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

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Inasmuch as there were no requests for hearings these regulations became effective March 25, 1980.

cc: L.D.Polk, M.D. Acting Health Commissioner

CITY OF PHILADELPHIA
DEPARTMENT OF PUBLIC HEALTH

REGULATIONS GOVERNING THE CONTROL OF
COMMUNICABLE AND NONCOMMUNICABLE
DISEASES AND CONDITIONS

Approved:

BOARD OF HEALTH

LAW DEPARTMENT

RECORDS DEPARTMENT

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CITY OF PHILADELPHIA
 DEPARTMENT OF PUBLIC HEALTH
 REGULATIONS GOVERNING THE CONTROL OF
 COMMUNICABLE AND NONCOMMUNICABLE DISEASES
 AND CONDITIONS

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CITY OF PHILADELPHIA
DEPARTMENT OF PUBLIC HEALTH

REGULATIONS GOVERNING THE CONTROL OF
COMMUNICABLE AND NONCOMMUNICABLE DISEASES
AND CONDITIONS

THE PHILADELPHIA CODE
TITLE 6--HEALTH CODE

Section 6-201 Listing of Diseases

- (1) The Board may by regulation establish separate lists of communicable, reportable and quarantinable diseases, which lists shall include all diseases so designated by the Board and shall form the basis for the controls and requirements hereinafter established for communicable, reportable or quarantinable diseases.

Section 6-202 Responsibilities of Physicians, Osteopaths,
Veterinarians, and Other Persons

- (1) Any physician, osteopath or veterinarian who treats any person or any animal having any reportable disease shall forthwith report the existence of such disease to the Department in writing or in such form and manner as the Board may by regulation prescribe.
- (2) Any physician, osteopath or veterinarian who treats any person or any animal for a communicable disease in a communicable stage shall inform such person treated or the owner of such animal treated and any other appropriate person of the nature and communicability of such disease and the need for treatment and the requirements of isolation or quarantine in such manner as the Board may by regulation prescribe to insure proper notification and clear warning of the dangers thereof.
- (3) Every person shall render such information and reports to the Department as may be required by this Title or by such regulations as the Board may prescribe to insure the proper control of communicable diseases or to aid in the formulation and review of municipal programs for the promotion of the health of the public. The regulations of the Board may limit the release of such information where such restrictions are necessary to encourage persons to render and report the information.

Section 6-203 Examinations

- (1) The Department may order the examination of any person having or reasonably suspected of having any venereal disease, active tuberculosis or any other communicable disease which is dangerous to human life and which is transmissible through human contact or close human association.

- (2) The Department may order the examination of any person in any food establishment who is involved in the preparation or service of food or who comes in contact with any eating or cooking equipment therein or who is employed in a room in which food is prepared or served in order to insure effective diagnosis and control of communicable disease which is readily transmissible under such circumstances.
- (3) All examinations provided for in this Section may be conducted by any physician or osteopath but shall be conducted in accordance with such regulations as the Board may prescribe to insure effective diagnosis and control of communicable disease.

Section 6-264 Quarantine and Isolation

- (1) The Department may order the isolation of any person found by the attending physician, osteopath, or by the Department to have any disease listed by the Board as a quarantinable disease in the place, for such period and in such manner as the Board may by regulation prescribe in order to protect public health and to prevent the spread of such disease.
- (2) The Department may order the quarantine of any person who is reasonably suspected of having or being exposed to any disease listed by the Board as a quarantinable disease in the place and in such manner as the Board may by regulation prescribe in order to protect the public health and prevent the spread of such disease, but such quarantine shall continue only until such time as a prompt and timely determination is made with the approval of the Department whether any person so quarantined does in fact have or is exposed to any such disease.
- (3) The Department may order the isolation of any person found by the attending physician, osteopath, or by the Department to be a carrier of any disease listed by the Board as a quarantinable disease in the place, for such period and in such manner as the Board may by regulation prescribe in order to prevent the spread of disease through such carriers.
- (4) The Board may by regulation prescribe such requirements for the transportation, distribution and delivery of the bodies of persons who have died or who are reasonably suspected of having died from any quarantinable disease as may be necessary to protect the public health from the further spread of such disease.
- (5) The Department may order, in such manner as the Board may by regulation prescribe, to control the spread of disease:
 - (a) the destruction of the bedding, clothing, or other immediate personal effects of any person found to have any disease listed by the Board as a quarantinable disease;
 - (b) the disinfection of the private residence in which such person has lived or the establishment or institution in which such person has been during his infection or exposure;
 - (c) the impounding of the bedding, clothing, or other personal articles of any person who is reasonably suspected of having or being exposed to any disease listed by the board as a quarantinable disease pending a determination of whether such person does have or has been exposed to such disease.

Section 6-207 Premarital Examinations

- (1) Every physician and osteopath who makes the examination and renders the statement as to existence or non-existence of syphilis in any person desiring to apply for a marriage license, as required by the Act of May 16, 1945, P.L. 577,35 P.S. §587.1 et seq. shall conduct such examination in accordance with such diagnostic procedures, and shall render such reports of the results as the Board may prescribe by regulation not inconsistent with the above Act to ensure accurate diagnosis and proper reporting of information necessary for the Department in the effective control of syphilis.

Section 6-208 Examination During Pregnancy

- (1) Every physician or osteopath who takes a blood sample from a pregnant woman during the period of gestation shall do so in the manner prescribed by such regulations as the Board may prescribe to guarantee proper and timely diagnosis of syphilis and shall submit the blood sample to a laboratory conducted and maintained in accordance with such regulations as the Board may prescribe to ensure accurate diagnosis.

Section 6-210 Immunization

- (1) Whenever it is necessary to control effectively the spread of communicable disease, the Department may, in accordance with regulations prescribed by the Board, require the immunization of any person against any communicable disease listed and designated by the Board as one against which immunization is effective.

Section 6-211 Advertisement

- (1) All advertisement of treatment, prophylaxis, diagnosis or cure of venereal disease shall comply with such regulations as the Board may prescribe to prevent false or misleading advertising.

Section 6-212 Sale of Drugs

- (1) No person shall knowingly sell at retail any drug for use in the prevention or treatment of venereal disease except upon the prescription of a physician, osteopath or dentist.

Section 6-213 Animals

- (1) The Board may by regulation prescribe such restraints or controls on animals as it shall find necessary to prevent the spread of any disease transmissible from animals to human beings. Such regulations may include and require, but shall not be limited to:
 - (a) The examination and quarantine or isolation of any animal having, exposed to, or reasonably suspected of having such disease;
 - (b) The protection of any animal against such disease;

- (c) The seizure of any animal found unrestrained or uncontrolled in violation of such regulations;
- (d) The humane disposal of animals having, or reasonably suspected of having, such disease where necessary for the protection of the public health;
- (e) The transportation, distribution, delivery and disposal of the bodies of animals which have died or which are reasonably suspected of having died from such disease;
- (f) Restrictions on the importation of animals having, exposed to, or reasonably suspected of having such disease;
- (g) The extermination of arthropods and rodents or other disease carriers and the elimination of their breeding sources or places of harborage, including the storage or disposal of manure.

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, 6-210, 6-211, 6-212, 6-213 of the Philadelphia Code, the following regulations are promulgated by the Board of Health.

