Regulatory Analysis Form

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REVIEW COMMISSION

IRRC Number: 2119

(1) Agency

Department of Health

(2) I.D. Number (Governor's Office Use)

No. 10-156

(3) Short Title

Communicable and Non-Communicable Diseases

(4) PA Code Cite

28 Pa. Code Ch. 27

(5) Agency Contacts & Telephone Numbers

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(6) Type of Rulemaking (Check One)

√ Proposed Rulemaking

___ Final Order Adopting Regulation

Final Order, Proposed Rulemaking Omitted

(7) Is a 120-Day Emergency Certification Attached?

√ No

___ Yes: By the Attorney General

___ Yes: By the Governor

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(8) Briefly explain the regulation in clear and non-technical language.

The Department's proposed amendments to 28 Pa. Code Ch. 27 (relating to communicable and non-communicable diseases) (Chapter 27) are intended to update the existing system for disease prevention and control within the Commonwealth. Most of the current provisions of Chapter 27 were adopted in 1955. Since that time, changes in technology, society, and the environment have caused changes in disease prevention and control. Mumps, measles, pertussis, polio, German measles, and typhoid fever, once significant health threats, are of a reduced concern. Now, the possibility of quickly spreading pandemics arising far from the Commonwealth, is a very real threat to its citizens. Diseases caused by once obscure pathogens, for example, cryptosporidium, Escherichia coli O157:H7, and the hantavirus, all of which may be fatal, now cause multi-state outbreaks of communicable disease.

Because of the need to protect the citizens of the Commonwealth in changing conditions, the Department has performed and completed a review of its regulations relating to disease control and prevention set out in Chapter 27. This review has taken several years, and has resulted in proposed amendments to those regulations. The proposed regulations are intended to ensure that the Department is able to address the vastly different disease prevention and control needs of changing and emerging diseases and conditions, and other public health priorities of the twenty-first century. In order to meet these needs, the Department is proposing to delete from its regulations outdated clinical treatment references, superseded public health methods and practices, outdated scientific or technical information and references, and unnecessary diseases and conditions. The Department is proposing to add state-of-the-art public health practices and methods, current scientific and technical references and information, and emerging and important reportable diseases and conditions.

The Department also proposes to add provisions which would provide flexibility by allowing changes to be made to certain provisions of the proposed regulations without going through the full regulatory process. For example, it proposes to allow changes to be made to the list of reportable diseases, infections, and conditions if the Department determines the action would be necessary to protect the people of the Commonwealth. The Department would publish the change in the Pennsylvania Bulletin. The change would remain in place for a 90-day period, while the Advisory Health Board (the Board) considers the Department's action. If the Board would not act to affirm the Department's decision within that 90-day period, the change would expire. This should provide a less cumbersome mechanism for the Department to meet emerging health threats while taking into account the requirements of the Disease Prevention and Control Law of 1955, 35 P.S. §521.1 et seq. (the Act), that the Board approve the regulations.

(9) State the statutory authority for the regulation and any relevant state or federal court decisions.

The Department's overarching authority to promulgate these regulations is found in the Act. Section 16(a) of the Act (35 P.S. §521.16(a)), gives the Board the authority to issue rules and regulations on a variety of issues relating to communicable and non-communicable diseases, including the following: which diseases are to be reported; the methods of reporting diseases; the contents of reports and the health authorities to whom diseases are to be reported; what control measures are to be taken with respect to which diseases; provisions for the enforcement of control measures; requirements concerning immunization and vaccination of persons and animals; requirements for the prevention and control of disease in public and private schools; requirements for the treatment of venereal disease, including patient counseling; and any other matters the Board may deem advisable for the prevention and control of disease and for carrying out the provisions and purposes of the Act. Section 16(b) of the Act (35 P.S. §521.16(b)), gives the Secretary of Health the authority to review existing regulations and make recommendations to the Board for changes the Secretary considers to be desirable.

There is also legislative authority for specific provisions of the proposed regulations in other statutes. The Administrative Code of 1929 (71 P.S. §51 et seq.) (Code), contains several pertinent provisions. First, section 2102(g) of the Code (71 P.S. §532(g)), provides general authority for the Department to promulgate its regulations.

