

**CHESTER COUNTY HEALTH DEPARTMENT
RULES AND REGULATIONS**

Chapter 200. PREVENTIVE MEDICINE.

Sub-Chapter A. CONFIDENTIAL INFORMATION AND GENERAL PROVISIONS.

200.1 REQUIREMENTS.

200.1.1. All information as to personal facts and circumstances obtained in connection with the administration of Public Health services conducted by the Chester County Health Department shall be held confidential and shall be considered privileged communications.

200.1.2. Said information shall not be divulged without the consent of the individual if he/she is competent, and if he/she is incompetent or a minor child, then without the consent of the parent, or the person in loco parentis, except as may be necessary to provide services to individuals.

200.2. LIMITATIONS. This regulation shall not be construed to prohibit the disclosure of such confidential information in the following circumstances:

200.2.1. Where required by law.

200.2.2. Where required for the health and welfare of the individual or the public.

200.2.3. In summary, statistical, or other forms which do not identify individuals.

200.3. CONTROL. All records and information made confidential by this Section shall be the property of the Department and shall be under the control of the County Health Director.

200.4. PROMULGATION. The Director will establish procedures whereby:

200.4.1. All information procured by or made available to the Department staff, both professional and clerical, shall be used by such personnel only in accordance with this Section; and

200.4.2. Employees of the Department and all persons dealing with the Department in connection with these programs shall be informed of the policy concerning confidential information.

Sub-Chapter B. COMMUNICABLE AND NON-COMMUNICABLE DISEASE

The purpose of this Section is to provide for the protection of the public health by requiring in the manner prescribed herein: The reporting of certain diseases; the examination, quarantine, and isolation of affected persons; and the other measures which are hereby promulgated.

200.5. DEFINITIONS. The following words and terms, when used in this Section, **shall have the following meanings, unless the context clearly indicates otherwise:**

200.5.1 “Act”: Commonwealth of Pennsylvania’s The Disease and Prevention Control Law of 1955 (P.S. 35, §521-521.21), as amended.

200.5.2. “Associate”: A person or animal that has been in such association with an infected person or animal or a contaminated environment as to have had an opportunity to acquire the infection.

200.5.3. “Board”: Chester County Board of Health.

200.5.4. “Carrier”: A person who, without any apparent symptom of a communicable disease, harbors a specific infectious agent and may serve as a source of infection.

200.5.5. “Child Care Group Setting”: The premises in which care is provided at any one time to four or more children unrelated to the operator.

200.5.6. “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, vector, or the inanimate environment.

200.5.7. “Communicable Period”: The time or times during which the etiologic agent may be transferred, directly or indirectly, from an infected person or animal (including arthropod vectors) to another person, or animal.

200.5.8. “Concurrent Disinfection”: The application of disinfective measures, as soon as possible, after discharge of infectious material from the body of the patient, or articles soiled therewith.

200.5.9. “Contact”: A person or animal known to have been in such association with an infected person, animal or a contaminated environment as to have had the opportunity of acquiring the infection.

200.5.10. “Department”: Chester County Health Department.

200.5.11. “Director”: Chester County Health Director or his/her designee.

200.5.12. “Epidemic”: The occurrence in a community or region of cases of an illness with a frequency clearly in excess of normal expectancy for that agent, community, population or season.

200.5.13. “Foodborne/Waterborne (Infection/Intoxication)”: The term includes foodborne/waterborne infection and intoxication and illness acquired through consumption of contaminated food or water.

200.5.14. “Household Contact” as used herein shall mean any person(s) abiding in the residential domain of a person with a communicable disease during the communicable period.

200.5.15. “Incubation Period”: The time interval between the initial contact with, or exposure of a susceptible person or animal to an infectious agent, 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.

200.5.16. “Isolation”: The separation for the period of communicability of infected persons or animals from other persons or animals, in such places and under such conditions as will prevent the direct or indirect transmission of the infectious agent from infected persons or animals to other persons or animals who are susceptible or who may spread the disease to others.

200.5.17. “Modified Quarantine”: A selective, 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.

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

200.5.18.1. INSTITUTIONAL-BASED OUTBREAK: An outbreak (as defined in Sect. 404.3.1.2.), in any institution (as defined in Sect. 404.1.2.2.), particularly an outbreak of acute gastrointestinal or respiratory illness, either of which may have various microbiological causes, could be contagious, and would require rapid reporting, investigation, and/or intervention.

200.5.18.1.1. When an outbreak is suspected or ongoing, the following measures shall be implemented. Instituting these practices immediately and completely will greatly slow/prevent transmission of illness.

200.5.18.1.2. Immediately notify the Department's Communicable Disease section of the outbreak and provide specific information as to number ill – include residents and employees, location of ill, symptoms, onset date, etc.

200.5.18.1.3. Close the affected Unit to new admissions and cancel all group activities for that Unit. Any one (1) case on another Unit in the facility necessitates closing the entire facility to new admissions, cancelling all group activities and closing the Dining Room.

200.5.18.1.4. Confine ill residents to their rooms until they are asymptomatic for at least 48 hours. Cohort ill residents together if possible and minimize movement of all residents. Do not permit ill residents to use spas or pools.

200.5.18.1.5. Limit staff from moving between affected and unaffected units, and exclude any nonessential personnel from affected units. Maintain the same staff-to-resident assignments.

200.5.18.1.6. Any therapy (PT, OT, etc.) done to ill residents shall be done at the bedside. This therapist shall only provide services to ill residents.

200.5.18.1.7. When attending to any ill resident or when working in the resident's room, wear gloves. (Mask/gown/eye protection may be needed if resident is actively ill.) Gloves shall be disposed of after a single use and hands shall be washed or sanitized after removing gloves. Gloves shall not be worn in the hallways.

200.5.18.1.8. Educate staff, residents and visitors about methods of transmission. Refer to Chapter 400 § 404.3.4.

200.5.18.1.9. If there is no sink available in the dining room, install a waterless hand sanitizing gel dispenser. Urge all residents and staff to wash hands before eating and before smoking.

200.5.18.1.10. Bring meals to ill residents in their rooms; use a designated cart that only goes to rooms of ill residents.

200.5.18.1.11. Use a designated cart (not the food cart) to transport items used to clean the rooms of ill residents; do not take this cart into the rooms of well residents.

200.5.18.1.12. While wearing gloves, clean and use a *sanitizing solution** on all surfaces, including handrails, doorknobs, faucet handles, etc., in the rooms of ill residents, all bathrooms, and in all common areas two or three times each 24-hour period. Soiled carpets shall be steam cleaned.

* **Sanitizing solution** shall be 1/2 cup bleach in 1 gallon of water, with a contact time of 10 minutes. This solution shall be prepared daily. Disinfectant compounds with EPA Registered labeling showing efficacy against Norovirus or a suitable surrogate (eg. Feline calicivirus) may be used effectively as an alternative to chlorine on approved

surfaces provided the product is used in a manner which is not inconsistent with the label directions. Quaternary ammonium products (quats), are not effective on Noroviruses, and shall not be used.

200.5.18.1.13. Provide laundry services to ill residents every day. Soiled linens and clothing shall be handled by gloved hands and covered during transport.

200.5.18.1.14. Notify receiving facility or person of outbreak before transferring or discharging any patient.

200.5.18.1.15. The outbreak can be said to be over when 96 hours have elapsed since the resolution of symptoms in the last case (resident or staff member). This shall be determined in consultation with CCHD Communicable Disease Staff.

200.5.19. “**PDH**”: Pennsylvania Department of Health.

200.5.20. “**Placarding**”: The posting on any home or other building for public health purposes of a sign or notice warning of: the presence of communicable disease within and the danger of infection therefrom, quarantine of the premises, official closure of a foodservice establishment, or an official designation of unfitness for human habitation or use.

200.5.21. “**Poisoning**” (chemical): The introduction into or onto the body of any non-living substance in any physical form, whether introduced intentionally, 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.

200.5.22. “**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 or until judged noninfectious by a physician. This shall be done in a manner designed to prevent the direct or indirect transmission of the infectious agent from the infected person or animal to other persons or animals. Quarantine may be complete, or it may be modified, or it may consist merely of surveillance or segregation. The term does not exclude the movement of a person or animal from one location to another when approved by the Department.

200.5.23. “**Regulation**”: Any rule, ordinance, or administrative law approved by the Board and legally promulgated.

200.5.24. “**Reportable Disease or Condition**”: Any disease or condition in humans or animals declared reportable by the Department; any unusual or group expression of illness which, in the opinion of the Director, may be a public health emergency; non-

communicable diseases and conditions for which the Director or his duly authorized representative may authorize reporting to provide data and information which, in the opinion of the Director, are needed in order to effectively carry out those programs of the Department designed to protect and promote the health of the people of Chester County, or to determine the need to establish such programs.

200.5.25. “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. Often used interchangeably with “Isolation”.

200.5.26. “Sexually Transmissible Disease” (STD): A disease which, except when transmitted perinatally, is transmitted almost exclusively through sexual contact.

200.5.26.1. While it is recognized that dozens of diseases or conditions may be transmitted by sexual activity, for purposes of these Regulations this term shall relate to the following diseases: syphilis, gonorrhea, chancroid, laboratory confirmed chlamydia trachomatis, lymphogranuloma venereum, granuloma inguinale, and any other sexually transmitted entity subsequently added to the list of officially reportable conditions by formal action of the Director or the Board.

200.5.27. “Surveillance”: Personal surveillance means the close supervision of persons and animals exposed to a communicable disease without restricting their movements. Disease surveillance is the ongoing monitoring of the occurrence, prevalence, or spread of diseases for the purpose of prevention, identification or control.

200.5.28. “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 after the patient has been removed or when the patient is no longer a source of infection.

200.5.29 “Volunteer”: A person who provides services to a school or child care group setting without receiving remuneration.

200.5.30. “Zoonosis”: An infection or infectious disease capable of transmission from animals to humans.

