Government, that each applicant within thirty days of the issuance of the marriage license has submitted to an examination to determine the existence or non-existence of venereal disease, which examination has included a standard serologic test or tests for syphilis performed in a laboratory approved for such examinations by the Pennsylvania Department of Health, and that in the opinion of the examining physician the applicant is not infected with a venereal disease or if so infected is not in a stage of the disease which is likely to become communicable. The physician's statement shall be accompanied by a statement from the person in charge of the laboratory making the test, or from some other person authorized to make such statement, setting forth the name of the test, the date it was made, the name and address of the physician to whom a report was sent and the exact name and address of the person whose blood was tested but not setting forth the result of the test.
- (2) Any applicant for a marriage license having been denied a physician's statement as required by this regulation shall have the right of appeal to the Commissioner of Health for a review of the case and he shall, after appropriate investigation, issue or refuse to issue a statement in lieu of the physician's statement required by subsection (1) of this section.
- (3) The statements required of the physician who examined the applicant and the laboratory which made the serological or other test shall be upon forms provided therefore by the Pennsylvania Department of Health or upon any comparable form provided by other states. These forms shall be forwarded to the Clerk of the Orphan's Court separately from the applications for marriage licenses, and shall be regarded as confidential.
- (4) It shall be unlawful for any applicant for a marriage license, physician or representative of a laboratory to misrepresent any of the facts prescribed by this regulation or for any licensing officer failing to receive the statements prescribed by this regulation or having reason to believe that any of the facts thereon have been misrepresented, nevertheless, to issue a marriage license or for any person to disregard the confidential character of the information or reports required by this regulation or for any other person otherwise to comply with the provisions of this section.

(g) Prenatal Examination

- (1) Every physician who attends, treats or examines any pregnant woman for conditions relating to pregnancy during the time of gestation or at delivery, shall take or cause to be taken, a sample of blood of such woman at the time of first examination or within (15) days thereof, and shall submit such sample to an approved laboratory for any

approved serological test for syphilis. All other persons permitted by law to attend pregnant women, but not permitted by law to take blood samples, shall likewise cause a sample of the blood of every such pregnant woman attended by them to be taken by a duly licensed physician of the Commonwealth of Pennsylvania and to be submitted to an approved laboratory for any approved serologic test unless the woman dissents.

- (2) In reporting every birth and fetal death, physicians and others required to make such reports shall state upon these certificates whether the above required blood test was made, and if so, the date of the test but not the result of the test.

(h) **Publicity Regarding Venereal Diseases**

The Venereal Disease Control Section shall in the interest of the public health, publicize knowledge concerning the venereal diseases, their threat to health, their symptoms and, the free facilities under the jurisdiction of the Department of Public Health where diagnosis of venereal disease may be made and where treatment may be given. No physician, pharmacist or other individual shall advertise or publicize concerning treatment, prophylaxis, diagnosis or cure of the venereal disease unless in accord with accepted medical and public health. Practices.

(i) **Sale of Drugs**

Sale of drugs or other remedies for the treatment of such diseases is prohibited except under the prescription of duly licensed physicians of the Commonwealth. Prophylactics against the venereal diseases shall not be placed on display or be sold or otherwise dispensed in conjunction with any mercantile transaction except by a practicing physician or licensed pharmacist. This restriction shall not apply to the sale of such merchandise by wholesale supply houses to any physician or pharmacy nor to agencies of Federal or State Government.

- (j) It shall be the duty of the physician in attendance on a person afflicted with any one or more of the above-mentioned venereal diseases to furnish such person, at the time of the first visit or consultation, instructions in precautionary measures intended to prevent the transmission of the disease to others.

- (k) The Venereal Disease Control Section of the Department of Public Health shall maintain a confidential central registry which shall include the names and identifying information of all individuals reported to the Section as having a venereal disease or being suspected of having a venereal disease.

- (l) When any physician shall make a written report to the Department of Public Health that a person afflicted with any of the above-named diseases whom he has treated or examined cannot be properly and sufficiently cared for while at his home, or that such person is conducting himself or herself in such manner as to constitute a hazard to public health, the Department of Public Health shall have the right to administer and control the treatment in order to control infectiousness and/or the isolation or removal of the infected person to a hospital or other institution. These measures shall remain in effect until the patient is no longer infectious.

(m) Prevention of Ophthalmia Neonatorum

Each physician or midwife shall immediately after delivery of a living infant treat the eyes of the infant by instilling into each eye one drop of 1% silver nitrate solution to be followed immediately by irrigation with sterile distilled water.

7. TUBERCULOSIS (Communicable Stage)

Whenever ^{MYCOBACTERIUM} M. tuberculosis (tubercle bacillus) is identified by accepted laboratory procedures in the secretions or excretions of a person suffering from tuberculosis that person shall be declared to have the disease in its communicable stage. Any person found to be ill of tuberculosis in its communicable stage is to be isolated whenever in the opinion of the Commissioner of Health or his duly designated medical representative, the patient is a menace to others because of his habits or his neglect of treatment or of the measures designed to protect others from being infected.

Isolation for tuberculosis shall be established at the usual residence of the patient suffering from tuberculosis, whenever facilities for adequate isolation of such infectious patient are available in the home, and where the patient will accept such isolation.

If voluntary isolation for tuberculosis cannot be accomplished or maintained, then whenever in the opinion of the Commissioner of Health or his authorized medical agent such person is a menace to others by reason of his habits or his neglect of treatment or of the measures designed to protect others from infection, such isolation shall be enforced by removing the patient to an approved institution in the Commonwealth of Pennsylvania.

Individuals with communicable tuberculosis shall not engage in any occupation hazardous to the health of their contacts, nor shall they engage in preparation or serving of food or beverages.

All food handlers, barbers and beauticians shall be required to have an annual chest x-ray examination as part of their physical examination prior to certification. The Department of Public Health shall be notified of all non-residents with communicable tuberculosis by any agency or physician treating such patients. This information must be reported whenever such individuals remain in the city over 24 hours and must be submitted at the end of such period. This report must include the patients temporary place of residence, name, age and sex and any identifying marks or characteristics.

All agencies engaged in the prevention, control or treatment of tuberculosis shall be required to conform to such standards of public health practice as outlined by the Commissioner of Health or his authorized medical agent.

(a) Reporting of Tuberculosis

Every physician practicing in the City of Philadelphia shall report in writing to the Tuberculosis Control Section of the Department of Public Health on printed forms furnished by said office, the name, address, age, sex, color and occupation, together with the stage of the disease, activity of the disease and result of the examination of the appropriate specimen. All reports shall be confidential and not open to public inspection or be inspected by any persons other than the official custodian

of such reports in the Department of Public Health, the Chief of the Tuberculosis Control Section, and such other persons as may be authorized by law to inspect such reports and records.