Section 2106(a) of the Code (71 P.S. §536(a)), provides the Department with additional authority to declare diseases to be communicable, and to establish regulations for the prevention and control of disease. Section 2106(b) of the Code (71 P.S. §536(b)), provides the Department with the authority to establish and enforce quarantines to prevent the spread of disease, and section 2106(c) of the Code (71 P.S. §536(c)), gives the Department the authority to administer and enforce the laws of the Commonwealth with respect to vaccination and other means of preventing the spread of communicable disease.

Section 2111(b) of the Code (71 P.S. §541(b)), provides the Board with additional authority to promulgate regulations deemed by the Board to be necessary for the prevention of disease, and for the protection of the lives and the health of the people of the Commonwealth. That section further provides that the regulations of the Board shall become the regulations of the Department.

Section 2111(c.1) of the Code (71 P.S. §541(c.1)), also provides the Board with the authority to make and revise a list of communicable diseases against which children are required to be immunized as a condition of attendance at any public, private, or parochial school, including kindergarten. The section requires the Secretary to promulgate the list, along with any rules and regulations necessary to insure the immunizations are timely, effective, and properly verified. The regulations that primarily carry out this responsibility are set forth in Subchapter C of Chapter 23 (relating to school health) (sections 23.81-23.87).

Other statutes speak to the Department's authority to promulgate regulations in relation to specific diseases, infections, or conditions. The Newborn Child Testing Act of 1992 (35 P.S. §§621-625), provides the Department with the authority to promulgate regulations listing reportable diseases and conditions in the newborn child, and setting out the operation of a program of screening, follow-up, assessment and diagnosis of newborn children for these reportable diseases and conditions. (35 P.S. §§621.23 and 621.25). The Pennsylvania Cancer Control, Prevention, and Research Act (35 P.S. §§5631-5637), authorizes the Department to create a cancer registry to which persons in charge of hospitals and laboratories must report cases of cancer in accordance with rules and regulations adopted by the Department with the advice of the Pennsylvania Cancer Control, Prevention and Research Advisory Board. (35 P.S. §5636(b)). This legislation has been impacted by federal legislation which was enacted in 1992, and which requires complete reporting of cancer cases to be made by all health care practitioners, and all hospitals or other facilities providing screening, diagnostic or therapeutic services to patients with respect to cancer. (42 U.S.C. §280e and §§280e-1 - 280e-4). Finally, what is known as the "Turtle Law" (35 P.S. §§1071-1077), provides the Department with the authority to prohibit a person from bringing, causing to be brought, or transporting any live turtle into the Commonwealth, unless the turtle or lot of turtles is accompanied by a permit issued by the Department or another agency authorized by the Department to issue a permit. The permit may only be issued if there is adequate biological proof that the turtles are free from salmonella. The same permit is required when the turtles originate within the Commonwealth.

Several statutes provide the Department with authority to command disease prevention and control measures within certain institutions. Section 803 of the Health Care Facilities Act (35 P.S. §448.803), provides the Department with the authority to promulgate regulations relating to the licensure of health care facilities, and allows the Department to require certain actions relating to disease control and prevention to occur within health care facilities. Articles IX and X of the Public Welfare Code (62 P.S. §§901-1059), which provide the Department with the authority to license inpatient drug and alcohol abuse treatment facilities, play the same role with respect to the Department's ability to require certain disease prevention and control methods in those facilities.

The Public School Code of 1949 (24 P.S. §1-101 et seq.), provides the Department with additional authority for disease prevention and control actions taken within schools. Section 1421(c)(2) of the Public School Code of 1949 (24 P.S. §14-1421(c)(2)), provides the Secretary of Health, in consultation with the Secretary of Education, with the authority to promulgate rules and regulations implementing the school health program. The requirements of the school health program are set out in Article XIV of the Public School Code, and provide, among other things, that pupils are released from compulsory attendance when they are prevented from attending by the health laws of the Commonwealth (24 P.S. §14-1417), that no persons having any form of tuberculosis in a transmissible stage shall be a pupil, teacher, janitor, or any other employee in a school, unless it is a special school. (24 P.S. §14-1418). Section 1303a of the Public School Code

(24 P.S. §1303a), provides that the Advisory Health Board will make and review a list of diseases against which children must be immunized, as the Secretary of Health may direct, before being admitted to school for the first time. The section provides that the school directors, superintendents, principals, or other persons in charge of any public, private, parochial, or other school including kindergarten, must ascertain whether the immunization has occurred, and certificates of immunization will be issued in accordance with rules and regulations promulgated by the Secretary with the sanction and advice of the Board. Again, most of the regulations carrying out these responsibilities are set forth in Chapter 23.