1. DEFINITIONS

In these Regulations, the following definitions apply:

- (a) *Acute Communicable Disease Control Program.* The official program within the Division of Disease Control of the Department concerned with communicable diseases.
- (b) *Board.* The Board of Health of the City of Philadelphia.
- (c) *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.
- (d) *Commissioner.* The Health Commissioner of the City of Philadelphia.
- (e) *Communicable disease.* An illness due to an infectious agent or its toxic products which is transmitted, directly or indirectly, to a susceptible host from an infected person, animal, or arthropod, or through the agency of an intermediate host or a vector or through the inanimate environment.
- (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 to a person.
- (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 designated representative thereof.
- (j) *Division of Disease Control.* The official office of the Department concerned with disease control.
- (k) *Division of Maternal and Child Health.* The official office of the Department concerned with maternal and child health.
- (l) *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.

- (m) *Isolation.* The separation for the period of communicability of infected persons or animals from other persons or animals, in places and under conditions that shall 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.
- (n) *Modified quarantine.* A selected, partial limitation of freedom of movement determined on the basis of differences in susceptibility or danger of disease transmission which is 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.
- (o) *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 reactions existed. It does not include burns or skin irritations due to contact with chemicals.
- (p) *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 exposed. A quarantine may be complete, or it may be modified.
- (q) *Reportable disease.* Any communicable disease declared reportable by regulation; any unusual or group expression of illness which, in the opinion of the Department, may be a public health emergency; noncommunicable diseases and conditions for which the Department may authorize reporting to provide data and information which, in the opinion of the Board, are needed in order to effectively carry out those programs of the Department designed to protect and promote the health of the people of this Commonwealth, or in order to determine the need for the establishment of 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 Program.* The official program within the Division of Disease Control of the Department concerned with tuberculosis and atypical mycobacteriosis.
- (v) *Venereal Disease Control Program.* The official program within the Division of Disease Control of the Department concerned with venereal diseases.

2. REPORTABLE DISEASES AND CONDITIONS

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

(a) Diseases

- (1) Amebiasis
- (2) Animal Bites
- (3) Anthrax
- (4) Botulism
- (5) Brucellosis
- ~~(6) Cancer~~
- (7) Cholera
- (8) Diarrhea in the Newborn
- (9) Diphtheria
- (10) Encephalitis
- (11) Food Poisoning
- (12) Giardiasis
- (13) Gonococcal infections
 - (a) Acute gonorrhoea
 - (b) Gonococcal vulvovaginitis in children
 - (c) Ophthalmia neonatorum
- (14) Guillain-Barré Syndrome
- (15) Hepatitis, viral
 - (a) Type A
 - (b) Type B
 - (c) non-A and non-B
- (16) Histoplasmosis
- ~~(17) Lead Poisoning~~
- (18) Legionnaires' Disease
- (19) Leptospirosis
- (20) Lymphogranuloma venereum
- (21) Malaria
- (22) Measles (Rubella)
- (23) Meningitis
 - (a) Aseptic
 - (b) Bacterial
- (24) Meningococcal infections
- (25) Mumps
- (26) Neonatal hypothyroidism
- (27) Occupational Diseases
- ~~(28) Pelvic inflammatory disease~~
- ~~(29) Pertussis (whooping cough)~~
- (30) Phenylketonuria
- (31) Plague
- (32) Poliomyelitis
- (33) Psittacosis (Ornithosis)
- (34) Rabies
- (35) Reyes Syndrome
- (36) Rickettsial disease including Rocky Mountain Spotted Fever
- (37) Rubella (German Measles) and Congenital Rubella Syndrome
- (38) Salmonellosis
- (39) Shigellosis

- (40) Smallpox
- (41) Syphilis - all stages
- (42) Tetanus
- (43) Toxoplasmosis
- (44) Trichinosis
- (45) Tuberculosis
- (46) Tularemia
- (47) Typhoid fever
- (48) Viral infections - arboviruses and respiratory viruses
- (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. Any outbreak of an illness in an institutional setting, such as, but not limited to, schools, day care centers, hospitals and nurseries must be reported.

(c) Noncommunicable Diseases and Conditions

Such noncommunicable 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. Reporting of these diseases and conditions shall be requested to include statistical data needed for specific studies and research projects approved by the Board.

~~(d) Cancer~~

~~Every hospital, laboratory, clinic, or other institution, and every clinical laboratory, where cancer is diagnosed or treated, or both, shall report their findings to the Commissioner and other institutions as required by report forms.~~

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

(a) Communicable Diseases

- (1) Any 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 suspected of being a carrier, or who is infected asymptotically, shall make a prompt report of the disease or condition to the Acute Communicable Disease Control Program. The report shall be made on standard report forms, by telephone, or by letter. For some reportable diseases as will be specified herein the report must be 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 household 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 Program. The report shall state the name and stage of the disease, the date of onset or date of diagnosis, 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 shall report promptly such findings to the Acute Communicable Disease Control Program. Each report shall give the name, age, and address of the person from whom the specimen was obtained, the type of specimen, laboratory test and date specimen was collected, and the name and address of the physician for whom the examination or test was made.
- (4) School physicians and nurses shall report to the principals, the School Health Services of the Board of Education and the Acute Communicable Disease Control Program the presence of a suspected communicable disease or any unusual increase in absenteeism in school children.

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(c) XXXXXXXX
XXXXXX
XXXXXX

(d) Poisoning Conditions

Reports shall be made in the same manner as for communicable diseases. See Section 3(a).

(e) Occupational Diseases (injuries and illnesses)

(f) XXXXXXXX
XXXXXX
XXXXXX

(g) The employer must report to the Division of Disease Control any illness which is suspected of being job-related and which results in hospitalization or medical treatment of one or more employee. -

(h) XXXXXXXX
XXXXXX
XXXXXX

(f) Reporting Nonreportable Diseases

Any person in charge of an institution for the treatment of disease shall be required, upon request of the Department, to make a report of diseases and conditions, other than reportable diseases, for which the Board has approved a specific study to enable the Department to determine and employ the most efficient and practical means to protect and to promote the health of the people.

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 10 should be followed.

(b) Instructions to 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 Health Code and the Regulations of the Department. It is the responsibility of such practicing physician to keep himself informed as to the Health Code and the Regulations.

(c) Modified Isolation

If the disease is one in which only a modified isolation is required, the Commissioner, or his designated representative, shall issue appropriate instructions prescribing the isolation technique to be followed. The isolation technique advised 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. Isolation procedures as described in Section 10 must be followed.

(e) Quarantine

If the disease is one requiring quarantine of the contacts, in addition to isolation of the case, the Commissioner or his designated representative 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.

(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 or his designated 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 or his designated representative.

- (3) Transportation of a person under isolation or quarantine shall be made by private conveyance or as otherwise ordered by the Commissioner or his designated representative. Due care shall be taken to prevent the spread of the disease.
- (4) Immediately upon the arrival of the patient at the point of destination, isolation or quarantine shall be resumed for the period of time required for the specific disease.
- (g) Laboratory Examination to Determine Release from Isolation or Quarantine

Whenever these Regulations provide for the submission of laboratory specimens to be examined for the presence of microorganisms 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 Department laboratory, or if the need arises, in the Pennsylvania Department of Health Laboratory. Permission may be granted by the Department for the performance of these tests to any qualified, licensed laboratory in the State.

- (h) Revision of Diagnosis by Attending Physician

No diagnosis of a disease for which isolation or quarantine is required shall be revised without the concurrence of the Commissioner or his designated representative.