All persons, including physicians and clinical laboratories, finding tubercle bacilli in body discharges or secretions shall report within 24 hours such discovery to the Department of Public Health. Such report must contain the patient's name, address, age, sex, name of referring physician or agency and type of specimen (sputum, urine, etc.).

It shall be mandatory for owners or superintendents of nursing type facilities or public establishments to carry out necessary hygienic measures during the presence of a patient with communicable tuberculosis or in the event of death of such person, after the removal of the body from the premises. These measures shall be those outlined by the Commissioner of Health or his authorized medical representative.

The Tuberculosis Control Section shall maintain a confidential central registry which shall include the names, identifying information, and current clinical status of all individuals reported to the Section as having **tuberculosis**.

(b) Lease of Premises Previously Occupied by Tuberculosis Patient

No person shall let any room, house, or part of a house previously occupied by a person ill with tuberculosis without having such room, house or part of a house and all articles therein disinfected to the satisfaction of the Commissioner of Health or his authorized **medical** representative. The keeping of a hotel, boardinghouse or an apartment house shall be deemed as letting part of a house to any person who shall be admitted as a guest into such hotel, boardinghouse or apartment house.

(c) Terminal Disinfection

Disinfection prior to termination of isolation and after death or removal from the premises of any person suffering from tuberculosis shall consist of a thorough soap and water cleansing of the sick room or rooms and the use of germicidal solution on exposed surfaces. Following this thorough cleansing, the room shall not be used for 24 hours, during which time there shall be admitted to it as much light as possible. Any articles of linen which have been in contact with the patient, and which can be boiled, should be so treated for one hour. **Mattresses**, pillows and other articles of bedding or clothing shall be exposed out of doors to sunlight and air for a full day, if boiling is not feasible. The Commissioner of Health or his authorized medical representative are empowered to destroy such infected or presumably infected objects or material should they deem this necessary to protect the public.

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

(a) Actinomycosis

- (1) Report to the Communicable Disease Control Section.
- (2) Isolation: None.
- (3) Concurrent disinfection: Of discharges and contaminated dressings.
- (4) Terminal disinfection: Thorough cleaning.
- (5) Quarantine: None.

(b) Ancylostomiasis

- (1) Report to the Communicable Disease Control Section
- (2) Isolation: None.
- (3) Concurrent disinfection: Sanitary disposal of feces to prevent contamination of soil and water.
- (4) Terminal disinfection: None.
- (5) Quarantine: None.
- (6) Investigation of contacts and source of infection: Each patient and carrier is a potential or actual spreader of the disease; examine all family contacts.

(c) Anthrax

- (1) Report to the Communicable Disease Control Section.
- (2) Isolation: Until lesions are non-infectious by laboratory examination.
- (3) Concurrent disinfection: Of discharges from lesions and articles soiled therewith. Spores require steam sterilization under pressure or burning.
- (4) Terminal disinfection: Thorough cleaning.

(d) Chancroid

- (1) Report to the Venereal Disease Control Section. The report shall state the name and stage of the disease, the name, age, sex and race of the patient, and the address at which the patient may be located.
- (2) Isolation: At the discretion of attending physician until adequate therapy renders the patient non-infectious.
- (3) Concurrent disinfection: None, ordinary personal cleanliness.
- (4) Terminal disinfection: None.
- (5) Quarantine: None.

(e) Chickenpox - In persons fifteen years of age and/or older

- (1) Report to the Communicable Disease Control Section all cases. Those cases 15 years and over, diagnosis to be confirmed by Communicable Disease Control physician.
- (2) Isolation: None.
- (3) Concurrent disinfection: None.
- (4) Terminal disinfection: None.
- (5) Quarantine: None.

(f) Cholera

- (1) Report to the Communicable Disease Control Section by telephone.
- (2) Isolation: Of patient in hospital or screened room during communicable period.

- (3) Concurrent disinfection: Prompt and thorough disinfection of feces and vomitus, and of articles used by patient. Practice by attendants of scrupulous cleanliness; disinfection of hands each time after handling or touching articles contaminated by feces.
- (4) Terminal disinfection: Thorough cleaning.
- (5) Quarantine: Surveillance of contacts for five days from last exposure, longer if patient's feces continue to contain cholera vibrio.

(g) Diarrhea of the Newborn, Epidemic

- (1) Report: Any infant under 28 days of age in a hospital or institution or any infant hospitalized because of prematurity who has two or more watery stools within a 24 hour period, shall be considered a suspicious case of diarrhea of the newborn. Any newborn, who within four days after discharge from a hospital, has two or more watery stools within a 24 hour period, shall be considered a suspicious case and be kept under close observation. All cases of diarrhea of the newborn and suspicious cases of diarrhea of the newborn shall be immediately reported to the Communicable Disease Control Section by telephone.
- (2) Isolation: The infected infant shall be placed in isolation until discharged from the hospital.
- (3) Concurrent disinfection: Of all discharges and articles soiled therewith.
- (4) Observation quarantine of infants in nursery: On occurrence in the nursery of a case of diarrhea of the newborn, all infants in the nursery shall be placed under observation and no infant shall be admitted to this particular nursery until all exposed infants have been discharged, the nursery thoroughly cleaned, and the Commissioner of Health or his duly authorized medical representative has approved of the removal of these infants from observation quarantine.
- (5) Care of non-contacts: Infants born in the hospital subsequent to the establishment of observation quarantine of infants in the newborn nursery shall be cared for in a separate clean nursery by a different nursing staff.
- (6) Closure of nurseries: If one case of diarrhea of the newborn occurs in the temporary clean nursery, that postpartum maternity section from which the said nursery receives its newborns shall be closed to maternity admissions until all cases and newborn contacts are discharged from the hospital, and all nursery rooms and equipment have been thoroughly cleaned and the Commissioner of Health or his medical representative has approved re-opening.

(h) Diphtheria

- (1) Report to the Communicable Disease Control Section by telephone.
- (2) Isolation: Until four successive cultures from nose and throat taken not less than 24 hours apart, started no earlier than the tenth day after onset, fail to show diphtheria bacilli. If antimicrobials have been used, terminal culturing shall not begin until 7 days have elapsed since the administration of the last dose of the medicament. A virulence test shall be done on all morphologically positive diphtheria bacilli. Isolation may be terminated if the micro-organism reported present is avirulent.
- (3) Concurrent disinfection: Of all articles in contact with the patient and all articles soiled by discharges of patient.