200.6 REPORTABLE DISEASES AND CONDITIONS: The Department declares the following communicable diseases, unusual outbreaks of illness, non-communicable diseases and conditions to be reportable:

200.6.1. Acquired Immunodeficiency Syndrome

200.6.2. Amebiasis

200.6.3. Animal Bites

- 200.6.4. Anthrax**
- 200.6.5. Arboviral Diseases**
- 200.6.6. Babesiosis**
- 200.6.7. Botulism, All Forms**
- 200.6.8. Brucellosis (Undulant Fever)**
- 200.6.9. Campylobacteriosis**
- 200.6.10. Chancroid**
- 200.6.11. Chickenpox (varicella) effective January 26, 2005**
- 200.6.12. Chlamydia Trachomatis infections (laboratory confirmed)**
- 200.6.13. Cholera**
- 200.6.14. Cryptosporidiosis**
- 200.6.15. Dengue Fever**
- 200.6.16. Diarrhea of the Newborn, in Nursery**
- 200.6.17. Diphtheria, Cases**
- 200.6.18. E.coli, clinical cases, All types of invasive or toxigenic serotypes**
- 200.6.19. Ehrlichiosis, All Types**
- 200.6.20. Encephalitis, All Types**
- 200.6.21. Foodborne/Waterborne Infection or Intoxication, All Types**
- 200.6.22. Giardiasis**
- 200.6.23. Gonococcal Infections, All Types**
- 200.6.24. Granuloma Inguinale**
- 200.6.25. Guillain-Barré Syndrome**
- 200.6.26. Haemophilus Influenzae, Invasive-Disease**

- 200.6.27 Hantavirus pulmonary syndrome**
- 200.6.28 Hemorrhagic fever, All Types**
- 200.6.29. Hepatitis, Viral - Type A**
- 200.6.30. Hepatitis, Viral - Type B, acute, chronic, & all HBs Ag positives**
- 200.6.31. Hepatitis, Viral - Type C, including Non-A non-B hepatitis**
- 200.6.32. Hepatitis, Viral – Not otherwise specified, including D, E, G, and others
Subsequently identified as clinically significant**
- 200.6.33. Histoplasmosis**
- 200.6.34. Human Immuno-deficiency Virus (HIV) effective Oct. 18, 2002**
- 200.6.35. Low CD4 T-lymphocyte count (less than 200 cells/uL or less than 14%
of total lymphocytes) effective Oct. 18, 2002**
- 200.6.36 Perinatal exposure of newborns to HIV effective Oct. 18, 2002**
- 200.6.37. Influenza**
- 200.6.38. Lead Poisoning**
- 200.6.39. Legionellosis**
- 200.6.40. Leprosy (Hansen’s Disease)**
- 200.6.41. Leptospirosis (Weil’s Disease)**
- 200.6.42. Listeriosis**
- 200.6.43. Lyme Disease**
- 200.6.44. Lymphogranuloma Venereum**
- 200.6.45. Malaria, All Types**
- 200.6.46. Measles (Rubeola)**
- 200.6.47. Meningitis, All Types**
- 200.6.48. Meningococcal Disease**

- 200.6.49. Mumps**
- 200.6.50. Neonatal Conditions:**
 - 200.6.50.1. Congenital Adrenal Hyperplasia**
 - 200.6.50.2. Congenital Defects**
 - 200.6.50.3. Galactosemia**
 - 200.6.50.4. Hypothyroidism**
 - 200.6.50.5. Maple Syrup Urine Disease (MSUD) in children under 5 years of age**
 - 200.6.50.6. Phenylketonuria (PKU)**
 - 200.6.50.7. Sickle Cell hemoglobinopathies in children under 5 years of age**
- 200.6.51. Neoplasia, Malignant – Report to PDH Cancer Registry**
- 200.6.52. Pertussis (Whooping Cough)**
- 200.6.53. Plague**
- 200.6.54. Poisoning**
- 200.6.55. Poliomyelitis, Including Vaccine-Related and post-polio syndrome**
- 200.6.56. Prion Diseases, human cases, including Creutzfeldt-Jakob Disease, both
the standard and new-variant types**
- 200.6.57. Psittacosis**
- 200.6.58. Rabies**
 - 200.6.58.1. Human rabies**
 - 200.6.58.2. Animal rabies**
- 200.6.59. Reye Syndrome**
- 200.6.60. Rickettsial Diseases, All types, including but not limited to Rocky Mountain Spotted Fever (RMSF)**
- 200.6.61. Rubella (German Measles), including Congenital Rubella Syndrome**

200.6.62. Salmonellosis

200.6.63. Shigellosis

200.6.64. SIDS (Sudden Infant Death Syndrome)

200.6.65. Smallpox, suspected

200.6.66. Staphylococcal aureus Vancomycin resistant (or intermediate) invasive disease

200.6.67. Streptococcal invasive disease (Group A)

200.6.68. Streptococcal pneumonia drug resistant invasive disease

200.6.69. Syphilis, All Types

200.6.70. Tetanus

200.6.71. Tick-borne diseases, not otherwise specified

200.6.72. Toxic Shock Syndrome

200.6.73. Toxoplasmosis

200.6.74. Trichinosis

200.6.75. Tuberculosis, All Types

200.6.76. Tularemia

200.6.77. Typhoid and Paratyphoid

200.6.78. Yellow Fever

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

200.8. GROUP EXPRESSION OF ILLNESS OR DISEASE. The occurrence of any group expression of illness or disease, communicable or non-communicable, which may affect the public health, or be of public concern, shall be reported to the Department by any persons(s) having this knowledge.

Sub-Chapter C. METHODS OF REPORTING DISEASES, THE CONTENT OF REPORTS, AND TO WHOM DISEASES ARE TO BE REPORTED.

200.9. REPORTING BY PHYSICIANS.

200.9.1. Every physician shall report to the Department any person he or she treats or examines who is suffering from, or suspected of having, a reportable disease, or suspected of being a carrier of a reportable communicable disease, or is infected asymptotically. The report shall be on the standard-type report form, or cases may be reported by telephone or a secure electronic reporting system as approved by the Pennsylvania Department of Health. The report shall state: the name of the disease; the name and age of the patient or carrier; the occupation of the patient or carrier; the name of the employer of the patient or carrier; the address and telephone number at which the patient or carrier may be located; the date of onset of the disease; the name of the householder in whose family the disease may have occurred and the name and telephone number of attending physician.

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

200.10. REPORTING LABORATORY RESULTS.

200.10.1. Any person who is in charge of a laboratory in which a laboratory examination of any specimen derived from the human body yields microscopic, cultural, immunological, chemical, serological, or other evidence significant from a public health standpoint of the presence of any of the diseases listed in the reportable disease list of these Regulations (Subsection 200.6) shall report promptly and completely such findings to the Department.

200.10.2. The report shall include the following: the name, age, address, and telephone number of the person from whom the specimen was obtained; the date specimen was collected; the source of the specimen (such as serum, stool, CSF, wound); the name of the test or examination performed and the date it was performed; results of the test; range of normal values for the specific test performed; the name, address, and telephone number of the physician for whom the examination or test was performed.

200.11. SCHOOL REPORTS OF COMMUNICABLE DISEASE

200.11.1. School nurses shall report the presence of suspected reportable diseases to the Department. The nurse shall also inform the school administrator.

200.11.2. Any unusual increase in the number of absentees among school children shall be reported to the Department by the school nurse.

200.17. REPORTING UNUSUAL OR ILL-DEFINED DISEASES OR ILLNESSES, AND HIGHLY CONTAGIOUS OR DANGEROUS DISEASES OR ILLNESSES.

200.17.1. Reporting unusual or ill-defined diseases or illnesses: Any person having knowledge of the occurrence of any unusual group expression of illness or unusual disease which may be of public concern, whether or not it is known to be of a communicable nature, shall report it promptly to the Department.

200.17.2. Immediate reporting of highly contagious or dangerous diseases or illnesses: Any person, including but not limited to physicians, nurses or other PA-licensed healthcare professionals, laboratory directors, superintendants of hospitals or other healthcare facilities or of group homes, schools, institutions, or householders, as covered in this Sub-Chapter, shall immediately report to this Department, by phone or other equally prompt means, any case or suspected case, or any of the diseases or conditions listed below in sub-section 200.19.4.

200.18. SPECIAL REPORTING. Any person in charge of an institution for the treatment of disease shall be authorized, upon request of the Department, to make a report of disease and conditions other than reportable diseases, for which the Department has approved a specific study to enable the Department to determine and employ the most efficient and practical means to protect and promote the health of the people by the prevention and control of such diseases and conditions. The reports shall be made on forms prescribed by the Department and transmitted to the Department.

200.19. REPORTS BY THE DIRECTOR TO THE PENNSYLVANIA DEPARTMENT OF HEALTH.

200.19.1. MORBIDITY REPORTS shall be submitted by the Director to the Pennsylvania Department of Health.

200.19.2. INDIVIDUAL CASE REPORTS. The Director shall report weekly to the Pennsylvania Department of Health, on the prescribed form, each individual case of reportable disease, infection or condition which has been reported to him during the week.

200.19.3. SUMMARY REPORTS. The Director shall prepare and send to the Pennsylvania Department of Health each week a summary report on the prescribed form showing the number of cases reported during that week.

200.19.4. IMMEDIATE REPORTS BY TELEPHONE.

200.19.4.1. The Director shall report immediately by telephone, or other equally prompt means as approved by the Pennsylvania Department of Health, any disease(s) or conditions designated by the Pennsylvania Department of Health, including but not limited to any case or suspected case of the following: anthrax, arbovirus disease, botulism, cholera, diphtheria, Escherichia coli (any of the enterotoxic forms in humans), hantavirus pulmonary syndrome, hemophilus influenzae invasive disease (in children less than 15

years old), hemorrhagic fever(s), hepatitis E, Legionellosis, measles, pertussis, plague, polio, rabies in humans, smallpox, typhoid fever, yellow fever, and any case whatsoever if it is suspected to be the result of criminal or terroristic activity.

200.19.4.2. Outbreaks of the following diseases/conditions also require immediate notification: AIDS, chancroid, chickenpox, Chlamydia trachomatis infections, gonococcal infections, granuloma inguinale, lymphogranuloma venereum, mumps, rubella, syphilis, tetanus, and tuberculosis.

200.19.5. RECORDS. The Director shall maintain records that will permit the efficient functioning of the Department, for the prevention and control of communicable diseases.

Sub-Chapter D. QUARANTINE AND ISOLATION – GENERAL PROVISIONS

200.20. DISEASE CONTROL MEASURES. The Department shall direct isolation of a person or an animal with a communicable disease or infection; surveillance, segregation, quarantine or modified quarantine of contacts of a person or an animal with a communicable disease or infection; and any other disease control measure the Department considers to be appropriate for the surveillance of disease, when the disease control measure is necessary to protect the public from the spread of infectious agents.

The Department will determine the appropriate disease control measure based upon the disease or infection, the patient's circumstances, the type of facility available and any other available information relating to the patient and the disease or infection.

200.20.1 ISOLATION When the isolation of a person or animal that is suspected of harboring an infectious agent is appropriate, the Department shall cause the isolation to be done promptly following receipt of the case report.

The Department shall ensure that instructions are given to the case or persons responsible for the care of the case and to members of the household or appropriate living quarters, defining the area within which the case is to be isolated and identifying the measures to be taken to prevent the spread of disease.