5. COMMUNICABLE DISEASES IN SCHOOL CHILDREN

- (a) Each teacher, principal, superintendent, or other person in charge of any public, private, parochial, Sunday, or other school or college or preschool shall exclude students from school who have been diagnosed by a physician or are suspected of having the disease by the school nurse for the indicated period of time for the following diseases:
- (1) *Acute contagious conjunctivitis (pink eye)*. Twenty-four (24) hours from institution of appropriate therapy.
 - (2) *Chickenpox*. Six (6) days from the last crop of vesicles.
 - (3) *Diphtheria*. Two (2) weeks from the onset or until appropriate negative culture tests. Reference should be made to Section 10 (h) (relating to diphtheria).
 - (4) *Impetigo contagiosa*. Until judged noninfective by the nurse in school, college, or preschool, or by child's physician.
 - (5) *Measles*. Four (4) days from the onset of rash. Reference should be made to Section 10 (v) (relating to measles).
 - (6) *Mumps*. Nine (9) days from the onset or until subsidence of swelling. Reference should be made to Section 10 (y) (relating to mumps).
 - (7) *Pediculosis capitis*. Until judged noninfective by the nurse in school, college, or preschool, or by child's physician.
 - (8) *Pediculosis corporis*. Until judged noninfective by the nurse in school, college, or preschool, or by child's physician.
 - (9) *Pertussis*. Four (4) weeks from the onset or seven (7) days from institution of appropriate antimicrobial therapy. Reference should be made to Section 10 (bb) (relating to pertussis (whooping cough)).
 - (10) *Respiratory streptococcal infections, including scarlet fever*. Not less than seven (7) days from the onset if no physician is in attendance or 24 hours from institution of appropriate antimicrobial therapy.
 - (11) *Ringworm - all types*. Until judged noninfective by the nurse in school, college, or preschool, or child's physician.
 - (12) *Rubella*. Four (4) days from the onset of rash. Reference should be made to Section 10 (jj) (relating to rubella (German Measles) and congenital rubella syndrome).
 - (13) *Scabies*. Until judged noninfective by the nurse in school, college, or preschool, or by child's physician.

(14) *Tonsillitis*. Twenty-four hours from institution of appropriate therapy.

(15) *Trachoma*. Twenty-four hours from institution of appropriate therapy.

(b) Exclusion of pupils showing symptoms

Each teacher, principal, superintendent or other person in charge of any public, private, parochial, Sunday, or other school or college or preschool shall exclude immediately any person showing an unusual skin eruption, having soreness of the throat, or having signs or symptoms of whooping cough or diseases of the eyes. The exclusion and the reasons prompting it shall be reported to the Acute Communicable Disease Program together with the name and address of the person excluded.

(c) Readmission of pupils showing symptoms

No person excluded from any public, private, parochial, or other school or college or preschool under this provision shall be readmitted until the nurse in the school, college, or preschool is satisfied that the condition for which the child was excluded is not communicable or until the child presents a certificate of recovery or noninfectiousness from the physician.

(d) Admission of exposed or isolated pupils

No person who has been absent from school by reason of having had or because of residing on premises where there has been a disease for which isolation is required shall be readmitted to school without the permission of the health authorities. The person shall be required to secure permission whether or not there has been a physician in attendance and whether or not isolation has been established in the household.

6. 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, Poliomyelitis, Salmonellosis, Shigellosis, infections caused by Hemolytic streptococci or staphylococci, Typhoid fever, or non-B viral hepatitis, or any other organism capable of causing a food-borne illness shall be prohibited unless permission is expressly granted by the Commissioner or his designated representative after appropriate measures are taken to assure the protection of the health of the people who may be prospective consumers.

7. EXAMINATION AND TREATMENT OF PERSONS SUSPECTED OF BEING INFECTED WITH A COMMUNICABLE DISEASE

- (a) Examination of persons suspected of being infected or of being a carrier.

Whenever the Commissioner or his designated representative has reasonable grounds to suspect any person of being infected with a communicable disease, or of being a carrier, he shall require the person to undergo a medical examination and any other approved diagnostic procedure to determine whether or not the person is infected or is a carrier.

- (b) Refusal to submit to examination

In the event that the person refuses to submit to the examination, the Commissioner or his designated representative may:

- (1) cause the person to be quarantined until it is determined that he is not infected with a disease in a communicable stage or is not a carrier;
- (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 disease in a communicable stage or of being a carrier. Upon filing of such a petition, the court shall, within twenty-four (24) hours after service of a copy thereof upon the respondent, hold a hearing, without 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 communicable disease or is a carrier. 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 disease in a communicable stage or of being a carrier.

- (c) Court ordered examinations

The examination ordered by the court may be performed by a physician of the patient's own choice at the patient's own expense. The examination shall include physical and laboratory tests performed in a laboratory approved by the Commissioner or his designated representative and shall be conducted in accordance with accepted professional practices, and the results thereof shall be reported to the Division of Disease Control 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 Commonwealth 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.)

(d) Persons refusing to submit to treatment for communicable diseases

- (1) If the Commissioner or his designated representative finds that any person who is infected with a disease in a communicable stage refuses to submit to treatment approved by the Department, the Commissioner or his designated representative 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 noncommunicable. (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 or his designated representative may file a petition in the Court of Common Pleas of Philadelphia to commit such person to an appropriate institution designated by the Department for safekeeping and treatment until such time as the disease has been rendered noncommunicable. Upon filing of such petition, the court shall, within twenty-four (24) 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 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. (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 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).)

8. VENEREAL DISEASES

(a) Syphilis, in its communicable stages, Gonorrhoea, Pelvic Inflammatory Disease, and Lymphogranuloma venereum are herein designated as venereal diseases and are hereby declared to be subject to regulation as communicable and dangerous to public health.

(b) Reporting of venereal disease

Every physician practicing in the City of Philadelphia shall report in writing to the Venereal Disease Control Program on printed forms furnished by said office, the name, address, age, sex, race, and occupation, together with the stage of the disease, date of onset of symptoms, date and source of infection, when ascertainable, and infectiousness of every person under his or her care for Syphilis, Gonorrhoea, Pelvic Inflammatory Disease, or Lymphogranuloma venereum. All reports shall be confidential and not open to public inspection or be inspected by any person other than the official custodian of such reports in the Department, the Chief of the Venereal Disease Control Program, and such other persons as may be authorized by law to inspect such reports or records.

The Commissioner or his designated 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.

(c) Examination of persons detained by police authorities

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

(d) Diagnosis and treatment of venereal disease

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

If done elsewhere, a standard or approved test procedure for each of the venereal diseases shall be a test approved by the Department, and, if a laboratory test is part of the approved procedure, it shall be made in a laboratory approved by the Department to make such tests.

(e) 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 (30) 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 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 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 to otherwise fail to comply with the provisions of this section.

(5) Waiver of Syphilis Examination

Any judge of an Orphan's Court within the County in which the license is to be issued is authorized, on joint application by both applicants for a marriage license, to waive the requirements as to medical examination, laboratory tests, and certificates and to authorize the clerk of the Orphan's Court to issue the license if all other requirements of the marriage laws have been complied with and if the judge is satisfied by affidavit or other proof that the examination or tests are contrary to the tenets or practices of the religious creed to which the applicant is an adherent and that the public health and welfare will not be injuriously affected by such waiver and authorization.

(f) 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 fifteen (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. If the pregnant woman objects, it shall be the duty of the physician to explain to her the desirability of such a test.
- (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. If the test was not made, it shall be stated whether it was not made because, in the opinion of the physician, the test was not advisable or because the woman objected.

(g) Treatment of minors

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

(h) 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 or appropriate medication approved by the Department. If the parent or guardian of the newborn child objects on the ground that the prophylactic treatment conflicts with the parent's religious beliefs or practices, prophylactic treatment will be withheld and an entry in the child's hospital record indicating the reason for withholding treatment shall be made and signed by the attending physician and the parent or guardian of the newborn child.

