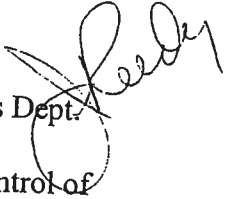


MEMORANDUM

City of Philadelphia
Date: 1/4/06

TO: Romulo L. Diaz Jr., Acting City Solicitor

FROM: Jeanne Reedy, Administrative Services Director, Records Dept. 

SUBJECT: Proposed Amendments to Regulations Governing the Control of Communicable and Noncommunicable Diseases and Conditions

The above Amendments promulgated by the Health Department were received in the Department of Records on 11/28/05 for filing and advertising. Inasmuch as there were no requests for hearings, these Amendments became effective midnight 12/28/05.

Cc: Joanne Godley, MD, MPH, Acting Health Commissioner
Joseph Cronauer, Assistant Health Commissioner
Caroline Johnson, MD, Director, Division of Disease Control

**CITY OF PHILADELPHIA
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF THE HEALTH COMMISSIONER**

MEMORANDUM

November 23, 2005

TO: Joan T. Decker, Commissioner, Department of Records

FROM: Joanne Godley, MD, MPH, Acting Health Commissioner

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

In accordance with Section 8-407 (a) of the Philadelphia Home Rule Charter, I am submitting herewith the public hearing documents regarding the proposed Amendments to the Department of Public Health *Regulations Governing the Control of Communicable and Noncommunicable Diseases and Conditions*.

The following procedural actions have taken place:

Approved by the Board of Health
Approved by the Law Department

November 16, 2005
November 14, 2005

It is requested that attached proposed Amendments to the Department of Public Health *Regulations Governing the Control of Communicable and Noncommunicable Diseases and Conditions* be filed for final action by the Department of Records.

Should you require any additional information, please contact Joseph Cronauer, Assistant Health Commissioner, at 215-685-5673.

JG/jp
Attachments

cc: Joseph Cronauer, Assistant Health Commissioner
Caroline Johnson, MD, Director, Division of Disease Control

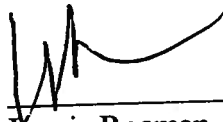
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DEPARTMENT OF RECORDS
2005 NOV 28 AM 10:29

Memorandum

TO: Dr. Joanne Godley, Acting Health Commissioner
FROM: Lewis Rosman, Senior Attorney
DATE: November 14, 2005
SUBJECT: Amendments To Regulations Governing the Control of Communicable and Noncommunicable Diseases and Conditions

I have reviewed the attached amendments to the "Regulations Governing the Control of Communicable and Noncommunicable Diseases and Conditions" regarding the addition and deletion of a number of diseases from the list of reportable diseases, as well as other amendments, that were submitted today to the Law Department and find the amendments to be legal and in proper form. In accordance with Section 8-407(a) of The Philadelphia Home Rule Charter, upon approval by the Board of Health you may forward these amendments to the Department of Records where they will be made available for public inspection.



Lewis Rosman
Senior Attorney

Attachment



CITY OF PHILADELPHIA
DEPARTMENT OF PUBLIC HEALTH

PASSED:

BOARD OF HEALTH: November 16, 2005
LAW DEPARTMENT: November 14, 2005
RECORDS DEPARTMENT _____

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

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

WHEREAS, Section 6-202 of the Health Code requires health care providers and laboratories identifying these reportable diseases and conditions designated by the Board, to report the occurrence of such diseases and conditions to the Department;

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

WHEREAS, The Regulations contain a listing of such diseases and the methods of reporting the occurrence thereof in Sections 2, 3 and 10 of said Regulations; and

WHEREAS, the Board of Health finds that Chancroid; Cryptosporidiosis; Cyclosporiasis; Ehrlichiosis; *Escherichia coli* O157:H7; Hantavirus Pulmonary Syndrome; *Haemophilus influenzae*, invasive disease; Hepatitis C; Hepatitis, other viral etiologies; Severe Acute Respiratory Syndrome (SARS); Streptococcal disease, invasive Group A; *Streptococcus pneumoniae*, invasive disease; and Varicella are infectious diseases of public health importance, and therefore should be included on the list of reportable conditions in the Regulations; and