- (4) Terminal disinfection: Thorough airing and sunning of the sick room with thorough cleaning.
 - (5) Quarantine: All household contacts must have a culture done on their nose and throat secretions. If negative, they are released from surveillance. All adults, whose occupation involves food handling or close association with children, shall be excluded from these occupations until shown not to be carriers by bacteriological examination.
 - (6) 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 diphtheria bacilli, Diphtheria carriers are placed under surveillance until cultures, from the nose and throat, taken on four successive occasions, not less than 24 hours apart, are negative or the reported positive cultures are found to be avirulent.
- (i) Dysentery, Amebic (Amebiasis)
- (1) Report to the Communicable Disease Control Section.
 - (2) Isolation: None, exclusion of patient from food preparation, processing and serving, Release from supervision; when six consecutive negative feces specimens collected at intervals of not less than one week are reported by the Department of Public Health Laboratory.
 - (3) Concurrent disinfection: Sanitary disposal of feces. Thorough hand washing after defecation.
 - (4) Terminal disinfection: Cleaning.
 - (5) Quarantine: None.
 - (6) Convalescents from Amebic Dysentery: Convalescents from amebic dysentery shall be subject to the restrictions placed upon chronic carriers of endamoeba histolytica until there have been received from the laboratory at least 6 successive negative reports on specimens of feces taken at intervals of not less than 7 days nor earlier than 14 days after the last dose of any antibiotic or chemotherapeutic drug effective against the etiologic organism.
 - (7) Convalescents and/or Chronic Carriers: Any person found harboring or excreting the organism 3 months (90 days) after the onset or in asymptomatic infection 3 months (90 days) after the discovery of the etiologic organism shall be registered as a convalescent carrier and shall be studied for one year after the date of onset or isolation of the etiologic agent, during which time specimens of feces as required by the Commissioner of Health or his authorized medical representative shall be submitted to the Department of Public Health Laboratory for examination to determine whether or not the carrier state is permanent. If at the end of the one year observation the organism is still being harbored or excreted, the person shall be registered as a chronic carrier.
 - (8) Restrictions Governing the Sale or Handling of Food, Milk or Drink for Public Consumption: The sale, handling of food, milk or drink for public consumption, or the sale, handling, distributing or manufacture of any milk product or any other article of food or any beverage or candy or tobacco intended for public consumption on the premises in which exists a case of amebic dysentery or amebiasis, or a convalescent from amebic dysentery, is prohibited unless special permission for such sale, handling, manufacture or distribution shall have been given by the Commissioner of Health or his duly authorized medical representative and measures for the protection

of consumers, approved by the Commissioner, are carried out faithfully.

- (9) Restrictions Imposed on Persons Infected with *E. histolytica*, Cases and Carriers: No person suffering from amebic dysentery or amebiasis or who is convalescent from amebic dysentery or who is a convalescent or chronic carrier shall change his address without notice to the Communicable Disease Control Section and shall not serve, cook, produce or otherwise handle foods or beverages, including milk and its derivatives, candy, tobacco or cigars intended for consumption by any people except his or her immediate household. The term "household" as here used is intended to mean the immediate family group and domestic and other help not employed on a temporary or occasional basis and to exclude boarders, lodgers, visitors and occasionally employed domestic and other help.

(j) Dysentery, Bacillary (Shigellosis)

- (1) Report to the Communicable Disease Control Section.
- (2) Isolation: During acute stage, rigid personal precautions by attendants.
- (3) Concurrent disinfection: Of feces and of articles soiled therewith.
- (4) Terminal disinfection: Thorough cleaning.
- (5) Quarantine: Contacts should not be employed as food handlers during time of contact nor before authentic negative fecal cultures are obtained.
- (6) Convalescents from Bacillary Dysentery: Convalescents shall be subject to the restrictions placed upon chronic bacillary dysentery carriers until there have been received from the Department of Public Health Laboratory at least 3 successive negative reports on specimens of feces taken not less than 5 days apart nor earlier than 14 days after the last dose of any antibiotic or chemotherapeutic drug effective against the causative organism. A fourth culture is to be taken 3 months (90 days) after the onset of the disease or in the case of asymptomatic infection 3 months (90 days) after the first isolation of the etiologic organism.
- (7) Convalescent and/or Chronic Carriers: Any person found to be harboring or excreting the organism 3 months (90 days) after the date of onset, or in the case of asymptomatic infection 3 months (90 days) after the date of the first isolation of the etiologic organism, shall be registered as a convalescent carrier and shall be studied for one year after the first isolation of the organism, during which time specimens of blood and feces shall be submitted to the Department of Public Health Laboratory as required by the Commissioner of Health or his duly authorized medical representative to determine whether or not the carrier state is permanent. If at the end of the year, it has not been demonstrated to the Commissioner of Health or his duly authorized medical representative that the person is no longer a carrier, the person shall be registered as a chronic carrier.
- (8) Restrictions Governing the Sale or Handling of Food, Milk or Drink for Public Consumption: The sale, handling for sale or any other distributing of milk for public consumption or the sale, handling, distributing or manufacture of any milk product or any other article of food or any beverage or candy or tobacco intended for public consumption on the premises in which exists a case of bacillary dysentery, a convalescent from bacillary dysentery, or a convalescent carrier or chronic carrier of bacillary dysentery is prohibited

- unless special permission for such sale, handling, manufacture or distribution shall have been given by the Commissioner of Health.
- (9) **Restrictions Imposed on Persons Infected with Bacillary Dysentery Organisms, Cases and Carriers:** No person suffering from bacillary dysentery or who is convalescent from bacillary dysentery or who is a convalescent or chronic carrier shall change his address without notice to the Communicable Disease Control Section and shall not serve, cook, produce or otherwise handle food and beverages, including milk and its derivatives, candy, tobacco or cigars intended for consumption by any person except in his or her immediate household. The term "household" as here used is intended to mean the immediate family group and domestic and other help not employed on a temporary or occasional basis and to exclude boarders, lodgers, visitors and occasionally employed domestic and other help.
- (k) **Encephalitis**
- (1) Report to the Communicable Disease Control Section.
 - (2) Isolation: None. Virus not usually found in blood, secretions or discharges during clinical manifestations.
 - (3) Concurrent disinfection: None.
 - (4) Terminal disinfection: None.
 - (5) Quarantine: None.
- (l) **Food Poisoning (Intoxication or Infection)**
- a. **Staphylococcus Intoxication**
 - (1) Report to the Communicable Disease Control Section by telephone.
 - (2) Isolation: None.
 - (3) Concurrent disinfection: None.
 - (4) Terminal disinfection: None.
 - (5) Quarantine: None.
 - b. **Botulinus Intoxication (Botulism)**
 - (1) Report to the Communicable Disease Control Section by telephone.
 - (2) Isolation: None.
 - (3) Concurrent disinfection: None.
 - (4) Terminal disinfection: None.
 - (5) Quarantine: None.
 - c. **Salmonellosis (See under Salmonellosis in alphabetical heading).**
- (m) **Gonococcal Infections**
- a. **Gonococcal Urethritis (Gonorrhoea)**
 - (1) Any physician who treats a patient with a reportable communicable disease which is classified as a venereal disease must report the case to the Venereal Disease Control Section. The report shall state the name and stage of the disease, the name, age, sex and race of the patient and the address at which the patient may be located. (See Section 3 (a) 2).
 - (2) Isolation: At the discretion of the attending physician until adequate therapy renders the patient non-infectious.
 - (3) Concurrent disinfection: Care in disposal of discharges from lesions and articles soiled therewith.
 - (4) Terminal disinfection: None.
 - (5) Quarantine: None.
 - b. **Gonococcal Vulvovaginitis of Children**
 - (1) Report to the Venereal Disease Control Section.