(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.

(j) Central Registry

The Venereal Disease Control Program shall maintain a confidential central registry which shall include the names and identifying information of all individuals reported to the Section as having selected venereal diseases or being suspected of having selected venereal diseases.

9. TUBERCULOSIS

(a) Reporting of tuberculosis

Every physician practicing in the City of Philadelphia shall report in writing to the Tuberculosis Control Program on printed forms furnished by said office, the name, address, age, sex, race, and occupation, together with the date of onset of symptoms, the site of the disease, tuberculin skin testing results, X-ray findings, and the results of examination of the appropriate laboratory or pathological 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, the Chief of the Tuberculosis Control Program, and such other persons as may be authorized by law to inspect such reports and records.

All persons, including physicians and clinical laboratories, finding acid-fast bacilli by smear and/or tubercle bacilli by culture in body discharges or secretions or pathologic evidence compatible with tuberculosis in tissue, marrow, or other substances shall report within twenty-four (24) hours such discovery to the Tuberculosis Control Program. Such report must contain the patient's name, address, age, sex, name of referring physician or agency and type of specimen (sputum, urine, etc.).

(b) Communicable Stage

Whenever *Mycobacterium 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 or his designated 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.

(c) Compulsory isolation

If voluntary isolation for tuberculosis cannot be accomplished or maintained, then whenever in the opinion of the Commissioner or his designated 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 approved institution in the Commonwealth of Pennsylvania. The procedure for compulsory isolation is described in Section 7.

(d) Central Registry

The Tuberculosis Control Program shall maintain a confidential Central Registry which shall include the names, identifying information, and current clinical status of all individuals reported to the Program as having tuberculosis.

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

General

This contains the names of reportable diseases in alphabetical order and prescribes, in each case, the general requirements for the control of the infected individual, his contacts, and his environment. Additional diseases may be added to this list by the Commissioner of Health when approved by the Board of Health. Detailed requirements for reporting diseases are prescribed in Section 3 (relating to reporting of diseases), and requirements for isolation and quarantine are prescribed in Section 4 (relating to quarantine and isolation).

(a) Amebiasis

- (1) Reporting. Report to the Acute Communicable Disease Control Program.
- (2) Isolation. No isolation shall be required. Infected persons shall be excluded from any occupation that prepares or serves food for public consumption until they have had three negative successive stool specimens collected on the last day of therapy and at intervals of not less than 48 hours.
- (3) Concurrent disinfection. Feces shall be disposed of in a sanitary manner, and hands shall be washed after defecation.
- (4) Terminal disinfection. Terminal disinfection shall consist of thorough cleaning.
- (5) Quarantine. No quarantine of carriers or contacts shall be required.

(b) Animal Bites

- (1) Reporting. Any bite or other trauma likely to result in rabies inflicted by an animal capable of being a reservoir for rabies shall be reported by telephone or other prompt means to the Acute Communicable Disease Control Program. All other animal bites shall be reported promptly.
- (2) Isolation. No isolation shall be required.
- (3) Concurrent disinfection. No concurrent disinfection shall be required.
- (4) Terminal disinfection. No terminal disinfection shall be required.
- (5) Quarantine. No quarantine of contacts shall be required.

(6) Quarantine of Biting Animals

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

(c) Anthrax

- (1) Reporting. Report shall be made to the Acute Communicable Disease Control Program by telephone or other equally prompt means.
- (2) Isolation. The patient shall be isolated until lesions are healed.
- (3) Concurrent disinfection. Discharges from lesions and articles soiled from such discharge shall require sterilization by an appropriate method of sterilization such as incineration or steam sterilization under pressure.
- (4) Terminal disinfection. Terminal disinfection shall consist of thorough cleaning.
- (5) Quarantine. No quarantine of contacts shall be required.

(d) Botulism

- (1) Reporting. Report case or suspected cases to the Acute Communicable Disease Control Program by telephone or other equally prompt means.
- (2) Isolation. No isolation shall be required.
- (3) Concurrent disinfection. No concurrent disinfection shall be required.
- (4) Terminal disinfection. No terminal disinfection shall be required.
- (5) Quarantine. No quarantine of contacts shall be required.

(e) Brucellosis

- (1) Reporting. Report shall be made to the Acute Communicable Disease Control Program.
- (2) Isolation. No isolation shall be required.
- (3) Concurrent disinfection. Purulent discharges shall require disinfection.
- (4) Terminal disinfection. No terminal disinfection shall be required.
- (5) Quarantine. No quarantine of contacts shall be required.

(f) Cholera

- (1) Reporting. Report shall be made to the Acute Communicable Disease Control Program by telephone or other equally prompt means.
- (2) Isolation. The patient shall be isolated in a hospital or its equivalent.
- (3) Concurrent disinfection. Prompt and thorough disinfection of articles contaminated with feces, vomitus, and urine shall be required. Urine and feces shall be directly flushed down the toilet. Attendants shall practice scrupulous cleanliness, and hands shall be washed with an antiseptic soap or disinfectant after handling or touching articles contaminated by feces.
- (4) Terminal disinfection. Terminal disinfection shall consist of thorough cleaning. Urinals and bedpans shall be decontaminated and sterilized.
- (5) Quarantine. A surveillance of the contacts shall be maintained for five days from the last exposure and until two negative specimens have been collected three days apart.

(g) Diarrhea of the Newborn, Epidemic

- (1) Reporting. Any infant under twenty-eight (28) days of age in a hospital or institution or any infant hospitalized because of prematurity who has two (2) or more watery stools within a twenty-four (24) hour period, shall be considered a suspicious case of Diarrhea of the Newborn. Any newborn, who within four (4) days after discharge from a hospital, has two (2) or more watery stools within a twenty-four (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 discharge 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 or his designated 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 (1) 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 or his designated representative has approved re-opening.

(h) Diphtheria

- (1) Reporting. Report shall be made to the Acute Communicable Disease Control Program by telephone or other equally prompt means.

- (2) Isolation. The infected person shall be isolated until cultures from the nose and throat taken on two occasions not less than 24 hours apart and 24 hours after cessation of antimicrobial therapy fail to show diphtheria bacilli. Where termination of isolation by culture is impracticable, isolation may end with fair safety 14 days after onset. Where practicable, a virulence test or a toxigenicity test shall be made if throat cultures are reported to be positive three weeks or more after onset. Isolation may be terminated if the microorganism reported present is proved avirulent or nontoxigenic.
- (3) Concurrent disinfection. All articles in contact with patient and all articles soiled by discharges of patient shall require disinfection.
- (4) Terminal disinfection. Terminal disinfection shall consist of a thorough airing, sunning, and cleaning of the sick room.
- (5) Quarantine. All intimate contacts shall be isolated until the results of the bacteriologic examinations are known. Persons with positive cultures should be treated. Contacts shall be isolated until appropriate measures exist or have been taken to insure the public health.
- (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 or toxigenic diphtheria bacilli. A chronic carrier of diphtheria bacilli may be placed under quarantine until cultures from the nose and throat on four successive occasions not less than 24 hours apart are negative, or until the cultures are found to be avirulent or nontoxigenic. When appropriate medical and surgical measures to eliminate the carrier state fail, the health authorities may release the carrier from quarantine when such a release is not detrimental to the public health.