200.20.2 ISOLATION WITHIN HOSPITALS. Any case of a communicable disease may be treated in any hospital, if the patient is isolated in a private room, cubicle, or ward where none but patients with the same disease are segregated, and if the isolation technique is observed. The requirements of the rule relating to isolation for a specific disease which the patient experiences, as listed in Subsection 200.6 Reportable Diseases and Conditions of these Regulations, shall be observed while the patient is hospitalized. However, the removal of the patient to his home during the period of isolation or quarantine may be permitted if the requirements of Subsection 200.22 of these Regulations are observed.

200.20.3. QUARANTINE If the disease is one which the Department determines to require the quarantine of contacts in addition to isolation of the case, the Department shall

determine which contacts shall be quarantined, specify the place to which they shall be quarantined, and issue appropriate instructions.

The Department shall ensure that provisions are made for the medical observation of the contacts as frequently as necessary during the quarantine period.

200.20.4. PLACARDING. Whenever the Department has reason to believe that a case, a contact or others will not fully comply with the isolation or quarantine as required for the protection of the public health and the Department deems it necessary to use placards, placards may be utilized.

200.21. MOVEMENT OF PERSONS AND ANIMALS SUBJECT TO ISOLATION OR QUARANTINE BY ACTION OF THE DEPARTMENT.

200.21.1. A person or animal subject to isolation or quarantine by action of the Department may be removed to another location only with permission of the Department.

200.21.2. Removal of a person or animal under isolation or quarantine by action of the Department from the jurisdiction of this Department or the Pennsylvania Department of Health to the jurisdiction of another Department, may occur only with the permission of this Department.

200.21.3. Interstate transportation to or from this Commonwealth of a person or animal under isolation or quarantine may be made only with permission of the Department or the Pennsylvania Department of Health.

200.21.4.. Transportation of a person or animal under isolation or quarantine shall be made by private conveyance or as otherwise ordered by the Department. The sender, the receiver and the transporter of the person or animal shall be responsible to take due care to prevent the spread of the disease.

200.21.5. When a person or animal under isolation or quarantine is transported, isolation or quarantine shall be resumed for the period of time required for the specific disease immediately upon arrival of the person or animal at the point of destination.

200.22. RELEASE FROM ISOLATION AND QUARANTINE. The Director may order that a person or animal isolated or quarantined under the direction of the Department be released from isolation or quarantine when he/she determines that the person or animal no longer presents a public health threat.

200.23. LABORATORY ANALYSIS. Whenever a laboratory specimen is to be examined for the presence of etiologic organisms or agents to determine the duration of isolation or quarantine or to determine the eligibility of a person or animal for release from isolation or quarantine, the specimen shall be examined in a laboratory approved by the Pennsylvania Department of Health to conduct that type of examination.

Sub-Chapter E. COMMUNICABLE DISEASES IN CHILDREN AND STAFF ATTENDING SCHOOLS AND CHILD CARE GROUP SETTINGS.

200.24. EXCLUSION FOR SPECIFIED DISEASES AND INFECTIOUS CONDITIONS.

Each teacher, principal, superintendent, or other person in charge of any public, private, parochial, Sunday or other school or college or preschool or day care center shall exclude all students, staff (including volunteers) who have contact with children and children from school or the day care center 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:

200.24.1. Diphtheria: Two weeks from the onset or until appropriate negative culture tests.

200.24.2. Measles: Four days from the onset of rash.

200.24.3. Mumps: Nine days from the onset or until subsidence of swelling.

200.24.4. Pertussis: Four weeks from the onset or seven days from institution of appropriate antimicrobial therapy.

200.24.5. Rubella: Four days from the onset of rash.

200.24.6. Chickenpox: Six days from the last crop of vesicles, or when all the lesions have dried and crusted, whichever is sooner.

200.24.7. Respiratory streptococcal infections, including scarlet fever: At least ten days from the onset if no physician is in attendance or 24 hours from institution of appropriate antimicrobial therapy.

200.24.8. Acute contagious conjunctivitis (pink eye): Until judged non-infected; that is, without a discharge.

200.24.9. Ringworm – all types: The person shall be allowed to return to school, child care or other group settings immediately after the first treatment if body lesions are covered. Neither scalp nor body lesions that are dried need to be covered.

200.24.10. Impetigo contagiosa: Twenty-four hours after the institution of appropriate treatment.

200.24.11. Pediculosis capitis: The person shall be allowed to return to either the school, child care or other group setting immediately after the first treatment. The person shall be re-examined for infestation by the school nurse, or other health care practitioner, seven days post-treatment.

200.24.12. Pediculosis corpora: After completion of appropriate treatment.

200.24.13. Scabies: After completion of appropriate treatment.

200.24.14. Tonsillitis: Twenty-four hours from institution of appropriate therapy.

200.24.15. Trachoma: Twenty-four hours from institution of appropriate therapy.

200.24.16. Tuberculosis: Following a minimum of two weeks adequate chemotherapy and three consecutive negative morning sputum smears, if obtainable. In addition, a note from the attending physician that the person is non-communicable shall be submitted prior to readmission.

200.24.17. Neisseria Meningitidis: Until judged non-infective after a course of Rifampin or other drug which is effective against the nasopharyngeal carriage state of this disease, or until otherwise shown to be non-infective.

200.25. EXCLUSION OF CHILDREN AND STAFF HAVING CONTACT WITH CHILDREN, FOR SHOWING SYMPTOMS. Each teacher, principal, superintendent, or other person in charge of any public, private, parochial, Sunday or other school or college or day care center shall, following consultation with a physician or school nurse, exclude immediately a child, or staff person, including a volunteer, having contact with children, showing any of the following symptoms, unless that person is determined by the school nurse, or a physician, to be non-communicable: mouth sores associated with inability to control saliva; rash with fever or behavioral change; purulent discharge from the eyes; productive cough with a fever; oral or axillary temperature equal to or greater than 102° F; unusual lethargy, irritability, persistent crying, difficulty breathing or other signs of severe illness; persistent diarrhea, persistent vomiting. The exclusion and reasons prompting it shall be reported to the Department, together with the name and address of the person excluded. The school shall also maintain this information and shall review the record to determine when unusual rates of absenteeism occur.

200.26. READMISSION OF EXCLUDED CHILDREN AND STAFF HAVING CONTACT WITH CHILDREN. No person excluded from any public, private, parochial, or other school or college or preschool or day care center under the provisions of Subsection 200.25. immediately above, shall be readmitted until the nurse in the school, college, or preschool or, in the absence of a school nurse, a physician, is satisfied that the condition for which the person was excluded is not communicable or until the person presents a statement of recovery or non-infectiousness from the physician. A child, or staff person, including a volunteer, having contact with children, excluded for the following reasons shall be readmitted only when a physician has determined the illness to be either resolved, non-communicable or in a non-communicable stage: rash with fever or behavioral change; productive cough with fever.

200.27. READMISSION OF EXPOSED OR ISOLATED CHILDREN, AND STAFF HAVING CONTACT WITH CHILDREN. No person, who has been absent from school 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 physician or the Department.

200.28. EXCLUSION OF CHILDREN, AND STAFF HAVING CONTACT WITH CHILDREN, DURING A MEASLES OUTBREAK. Children, and staff, including a volunteer, having contact with children, shall be excluded from school during a measles outbreak under the procedures described in §200.25. (relating to special requirements for measles).

200.29. EXCLUSION AND READMISSION OF CHILDREN, AND STAFF HAVING CONTACT WITH CHILDREN , IN CHILD CARE GROUP SETTINGS. Sections 200.25. – 200.28. apply to child care group settings, with the exception that readmission of excluded persons as provided in those sections, as well as provided in this subsection, shall be contingent upon a physician verifying that the criteria for readmission have been satisfied. The following conditions and circumstances also govern exclusion from and readmission to a child care group setting of a child, or a staff person, including a volunteer, who has contact with children attending the child care group setting:

(1) *Meningococcal meningitis or meningococemia.* Until made noninfective by a course of rifampin or other drug which is effective against the nasopharyngeal carriage stage of this disease, or otherwise shown to be noninfective.

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

(3) *Persistent diarrhea.* Until resolved or judged to be noninfective when associated with any of the following:

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

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

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

(6) *Shigellosis.* Until the etiologic organism is eradicated. See §200.102 (relating to special requirements for shigellosis).

(7) *Typhoid fever or paratyphoid fever.* Until the etiologic organism is eradicated. See §200.116 (relating to special requirements for typhoid and paratyphoid fever).

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

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

(1) Instruction of staff, including volunteers, regarding exclusion and screening criteria that apply to themselves and attending children.

(2) Instruction of parents and guardians regarding exclusion criteria and that they are to notify the caregiver within 24 hours after it is determined or suspected that a child has an illness or condition for which exclusion is required.

(3) Followup after exclusion of a child by staff at the time the child is brought to the child care group setting to ensure that the condition which required exclusion has been resolved.

Sub-Chapter F. SEXUALLY TRANSMISSIBLE DISEASES, TUBERCULOSIS AND OTHER COMMUNICABLE DISEASES

200.30. EXAMINATION OF PERSONS SUSPECTED OF BEING INFECTED.

Whenever the Department has reasonable grounds to suspect that any person is infected with a sexually transmissible disease, tuberculosis, or any other communicable disease, or is a carrier, but lacks confirmatory medical or laboratory evidence, it may require the person to undergo a medical examination and any other approved diagnostic procedures to determine whether or not the person is infected or is a carrier.

200.31. REFUSAL TO SUBMIT TO EXAMINATION

200.31.1. In the event a person refuses to submit to the examination required in Subsection 200.30, the Department may take any of the following actions:

200.31.1.1. Cause the person to be quarantined until it is determined that the person is not infected with a sexually transmissible disease, tuberculosis, or any other communicable disease, or that the person is not a carrier.

200.31.1.2. File a petition in the Court of Common Pleas of Chester County. Such petition shall have a statement attached, given under oath by a Physician duly licensed to practice in Pennsylvania, that the person is suspected of being infected with an organism causing a

sexually transmissible disease, tuberculosis, or any other communicable disease, or that the person is suspected of being a carrier. Upon filing of such petition, the Court shall, within twenty-four (24) hours after service of a copy upon the respondent, hold a hearing without a jury to ascertain whether the person named in the petition has refused to submit to an examination to determine whether the person is infected with a sexually transmissible disease, tuberculosis, or any other communicable disease, or that the person is a carrier. Upon a finding that the person has refused to submit to an examination and that there is no valid reason for the person to do so, the Court may order the person to submit to the examination.

The certificate of the physician attached to the petition shall be received in evidence and shall constitute prima facie evidence that the person named is suspected of being infected with the disease causing organism, or that the person is a carrier.

200.31.1.3. Any person refusing to undergo an examination as provided in Section 7 of Act 35, P.S. § 521.7 may be committed by the Court to an institution in Pennsylvania determined by the Department to be suitable for the care of persons infected with the suspected disease causing organism.