WHEREAS, the Board of Health finds that the *Haemophilus influenzae* Type B disease is a condition that is included under the more broad reportable category of *Haemophilus influenzae* invasive disease and therefore can be removed as a distinct category from the list of reportable conditions in the Regulations; and

WHEREAS, the Board of Health finds that Hepatitis non-A non-B is a nomenclature that is no longer used and is included under the reporting category of Hepatitis C and therefore can be removed from the list of reportable conditions in the Regulations; and

WHEREAS, the Board of Health finds that the Epidemic Diarrhea of the newborn, Kawasaki Disease, and Reye's Syndrome are no longer considered to be notifiable by the Centers for Disease Control and Prevention (CDC), and therefore should be deleted from the list of reportable conditions in the Regulations; and

WHEREAS, there is no longer a statewide requirement for premarital syphilis testing and the Board of Health finds that premarital syphilis testing is not a cost effective method of identifying previously undetected cases of syphilis, and therefore the requirement for premarital syphilis testing should be repealed; and

NOW, THEREFORE, the Board of Health hereby amends the *Regulations Governing the Control of Communicable and Non-communicable Diseases and Conditions* to read as follows (additions in **Bold** and deletions in ~~Strikethrough~~):

REGULATIONS GOVERNING THE CONTROL OF COMMUNICABLE
AND NONCOMMUNICABLE DISEASES AND CONDITIONS

* * *

2. REPORTABLE DISEASES AND CONDITIONS

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

- (a) Diseases

* * *

() Chancroid

DEPARTMENT OF RECORDS
2005 NOV 28 AM 10:29

000273

* * *

() **Cryptosporidiosis**

* * *

() **Cyclosporiasis**

* * *

~~() Diarrhea in the Newborn~~

* * *

() **Ehrlichiosis**

* * *

() ***Escherichia coli* O157:H7**

* * *

~~() *Haemophilus influenzae* type b disease~~

() ***Haemophilus influenzae*, invasive disease**

() **Hantavirus Pulmonary Syndrome**

* * *

() **Hepatitis, viral**

- (a) Type A
- (b) Type B
- (c) ~~non-A and non-B~~ **Hepatitis C**
- (d) **Hepatitis, other viral etiologies**

* * *

~~() Kawasaki Disease~~

* * *

~~() Reye's Syndrome~~

* * *

() Severe Acute Respiratory Syndrome (SARS)

* * *

() Streptococcal disease, invasive Group A

() *Streptococcus pneumoniae*, invasive disease

* * *

() Varicella

* * *

8. VENEREAL DISEASES

* * *

(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.~~

~~* * *~~

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

~~* * *~~

() Chancroid

**(1) Reporting. Report to the STD Control Program, as described in
Section 8.**

(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 is required.

* * *

() **Cryptosporidiosis**

- (1) Reporting. Report to the Acute Communicable Disease Control Program.
- (2) Isolation. Hospitalized patients shall be isolated according to the recommended enteric disease precautions procedures. Symptomatic persons shall be excluded from any occupation that (a) prepares or serves food for public consumption; (b) provides child care in a child care group setting in a capacity that requires direct contact with children; or (c) provides direct patient care in a health care setting. Infected children shall be excluded from daycare settings until symptoms resolve.
- (3) Concurrent disinfection. Feces, vomitus, and articles soiled from them.
- (4) Terminal disinfection. Terminal disinfection shall consist of thorough cleaning.
- (5) Quarantine. No quarantine is required.
- (6) Outbreaks of Cryptosporidiosis. The Department has the authority to conduct an epidemiologic investigation on outbreaks of cryptosporidiosis to determine the source of infection and the mode of transmission. In such an investigation, the Department may require

DEPARTMENT OF RECORDS

2005 NOV 28 AM 10: 29

000272

stool cultures on all individuals involved in the outbreak and may exclude from work, daycare attendance, or other activity any individual who is a threat to the public health through transmission of the pathogen.