(i) Encephalitis

- (1) Reporting. Report shall be made to the Acute Communicable Disease Control Program.
- (2) Isolation. Appropriate for confirmed or suspected agent.
- (3) Concurrent disinfection. Appropriate for confirmed or suspected etiologic agent.
- (4) Terminal disinfection. Appropriate for confirmed or suspected etiologic agent.
- (5) Quarantine. No quarantine of contacts shall be required.

(j) Food Poisoning

- (1) Reporting. Report shall be made to the ^{Acute} Communicable Disease Control Program by telephone or other equally prompt means.
- (2) Isolation. Appropriate for confirmed or suspected etiologic agent.
- (3) Concurrent disinfection. Appropriate for confirmed or suspected etiologic agent.
- (4) Terminal disinfection. Appropriate for confirmed or suspected etiologic agent.
- (5) Quarantine. No quarantine of contacts shall be required.

(k) Giardiasis

- (1) Reporting. Report to the ^{Acute} Communicable Disease Control Program.
- (2) Isolation. No isolation shall be required.
- (3) Concurrent disinfection. No concurrent disinfection shall be required.
- (4) Terminal disinfection. No terminal disinfection shall be required.
- (5) Quarantine. No quarantine of contacts shall be required.

(l) Gonococcal infections

- (1) Reporting. Report to the Venereal Disease Control Program as described in Section 8.
- (2) Isolation. No isolation shall be required except for newborns with gonococcal ophthalmia neonatorum for whom isolation may be terminated after 24 hours of adequate and effective therapy under medical supervision.
- (3) Concurrent disinfection. Care shall be taken in the disposal of discharges from lesions and articles soiled from such discharge.
- (4) Terminal disinfection. No terminal disinfection shall be required.
- (5) Quarantine. No quarantine of contacts shall be required.

(m) Guillain-Barre' Syndrome

- (1) Reporting. Report shall be made to the ^{Acute} Communicable Disease Control Program.
- (2) Isolation. No isolation shall be required. Those cases occurring with viral infections usually occur after the viral infections have passed.

- (3) Concurrent disinfection. No concurrent disinfection shall be required.
 - (4) Terminal disinfection. No terminal disinfection shall be required.
 - (5) Quarantine. No quarantine of contacts shall be required.
- (n) Hepatitis A (viral, infectious, acute catarrhal jaundice).
- Acute
- (1) Reporting. Report shall be made to the/Communicable Disease Control Program.
 - (2) Isolation. Isolation precautions shall be observed in handling blood or blood products and excretions until one week after onset of illness. The patient shall be excluded from all food and drink preparation, processing, and serving for public consumption for a period of one week after onset of illness or for as long as indicated by the results of appropriate laboratory examinations.
 - (3) Concurrent disinfection. Equipment contaminated with blood, serum, or other excretions shall be disinfected.
 - (4) Terminal disinfection. No terminal disinfection shall be required.
 - (5) Quarantine. No quarantine of contacts shall be required.
- (o) Hepatitis B (viral, serum, homologous serum jaundice)
- Acute
- (1) Reporting. Report shall be made to the/Communicable Disease Control Program.
 - (2) Isolation. Isolation precautions shall be observed in handling blood or blood products and excretions until one week after cessation of signs and symptoms of the disease or until two weeks after onset of illness, whichever is longer. Blood or blood products containing hepatitis B antigen shall be considered infectious.
 - (3) Concurrent disinfection. Equipment contaminated with blood, serum, or other excretions shall be disinfected.
 - (4) Terminal disinfection. No terminal disinfection shall be required.
 - (5) Quarantine. No quarantine of contacts shall be required.
- (p) Histoplasmosis
- Acute
- (1) Reporting. Report shall be made to the/Communicable Disease Control Program.
 - (2) Isolation. No isolation shall be required.

- (3) Concurrent disinfection. No concurrent disinfection shall be required.
- (4) Terminal disinfection. No terminal disinfection shall be required.
- (5) Quarantine. No quarantine of contacts shall be required.

~~(q) Cholera~~

~~(1) Reporting. Report shall be made to the Division of Disease Control.~~

~~(2) Isolation. No isolation shall be required.~~

~~(3) Concurrent disinfection. No concurrent disinfection shall be required.~~

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

~~(5) Quarantine. No quarantine of contacts shall be required.~~

(r) Legionnaires' Disease

- (1) Reporting. Report shall be made to the Acute Communicable Disease Control Program.
- (2) Isolation. No isolation shall be required.
- (3) Concurrent disinfection. No concurrent disinfection shall be required.
- (4) Terminal disinfection. No terminal disinfection shall be required.
- (5) Quarantine. No quarantine of contacts shall be required.

(s) Leptospirosis (Weil's disease)

- (1) Reporting. Report shall be made to the Acute Communicable Disease Control Program.
- (2) Isolation. No isolation shall be required.
- (3) Concurrent disinfection. No concurrent disinfection shall be required.
- (4) Terminal disinfection. Terminal disinfection shall consist of thorough cleaning.
- (5) Quarantine. No quarantine of contacts shall be required.

(t) Lymphogranuloma venereum

- (1) Reporting. Report to the Venereal Disease Control Program as described in Section 8.
- (2) Isolation. No isolation shall be required.
- (3) Concurrent disinfection. Care shall be taken in the disposal of discharges from lesions and articles soiled from such discharges.
- (4) Terminal disinfection. No terminal disinfection shall be required.
- (5) Quarantine. No quarantine of contacts shall be required.

(u) Malaria

- (1) Reporting. Report shall be made to the Acute Communicable Disease Control Program.
- (2) Isolation. No isolation shall be required; however, patients shall be protected at night by mosquito-proof areas where vector anophelines are present.
- (3) Concurrent disinfection. No concurrent disinfection shall be required.
- (4) Terminal disinfection. No terminal disinfection shall be required.
- (5) Quarantine. No quarantine of contacts shall be required.

(v) Measles (rubeola)

- (1) Reporting. Report shall be made to the Acute Communicable Disease Control Program by telephone or other equally prompt means.
- (2) Isolation. Infected persons shall be restricted to the premises for four days after the appearance of the rash.
- (3) Concurrent disinfection. All articles soiled with the secretions of the nose and throat shall be disinfected.
- (4) Terminal disinfection. Terminal disinfection shall consist of thorough cleaning.
- (5) Quarantine. No quarantine of contacts shall be required.

(w) Meningitis - all types

- (1) Reporting. Report shall be made to the Acute Communicable Disease Control Program.
- (2) Isolation. Appropriate for confirmed or suspected etiologic agent.
- (3) Concurrent disinfection. Appropriate for confirmed or suspected etiologic agent.
- (4) Terminal disinfection. Appropriate for confirmed or suspected etiologic agent.
- (5) Quarantine. No quarantine of contacts shall be required.

(x) Meningococcal Infections

- (1) Reporting. Report shall be made to the Acute Communicable Disease Control Program.
- (2) Isolation. The infected person shall be appropriately isolated until twenty-four (24) hours after institution of appropriate antimicrobial therapy.
- (3) Concurrent disinfection. Discharges from the nose and throat and articles soiled from such discharges shall be disinfected.
- (4) Terminal disinfection. Terminal disinfection shall consist of thorough cleaning.
- (5) Quarantine. No quarantine shall be required. Surveillance may be conducted, however, at the discretion of the Department or the local health officer.

(y) Mumps

- (1) Reporting. Report shall be made to the Acute Communicable Disease Control Program.
- (2) Isolation. The infected person shall be appropriately isolated until nine (9) days after onset or until subsidence of the swelling.
- (3) Concurrent disinfection. No concurrent disinfection shall be required.
- (4) Terminal disinfection. No terminal disinfection shall be required.
- (5) Quarantine. No quarantine shall be required.