- (2) Isolation: Isolation may be terminated at the discretion of the attending physician after adequate therapy renders the patient non-infectious.
 - (3) Concurrent disinfection: Care in disposal of vaginal discharges and articles soiled therewith.
 - (4) Terminal disinfection: None.
 - (5) Quarantine: None.
- c. Ophthalmia Neonatorum (Gonococcal)
- (1) Report to the Communicable Disease Control Section.
 - (2) Isolation: May be terminated after 24 hours of adequate and effective therapy under medical supervision and then at the discretion of the attending physician.
 - (3) Concurrent disinfection: Care in disposal of conjunctival discharges and articles soiled therewith.
 - (4) Terminal disinfection: None.
 - (5) Quarantine: None.
 - (6) It shall be the duty of physicians and midwives attending women in childbirth to instill in each eye of the newborn baby as soon as practicable after birth, one drop of 1% silver nitrate solution followed by sterile distilled water.
- d. Gonococcal Conjunctivitis
- (1) Report to the Venereal Disease Control Section.
 - (2) Isolation: May be terminated after 24 hours of adequate and effective therapy under medical supervision and then at the discretion of the attending physician.
 - (3) Concurrent disinfection: Care in disposal of conjunctival discharges and articles soiled therewith.
 - (4) Terminal disinfection: None.
 - (5) Quarantine: None.
- (n) Granuloma Inguinale
- (1) Report to the Venereal Disease Control Section. The report shall state the name and stage of the disease, the name, age, sex and race of the patient and the address at which the patient may be located.
 - (2) Isolation: At the discretion of the attending physician until adequate therapy renders the patient non-infectious.
 - (3) Concurrent disinfection: Care in disposal of discharges from lesions and articles soiled therewith.
 - (4) Terminal disinfection: None.
 - (5) Quarantine: None.
- (o) Hepatitis - Viral (Infectious or Homologous Serum)
- (1) Report to the Communicable Disease Control Section.
 - (2) Isolation: During first seven days of illness. Exclusion of patient from all food and drink preparation, processing and serving for public consumption for a period of four weeks from date of onset of illness. Clinically, it is impossible to differentiate between infectious and homologous serum hepatitis.
 - (3) Concurrent disinfection: Feces and nose and throat secretions. All blood contaminated instruments should be completely sterilized.
 - (4) Terminal disinfection: None.
 - (5) Quarantine: None.

- (p) Histoplasmosis
 - (1) Report to the Communicable Disease Control Section.
 - (2) Isolation: None.
 - (3) Concurrent disinfection: Discharges from skin lesions and necrotic lymph nodes, sputum and articles soiled therewith.
 - (4) Terminal disinfection: None.
 - (5) Quarantine: None.

- (q) Leprosy
 - (1) Reports must be telephoned to the Communicable Disease Control Section.
 - (2) Isolation: Patients with demonstrable leprosy bacilli in smears from lesions should be isolated in hospitals or colonies and treated until bacteriologically negative for at least six months.
 - (3) Concurrent disinfection: Discharges of lesions and articles soiled therewith.
 - (4) Terminal disinfection: Thorough cleaning of living premises of patient.
 - (5) Quarantine: None.

- (r) Leptospirosis
 - (1) Report to the Communicable Disease Control Section.
 - (2) Isolation: None.
 - (3) Concurrent disinfection: None.
 - (4) Terminal disinfection: None.
 - (5) Quarantine: None.

- (s) Lymphocytic Choriomeningitis
 - (1) Report to the Communicable Disease Control Section.
 - (2) Isolation: None.
 - (3) Concurrent disinfection: Of discharges from the nose and throat, of urine and feces, and of articles soiled therewith.
 - (4) Terminal disinfection: None.
 - (5) Quarantine: None.

- (t) Lymphogranuloma Venereum
 - (1) Report to the Venereal Disease Control Section stating the name and stage of the disease, the name, age, sex and race of the patient, and the address at which the patient may be located.
 - (2) Isolation: At discretion of attending physician until adequate therapy renders the patient non-infectious.
 - (3) Concurrent disinfection: None, care in disposal of discharges from lesions and of articles soiled therewith.
 - (4) Terminal disinfection: None.
 - (5) Quarantine: None.

- (u) Malaria
 - (1) Report to the Communicable Disease Control Section.
 - (2) Isolation: None - patients shall be protected at night by screens or bed nets where the vector anopholes mosquitoes are present.
 - (3) Concurrent disinfection: None.
 - (4) Terminal disinfection: None.
 - (5) Quarantine: None.

- (v) Measles
 - (1) Report to the Communicable Disease Control Section.