200.32. COURT ORDERED EXAMINATIONS. The examination ordered by the Court, as provided in Section 7 of the Act (35 P.S. § 521.7), may be performed by a physician chosen by the person at his own expense. The examination shall include an appropriate physical examination and laboratory tests performed in a laboratory approved by PDH and shall be conducted in accordance with accepted professional practices. The results shall be reported to the Department.

200.33. EXAMINATION OF PERSONS DETAINED BY POLICE AUTHORITIES

200.33.1. Section 8(a) of the Act (35 P.S. § 521.8(a)) provides that any person taken into custody and charged with a crime involving lewd conduct or a sex offense or any person to whom the jurisdiction of a Juvenile Court attaches may be examined for a sexually transmissible disease by a qualified physician appointed by the Department or by the Court having jurisdiction over the person so charged.

200.33.2. Section 8(b) of the Act (34 P.S. § 521.8(b)) provides that any person convicted of a crime or pending trial, who is confined in or committed to any State or local penal institution, reformatory or other house of correction or detention, may be examined for S.T.D. by a qualified physician appointed by the Department.

200.33.3. Section 8(c) of the Act (P.S. § 521.8(c)) provides that any person described in subsection (a) or (b) of this section, found, upon examination, to be infected with any S.T.D. shall be given appropriate treatment by duly constituted health authorities or their deputies or by the attending physician of the institution, if any.

200.34. DIAGNOSIS AND TREATMENT OF SEXUALLY TRANSMISSIBLE DISEASE.

Section 9(a) of the Act (35 P.S. § 521.9(a)) provides that the Department shall provide or designate adequate facilities for the free diagnosis and, where necessary for the preservation of public health, free treatment of persons infected with S.T.D. The diagnosis shall include blood tests and other tests.

200.35. SALE OF DRUGS FOR SEXUALLY TRANSMISSIBLE DISEASE.

Section 10 of the Act (35 P.S. § 521.10) provides that the sale of drugs or other remedies for the treatment of S.T.D. shall be prohibited, except under prescription of physicians licensed to practice in Pennsylvania.

200.36. REFUSAL TO SUBMIT TO TREATMENT FOR COMMUNICABLE DISEASES.

If the Department finds that any person who is infected with S.T.D., tuberculosis, or any other communicable disease in a communicable stage refuses to submit to treatment approved by the Department, the Department may file a petition, in the Court of Common Pleas of Chester County, to commit the 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 a petition, the Court shall, within twenty-four (24) hours after service of a copy upon the respondent, hold a hearing without a jury to ascertain whether the person named in the petition has refused to submit to treatment. Upon a finding that the person has refused to submit to treatment, the Court shall forthwith order him to be committed to an appropriate institution or hospital designated by the Department.

200.37. ISOLATION AND QUARANTINE IN APPROPRIATE INSTITUTIONS.

Any county jail or other appropriate institution may receive persons who are isolated or quarantined by the Department, by reason of S.T.D., tuberculosis or any other communicable disease in a communicable stage for the purpose of safekeeping and treatment. The Department shall reimburse any jail or institution which accepts such persons at the rate of maintenance that prevails in the institution, and shall furnish the necessary medical treatment to the person isolated or quarantined within the institution. (35 P.S. § 521.11(b)).

200.38. PRENATAL EXAMINATIONS

200.38.1. Section 13(a) of the Act (35 P.S. § 521.13(a)) provides that every physician who attends, treats, or examines any pregnant woman for conditions relating to pregnancy during the period of gestation or delivery shall inform the woman that he intends to take or cause to be taken, unless the woman objects, a sample of her blood at the time of first examination (including the initial visit when a pregnancy test is positive), or within 15 days after the first examination, and shall submit the sample to a clinical laboratory for an approved test for syphilis. All other persons permitted by law to attend pregnant women, but not permitted by law to take blood samples, shall, unless the woman objects, cause a blood sample to be taken by a certified phlebotomist or a physician licensed in this Commonwealth and shall submit it to an approved laboratory for an approved test for syphilis. If the pregnant woman objects, it shall be the duty of the person attending the

pregnant woman and seeking to have the woman give a blood sample to explain to her the desirability of the test.

200.38.2. The serological test required by §200.38.1 of this section will be made without charge by the Pennsylvania Department of Health upon the request of the physician submitting the sample, if he submits a certificate that the patient is unable to pay.

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

Sub-Chapter G. REGULATIONS PERTAINING TO EACH REPORTABLE DISEASE

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

200.40. AIDS (Acquired Immunodeficiency Syndrome)

200.40.1. Reporting. Report to the Department in the manner prescribed in Subsections 200.9 and 200.10 of these Regulations.

200.40.2. Isolation: Blood/Body Fluid Precautions. Observe precautions appropriate for other specific infections that occur in AIDS patients. If patient is incapable of excellent personal hygiene, a private room is indicated.

200.40.3. Concurrent Disinfection: All equipment contaminated with blood or body fluids and with excretions and secretions visibly contaminated with blood or body fluids by using bleach solution or tuberculocidal germicides.

200.40.4. Terminal Disinfection: Thorough cleaning.

200.40.5. Quarantine: None.

200.40.6. Tissue Donation: Patients and their sexual partners shall not donate blood, plasma, organs for transplantation, tissues, cells, semen for artificial insemination or breast milk for human milk banks.

200.40.7. Contact Follow-up: Contact, interview and partner notification will be done by the Department on patient request and consent or as otherwise required by law or court order.

200.41. AMEBIASIS

200.41.1. Reporting: Report to the Department.

200.41.2. Isolation: Hospitalized patients shall be isolated according to standard enteric disease precautions. Infected persons shall be excluded from any occupation that prepares or serves food for public consumption, provides direct patient care, or attends or works in a child care group setting in a capacity which requires contact with children or that provides direct care in an institution or group setting until they have two (2) consecutive negative stool specimens obtained at least 48 hours after any antimicrobial therapy and at least 24 hours apart.

200.41.3. Concurrent Disinfection: Sanitary disposal of feces; and hands shall be washed after defecation.

200.41.4. Terminal disinfection: Thorough cleaning.

200.41.5. Quarantine: Household contacts shall be excluded from any occupation that prepares or serves food for public consumption, that provides direct patient care, or that provides direct care in an institution or group setting until they have submitted a stool specimen and it is determined to be negative.

200.42. ANIMAL BITES

200.42.1. Reporting: Any bite or other trauma inflicted on a human by an animal or bat capable of being a reservoir for rabies shall be reported to the Department promptly.

200.42.2. Isolation: None.

200.42.3. Concurrent Disinfection: No concurrent disinfection shall be required.

200.42.4. Terminal disinfection: No terminal disinfection shall be required.

200.42.5. Quarantine: No quarantine of contacts shall be required.

200.42.6. Quarantine of biting animals.

200.42.6.1. Any dog, cat or other domesticated mammal that bites or otherwise potentially exposes a human to rabies shall be quarantined in a place and manner approved by the Director for at least ten days after the date of the bite. The requirements of Chapter 202 Veterinary Public Health & Zoonotic Disease Subsection 202.1 through 10 are also incorporated herein by reference.

200.42.6.2. Any wild animal or bat that bites or otherwise potentially exposes a human to rabies, if available, shall be immediately destroyed and its head submitted to a diagnostic laboratory provided by or certified by the State for a rabies examination. Exceptions to the requirement of this paragraph may be granted by the Director or his representative.

200.42.6.3. Notwithstanding the provisions of paragraphs 200.42.6.1. and 200.42.6.2. of Subsection 200.42., the Director may order in writing the killing in a humane manner of any biting animal for the purpose of a laboratory examination for rabies if it has been determined that it is necessary to preserve human health.

200.42.6.4. The Director may order the owner or custodian of a biting animal to have the animal examined for rabies by a Pennsylvania licensed veterinarian at any time during the quarantine period. The cost of such examinations and any other associated cost shall be borne by the owner or custodian of the biting animal.

200.42.6.5. No animal under quarantine may be moved from the place of quarantine without the written permission of the Director or his representative.

200.42.6.6. No individual may fail or refuse to surrender any animal for quarantine or destruction as required in this subsection when demand is made by the written order of the Director.

200.43. ANTHRAX

200.43.1. Reporting: Report to the Department immediately by telephone or equally prompt means.

200.43.2. Isolation: Until lesions are healed.

200.43.3. Concurrent disinfection: Discharges from lesions and articles soiled from such discharge shall require disinfection. Spores shall require incineration or steam sterilization under pressure, or other techniques approved by the Centers for Disease Control.

200.43.4. Terminal disinfection: Thorough cleaning.

200.43.5. Quarantine: None.

200.44. ARBORVIRAL DISEASES

200.44.1. Reporting: Report to the Department.

200.44.2. Isolation: No isolation required.

200.44.3. Concurrent Disinfection: None

200.44.4. Terminal Disinfection: None

200.44.5. Quarantine: None

200.45. BABESIOSIS

200.45.1. Reporting: Report to the Department.

200.45.2. Isolation: No isolation required.

200.45.3. Concurrent disinfection: None

200.45.4. Terminal disinfection: None

200.45.5. Quarantine: None

200.46. BOTULISM, ALL FORMS (See Foodborne Intoxication)

200.46.1. Reporting: Report to the Department. Report foodborne botulism as foodborne intoxication, Subsection 200.6.

200.46.2. Isolation: Not required, but handwashing is indicated after handling soiled diapers.

200.46.3. Concurrent disinfection of feces and articles soiled therewith: in communities with a modern, adequate sewage system, feces can be discharged directly into sewers without preliminary disinfection.

200.46.4. Terminal disinfection: Thorough cleaning.

200.46.5. Quarantine: None.

200.47. BRUCELLOSIS

200.47.1. Reporting: Report to the Department.

200.47.2. Isolation: No isolation shall be required; drainage/secretion precautions should be used.

200.47.3. Concurrent disinfection: Purulent discharges shall require disinfection.

200.47.4. Terminal disinfection: Thorough cleaning.

200.47.5. Quarantine: None.

200.48. CAMPYLOBACTERIOSIS

200.48.1. Reporting: Report to the Department.

200.48.2. Isolation: Hospitalized patients shall be isolated according to standard enteric disease precautions. Infected persons shall be excluded from any occupation that provides direct care in an institution or group setting until they have three (3) consecutive negative stool specimens at least 48 hours after any antimicrobial therapy and at least 24 hours apart.

200.48.3. Concurrent disinfection: Feces and articles soiled with same. With modern, adequate sewage system, feces can be discharged directly into sewer.

200.48.4. Terminal disinfection: Thorough cleaning.

200.48.5. Quarantine: Household contacts who are symptomatic shall be excluded from any occupation that prepares or serves food for public consumption, that provides direct patient care, or that provides direct care in an institution or group setting until they have submitted a stool specimen and it is determined to be negative.