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(z) Neonatal hypothyroidism

- (1) Reporting. Report shall be made to the Division of Epidemiology, Pennsylvania Dept. of Health, P.O.Box 90, Harrisburg, PA 17120.
- (2) Isolation. No isolation shall be required.
- (3) Concurrent disinfection. No concurrent disinfection shall be required.
- (4) Terminal disinfection. No terminal disinfection shall be required.
- (5) Quarantine. No quarantine shall be required.

(aa) Pelvic Inflammatory Disease

- (1) Reporting. Report shall be made to the Venereal Disease Control Program.
- (2) Isolation. No isolation shall be required.
- (3) Concurrent disinfection. Care shall be taken in the disposal of discharges from lesions and articles soiled from such discharges.
- (4) Terminal disinfection. No terminal disinfection shall be required.
- (5) Quarantine. No quarantine of contacts shall be required.

(bb) Pertussis (whooping cough)

- (1) Reporting. Report shall be made to the Acute Communicable Disease Control Program.
- (2) Isolation. The patient shall be restricted to his own premises and separated from susceptible children for a period of four (4) weeks after onset or seven days after the institution of appropriate antimicrobial therapy.
- (3) Concurrent disinfection. Discharges from the nose and throat and articles soiled from such discharges shall be disinfected.
- (4) Terminal disinfection. Terminal disinfection shall consist of thorough cleaning.
- (5) Quarantine. No quarantine of contacts shall be required.

(cc) Phenylketonuria

- (1) Reporting. Report shall be made to the Division of Epidemiology, Pennsylvania Dept. of Health, P.O.Box 90, Harrisburg, PA 17120.
- (2) Isolation. No isolation shall be required.
- (3) Concurrent disinfection. No concurrent disinfection shall be required.
- (4) Terminal disinfection. No terminal disinfection shall be required.
- (5) Quarantine. No quarantine of contacts shall be required.

(dd) Plague

- (1) Reporting. Report shall be made to the ^{Acute} Communicable Disease Control Program by telephone or other equally prompt means.
- (2) Isolation. All patients shall be hospitalized, if practical, and reasonable aseptic precautions shall be taken for patients with bubonic plague. Patients with primary pneumonic plague or patients developing plague pneumonia shall be isolated.
- (3) Concurrent disinfection. Sputum, purulent discharges, urine, and feces shall require disinfection.
- (4) Terminal disinfection. Terminal disinfection shall consist of thorough cleaning. Bodies of persons dying of plague shall be handled with strict aseptic precautions.
- (5) Quarantine. Quarantine of contacts shall be required as deemed necessary by the local health officer. Contacts of bubonic or pneumonic plague shall be dusted with an appropriate insecticide to which the fleas are susceptible.

(ee) Poliomyelitis (paralytic and nonparalytic)

- (1) Reporting. Report shall be made to the ^{Acute} Communicable Disease Control Program by telephone or other equally prompt means.
- (2) Isolation. Isolation shall be for one week from the date of onset or, if longer, for the duration of fever.
- (3) Concurrent disinfection. Throat discharges, feces, and articles soiled from such discharges shall require disinfection.
- (4) Terminal disinfection. No terminal disinfection shall be required.
- (5) Quarantine. Quarantine shall be at the discretion of local health officer.

(ff) Psittacosis (Ornithosis)

Acute

- (1) Reporting. Report shall be made to the/Communicable Disease Control Program by telephone or other equally prompt means.
- (2) Isolation. Isolation shall be maintained during febrile acute stages.
- (3) Concurrent disinfection. All discharges shall be disinfected.
- (4) Terminal disinfection. Terminal disinfection shall consist of thorough wet cleaning.
- (5) Quarantine. No quarantine shall be required for household contacts. Buildings having housed birds, however, shall not be used by human beings until thoroughly cleaned and disinfected. Additional regulations pertaining to psittacosis are found under Section 11 of this title (relating to psittacosis).

(gg) Rabies

Acute

- (1) Reporting. Report shall be made to the/Communicable Disease Control Program by telephone or other equally prompt means.
- (2) Isolation. Infected persons shall be isolated through the duration of the illness. Immediate attendants shall be warned of the hazard of inoculation through the saliva of the patient.
- (3) Concurrent disinfection. Saliva and articles soiled from saliva shall be disinfected.
- (4) Terminal disinfection. No terminal disinfection shall be required.
- (5) Quarantine. No quarantine of contacts shall be required.

(hh) Reye's Syndrome

Acute

- (1) Reporting. Report shall be made to the/Communicable Disease Control Program.
- (2) Isolation. No isolation shall be required.
- (3) Concurrent disinfection. No concurrent disinfection shall be required.
- (4) Terminal disinfection. No terminal disinfection shall be required.
- (5) Quarantine. No quarantine of contacts shall be required.

(ii) Rickettsial diseases, including Rocky Mountain Spotted Fever

Acute

- (1) Reporting. Report shall be made to the/Communicable Disease Control Program.
- (2) Isolation. Appropriate for confirmed or suspected etiologic agent.

- (3) Concurrent disinfection. Appropriate for confirmed or suspected etiologic agent.
 - (4) Terminal disinfection. Appropriate for confirmed or suspected etiologic agent.
 - (5) Quarantine. Appropriate for confirmed or suspected etiologic agent.
- (jj) Rubella (German measles) and congenital rubella syndrome
- (1) Reporting. Report shall be made to the/^{Acute}Communicable Disease Control Program.
 - (2) Isolation. Infected persons shall be appropriately isolated for four days after the appearance of the rash. Strict isolation of infants with congenital rubella syndrome must be effected. Such infants may be infectious for up to a year.
 - (3) Concurrent disinfection. No concurrent disinfection shall be required.
 - (4) Terminal disinfection. No terminal disinfection shall be required.
 - (5) Quarantine. No quarantine of contacts shall be required.
- (kk) Salmonellosis
- (1) Reporting. Report shall be made to the/^{Acute}Communicable Disease Control Program. All bacterial isolates shall be sent to the Philadelphia Public Health Laboratory for serotyping.
 - (2) Isolation. Hospitalized patients shall be isolated according to the recommended standard enteric disease isolation procedures. Infected persons shall be excluded from any occupation that prepares or serves food for public consumption until they have had three negative successive stool specimens collected at intervals of not less than 24 hours nor earlier than 24 hours after the last dose of any chemotherapeutic drug effective against the etiologic organism.
 - (3) Concurrent disinfection. Feces, urine, and articles soiled from them shall be disinfected. In communities with modern and adequate sewage disposal systems, feces, and urine may be disposed of directly into the sewer without preliminary disinfection.
 - (4) Terminal disinfection. Terminal disinfection shall consist of thorough cleaning.

(5) Quarantine

(a) Asymptomatic and symptomatic household contacts who prepare or serve food for public consumption shall not be permitted to continue working until bacteriologic examination of their stool specimen is reported as negative.

(b) Pregnant women in the household should submit a stool specimen to determine if they are infected. If the stool specimen is positive, this information shall be furnished to the appropriate physician in charge of her case.

(6) Restrictions of infected persons

If a case or household contact is not a foodhandler or pregnant, no follow-up stool cultures are required. A case investigation form should be completed only on those cases that appear to be epidemiologically related.

(7) Outbreaks of salmonellosis

(a) Foodborne. All suspected foodborne outbreaks of salmonellosis must be investigated. The Department has the authority to require stool cultures on all individuals involved in the outbreak. Suspect foodhandlers may be excluded from work until the results of their stool cultures are negative.