* * *

() Cyclosporiasis

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

(2) Isolation. No isolation is required.

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

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

(5) Quarantine. No quarantine is required.

(6) Outbreaks of Cyclosporiasis. The Department has the authority to conduct an epidemiologic investigation on outbreaks of cyclosporiasis to determine the source of infection and the mode of transmission.

* * *

(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.~~

* * *

DEPARTMENT OF RECORDS
2005 NOV 28 AM 10:29

000274

() Ehrlichiosis

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

* * *

() *Escherichia coli* O157:H7

- (1) **Reporting.** Report shall be made to the Acute Communicable Disease Control Program by telephone or other equally prompt means. All bacterial isolates shall be sent to the Philadelphia Public Health Laboratory or the Pennsylvania Bureau of Laboratories for serotyping and additional analyses, as indicated.
- (2) **Isolation.** Hospitalized patients shall be isolated according to the recommended standard enteric disease isolation procedures. Infected persons, symptomatic or asymptomatic, shall be excluded from any occupation that (a) prepares or serves food for public consumption; (b) provides child care in a child care group setting in a capacity that requires direct contact with children; or (c) provides direct patient care in a health care setting until they have had two negative successive stool specimens, collected at intervals of not less than 24 hours nor earlier than 48 hours after the last dose of any chemotherapeutic drug effective against the etiologic organism. Infected children shall be excluded from daycare settings until symptoms resolve and they have had two negative successive stool specimens, collected at intervals of not less than 24 hours nor earlier than 48 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 thorough cleaning.

(5) Quarantine. Asymptomatic and symptomatic household contacts who prepare or serve food for public consumption, who attend or work in a child care group setting in a capacity that requires direct contact with children, or who provide direct patient care in a health care setting shall not be permitted to continue working until the contact has submitted two successive stool specimens, collected at intervals of not less than 24 hours, nor earlier than 48 hours after the last dose of any chemotherapeutic drug effective against the etiologic organism, and those specimens are determined to be negative for *Escherichia coli* O157:H7.

(6) Outbreaks of *Escherichia coli* O157:H7.

(a) Foodborne. All suspected foodborne outbreaks of shigellosis must be investigated. The Department has the authority to conduct an epidemiologic investigation, to require stool cultures on all individuals involved in the outbreak, to exclude foodhandlers suspected of having infection until the results of stool cultures are known, and to exclude from work any individual who is a threat to the public health through transmission of the pathogen.

(b) Institutional outbreaks, including child care settings and health care institutions. 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.

* * *

~~(-) *Haemophilus influenzae* Type b Disease~~

- ~~(1) Reporting. Report shall be made to the Acute Communicable Disease Control Program~~
- ~~(2) Isolation. Respiratory isolation is required until 24 hours of chemotherapy are completed.~~
- ~~(3) Concurrent disinfection. No concurrent disinfection shall be required.~~
- ~~(4) Terminal disinfection. No terminal disinfection shall be required.~~
- ~~(5) Quarantine. No quarantine of contacts is required.~~

() *Haemophilus influenzae*, invasive disease

- (1) Reporting. Report shall be made to the Acute Communicable Disease Control Program**
- (2) Isolation. Droplet precautions are required for type B serogroup infections until 24 hours of chemotherapy are completed.**
- (3) Concurrent disinfection. No concurrent disinfection shall be required.**
- (4) Terminal disinfection. No terminal disinfection shall be required.**
- (5) Quarantine. No quarantine of contacts is required.**

* * *

() Hantavirus Pulmonary Syndrome

- (1) Reporting. Report to the Acute Communicable Disease Control Program.**
- (2) Isolation. No isolation is required.**
- (3) Concurrent disinfection. No concurrent disinfection is required**

- (4) Terminal disinfection. No terminal disinfection is required.
- (5) Quarantine. No quarantine is required.