(10) Is the regulation mandated by any federal or state law or court order, or federal regulation? If yes, cite the specific law, case or regulation, and any deadlines for action.

The proposed regulations are not mandated by any federal or state law, court order or federal regulation. A change in the section of the current regulations pertaining to cancer reporting is necessary to comply with the Cancer Registries Amendments Act of 1992, 42 U.S.C. §280e-1 through 280e-4. Although under the current regulations health care practitioners are not required to report, the 1992 law requires complete reporting of all cancer cases by all health care practitioners and all hospitals or other facilities providing screening, diagnostic or therapeutic services to patients with respect to cancer. 42 U.S.C. §280e(c)(2)(D)(i) and (ii). Further, revisions to the lead poisoning reporting sections are necessary to comply with the Centers for Disease Control and Prevention (CDC) guidelines lowering reportable lead levels from the current levels included in the regulations. The Department is mandated to prevent and control the spread of disease by the Disease Prevention and Control Law, 35 P.S. §521.1, et seq. and those other related laws listed in Section 8 above.

(11) Explain the compelling public interest that justifies the regulation. What is the problem it addresses?

The proposed regulations are intended to address the problem of the changing landscape of infectious disease by amending current regulation to account for changes in communicable and noncommunicable diseases and conditions. These changes not only include the need to rapidly add and delete diseases from the list of reportable diseases set out by the Department, but are intended to address the changes in society, technology, and the environment which call for rapid responses to serious and rapidly spreading diseases. Dramatic changes in society, technology, and the environment, together with the diminished effectiveness of certain disease control methods have propelled the world, and, with it, the Commonwealth of Pennsylvania, into an era of increased risk. The spectrum of communicable diseases is expanding, and many diseases, for example, tuberculosis, thought to be successfully contained, are again on the rise. The ease, cost, and quickness of worldwide travel has significantly increased the risk of rapid spread of disease. Further, antimicrobial drugs have become less effective against many infectious agents, to the degree that experts in infectious disease are concerned about a "post-antibiotic era." To attempt to counteract these problems, the Department has proposed, and the Board has accepted, the proposed amendments to Chapter 27.

Regulatory Analysis Form

(12) State the public health, safety, environmental or general welfare risks associated with non-regulation.

Infectious diseases remain the leading cause of death worldwide. The Department is the state agency with the responsibility for controlling and preventing the spread of these infectious diseases. The proposed regulations provide the Department with the appropriate tools to identify communicable diseases and conditions posing an increased or unacceptable health risk to the citizens of the Commonwealth, and to impose appropriate disease prevention and control programs and intervention strategies aimed at reducing or removing increased health threats. Health threats attributable to the proposed reportable diseases and conditions not only affect those persons living within the borders of the Commonwealth, but can easily spread across state lines if they are not identified and controlled.

(13) Describe who will benefit from the regulation. (Quantify the benefits as completely as possible and approximate the number of people who will benefit.)

All citizens of the Commonwealth will benefit from the Department's increased ability to respond to and identify diseases and conditions which pose significant threats to their health, safety, and welfare. This benefit extends beyond the boundaries of the Commonwealth to citizens of other states, since, with the increased ease and rapidity of travel, the spread of disease occurs much more quickly and much easier than in the past.

(14) Describe who will be adversely affected by the regulation. (Quantify the adverse effects as completely as possible and approximate the number of people who will be adversely affected.)