Asymptomatic household contacts who work as food handlers, hospital employees or direct care givers need not be excluded from work if proper personal hygiene measures, including hand washing, are maintained.

200.49. CHANCROID

200.49.1. Reporting: Report to the Department as indicated in Subsection 200.9.2. of these Regulations.

200.49.2. Isolation: None.

200.49.3. Concurrent disinfection: None. Stress personal cleanliness.

200.49.4. Terminal disinfection: None.

200.49.5. Quarantine: Avoid sexual contact until all lesions are healed.

200.49.6. Investigation of contacts: Search for contacts, sexual partners 2 weeks before and 2 weeks after onset. Women may be carriers. Sexual contacts should receive prophylactic treatment.

200.50. CHICKENPOX (VARICELLA) – Effective January 26, 2005

200.50.1. Reporting: Report to the Department.

200.50.2. Isolation: Exclude children from school, medical offices, emergency rooms or public places until six days from the last crop of vesicles, or when all the lesions have dried and crusted, whichever is sooner. Exclude infected adults from the workplace and avoid contact with susceptibles. In the hospital, strict isolation is appropriate because of the risk of serious varicella in susceptible immunocompromised patients.

200.50.3. Concurrent Disinfection: Articles soiled by discharges from the nose and throat.

200.50.4. Terminal Disinfection: Thorough cleaning.

200.50.5. Quarantine: Usually none. However, in a hospital setting where susceptible children with known recent exposure must remain for medical reasons, the risk of spread to steroid treated or immunodeficient patients may justify quarantine of known contacts for a period of at least 10-21 days after exposure (up to 28 days if VZIG has been given).

200.51. CHLAMYDIA TRACHOMATIS INFECTIONS (LABORATORY CONFIRMED)

200.51.1. Reporting: Report laboratory confirmed cases to the Department.

200.51.2. Isolation: Drainage/secretion precautions for hospitalized patients.

200.51.3. Concurrent disinfection: Articles contaminated with urethral discharge.

200.51.4. Terminal disinfection: None

200.51.5. Quarantine: None

200.51.6. Investigation of contacts: Examination of sexual contacts; prophylactic treatment is recommended for sexual contacts. Neonates, who have not been given systemic treatment, are advised to have chest x-rays at three weeks to exclude subclinical chlamydial pneumonia.

200.52. CHOLERA

200.52.1. Reporting: Report to the Department by telephone or other equally prompt means.

200.52.2. Isolation: The patient shall be isolated in a hospital or a fly-proof room or its equivalent during the communicable period.

200.52.3. Concurrent disinfection: Prompt and thorough disinfection of articles contaminated with feces, vomitus, or 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.

200.52.4. Terminal Disinfection: Thorough cleaning.

200.52.5. Quarantine: Surveillance of the contacts shall be maintained for five days from the last exposure, and until two (2) negative feces specimens have been collected three (3) days apart.

200.53. CRYPTOSPORIDIOSIS

200.53.1. Reporting: Report to the Department.

200.53.2. Isolation: Hospitalized patients shall be isolated according to standard enteric disease precautions. Infected persons shall be excluded from any occupation that prepares or serves food for public consumption, that provides direct patient care or that provides direct care in an institution or group setting until they have two (2) negative stool cultures, collected at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobial therapy.

200.53.3. Concurrent disinfection: Feces and other infectious bodily discharges and articles soiled therewith shall be disinfected. In communities with modern and adequate sewage disposal systems, feces and urine may be disposed of directly into the sewer without preliminary disinfection.

200.53.4. Terminal disinfection: Thorough cleaning.

200.53.5. Quarantine: Asymptomatic household carriers: No action is required as long as the carrier does not have diarrhea and personal hygienic practices are acceptable. Exclusion of asymptomatic stool-positive individuals from a high-risk situation is indicated only for those with questionable handwashing or personal hygiene habits.

Symptomatic household carriers: Shall be excluded from any occupation that prepares or serves food for public consumption, that provides direct patient care or that provides direct care in an institution or group setting until they have two (2) consecutive negative stool cultures, collected at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobial therapy.

200.54. DENGUE FEVER

200.54.1. Reporting: Report to the Department.

200.54.2. Isolation: Blood/body fluid precautions. Prevent access of mosquitoes to patient's room for at least five (5) days after onset.

200.54.3. Concurrent Disinfection: None

200.54.4. Terminal Disinfection: Thorough cleaning.

200.54.5. Quarantine: None

200.54.6. Contact Follow-up: Determine place of residence of patient during the fortnight before onset and search for unreported or undiagnosed cases.

200.55. DIARRHEA OF THE NEWBORN, IN NURSERY

200.55.1. Reporting: If any two or more newborn infants in a nursery, or recently discharged, from the same nursery, concurrently have diarrhea requiring treatment of these symptoms, it shall be reported immediately to the Department by telephone or other equally prompt means.

200.55.2. Isolation: Enteric precautions for known and suspected cases.

200.55.3. Concurrent disinfection: All fecal discharges and articles soiled from such discharge.

200.55.4. Terminal disinfection: Thorough cleaning. Maternity service may be resumed after discharge of all contact babies and mothers and thorough cleaning and terminal disinfection.

200.55.5. Quarantine: All babies with diarrhea should be placed in one nursery under enteric precautions. Admit no more babies to the contaminated nursery; suspend maternity service unless a "clean" nursery is available with separate personnel and facilities; promptly discharge infected infants when medically feasible.

200.55.6. Investigation: Carry out a thorough epidemiologic investigation into distribution of cases by time, place, person and exposure to risk factors to determine how transmission is occurring. Culture stools to determine the etiologic agent.

200.56. DIPHTHERIA

200.56.1. Reporting: Report to the Department by telephone or other equally prompt means.

200.56.2. 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 impractical, isolation may be ended after 14 days of appropriate antibiotic treatment. Where practical, a virulence or toxigenicity test shall be made if throat cultures

are reported to be positive three (3) weeks or more after onset. Isolation may be terminated if the microorganism reported present is proved avirulent or nontoxigenic.

200.56.3. Concurrent disinfection: All articles in contact with the patient and all articles soiled by discharges of patient.

200.56.4. Terminal disinfection: Thorough cleaning.

200.56.5. Quarantine: All intimate contacts shall be isolated until the results of the bacteriologic examinations are known. Persons with positive cultures must be treated. Contacts shall be isolated until appropriate measures exist or have been taken to ensure the public health.

200.56.6. 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 (4) successive occasions, not less than 24 hours apart, are negative, or the cultures are found to be avirulent or nontoxigenic. When appropriate medical and surgical measures to eliminate the carrier state fail, the Department may release the carrier from quarantine when such a release is not detrimental to the public health.

200.57. E.COLI All types of invasive or toxigenic serotypes (Enterohemorrhagic, Enterotoxigenic, etc.)

Strains of Escherichia coli that cause diarrhea are generally of six major categories: 1) enterohemorrhagic; 2) enterotoxigenic; 3) enteroinvasive; 4) enteropathogenic; 5) enteroaggregative; and 6) diffuse adherent. Each category has a different pathogenesis, possesses distinct virulence properties, and comprises a separate set of O:H serotypes. Differing clinical syndromes and epidemiologic patterns may also be seen.

200.57.1. Reporting: Report to the Department.

200.57.2. Isolation: Hospitalized patients shall be isolated according to standard enteric disease precautions. Infected persons shall be excluded from any occupation that prepares or serves food for public consumption, that provides direct patient care or works in a child care group setting in a capacity which requires contact with children or that provides direct care in an institution or group setting until they have two (2) consecutive negative stool cultures, collected at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobial therapy.

200.57.3. Concurrent disinfection: Feces and other infectious body discharges and articles soiled therewith shall be disinfected. In communities with modern and adequate sewage disposal systems, feces and urine may be disposed of directly into sewer without preliminary disinfection.

200.57.4. Terminal disinfection: Thorough cleaning.

200.57.5. Quarantine: Asymptomatic close contacts who are in high-risk situations should be considered as carriers until proven otherwise.

A close contact with compatible symptoms of disease will be considered a case.

Household contacts or close contacts shall be excluded from any occupation that prepares or serves food for public consumption, that provides direct patient care, or that provides direct care in an institution or group setting until they have submitted and obtained results from two successive negative stools, collected at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobial therapy.

200.58. EHRLICHIOSIS, ALL TYPES

200.58.1. Reporting: Report to the Department.

200.58.2. Isolation: No isolation required.

200.58.3. Concurrent disinfection: None

200.58.4. Terminal disinfection: None

200.58.5. Quarantine: None

200.59. ENCEPHALITIS, ALL TYPES

200.59.1. Reporting: Report to the Department.

200.59.2. Isolation: Appropriate for confirmed or suspected etiologic agent.

200.59.3. Concurrent disinfection: Appropriate for confirmed or suspected etiologic agent.

200.59.4. Terminal disinfection: Appropriate for confirmed or suspected etiologic agent.

200.59.5. Quarantine: None, except as may be indicated by the suspected etiologic agent.

200.60. FOODBORNE INFECTION OR INTOXICATION, ALL TYPES

200.60.1. Reporting: Report shall be made to the Department by telephone or other equally prompt means.

200.60.2. Isolation: Appropriate for confirmed or suspected etiologic agent.

200.60.3. Concurrent disinfection: Appropriate for confirmed or suspected etiologic agent.

200.60.4. Terminal disinfection: Appropriate for confirmed or suspected etiologic agent.

200.60.5. Quarantine: None

200.61. GIARDIASIS

200.61.1. Reporting: Report to the Department.

200.61.2. Isolation: Hospitalized patients shall be isolated according to standard enteric disease precautions. Infected persons shall be excluded from any occupation that prepares or serves food for public consumption, that provides direct patient care, or that provides direct care in an institution or group setting until they have three (3) consecutive stool specimens negative for ova and parasites at least 48 hours after any antimicrobial therapy and at least 24 hours apart or one (1) stool specimen negative for Giardia Antigen at least 48 hours after antimicrobial therapy completion.

200.61.3. Concurrent disinfection: Of feces and articles soiled with same. Direct discharge of feces may be made into modern and adequate sewage disposal systems without preliminary disinfection.

200.61.4. Terminal disinfection: Thorough cleaning.

200.61.5. Quarantine: Household members and other suspected contacts who are symptomatic shall be excluded from any occupation that prepares or serves food for public consumption, that provides direct patient care, or that provides direct care in an institution or group setting until they have submitted a stool specimen and it is determined to be negative.

200.62. GONOCOCCAL INFECTIONS, ALL TYPES

200.62.1. Reporting: Report to the Department in the manner prescribed in this Regulation.

200.62.2. Isolation: None, except for newborns with gonococcal ophthalmia neonatorum, for whom isolation may be terminated after 24 hours of adequate and effective therapy under medical supervision.

200.62.3. Concurrent disinfection: Care shall be taken in the disposal of discharges from lesions and articles soiled from such discharges.