- (2) Isolation: Restriction to own premises for 10 days from onset of catarrhal symptoms.
 - (3) Concurrent disinfection: All articles soiled with secretions of the nose and throat.
 - (4) Terminal disinfection: Thorough cleaning.
 - (5) Quarantine: None.
- (w) Meningococcal Meningitis, Meningococemia
- (1) Report to the Communicable Disease Control Section.
 - (2) Isolation: Until recovery from acute illness.
 - (3) Concurrent disinfection: Of discharges from the nose and throat and of articles soiled therewith.
 - (4) Terminal disinfection: Thorough cleaning.
 - (5) Quarantine: None - surveillance at the discretion of Commissioner of Health or his duly authorized medical representative.
- (x) Mononucleosis, Infectious
- (1) Report to the Communicable Disease Control Section.
 - (2) Isolation: None.
 - (3) Concurrent disinfection: Of articles soiled with nose and throat discharges.
 - (4) Terminal disinfection: None.
 - (5) Quarantine: None.
- (y) Pertussis (Whooping Cough)
- (1) Report to the Communicable Disease Control Section.
 - (2) Isolation: Restriction of the patient to his own premises and separation from susceptible children for a period of 4 weeks from date of onset of disease.
 - (3) Concurrent disinfection: Discharges from the nose and throat and articles soiled therewith.
 - (4) Terminal disinfection: Thorough cleaning.
 - (5) Quarantine: None.
- (z) Plague
- (1) Report by telephone to the Communicable Disease Control Section.
 - (2) Isolation: Hospitalize all patients if practical; ordinary aseptic precautions for patients with bubonic plague and isolation for primary pneumonic plague or patients developing plague pneumonia.
 - (3) Concurrent disinfection: Sputum and purulent discharges, and articles soiled therewith; urine and feces of patient.
 - (4) Terminal disinfection: Thorough cleaning; bodies of persons dying of plague should be handled with strict aseptic precautions.
 - (5) Quarantine: Contacts of bubonic plague, disinfection with insecticide powder such as 5-10% D.D.T. in talc or pyrophyllite and surveillance for 6 days; contacts of pneumonic type, quarantine for 6 days with close surveillance for developing illness; dust with insecticide powder.
- (aa) Poliomyelitis
- (1) Report by telephone to the Communicable Disease Control Section.
 - (2) Isolation: For one week from date of onset, or for the duration of fever, if longer.
 - (3) Concurrent disinfection: Of nose and throat discharges and feces and articles soiled therewith.

- (4) Terminal disinfection: None.
- (5) Quarantine: Contacts to be examined and kept under surveillance for one week.

(bb) Psittacosis

- (1) Report to the Communicable Disease Control Section.
- (2) Isolation: Important during febrile acute stages. Nurses caring for patients with a cough should wear adequate gauze masks.
- (3) Concurrent disinfection: Of all discharges.
- (4) Terminal disinfection: Thorough wet cleaning and exposure to sunlight.
- (5) Quarantine: Household contacts, none. Environment, buildings having housed birds should not be used by human beings until thoroughly cleaned and disinfected.

(cc) 'Q' Fever

- (1) Report to the Communicable Disease Control Section.
- (2) Isolation: None.
- (3) Concurrent disinfection: Of sputum and blood, and articles freshly soiled therewith.
- (4) Terminal disinfection: None.
- (5) Quarantine: None.

(dd) Rabies

- (1) Report by telephone to the Communicable Disease Control Section.
- (2) Isolation: Through duration of illness, immediate attendants should be warned of the hazard of inoculation through saliva of the patient.
- (3) Concurrent disinfection: Of saliva and articles soiled therewith.
- (4) Terminal disinfection: Thorough cleaning.
- (5) Quarantine: None.

(ee) Relapsing Fever - Louse-Borne

- (1) Report to the Communicable Disease Control Section.
- (2) Isolation: None, provided the patient, his clothing, all household contacts and the immediate environment have been deloused.
- (3) Concurrent disinfection: None if properly delousing has been done.
- (4) Terminal disinfection: Careful terminal application of insecticides to body and clothing of patient where death occurs before this has been done.
- (5) Quarantine: Exposed louse-infested susceptibles may be released after application of insecticides with residual effect; otherwise quarantine for 15 days.

(ff) Rickettsialpox

- (1) Report to the Communicable Disease Control Section.
- (2) Isolation: None.
- (3) Concurrent disinfection: None.
- (4) Terminal disinfection: None.
- (5) Quarantine: None.

(gg) Rocky Mountain spotted fever

- (1) Report to the Communicable Disease Control Section.
- (2) Isolation: None.
- (3) Concurrent disinfection: All ticks on patient should be destroyed.

- (4) Terminal disinfection: None.
- (5) Quarantine: None.

(hh) Salmonellosis (Symptomatic and Asymptomatic)

- (1) Report to the Communicable Disease Control Section.
- (2) Isolation: Exclusion of the infected patient from food handling and occupations involving care of young children until negative feces cultures have been obtained.
- (3) Concurrent disinfection: Of feces and of articles soiled therewith. Since Philadelphia has a modern and adequate sewage disposal system, feces and urine can be disposed of directly into a sewer (hopper) without preliminary disinfection.
- (4) Terminal disinfection: Thorough cleaning.
- (5) Quarantine: Household contacts should not be employed in the handling of food or drink during the period of contact nor before negative feces and urine cultures are obtained on authentic specimens examined by the Department of Public Health Laboratory.
- (6) Convalescents from Salmonellosis: Convalescents from salmonellosis shall be subject to the restrictions placed upon chronic salmonellosis carriers until there have been received from the Department of Public Health Laboratory at least three successive negative reports taken not less than 5 days apart nor earlier than 14 days after the last dose of any antibiotic or chemotherapeutic drug effective against the etiologic agent. Additional feces specimens and urine specimens shall be taken for culture at the end of 4 and 6 months from the date of onset.
- (7) Convalescent and/or Chronic Carriers: Any person found harboring or excreting the organism for three months (90 days) after the date of first isolation of the etiologic organism shall be registered as a convalescent carrier and shall be studied for one year after the date of the first isolation of the etiologic agent, during which time specimens of blood, feces and urine as required by the Commissioner of Health or his duly authorized medical representative, shall be submitted to the Department of Public Health Laboratory for examination to determine whether or not the carrier state is permanent. If at the end of the period of observation, one year after the date of onset of the illness, or in the case of asymptomatic infection, one year after the initial isolation of the organism, it has not been demonstrated to the satisfaction of the Commissioner of Health or his authorized medical representative that the person is no longer a carrier, the person shall be registered as a chronic carrier.
- (8) Restrictions Governing the Sale or Handling of Food, Milk or Drink for Public Consumption: The sale, handling for sale, or any other distributing of milk for public consumption, or the sale, handling, distribution or manufacture of milk or any milk product or any other article of food or any beverage or candy or tobacco intended for public consumption on the premises in which exists a case of salmonellosis, a convalescent of salmonellosis or a convalescent or chronic carrier of salmonellosis organisms is prohibited unless special permission for such sale, handling, manufacture or distribution shall have been given by the Health authorities and measures approved by the Commissioner of Health or his authorized medical representative for the protection of consumers are carried out faithfully.