* * *

~~(-)~~ Hepatitis non A non B

- ~~(1) Reporting. Report shall be made to the Acute 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 the onset of illness, whichever is longer.~~
- ~~(3) Concurrent disinfection. Equipment contaminated with blood.~~
- ~~(4) Terminal disinfection. No terminal disinfection shall be required.~~
- ~~(5) Quarantine. No quarantine is required.~~

DEPARTMENT OF RECORDS
2005 NOV 28 AM 10: 29

000275

() Hepatitis C and Hepatitis, other viral etiologies

- (1) Reporting. Report shall be made to the Acute Communicable Disease Control Program
- (2) Isolation. Observe standard precautions for bloodborne pathogens.
- (3) Concurrent disinfection. Environments contaminated with blood or infectious body fluids shall be disinfected.
- (4) Terminal disinfection. Terminal disinfection shall consist of thorough cleaning.

(5) Quarantine. No quarantine is required.

* * *

~~(-)~~ **Kawasaki disease**

~~(1) Reporting. Report to the Acute Communicable Disease Control Program~~

~~(2) Isolation. No isolation is required.~~

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

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

~~(5) Quarantine. No quarantine is required.~~

* * *

~~(hh)~~ **Reye's Syndrome**

~~(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.~~

* * *

() SARS (Infections with SARS-Coronavirus)

(1) Reporting. Report to the Acute Communicable Disease Control Program by telephone or other equally prompt means immediately, and not more than within 24 hours of suspicion.

DEPARTMENT OF RECORDS

2005 NOV 28 AM 10:29

000276

- (2) **Isolation.** Patient shall be isolated in a hospital, its equivalent, or home, until 10 days after resolution of fever. For hospitalized cases, precautions should consist of airborne, droplet, and contact precautions.
- (3) **Concurrent disinfection.** Infection control precautions appropriate to interrupt spread of respiratory droplets, hand hygiene and thorough cleaning of bathroom facilities and appropriate disposal or washing of linens and articles contaminated by body fluids.
- (4) **Terminal Disinfection.** Terminal disinfection shall consist of thorough cleaning and disinfection.
- (5) **Quarantine.** If deemed necessary by the Department, persons who had close contact with individuals with SARS will be confined for 10 days following the most recent exposure, and monitored by the Department for the appearance of disease symptoms.

* * *

() **Streptococcal Disease, Invasive Group A**

- (1) **Reporting.** Report to the Acute Communicable Disease Control Program.
- (2) **Isolation.** Contact precautions should be observed for draining wounds, abscesses, or skin lesions that cannot be covered. For infections of the respiratory tract, including upper and lower tract infections, droplet precautions should be used until 24 hours of treatment with an appropriate antibiotic has been completed.

(3) Concurrent disinfection. Of purulent discharges and all articles soiled therewith.

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

(5) Quarantine. No quarantine is required.

* * *

() *Streptococcus pneumoniae*, Invasive Infection

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

(2) Isolation. No isolation is required

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

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

(5) Quarantine. No quarantine is required.

* * *

(nn) Syphilis

* * *

~~(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) (6) * * *

() **Varicella**

- (1) **Reporting.** Report to the Acute Communicable Disease Control Program. Cases of acute varicella infection and zoster infection should be reported.
- (2) **Isolation.** Exclude persons from school, work, healthcare offices, and public gatherings until vesicles become dry, usually five days after onset of the rash. For hospitalized cases, strict isolation, including airborne precautions, should be observed for cases of acute varicella infection and disseminated zoster infection. Contact precautions should be observed for cases with localized zoster infection until such time that lesions are determined to be non-infectious or can be adequately covered.
- (3) **Concurrent disinfection.** Articles soiled by discharges from the nose, throat, or skin lesions.
- (4) **Terminal disinfection.** Terminal disinfection shall consist of through cleaning and disinfection.
- (5) **Quarantine.** No quarantine is required.

DEPARTMENT OF RECORDS

2005 NOV 28 AM 10:29

000277