200.62.4. Terminal disinfection: None.

200.62.5. Quarantine: None, except as in isolation.

200.62.6. Investigation of contacts: As prescribed in Subsection 200.29 of these Regulations.

200.63. GRANULOMA INGUINALE

200.63.1. Reporting: To the Department in the manner prescribed in Subsection 200.9.2. of these Regulations.

200.63.2. Isolation: None; avoid personal contact until lesions are healed.

200.63.3. Concurrent disinfection: Care shall be taken in the disposal of discharges from lesions and articles soiled with same.

200.63.4. Terminal disinfection: None.

200.63.5. Quarantine: None, except as noted in Isolation.

200.63.6. Investigation of contacts: Examination of sexual contacts.

200.64. GUILLAIN-BARRE' SYNDROME

200.64.1. Reporting: Report to the Department.

200.64.2. Isolation: None, except as may be required for an underlying contagious etiology.

200.64.3. Concurrent disinfection: None.

200.64.4. Terminal disinfection: None.

200.64.5. Quarantine: None.

200.65. HAEMOPHILUS INFLUENZAE – INVASIVE DISEASE

200.65.1. Reporting: Report to the Department by telephone.

200.65.2. Isolation: Respiratory, until 24 hours after initiation of effective therapy.

200.65.3. Concurrent disinfection: None.

200.65.4. Quarantine. No isolation of contacts. Recommend to observe contacts under 6 years old, especially infants, including those in household, day care centers and nurseries, for signs of illness, especially fever.

200.66. HANTAVIRUS PULMONARY SYNDROME

200.66.1. Reporting: Report to the Department.

200.66.2. Isolation: None

200.66.3. Concurrent Disinfection: None

200.66.4. Terminal Disinfection: None

200.66.5. Quarantine: None

200.67. HEMORRHAGIC FEVER – ALL TYPES

200.67.1. Reporting: Report to the Department.

200.67.2. Isolation: None

200.67.3. Concurrent Disinfection: None

200.67.4. Terminal Disinfection: None

200.67.5. Quarantine: As appropriate for suspected or confirmed etiologic agent.

200.68. HEPATITIS, VIRAL - TYPE A

200.68.1. Reporting: Report to the Department.

200.68.2. Isolation: Enteric precautions during first two (2) weeks of illness and at least one week after onset of clinical jaundice. Blood and body fluid precautions until specific diagnosis of Hepatitis A is made. The patient shall be excluded from all food and drink preparation, processing, and serving for public consumption for a period of two weeks after onset of illness or for as long as indicated by the results of appropriate laboratory examinations. Exclude infected persons from food handling for public consumption, from care of hospitalized patients and those in custodial institutions, and from child care in day care centers.

200.68.3. Concurrent disinfection: Equipment contaminated with blood, serum or other excretions shall be disinfected. Sanitary disposal of feces, urine and blood.

200.68.4. Terminal disinfection: None

200.68.5. Quarantine: None.

200.69. HEPATITIS, VIRAL – TYPE B, ACUTE, CHRONIC, & ALL HBs Ag positives

200.69.1. Reporting: Report to the Department.

200.69.2. Isolation: Universal precautions shall be observed in handling blood or blood products and excretions until one week after cessation of signs and symptoms of the disease or until two weeks after onset of illness, whichever is longer. Blood and blood products containing hepatitis B antigen shall be considered infectious.

200.69.3. Concurrent disinfection: Equipment contaminated with blood, serum or infectious body fluids shall be disinfected.

200.69.4. Terminal disinfection: None.

200.69.5. Quarantine: None.

200.70. HEPATITIS C, INCLUDING NON-A NON-B HEPATITIS

200.70.1. Reporting: Report all cases to the Department.

200.70.2. Isolation: None.

200.70.3. Concurrent disinfection: Equipment contaminated with blood or serum shall be disinfected.

200.70.4. Terminal disinfection: None.

200.70.5. Quarantine: None.

200.71. HEPATITIS, VIRAL – NOT OTHERWISE SPECIFIED, INCLUDING D, E, G, & OTHERS SUBSEQUENTLY IDENTIFIED AS CLINICALLY SIGNIFICANT

200.71.1. Report: Report all cases to the Department.

200.71.2. Isolation: None.

200.71.3. Concurrent disinfection: Equipment contaminated with blood, serum and serous body fluids shall be disinfected.

200.71.4. Terminal disinfection: None.

200.71.5. Quarantine: None.

200.72. HISTOPLASMOSIS

200.72.1. Reporting: Report to the Department.

200.72.2. Isolation: None.

200.72.3. Concurrent disinfection: None.

200.72.4. Terminal disinfection: None.

200.72.5. Quarantine: None.

200.73. HUMAN IMMUNO-DEFICIENCY VIRUS (HIV) INFECTION (Effective October 18, 2002)

200.73.1. Reporting: Report to the Department

200.73.2. Isolation: Universal Precautions and additional precautions appropriate for specific infections that occur in AIDS patients. A private room is necessary when the patient is incapable of excellent personal hygiene.

200.73.3. Concurrent Disinfection: All equipment contaminated with blood or body fluids and with excretions and secretions visibly contaminated with blood or body fluids by using bleach solution or tuberculocidal germicides.

200.73.4. Terminal Disinfection: Thorough cleaning

200.73.5. Quarantine: None.

200.73.6. Tissue Donation: Patients and their sexual partners shall not donate blood, plasma, organs for transplantation, tissues, cells, semen for artificial insemination or breast milk for human milk banks.

200.74. LOW CD 4T-LYMPHOCYTE COUNT (Effective October 18, 2002)

200.74.1. Reporting: Report to the Department if the test result is less than 200 cells/uL or less than 14% of the total lymphocyte count.

200.74.2. Isolation: Hospitalized patients should be placed in a private room for their protection. May need Reverse Isolation Precautions. Staff should follow Universal Precautions as patient probably has HIV and/or AIDS.

200.74.3. Concurrent Disinfection: Of equipment contaminated with blood or body fluids and with excretions and secretions visibly contaminated with blood and body fluids by using a bleach solution or tuberculocidal germicides.

200.74.4. Terminal Disinfection: Thorough cleaning.

200.74.5. Quarantine: None

200.75. PERINATAL EXPOSURE OF NEWBORNS TO HIV (Effective October 18, 2002)

200.75.1. Reporting: Report to the Department

200.75.2. Isolation: Universal Precautions

200.75.3. Concurrent Disinfection: Of equipment contaminated with blood or body fluids and with excretions and secretions visibly contaminated with blood and body fluids by using a bleach solution or a tuberculocidal germicide.

200.75.4. Terminal Disinfection: None

200.75.5. Quarantine: None. Appropriate chemoprophylaxis should be administered.

200.76. INFLUENZA

200.76.1. Reporting: Report to the Department

200.76.2. Isolation: Impractical under most circumstances due to delay in diagnosis. In epidemics, desirable to cohort hospitalized patients during the initial 5-7 days of illness.

200.76.3. Concurrent Disinfection: None

200.76.4. Terminal Disinfection: None

200.76.5. Quarantine: None

200.77. LEAD POISONING

200.77.1. Reporting: Report to the Department all cases of lead poisoning whether acute or chronic. Report also possible or suspected clinical cases of lead poisoning in children up to age 18 years, irrespective of blood lead levels, and all cases of excess body burden of lead in children up to 18 years, as evidenced by a diagnostic venous blood lead test level of 10 micrograms per deciliter or greater (10 ug/dL).

200.77.2. Isolation: None

200.77.3. Concurrent disinfection: None.

200.77.4. Terminal disinfection: None.

200.77.5. Quarantine: None.

200.78. LEGIONELLOSIS

200.78.1. Reporting: Report to the Department.

200.78.2. Isolation: None.

200.78.3. Concurrent disinfection: None.

200.78.4. Terminal disinfection: None.

200.78.5. Quarantine: None.

200.79. LEPROSY (HANSEN'S DISEASE)

200.79.1. Reporting: Report to the Department.

200.79.2. Isolation: None for cases of tuberculoid leprosy; contact isolation for cases of lepromatous leprosy. Hospitalization is often indicated during treatment of reactions. No special procedures are required when cases are hospitalized, but in a general hospital a separate room may be desirable. No restrictions in employment or attendance at school are indicated for patients whose disease is regarded as noninfectious.

200.79.3. Concurrent Disinfection: Of nasal discharges of infectious patients.

200.79.4. Terminal Disinfection: Thorough cleaning.

200.79.5. Quarantine: None.

200.80. LEPTOSPIROSIS (WEIL'S DISEASE)

200.80.1. Reporting: Report to the Department.

200.80.2. Isolation: Universal precautions.

200.80.3. Concurrent disinfection: Articles soiled with discharges, including urine, shall be disinfected.

200.80.4. Terminal disinfection: Thorough cleaning.

200.80.5. Quarantine: None.

200.81. LISTERIOSIS

200.81.1. Reporting: Report to the Department. Report suspected foodborne cases by phone or other equally prompt means.

200.81.2. Isolation: None.

200.81.3. Concurrent Disinfection: None.

200.81.4. Terminal Disinfection: None.

200.81.5. Quarantine: None.

200.82. LYME DISEASE

200.82.1. Reporting. Report to the Department.

200.82.2. Isolation: None. Carefully remove ticks from all patients.

200.82.3. Concurrent disinfection: None.

200.82.4. Terminal disinfection: None.

200.82.5. Quarantine: None.

200.83. LYMPHOGRANULOMA VENEREUM

200.83.1. Reporting: Report to the Department in the manner prescribed in Subsection 200.9.2. of these Regulations.

200.83.2. Isolation: None.

200.83.3. Concurrent disinfection: Care shall be taken in the disposal of discharges from lesions and articles soiled from such discharges.

200.83.4. Terminal disinfection: None.

200.83.5. Quarantine: None.

200.83.6. Investigation of contacts: Search for sexual contacts of patient.

200.84. MALARIA (All Types)

200.84.1. Reporting: Report to the Department.

200.84.2. Isolation: For hospitalized patients, Universal precautions. Patients should be in mosquito-proof area.

200.84.3. Concurrent disinfection: None.

200.84.4. Terminal disinfection: None.

200.84.5. Quarantine: None.

200.85. MEASLES (RUBEOLA)

200.85.1. Reporting: Report to the Department by phone.

200.85.2. Isolation: Infected persons shall be restricted to the premises for four days after the appearance of the rash. Following the occurrence of a case of measles in any school, nursery, or day care center, any student who is unimmunized for any reason shall be excluded from school until immunized or for 14 days after the last reported case in that school.

200.85.3. Concurrent disinfection: All articles soiled with secretions of the nose and throat shall be disinfected.

200.85.4. Terminal disinfection: Thorough cleaning.

200.85.5. Quarantine: Quarantine of institutions, wards or dormitories for young children is of value; strict segregation of infants if measles occur in an institution.