- (9) Restrictions Imposed on Persons Infected with Salmonella Organisms, Cases and Carriers: No person suffering from salmonellosis or who is convalescent from salmonellosis or who is a convalescent or chronic carrier shall change his address without notice to the Department of Public Health and shall not serve, cook, produce or otherwise handle foods or beverages including milk and its derivatives candy, tobacco or cigars intended for consumption by any except his or her immediate household. The term "household" as here used is intended to mean the immediate family group and domestic and other help not employed on a temporary or occasional basis and to exclude boarders, lodgers, visitors and occasionally employed domestic and other help.
- (10) Cure of or Determination that the Chronic Salmonellosis Carrier State No Longer Exists: Any person declared to be a chronic carrier may be released from further supervision and the restrictions imposed because of the carrier state removed when the following requirements have been fulfilled:

Twelve authenticated consecutive specimens of feces and twelve authenticated specimens of urine taken at intervals of not less than 4 weeks nor less than 14 days after the last dose of antibiotic or chemotherapeutic agent effective against the etiologic organism; found on examination by the Department of Public Health Laboratory to be negative for the etiologic organism.

All laboratory examinations of specimens from a chronic carrier who desires to be released from supervision, shall be performed in the Department of Public Health Laboratory. If the results of the studies outlined in paragraph 10 after competent review indicate that the person is no longer a carrier, the person may be released by the Commissioner of Health or his authorized medical representative from further supervision and the restrictions imposed by the carrier state, removed. The person's name will be removed from the registry of carriers and the State Health Department will be duly notified as to this action.

(ii) Schistosomiasis

- (1) Report to the Communicable Disease Control Section.
- (2) Isolation: None.
- (3) Concurrent disinfection: Sanitary disposal of feces and urine. Since Philadelphia has a modern and adequate sewage disposal system, feces and urine can be disposed of directly into a sewer (hopper) without preliminary disinfection.
- (4) Terminal disinfection: None.
- (5) Quarantine: None.

(jj) Smallpox

- (1) Report immediately by telephone to the Communicable Disease Control Section.
- (2) Isolation: In screened wards or rooms until complete cicatrization of all lesions.
- (3) Concurrent disinfection: Oral and nasal discharges to be deposited in a paper bag or other suitable container and burned. All articles associated with the patient to be sterilized by high pressure steam or by boiling.

- (4) Terminal disinfection: Thorough cleaning of sick room and furniture; sterilization of mattress, pillows and bedding.
- (5) Quarantine: All persons living or working on the same premises as the person who develops smallpox or otherwise having extensive exposure should be considered contacts, and promptly vaccinated or revaccinated or quarantined for 16 days from the last exposure. If such contacts are considered immune by reason of prior attack or successful revaccination within the previous 3 years, they should be kept under surveillance until the height of the reaction to the recent vaccination has passed. If the contact is not considered immune, he should be kept under surveillance until 16 days have passed since last contact. Any rise in temperature during surveillance calls for prompt isolation until diagnosis of smallpox can be excluded.

(kk) Staphylococcal Infection

- (1) Report to the Communicable Disease Control Section.
- (2) Isolation: In order of preference, in a single room, cubicle or small ward; in uncomplicated cases until clinical recovery.
- (3) Concurrent disinfection: Of purulent discharges and all articles soiled therewith.
- (4) Terminal disinfection: Thorough cleaning; sunning or other treatment of blankets.
- (5) Quarantine: None.
- (6) Investigation of Contacts: Thorough examination of contacts in hospital wards, thorough examination of hospital personnel to discover if possible organisms in nose and throat or presence of skin lesions, such as impetigo, furuncles, etc.

If organisms are found to be coagulase positive, phage typing and sensitivity tests should be done. Thorough culturing of the hospital material, furniture, bedding and appliances.

(ll) Streptococcal Infections

- a. Streptococcal Sore Throat with Rash (Scarlet Fever)
 - (1) Report to the Communicable Disease Control Section.
 - (2) Isolation: In order of preference, in a single room, cubicle or small ward; in uncomplicated cases until clinical recovery or not less than 7 days from onset. Isolation may be terminated after 24 hours of adequate and effective therapy maintained under medical supervision.
 - (3) Concurrent disinfection: Of purulent discharges and all articles soiled therewith.
 - (4) Terminal disinfection: Thorough cleaning, sunning or other treatment of blankets.
 - (5) Quarantine: Household contacts, none; except that those persons of the household who are milk handlers or producers, shall not be permitted to work for 7 days provided that they may continue to work if adequate and effective prophylactic therapy is maintained under medical supervision.
- b. Streptococcal Sore Throat Without Rash
 - (1) Report to the Communicable Disease Control Section.
 - (2) Isolation: In order of preference, in a single room, cubicle or small ward; in uncomplicated cases until clinical recovery or not less than 7 days from onset. Isolation may be termi-

nated after 24 hours of adequate and effective therapy maintained under medical supervision.

- (3) Concurrent disinfection: Of purulent discharges and all articles soiled therewith.
- (4) Terminal disinfection: Thorough cleaning, sunning or other treatment of blankets.
- (5) Quarantine: Household contacts, none; except those persons of the household who are milk handlers or producers shall not be permitted to work for 7 days provided that they may continue to work if adequate and effective prophylactic therapy is maintained under medical supervision.

c. Puerperal Infections

- (1) Report to the Communicable Disease Control Section.
- (2) Isolation: Strict isolation while infectious discharges persist. In patients with Group A streptococcal infection, infection may be terminated after 24 hours of adequate and effective therapy maintained under medical supervision.
- (3) Concurrent disinfection: Of dressings and discharges.
- (4) Terminal disinfection: Thorough cleaning, sunning or other treatment of blankets.
- (5) Quarantine: None.

d. Erysipelas

- (1) Report to the Communicable Disease Control Section.
- (2) Isolation: During the period of communicability; (patients are a potential danger to young infants and to surgical and obstetrical patients). Isolation may be terminated after 24 hours of adequate and effective therapy maintained under medical supervision.
- (3) Concurrent disinfection: Of dressings and discharges from lesions.
- (4) Terminal disinfection: Thorough cleaning, sunning or other treatment of blankets.
- (5) Quarantine: None.

(mm) Syphilis - All Stages

- (1) Report to the Venereal Disease Control Section in the manner prescribed. The report shall state the name and stage of the disease, the name, age, sex and race of the patient and the address at which the patient may be located. These reports shall be made to the Venereal Disease Control Section of the Department of Public Health. If the report is mailed, it must be in a sealed envelope.
- (2) Isolation: At discretion of attending physician until adequate therapy renders patient non-infectious.
- (3) Concurrent disinfection: None - in adequately treated cases; care in disposal of discharges from open lesions and articles soiled therewith.
- (4) Terminal disinfection: None.
- (5) Quarantine: May be established at discretion of the Commissioner of Health or his duly authorized medical agent.
- (6) Premarital Examinations for Syphilis: See Section 6
- (7) Prenatal Examinations for Syphilis: See Section 6

(nn) Tetanus

- (1) Report to the Communicable Disease Control Section.