(b) Institutional outbreaks. The Department has the authority to conduct an epidemiologic investigation, to require stool specimens on all patients and employees, and to exclude from work any individual who is a threat to the health of others in that institution.

(11) Shigellosis (bacillary dysentery)

Acute

(1) Reporting. Report shall be made to the Communicable Disease Control Program. All bacterial isolates shall be sent to the Philadelphia Public Health Laboratory for serotyping.

(2) Isolation. Hospitalized patients shall be isolated according to the recommended standard enteric disease isolation procedures. Infected persons shall be excluded from any occupation that prepares or serves food for public consumption until they have had three negative successive stool specimens collected at intervals of not less than 24 hours nor earlier than 24 hours after the last dose of any chemotherapeutic drug effective against the etiologic organism.

(3) Concurrent disinfection. Feces and articles soiled by feces shall be disinfected.

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

(5) Quarantine

- (a) Asymptomatic and symptomatic household contacts who prepare or serve food for public consumption shall not be permitted to continue working until bacteriologic examination of their stool specimen is reported as negative.
- (b) Pregnant women in the household should submit a stool specimen to determine if they are infected. If the stool specimen is positive, this information shall be furnished to the appropriate physician in charge of her case.

(6) Restrictions on infected persons

If a case or household contact is not a foodhandler or pregnant, no follow-up stool cultures are required. A case investigation form should be completed only on those cases that appear to be epidemiologically related.

(7) Outbreaks of shigellosis

- (a) Foodborne. All suspected foodborne outbreaks of shigellosis must be investigated. The Department has the authority to require stool cultures on all individuals involved in the outbreak. Suspect foodhandlers may be excluded from work until the results of their stool cultures are negative.
- (b) Institutional outbreaks. The Department has the authority to conduct an epidemiologic investigation, to require stool specimens on all patients and employees and to exclude from work any individual who is a threat to the health of others in that institution.

(mm) Smallpox

- (1) Reporting. Report shall be made to the ^{Acute} Communicable Disease Control Program by telephone or other equally prompt means.
- (2) Isolation. Infected persons shall be isolated in an appropriate isolation facility until complete cicatrization of all lesions per the Center for Disease Control handbook "Comprehensive Action in a Smallpox Emergency."
- (3) Concurrent disinfection. All articles associated with the patient shall be sterilized by high pressure steam or by boiling or other appropriate means per the Center for Disease Control handbook "Comprehensive Action in a Smallpox Emergency."
- (4) Terminal disinfection. Terminal disinfection shall consist of a thorough cleaning of sickroom and furniture and sterilization of mattress, pillow, and bedding per the Center for Disease Control handbook "Comprehensive Action in a Smallpox Emergency."
- (5) Quarantine. All persons living or working on the same premises as the person who develops smallpox or who otherwise have intensive exposure shall be considered contact and promptly vaccinated or

revaccinated or quarantined for 16 days from the last exposure. If the contacts are considered immune by reason of prior attack or successful revaccination within the previous three years, they shall be kept under surveillance until the height of the reaction of the recent vaccination has passed. If the contact is not considered immune, he shall be kept under surveillance until 16 days have passed since last contact. Any rise of temperature during surveillance shall necessitate prompt isolation until smallpox is excluded per the Center for Disease Control handbook "Comprehensive Action in a Smallpox Emergency."

(nn) Syphilis

- (1) Reporting. Report to the Venereal Disease Control Program as described in Section 8.
- (2) Isolation. No isolation shall be required.
- (3) Concurrent disinfection. In adequately treated cases, no concurrent disinfection shall be required. Care shall be taken in the disposal of discharges from open lesions and articles soiled from such discharges.
- (4) Terminal disinfection. No terminal disinfection shall be required.
- (5) Quarantine. No quarantine of contacts shall be required.
- (6) Premarital examination. A premarital examination for syphilis shall be required as prescribed in Section 8(e) of this title (relating to premarital examination for syphilis; appeal from a denial of statement of the physician; form for statement of physician; misrepresentation of facts and release of information; waiver of syphilis examination).
- (7) Prenatal examination. A prenatal examination for syphilis shall be required as prescribed by Section 8(f) of this title (relating to prenatal examination for syphilis).

(oo) Tetanus

Acute

- (1) Reporting. Report shall be made to the/Communicable Disease Control Program.
- (2) Isolation. No isolation shall be required.
- (3) Concurrent disinfection. No concurrent disinfection shall be required.
- (4) Terminal disinfection. No terminal disinfection shall be required.
- (5) Quarantine. No quarantine of contacts shall be required.

(pp) Toxoplasmosis

- (1) Reporting. Report shall be made to the ^{Acute} Communicable Disease Control Program.
- (2) Isolation. No isolation shall be required.
- (3) Concurrent disinfection. No concurrent disinfection shall be required.
- (4) Terminal disinfection. No terminal disinfection shall be required.
- (5) Quarantine. No quarantine of contacts shall be required.

(qq) Trichinosis

- (1) Reporting. Report shall be made to the ^{Acute} Communicable Disease Control Program.
- (2) Isolation. No isolation shall be required.
- (3) Concurrent disinfection. No concurrent disinfection shall be required.
- (4) Terminal disinfection. No terminal disinfection shall be required.
- (5) Quarantine. No quarantine of contacts shall be required.

(rr) Tuberculosis

- (1) Reporting. Report as described in Section 9 to the Tuberculosis Control Program.
- (2) Isolation. Any person having tuberculosis or suspected tuberculosis in its communicable stage shall be isolated in the following manner:
 - (a) Isolation for tuberculosis shall be established at the usual residence of the patient suffering from tuberculosis, whenever facilities for adequate isolation of the infectious patient are available in the home and where the patient will accept such isolation. Isolation of the patients treated at home shall consist of instruction in the need to cover the mouth and nose when coughing and careful handling and disposal of sputum. Since control of infection is best achieved by prompt specific drug therapy which reduces infectiousness and results in sputum conversion, the results of sputum examination shall be used to determine how long the patient needs to remain at home.
 - (b) If isolation for tuberculosis cannot be accomplished or maintained at the usual residence of the patient and whenever, in the opinion of the Department, such a person is a menace to others by reason of his 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 by the Department to be suitable for the care and treatment of such cases. Isolation of the patients treated in hospitals shall consist of an appropriate form of respiratory isolation. Removal from isolation while in hospitals shall depend on the institution of treatment and results of subsequent sputum examinations.

- infected
- (c) The act provides for the isolation of persons with tuberculosis in the communicable stage, and the Department designates as an institution suitable for isolation, safekeeping and treatment of persons refusing to submit to treatment for tuberculosis: those general hospitals in this Commonwealth found by the Secretary to possess the requisite staff and facilities for the proper isolation, safekeeping, and treatment of such persons.
- (3) Concurrent disinfection. Sputum and articles soiled with sputum, including handkerchiefs and napkins shall be properly disposed of. Disinfection of air by ventilation with or without ultraviolet light shall be used. Ordinary hygienic precautions suffice when the patient is on specific therapy.
- (4) Terminal disinfection. Normal hospital procedures should be followed.
- (5) Quarantine or commitment. Quarantine or commitment may be established in accordance with provisions of Section 9 of this chapter. Contacts themselves shall not be considered as public health problems unless proven by examination to be infectious cases of tuberculosis. All household contacts and other intimate contacts shall be required to have a tuberculin test or chest x-ray, or both. If lesions suspicious of tuberculosis are found on X-ray of contacts, laboratory studies shall be conducted as are necessary to determine whether or not such patients represent public health problems.
- (ss) Tularemia
- Acute
- (1) Reporting. Report shall be made to the/Communicable Disease Control Program.
- (2) Isolation. Gloves shall be worn when handling lesions, discharges or dressings.
- (3) Concurrent disinfection. Discharges from ulcer, lymph nodes, and conjunctival sac shall be disinfected.
- (4) Terminal disinfection. Terminal disinfection shall consist of cleaning.
- (5) Quarantine. No quarantine of contacts shall be required.