200.86. MENINGITIS, ALL TYPES

200.86.1. Reporting: Report to the Department.

200.86.2. Isolation: Appropriate for confirmed or suspected etiologic agent.

200.86.3. Concurrent disinfection: Appropriate for confirmed or suspected etiologic agent.

200.86.4. Terminal disinfection: Thorough cleaning.

200.86.5. Quarantine: None. Surveillance may be conducted, however, at the discretion of the Department.

200.87. MENINGOCOCCAL DISEASE

200.87.1. Reporting: Report to the Department.

200.87.2. Isolation: Respiratory isolation for 24 hours after start of chemotherapy.

200.87.3. Concurrent disinfection: Discharges from nose and throat and articles soiled therewith.

200.87.4. Terminal disinfection: Thorough cleaning.

200.87.5. Quarantine: None. Surveillance may be conducted, at the discretion of the Department. Antimicrobial prophylaxis should be offered to close or intimate contacts.

200.88. MUMPS

200.88.1. Reporting: Report to the Department.

200.88.2. Isolation: The infected person shall be appropriately isolated until nine days after onset or until subsidence of the swelling.

200.88.3. Concurrent disinfection: None.

200.88.4. Terminal disinfection: None.

200.88.5. Quarantine: None.

200.89. NEONATAL CONDITIONS including: Congenital Adrenal Hyperplasia, Congenital Defects, Galactosemia, Hypothyroidism, Maple Syrup Urine Disease (MSUD) (report if child is under 5 years of age), Phenylketonuria (P.K.U.), and Sickle Cell Hemoglobinopathies (report if child is under 5 years of age) and any others subsequently required by the Pennsylvania Department of Health.

200.89.1. Reporting: Report to the Department.

200.89.2. Isolation: None.

200.89.3. Concurrent disinfection: None

200.89.4. Terminal disinfection: None

200.89.5. Quarantine: None

200.90. PERTUSSIS (WHOOPING COUGH)

200.90.1. Reporting: Report to the Department by telephone or other prompt means.

200.90.2. Isolation: The patient shall be restricted to his own premises and separated from susceptible infants and children for a period of four weeks after onset or seven days after the institution of appropriate antimicrobial therapy.

200.90.3. Concurrent disinfection: Discharges from the nose and throat, and articles soiled from such discharges shall be disinfected.

200.90.4. Terminal disinfection: Thorough cleaning.

200.90.5. Quarantine: Inadequately immunized household contacts less than seven (7) years old should be excluded from schools, day care center, and public gatherings for 14 days after last exposure or until the cases and contacts have received 7 days of antimicrobial therapy.

200.91. PLAGUE

200.91.1. Reporting: Report to the Department by telephone or other equally prompt means.

200.91.2. Isolation: Rid patients, especially their clothing and baggage, of fleas using an insecticide effective against local fleas and known to be safe for people; hospitalize if practical. For patients with bubonic plague (if there is no cough and the chest X-ray is negative) drainage and secretion precautions are indicated for 48 hours after start of effective therapy. For patients with pneumonic plague, strict isolation with precautions against airborne spread is required until 48 hours of appropriate antibiotic therapy have been completed and there has been a favorable clinical response.

200.91.3. Concurrent disinfection: Concurrent disinfection of sputum and purulent discharges and articles soiled therewith.

200.91.4. Terminal disinfection: Terminal disinfection shall consist of thorough cleaning. Persons who have expired from plague shall be handled with strict aseptic precautions.

200.91.5. Quarantine: Contact quarantine shall be required as deemed necessary by the County Health Director. Those who have been in household or face to face contact with patients with pneumonic plague should be provided chemoprophylaxis and placed under surveillance for 7 days; those who refuse chemoprophylaxis should be maintained in strict isolation with careful surveillance for 7 days.

200.92. POISONING

200.92.1. Reporting: Report to the Department; any poisoning seen in County hospital emergency rooms. Involvement of cluster cases, report by telephone or other equally prompt means.

200.92.2. Isolation: None.

200.92.3. Concurrent disinfection: None.

200.92.4. Terminal disinfection: None.

200.92.5. Quarantine: None.

200.93. POLIOMYELITIS, INCLUDING VACCINE-RELATED AND POST-POLIO SYNDROME

200.93.1. Reporting: Report to the Department by telephone.

200.93.2. Isolation: Isolation shall be for one week from the date of onset or, if longer, for the duration of fever.

200.93.3. Concurrent disinfection: Throat discharges, feces and articles soiled from such discharges shall require disinfection. In communities with modern and adequate sewage disposal, feces and urine can be discharged directly into sewers without preliminary disinfection.

200.93.4. Terminal disinfection: Thorough cleaning.

200.93.5. Quarantine: Quarantine shall be at the discretion of Director.

200.94. PRION DISEASES, HUMAN CASES, INCLUDING CREUTZFELDT-JAKOB DISEASE, BOTH THE STANDARD & NEW-VARIANT TYPES

Human prion diseases are generally classified as Sporadic, Familial, or Acquired.

200.94.1. Reporting: Report to the Department.

200.94.2. Isolation: None. Universal precautions recommended.

200.94.3. Concurrent Disinfection: Terminal (Red Book) Disinfection: Tissues associated with high levels of infectivity (e.g. brain, eyes and spinal cord of infected person(s) and instruments in contact with those tissues are considered biohazardous; incineration, prolonged autoclaving at elevated temperature and pressure, and exposure to a solution of sodium hydroxide of 1 N or greater concentration, or a solution of sodium hypochlorite of 5% or greater (undiluted household chlorine bleach) for 1 hour has been reported to markedly reduce infectivity. Aldehydes are ineffective. Cerebro-spinal fluid should be considered highly infectious.

WHO Infection Control Guidelines for Transmissible Spongiform Encephalopathies may be found at www.who.int/emc-documents/tse/whocdscsgraph2003c.html

200.94.4. Quarantine: None

200.95. PSITTACOSIS

200.95.1. Reporting: Report to the Department by telephone or other equally prompt means.

200.95.2. Isolation: Isolation shall be maintained during febrile acute stages. Nurses caring for patients with a cough shall wear adequate masks. Coughing patients should be instructed to cough into paper tissues.

200.95.3. Concurrent disinfection: All discharges shall be disinfected.

200.95.4. Terminal disinfection: Thorough wet cleaning and exposure to sunlight.

200.95.5. Quarantine: No quarantine shall be required for household contacts. Buildings having housed birds, however, shall not be used by human beings until thoroughly cleaned, disinfected, and infected birds have been destroyed or adequately treated. Additional regulations pertaining to Psittacosis are found under Subsection 202.11 of these Regulations.

200.96. RABIES, ANIMAL: See Chapter 202. Veterinary Public Health & Zoonotic Disease, Subsections 202.1 through 202.10.

200.97. RABIES, HUMAN

200.97.1. Reporting: Report to the Department by telephone or other equally prompt means.

200.97.2. Isolation: Infected persons shall be isolated through the duration of the illness. Immediate attendants shall be warned of the hazard of infection through the saliva of the patient and should wear rubber gloves, protective gowns, and protection to avoid exposure from a patient coughing saliva in the attendant's face. Contacts should be evaluated as to their possible need for anti-rabies prophylaxis.

200.97.3. Concurrent disinfection: Saliva and articles soiled from saliva shall be disinfected.

200.97.4. Terminal disinfection: Thorough cleaning.

200.97.5. Quarantine: No quarantine of contacts shall be required. However, search for rabid animals and for persons and other animals exposed should be pursued.

200.97.6. Tissue, cells or organs of infected patients shall not be donated for transplantation.

200.98. REYE SYNDROME

200.98.1. Reporting: Report to the Department.

200.98.2. Isolation: None.

200.98.3. Concurrent disinfection: None.

200.98.4. Terminal disinfection: None.

200.98.5. Quarantine: None.

200.99. RICKETTSIAL DISEASES, INCLUDING ROCKY MOUNTAIN SPOTTED FEVER (RMSF)

200.99.1. Reporting: Report to the Department.

200.99.2. Isolation: Appropriate for confirmed or suspected etiologic agent.

200.99.3. Concurrent disinfection: Appropriate for confirmed or suspected etiologic agent.

200.99.4. Terminal disinfection: Appropriate for confirmed or suspected etiologic agent.

200.99.5. Quarantine: Appropriate for confirmed or suspected etiologic agent.

200.100. RUBELLA (GERMAN MEASLES), AND CONGENITAL RUBELLA SYNDROME

200.100.1. Reporting: Report to the Department by telephone or other prompt means.

200.100.2. Isolation: Infected persons shall be appropriately isolated for four (4) 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.

200.100.3. Concurrent disinfection: None.

200.100.4. Terminal disinfection: None.

200.100.5. Quarantine: No quarantine of contacts shall be required. Exclude children from school and adults from work for 4 days after onset of rash.

200.101. SALMONELLOSIS

200.101.1. Reporting: Report to the Department.

200.101.2. Isolation: Hospitalized patients shall be isolated according to standard enteric disease precautions. Infected persons shall be excluded from any occupation that prepares or serves food for public consumption, that provides direct patient care, or that provides direct care in an institution or group setting until they have three (3) consecutive negative stool specimens at least 48 hours after any antimicrobial therapy and at least 24 hours apart.

200.101.3. Concurrent disinfection: Feces, urine, and other infectious body discharges and articles soiled therewith shall be disinfected. In communities with modern and adequate sewage disposal systems, feces and urine may be disposed of directly into the sewers without preliminary disinfection.

200.101.4. Terminal disinfection: Thorough cleaning.

200.101.5. Quarantine:

200.101.5.1. Household contacts who are symptomatic shall be excluded from any occupation that prepares or serves food for public consumption, that provides direct patient care, or that provides direct care in an institution or group setting until they have submitted a stool specimen and it is determined to be negative.

Asymptomatic household contacts who work as food handlers, hospital employees or direct care givers need not be excluded from work if proper personal hygiene measures, including hand washing, are maintained.

200.101.5.2. 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.

200.101.6. Outbreaks of salmonellosis:

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

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

200.102. SHIGELLOSIS

200.102.1. Reporting: Report to the Department.

200.102.2. Isolation: Hospitalized patients shall be isolated according to standard enteric disease precautions. Infected persons shall be excluded from any occupation that prepares or serves food for public consumption, that provides direct patient care, or that provides direct care in an institution or group setting until they have three (3) consecutive negative stool specimens at least 48 hours after any antimicrobial therapy and at least 24 hours apart.

200.102.3. Concurrent disinfection: Feces and other infectious body discharges and articles soiled therewith shall be disinfected. In communities with modern and adequate sewage disposal systems, feces and urine may be disposed of directly into sewers without preliminary disinfection.