- (2) Isolation: None.
- (3) Concurrent disinfection: None.
- (4) Terminal disinfection: None.
- (5) Quarantine: None.

(oo) Toxoplasmosis

- (1) Report to the Communicable Disease Control Section.
- (2) Isolation: None.
- (3) Concurrent disinfection: None.
- (4) Terminal disinfection: None.
- (5) Quarantine: None.

(pp) Trachoma

- (1) Report to the Communicable Disease Control Section.
- (2) Isolation: Children shall be excluded from school if active lesions exist and adequate preventive measures are not practicable.
- (3) Concurrent disinfection: Of eye discharges and articles soiled therewith.
- (4) Terminal disinfection: None.
- (5) Quarantine: None.

(qq) Trichinosis

- (1) Report to the Communicable Disease Control Section
- (2) Isolation: None.
- (3) Concurrent disinfection: None.
- (4) Terminal disinfection: None.
- (5) Quarantine: None.

(rr) Tuberculosis

- (1) Any physician who treats a patient for tuberculosis or any authorized person of a hospital, sanatorium, nursing or convalescent home or tuberculosis clinic who treats a patient for tuberculosis within the City of Philadelphia shall promptly report the case on forms furnished by the Tuberculosis Control Section of the Department of Public Health and mailed in a sealed envelope to the Tuberculosis Control Section.
- (2) Isolation:
 - a. Any person having tuberculosis in its communicable stage shall be isolated.
 - b. Isolation for tuberculosis shall be established at the usual residence of the patient suffering from tuberculosis whenever facilities for adequate isolation of such infectious patient are available in the home and where the patient will accept such isolation.
 - c. If isolation for tuberculosis cannot be accomplished or maintained at the usual residence of the patient, and whenever in the opinion of the Commissioner of Health or his duly authorized medical representative such person is a menace to others by reason of his habits or his neglect of treatment or of the measures designed to protect others from infection, such isolation shall be enforced by removing the patient to an institution in the Commonwealth of Pennsylvania determined to be suitable for the case and treatment of such cases.
- (3) Concurrent disinfection: Of sputum and articles soiled therewith, including handkerchiefs, cloths or paper napkins, and of eating utensils used by the patient.

*In accordance with
the Regulations
governing Isolation
for Tuberculosis
in its Communicable
Stage May 1940*

- (4) Terminal disinfection: Thorough cleaning. Wet cleaning of walls and floors and subsequent exposure to sunlight and fresh air.
- (5) Quarantine: May be established at discretion of tuberculosis control physician in accordance with provisions of Section 7.
 - a. Contacts in themselves shall not be considered as public health problems unless proven by examination to be an active infectious case of tuberculosis.
 - b. All household contacts and other intimate contacts shall be required to have a chest x-ray at periodic intervals. If lesions suspicious of tuberculosis are found on x-ray of contacts, such laboratory studies shall be done as are necessary to determine whether or not such persons represent public health problems.

(ss) Tularemia

- (1) Report to the Communicable Disease Control Section.
- (2) Isolation: None.
- (3) Concurrent disinfection: Of discharges from ulcer, lymph nodes or conjunctival sac.
- (4) Terminal disinfection: None.
- (5) Quarantine: None.

(tt) Typhoid Fever

- (1) Report to the Communicable Disease Control Section.
- (2) Isolation: In screened room until recovery or death of the patient provided that the physician shall not certify to recovery until the patient's temperature has been normal for at least 7 consecutive days.
- (3) Concurrent disinfection: Of feces and urine and articles soiled therewith. Since Philadelphia has a modern and adequate sewage disposal system, feces and urine can be disposed of directly into a sewer (hopper) without preliminary disinfection.
- (4) Terminal disinfection: Thorough cleaning.
- (5) Quarantine: Household contacts should not be employed in the handling of food or drink for public consumption during the period of contact nor before negative feces and urine cultures are obtained on them.
- (6) Convalescents from Typhoid Fever: Convalescents from typhoid fever shall be subject to the restrictions placed upon chronic typhoid carriers until there have been received from the Department of Public Health Laboratory at least 3 successive negative reports taken not less than 5 days apart nor earlier than 14 days after the last dose of any antibiotic or chemotherapeutic drug effective against the etiologic organism. Additional feces and urine specimens at the end of 4 months and 6 months from the date of onset shall be taken for culture.
- (7) Convalescent and/or Chronic Carriers: Any person found to be excreting or harboring the organism 3 months (90 days) after the date of onset, or in the case of asymptomatic infection 3 months (90 days) after the first isolation of the etiologic organism shall be registered as a convalescent carrier and shall be studied for one year after the date of onset of illness or in the case of asymptomatic infection, until one year after the date of the first isolation of the organism during which time specimens of blood, urine and feces as required by the Commissioner of Health or his authorized medical

representative, shall be submitted to the Department of Public Health Laboratory to determine whether or not the carrier state is permanent. If at the end of the period of observation, one year after the date of onset of the illness, or in the case of asymptomatic infection one year after the initial isolation of the organism, it has not been demonstrated to the satisfaction of the Commissioner of Health or his duly authorized medical representative that the person is no longer a carrier, the person shall be registered as a chronic carrier.

- (8) Restrictions Governing the Sale or Handling of Food, Milk or Drink for Public Consumption: The sale, handling for sale or any other distributing or manufacture of any milk product or any other article of food or any beverage or candy, or tobacco intended for public consumption on the premises in which exists a case of typhoid fever, a convalescent from typhoid fever, or a convalescent or chronic carrier of typhoid fever is prohibited unless special permission for such sale, handling, manufacture or distribution shall have been given by the Commissioner of Health or his duly authorized medical representative and measures approved by the Department of Public Health carried out faithfully.
- (9) Restrictions Imposed on Persons Infected with Salmonella typhosa, Cases and Carriers: No person suffering from typhoid fever or who is a convalescent or chronic carrier shall change his address without notice to the Department of Public Health and shall not serve, cook, produce or otherwise handle food or beverages, including milk and milk products, candy, tobacco or cigars intended for consumption by any persons except his or her immediate household. The term "household" as here used is intended to mean the immediate family group and domestic and other help not employed on a temporary or occasional basis and to exclude boarders, lodgers, visitors and occasionally employed domestic and other help.
- (10) Cure of or Determination that the Chronic Typhoid Carrier State No Longer Exists: Any person declared to be a chronic carrier may be released from further supervision and the restrictions imposed because of the carrier state removed when the following requirements have been fulfilled:

Twelve authenticated consecutive specimens of feces and twelve authenticated specimens of urine taken at intervals of not less than 4 weeks nor less than 14 days after the last dose of antibiotic or chemotherapeutic agent effective against the etiologic organism found on examination by the Department of Public Health Laboratory to be negative for the etiologic organism.