(tt) Typhoid and paratyphoid

- Acute
- (1) Reporting. Report shall be made to the Communicable Disease Control Program by telephone or other equally prompt means.
 - (2) Isolation. Hospitalized patients shall be isolated according to the recommended standard enteric disease isolation procedures. Infected persons shall be excluded from any occupation that prepares or serves food for public consumption until they have had three negative successive stool specimens collected at intervals of not less than 24 hours nor earlier than seven days after the last dose of any chemotherapeutic drug effective against the etiologic organism.
 - (3) Concurrent disinfection. Feces, urine, and articles soiled from them shall require disinfection. In communities with modern and adequate sewage disposal systems, feces and urine may be disposed of directly into the sewer without preliminary disinfection.
 - (4) Terminal disinfection. Terminal disinfection shall consist of cleaning.
 - (5) Quarantine. All household contacts must be cultured to identify any chronic carriers. Household contacts and cases shall not be employed in any occupation that prepares or serves food for public consumption until they have had three negative successive stool specimens collected at intervals of not less than 24 hours nor earlier than 7 days after the last dose of any chemotherapeutic drug effective against the typhoid bacillus. If a pregnant woman in the household has typhoid bacilli in her stool, this information shall be furnished to the appropriate physician in charge of her case.
 - (6) Restrictions on infected persons. Convalescents from typhoid shall have their stools examined bacteriologically once a month to determine if they are chronic carriers of the organism. If the stools are negative for three consecutive months, they are not considered as carriers and may be discharged from any further investigation. Individuals who excrete the typhoid bacillus in their stools for greater than one year are considered as chronic carriers of the typhoid bacillus. These individuals are not allowed to work in an occupation that prepares or serves food for public consumption and they shall not change their address without notifying the Department.
 - (7) Cure or release from chronic carrier state. The local health authority shall maintain a line listing of all chronic carriers of the typhoid bacillus. The line listing shall include the name, age, sex, address, telephone number, and occupation of all carriers. An individual may be removed from the carrier list if he or she satisfies the requirements as determined by the Health Commissioner or his official designee.

(S) Outbreaks of typhoid

- (a) Foodborne. All suspected foodborne outbreaks of typhoid must be investigated. The Department has the authority to require stool specimens on all individuals involved in the outbreak. Suspect foodhandlers may be excluded from work until the results of their stool culture are negative.
- (b) Institutional outbreaks. The Department has the authority to conduct an epidemiologic investigation, to require stool specimens on all patients and employees, and to exclude from work any individual who is a threat to the health of others in that institution.

(uu) Viral Infections

- (1) Reporting. Reports shall be made to the Acute Communicable Disease Control Program.
- (2) Isolation. Depends upon the etiologic agent.
- (3) Concurrent disinfection. Depends upon the etiologic agent.
- (4) Terminal disinfection. Depends upon the etiologic agent.
- (5) Quarantine. Depends upon the etiologic agent.

(vv) Yellow Fever

- (1) Reporting. Report shall be made to the Acute Communicable Disease Control Program.
- (2) Isolation. No isolation shall be required; however, the patient shall be protected from mosquitos for the first three days in a mosquito-proof room.
- (3) Concurrent disinfection. No concurrent disinfection shall be required; however, the home of the patient and all houses in its vicinity shall be sprayed promptly with an insecticide having residual action.
- (4) Terminal disinfection. No terminal disinfection shall be required.
- (5) Quarantine. No quarantine of contacts shall be required.

11. Animals

(a) Dealers in Psittacine Birds

- (1) 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 (2) 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.
- (2) Each such dealer shall report to the Department 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 has been given.
- (3) Verification of compliance with these regulations shall be made by the Department.
- (4) 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.
- (5) The occurrence of a case of psittacosis in the human or avian family shall be due cause for the Department 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 or his designated 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 is not maintained, the Commissioner or his designated 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 incinerated before the feathers dry.
- (6) All persons who breed, raise, sell, or exchange psittacine birds shall register annually with the Department on forms prescribed by the Department for that purpose.
- (7) Inspection and prosecution for violation of this Regulation may be made or brought by the Commissioner or his designated representative to investigate and prosecute the same. Such investigation or prosecution shall be in accordance with the provision of the Act of April 23, 1956 - Commonwealth of Pennsylvania (P.L. 1510).

(b) Importation of Live Wild Animals

- (1) No person, organization, or corporation shall bring, or transport, any live wild hare, rabbit, raccoon, rodent or skunk into Philadelphia unless the animal or animals have been certified by the Department.
- (2) The animal or animals will be certified upon request if the source of the animal or animals is submitted and is known to be free of infection.
- (3) If the animal or animals are not certified or if the source of such animal or animals is not the same as stated, the animal or animals shall be immediately seized and destroyed and the means of conveyance disinfected at the expense of the owner.
- (4) Inspection and prosecution for violations of the provisions of this section may be made or brought by any agent of the Department or agent of any agency authorized by the Department to investigate and prosecute violations. The investigation or prosecution shall be in accordance with the provisions of the Act.

(c) Importation and Sale of Live Pets

- (1) No live raccoon or skunk shall be sold or in any way distributed or offered for sale or distribution in Philadelphia, except where the seller or distributor of these animals shall warrant to the satisfaction of the Department that each animal is free from rabies.
- (2) No live turtle shall be sold or in any way distributed or offered for sale or distribution in Philadelphia, except where the seller or distributor of the turtles shall warrant to the satisfaction of the Department that each shipment is free from salmonella and Arizona contamination. The Department, in its discretion, may waive the requirements of this section for live turtles sold or distributed for the purpose of research, other zoological purposes or for food.

12. MISCELLANEOUS PROVISIONS

(a) Disposition of Property

No person shall give, lend, sell, transmit, or expose without previous disinfection and a certificate from the Department attesting to such disinfection any bedding, clothing, rags, or other articles which have been exposed to infection from tuberculosis, Plague, Smallpox, or Anthrax, but these restrictions shall not apply to the transmission of such articles with proper precaution and permission of the Commissioner for the purpose of disinfection.

(b) Lease of Premises Occupied by a Person with a Communicable Disease

No person shall rent any room, house, or part of a house in which there has been a person suffering from a communicable disease without having the room, house, or part of a house and all articles therein previously cleaned to the satisfaction of the Health Authorities. The keeping of a hotel, boarding house, or an apartment house shall be deemed as renting part of a house to any person who shall be admitted as a guest into such hotel, boarding house, or apartment house.

(c) 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 Amebiasis, Anthrax, Cholera, Diphtheria, Plague, Salmonellosis, Shigellosis, Smallpox, or Typhoid fever, it shall be the duty of the undertaker or 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 thereof shall include only the immediate relatives of the deceased and the necessary number of pallbearers, only when so ordered by the Commissioner or his designated representatives. In all other instances, such services may be public if so desired by the survivors of the deceased.

(3) Transportation of Dead Bodies by Private Conveyance:

The body of any person who has died of Amebiasis, Anthrax, Cholera, Diphtheria, Plague, Salmonellosis, Shigellosis, Smallpox, or Typhoid fever, 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.

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