200.102.4. Terminal disinfection: Thorough cleaning.

200.102.5. Quarantine:

200.102.5.1. Household contacts shall be excluded from any occupation that prepares or serves food for public consumption, that works in a child care group setting in a capacity which requires contact with children, that provides direct patient care, or that provides direct care in an institution or group setting until they have submitted two consecutive stool specimens, taken at least 24 hours apart and at least 48 hours after the last dose of any antimicrobial therapy, to an appropriate clinical laboratory for bacteriologic examination and the specimens are determined by the laboratory to be negative for shigella.

Asymptomatic household contacts who work as food handlers, hospital employees or direct care givers need not be excluded from work if proper personal hygiene measures, including hand washing, are maintained.

200.102.5.2. 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.

200.102.6. Outbreaks of shigellosis:

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

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

200.103. SIDS (Sudden Infant Death Syndrome)

200.103.1. Reporting: Report to the Department.

200.103.2. Isolation: None.

200.103.3. Concurrent Disinfection: None.

200.103.4. Terminal Disinfection: None.

200.103.5. Quarantine: None.

200.104. SMALLPOX, SUSPECTED

200.104.1. Reporting: Report any suspected case to the Department, Pennsylvania Department of Health, and to the Centers for Disease Control immediately by telephone.

200.105. STAPHYLOCOCCAL AUREUS VANCOMYCIN RESISTANT (OR INTERMEDIATE) INVASIVE DISEASE.

200.105.1. Reporting: Report to the Department

200.105.2. Isolation: Patient should be placed in a private room. Health care workers should practice appropriate handwashing, gloving, and gowning techniques.

200.105.3. Concurrent Disinfection: Place dressings from open lesions and discharges in disposable bags and dispose as hazardous waste.

200.105.4. Terminal Disinfection: Thorough cleaning.

200.105.5. Quarantine: None

200.106. STREPTOCOCCAL INFECTION, EPIDEMICS OR OUTBREAKS ONLY

200.106.1. Reporting: Report epidemics and outbreaks to the Department.

200.106.2. Isolation: Discretion of the Director in epidemics and outbreaks.

200.106.3. Concurrent disinfection: Discretion of the Director in epidemics and outbreaks.

200.106.4. Terminal disinfection: Thorough cleaning.

200.106.5. Quarantine: None, unless determined otherwise by the Director.

200.107. STREPTOCOCCAL PNEUMONIA DRUG RESISTANT INVASIVE DISEASE

200.107.1. Reporting: Report to the Department

200.107.2. Isolation: Patient should be placed in a private room. Health care workers should practice appropriate handwashing, gloving and gowning techniques.

200.107.3. Concurrent Disinfection: Purulent discharges and all articles soiled therewith should be placed in hazardous waste containers.

200.107.4. Terminal Cleaning: Thorough cleaning.

200.107.5. Quarantine: None

200.108. SYPHILIS

200.108.1. Reporting: Any physician who treats a patient with a reportable communicable disease, which is classed as a sexually transmissible disease shall report the case in the manner, prescribed herein, Subsection 200.9.2. of these Regulations.

200.108.2. Isolation: None.

200.108.3. 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.

200.108.4. Terminal disinfection: Thorough cleaning.

200.108.5. Quarantine: None.

200.108.6. Contact follow-up: Report to the Department or Pennsylvania Department of Health's STD program for epi follow-up.

200.108.7. Prenatal examination: A prenatal examination for syphilis shall be required as prescribed by Subsection 200.38. of these Regulations.

200.109. TETANUS

200.109.1. Reporting: Report to the Department.

200.109.2. Isolation: None required.

200.109.3. Concurrent disinfection: None.

200.109.4. Terminal disinfection: None.

200.109.5. Quarantine: None.

200.110. TICK-BORNE DISEASES, NOT OTHERWISE SPECIFIED

200.110.1. Reporting: Report to the Department

200.110.2. Isolation: Appropriate for confirmed or suspected etiologic agent.

200.110.3. Concurrent disinfection: Appropriate for confirmed or suspected etiologic agent.

200.110.4. Terminal disinfection: Appropriate for confirmed or suspected etiologic agent.

200.110.5. Quarantine: Appropriate for confirmed or suspected etiologic agent.

200.111. TOXIC SHOCK SYNDROME

200.111.1. Reporting: Report to the Department.

200.111.2. Isolation: None.

200.111.3. Concurrent disinfection: None.

200.111.4. Terminal disinfection: None.

200.111.5. Quarantine: None.

200.112. TOXOPLASMOSIS

200.112.1. Reporting: Report to the Department.

200.112.2. Isolation: None.

200.112.3. Concurrent disinfection: None.

200.112.4. Terminal disinfection: None.

200.112.5. Quarantine: None.

200.113. TRICHINOSIS

200.113.1. Reporting: Report to the Department.

200.113.2. Isolation: None.

200.113.3. Concurrent disinfection: None.

200.113.4. Terminal disinfection: None.

200.113.5. Quarantine: None.

200.114. TUBERCULOSIS, ALL TYPES

200.114.1. Reporting: Any private physician who treats a patient for tuberculosis or any authorized person of a hospital, State or County institution, sanitarium, nursing or convalescent home or tuberculosis clinic, which treats a patient for tuberculosis within Chester County, shall promptly report the case in the manner prescribed in Subsection 200.9 of this Regulation.

200.114.2. Isolation: Any person having tuberculosis in its communicable stage shall be isolated in the following manner:

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

isolation. Isolation of the patient treated at home shall consist of instruction in the need to cover the mouth and nose when coughing or sneezing and careful handling and disposal of sputum. Since control of infection is best achieved by prompt, specific drug therapy, which reduces infectiousness and results in sputum conversions, the result of sputum examination is used to determine how long the patient needs to remain at home.

200.114.2.2. 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 or her habits, or his or her 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 Chester County or elsewhere in Pennsylvania determined by the Department to be suitable for the care and treatment of such cases. Isolation of patients treated in hospitals shall consist of an appropriate form of respiratory isolation until institution of adequate treatment and negative results of subsequent sputum examinations.

200.114.2.3. The Disease Prevention and Control Law of 1955 (35 P.S. 521.21) provides for the isolation of persons infected with tuberculosis in the communicable stage. The Department and the Pennsylvania Department of Health designates those hospitals in Pennsylvania which are found by the Director, and the State Secretary of Health, to possess the requisite staff and facilities for the proper isolation, safekeeping, and treatment of persons refusing to submit to treatment for tuberculosis.

200.114.3. Concurrent disinfection: Sputum and articles soiled with sputum, including handkerchiefs, cloths, paper napkins, used by the patient, shall be properly disposed. Decontamination of air by ventilation with or without ultraviolet light shall be used. Ordinary hygiene precautions suffice when the patient is on specific therapy.

200.114.4. Terminal disinfection: No special requirements are indicated. Normal procedures should be followed.

200.114.5. Quarantine and commitment: Quarantine or commitment may be established at the discretion of the Director in accordance with the provisions of Subsection 200.30. of these Regulations. Contacts themselves shall not be considered as public health problems unless proven by examination to be active infectious cases of tuberculosis. All household contacts and other intimate contacts shall be required to have a tuberculin test or chest x-ray, or both. If lesions suspicious of tuberculosis are found on x-rays of contacts, laboratory studies shall be conducted as are necessary to determine whether or not such patients represent public health problems.

200.115. TULAREMIA

200.115.1. Reporting: Report to the Department.

200.115.2. Isolation: None. However, gloves shall be worn when handling lesions, discharges or dressings.

200.115.3. Concurrent disinfection: Discharges from ulcer, lymph nodes, or conjunctival sac shall be disinfected.

200.115.4. Terminal disinfection: Thorough cleaning.

200.115.5. Quarantine: None.

200.116. TYPHOID AND PARATYPHOID

200.116.1. Reporting: Report to the Department immediately by telephone.

200.116.2. 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, including those involved in patient care who attends or works in a child care group setting in a capacity which requires contact with children or care of young children or the elderly in an institutional setting, until they have had three (3) negative successive stool specimens. No stool specimen may be collected earlier than seven (7) days after the last dose of any chemotherapeutic drug against the typhoid bacillus, (and no earlier than 1 month after onset) and then each must be at no less than 24-hour intervals.

200.116.3. 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.

200.116.4. Terminal disinfection: Thorough cleaning.

200.116.5. Quarantine: All household contacts must be cultured to identify any chronic carrier. Household contacts and cases shall not be employed in any occupation that prepares or serves food for public consumption. It also includes those involved in patient care who attends or works in a child care group setting in a capacity which requires contact with children or care of infants and young children or the elderly in institutional settings, until they have had three (3) negative successive stool specimens. No stool specimen may be collected earlier than 7 days after the last dose of any chemotherapeutic drug against the typhoid bacillus (and no earlier than 1 month after onset) and then each must be at no less than 24-hour intervals. 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.

200.116.5.1. Restrictions of infected persons: Convalescents from typhoid shall have their stools examined bacteriologically once a month to determine if they are a chronic carrier 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.

200.116.5.2. Chronic carriers: Individuals who excrete the typhoid bacillus in their stools for greater than one year are considered as chronic carriers of the typhoid bacillus. These individuals shall not be allowed to work in an occupation that prepares or serves food for public consumption, provides patient care, or attends or works in a child care group setting in a capacity which requires contact with children or care of children or the elderly in an institutional setting. They shall not change their address without notifying the Department.

200.116.6. Care or release from carrier state: The Department shall maintain a listing of all chronic carriers of the typhoid bacillus. The 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 Director or his official designee.

200.116.7. Outbreaks of typhoid:

200.116.7.1. Foodborne: All suspected foodborne outbreaks of typhoid must be investigated. The Department has the authority to require stool specimens from all individuals involved in the outbreak. Suspect foodhandlers may be excluded from work until the results of the stool culture are negative.

200.116.7.2. 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.

200.117 YELLOW FEVER

200.117.1. Reporting: Report to the Department by telephone or other equally prompt means.

200.117.2. Isolation: No isolation shall be required; however the patient shall be protected from mosquitoes for the first three days in a mosquito-proof-room.

200.117.3. Concurrent disinfection: No disinfection shall be required; however, the home of the patient and all houses in its vicinity shall be sprayed promptly with an insecticide having a residual action.

200.117.4. Terminal disinfection: None.

200.117.5. Quarantine: None.

CERTIFICATION

**COMMONWEALTH OF PENNSYLVANIA
COUNTY OF CHESTER ss**

I, Margaret C. Rivello, Secretary of the Chester County Board of Health, hereby do certify the within to be a true and correct copy. In witness whereof I have hereunto set my hand this 23rd day of September, 2009.



Margaret C. Rivello, M.B.A..

SEAL

Amended effective Monday, October 26 close of business (4:30 p.m.)