All laboratory examinations of specimens from a chronic carrier who desires to be released from supervision shall be performed in the Department of Public Health Laboratory.

If the results of the studies outlined in Paragraph 10 after competent review indicate that the person is no longer a carrier, the person may be released by the Commissioner of Health or his duly authorized medical representative from further supervision and the restrictions imposed by the carrier state removed. The person's name will be removed from the registry of carriers and the State Health Department will be duly notified as to this action.

(uu) Typhus Fever

a. Epidemic or Classical Typhus (Louse-Borne)

- (1) Report by telephone to the Communicable Disease Control Section.
- (2) Isolation: Not required after proper delousing of patient, clothing, living quarters and household contacts.
- (3) Concurrent disinfection: Appropriate insecticide powder applied to clothing and bedding of patient and contacts; treatment of hair for louse eggs (nits) with tested chemical agents.
- (4) Terminal disinfection: If death occurs before delousing, thorough application of insecticides to body and clothing.
- (5) Quarantine: (Exposed lice-infested susceptibles) should be quarantined for 15 days but may be released after application of insecticide with residual effect.

b. Flea Borne, Endemic Typhus Fever

- (1) Report to the Communicable Disease Control Section.
- (2) Isolation: None.
- (3) Concurrent disinfection: None.
- (4) Terminal disinfection: None.
- (5) Quarantine: None.

(vv) Undulant Fever (Brucellosis)

- (1) Report to the Communicable Disease Control Section.
- (2) Isolation: None.
- (3) Concurrent disinfection: None.
- (4) Terminal disinfection: None.
- (5) Quarantine: None.

(ww) Yellow Fever

- (1) Report by telephone to the Communicable Disease Control Section.
- (2) Isolation: None; prevent access of mosquitoes to patient during first three days of screened sick room or by spraying quarters with insecticide having residual effect, such as 5% D. D. T., benzene hexachloride or chlordane.
- (3) Concurrent disinfection: Spray home of patient as above.
- (4) Terminal disinfection: None.
- (5) Quarantine: None.

9. ~~REGULATIONS FOR~~ DEALERS IN PSITTACINE BIRDS

- a. All dealers who shall purchase, sell, exchange or give away any birds of the psittacine family shall keep a record for a period of two years of each such transaction. This record shall include the number of birds purchased, sold, exchanged or given away, the date of the transaction and the name and address of the person from whom purchased, or to whom sold or given away, or with whom exchanged.

All records herein prescribed shall be available for official inspection at all times by the Department of Public Health.

- b. Each such dealer shall report to the Department of Public Health, the occurrence of any illness or deaths among birds in his possession or consigned to him or in any way passing through his hands. These birds shall not be removed from the premises until permission by the Department of Public Health has been given.

- (c.) The Veterinary Section of the Division of Environmental Health shall verify compliance with these regulations at least every six months.
- (d.) No person who sells, exchanges, gives away or otherwise disposes of psittacine birds shall procure such birds from any source where Psittacosis is known to exist.
- (e.) The occurrence of a case of Psittacosis in the human or avian family shall be due cause for the Department of Public Health to have competent jurisdiction to make an epidemiologic investigation to determine the source of the infection. Psittacine birds or other birds found on the same premises with a case of human or avian Psittacosis shall be quarantined and/or destroyed as prescribed by the Commissioner of Health or his duly authorized medical representative. Aviaries, pet shops or other sources from which such birds were procured shall be quarantined until it can be determined that Psittacosis does not exist in such sources. If such quarantine cannot be maintained, the Commissioner of Health or his duly authorized medical representative may seize and destroy the bird or birds for which quarantine was ordered. Bodies of birds so destroyed shall be immersed in a disinfectant solution and the carcasses be burned before the feathers dry.
- (f.) All persons who breed, raise, sell or exchange psittacine birds shall register annually with the Department of Public Health on forms prescribed by the Department for that purpose.
- (g.) Inspection and prosecution for violation of this regulation may be made or brought by the Commissioner of Health or his duly authorized medical representative to investigate and prosecute the same. Such investigation or prosecution shall be in accordance with the provisions of the Act of April 23, 1956---Commonwealth of Pennsylvania (P. L. 1510).

10. MISCELLANEOUS PROVISIONS

- (a.) Gift, sale, etc of bedding and other articles exposed to infection: No person shall give, lend, sell, transmit or expose without previous disinfection and a certificate from the Department of Public Health attesting to such disinfection any bedding, clothing, rags or other articles which have been exposed to infection from tuberculosis, bubonic plague, scarlet fever, hemolytic streptococcal sore throat, smallpox or anthrax, but these restrictions shall not apply to the transmission of such articles with proper precaution and permission of the Commissioner of Health for the purpose of disinfection.
- (b.) Burial
 - (1) Preparation for burial of bodies dead of certain diseases: In the preparation of burial of the body of a person who has died of bubonic plague, cholera, diphtheria, poliomyelitis, scarlet fever, hemolytic streptococcal sore throat, meningococcal meningitis, smallpox, paratyphoid fever or any other salmonella infections, typhoid fever, dysentery (bacillary or amebic), viral hepatitis, it shall be the duty of the undertaker of person acting as such to disinfect thoroughly by arterial and cavity injection with an approved disinfectant fluid, to wash the surface of the body with an efficient germicidal solution and to plug the body orifices effectively.

(2) Funeral Services: Services held in connection with the funeral of the body of a person who has died of any disease for which isolation or quarantine is required, shall be private and the attendance thereat shall include only the immediate relatives of the deceased and the necessary number of pallbearers, only when so ordered by the Commissioner of Health or his duly authorized medical agent. In all other instances, such services may be public if so desired by the survivors of the deceased.

(3) Transportation of Dead Human Bodies by Private Conveyance.

The body of any person who has died of anthrax, cholera, diphtheria, dysentery (bacillary or amebic), plague, poliomyelitis, scarlet fever, smallpox, hemolytic streptococcal sore throat, typhoid fever, paratyphoid fever or other Salmonella infections, may be transported by private conveyance if the body be embalmed and the surfaces of the body washed with an efficient germicidal solution and the body orifices effectively plugged, or if the body is placed in a leak proof container.