Persons ordered by the Department to undergo some type of quarantine, isolation, segregation, or treatment may consider themselves adversely affected by the proposed regulations, although the Act itself permits for these actions to be taken when the health, safety, and welfare of the citizens of the Commonwealth require them. Further, workers who are prohibited from returning to work with an infectious disease and their employers may consider themselves adversely affected; however, the citizens of the Commonwealth who are not exposed to that disease because of the Department's proposed regulations are benefited by the proposed requirements. In the same way, children in a childhood group setting, students, and teachers who are prevented from returning to that school or setting until the requirements of the proposed regulations are met may also consider themselves to be adversely affected. Businesses which are involved in the Department's investigation of outbreaks may consider themselves to be adversely affected. Persons who own or are attempting to import into the state animals or animal products which are suspected of having, or which have a reportable disease or condition may consider themselves to be adversely affected. It must be remembered, however, that the Department's actions in these situations are taken solely to prevent the spread of disease to other Commonwealth citizens.

Regulatory Analysis Form

(15) List the persons, groups or entities that will be required to comply with the regulation. (Approximate the number of people who will be required to comply.)

In general, members of the Commonwealth who have or are suspected of having a reportable disease or condition are required to comply with the proposed regulations. Household contacts of persons with certain enumerated reportable diseases or conditions, for example, typhoid or paratyphoid fever, are required to comply with these proposed regulations. Employers of persons with certain enumerated reportable diseases or conditions, for example, shigellosis, are required to comply with the proposed regulations. Health care facilities, health care practitioners, clinical laboratories, veterinarians, institutions maintaining dormitories and living rooms, schools, and child care group settings are required to comply with the proposed regulations. Persons owning or attempting to import animals or animal products which have, or are suspected of having, a reportable disease or condition must comply with the proposed regulations.

(16) Describe the communications with and input from the public in the development and drafting of the regulation. List the persons and/or groups who were involved, if applicable.

The Department reviewed Chapter 27 internally over at least a ten year period, and developed the proposed regulations internally as well.

(17) Provide a specific estimate of the costs and/or savings to the regulated community associated with compliance, including any legal, accounting or consulting procedures which may be required.

There should be no additional costs to the regulated community, since the proposed regulations are merely an update of the existing reporting system. Savings to the regulated community cannot be accurately quantified, although the Department believes that there will be savings based upon a decrease in serious illnesses which would affect both businesses and individuals. The decrease in serious illnesses will result from the application of nationally accepted state-of-the-art public health practices and communicable disease prevention and control strategies within Pennsylvania contained within the proposed regulation.

Regulatory Analysis Form

(18) Provide a specific estimate of the costs and/or savings to local governments associated with compliance, including any legal, accounting or consulting procedures which may be required.

There should be no additional costs to local governments, since the proposed regulations are merely an update of the existing reporting system. Savings to local governments cannot be accurately quantified, although the Department believes that there will be savings based upon a decrease in serious illnesses. The decrease in serious illnesses will result from the application of nationally accepted state-of-the-art public health practices and communicable disease prevention and control strategies within Pennsylvania contained in the proposed regulations.

(19) Provide a specific estimate of the costs and/or savings to state government associated with the implementation of the regulation, including and legal, accounting, or consulting procedures which may be required.

The Commonwealth will benefit in a manner directly proportional to the numbers and types of disease cases and disease outbreaks prevented by the adoption of the nationally accepted state-of-the-art public health practices and communicable disease prevention and control strategies contained in the proposed regulations. Arguably, reduction in disease will reduce state health care costs.

Regulatory Analysis Form

(20) In the table below, provide an estimate of the fiscal savings and costs associated with implementation and compliance for the regulated community, local government and state government for the current year and five subsequent years.

	Current FY Year	FY +1 Year	FY +2 Year	FY +3 Year	FY +4 Year	FY +5 Year
SAVINGS: **	$	$	$	$	$	$
Regulated Community	$					
Local Government	$					
State Government	$					
Total Savings	$					
COSTS: ***						
Regulated Community	$					
Local Government	$					
State Government	$					
Total Costs	$					
REVENUE LOSSES: ****						
Regulated Community	$					
Local Government	$					
State Government	$					
Total Revenue Losses	$					

** Savings cannot be accurately quantified, although the Department believes that there will be savings based upon a decrease in serious illnesses. The decrease in serious illnesses will result from the application of nationally accepted state-of-the-art public health practices and communicable disease prevention and control strategies within Pennsylvania contained in the proposed regulations.

*** No additional disease prevention and control costs are expected, as the reporting system is already in place, and the proposed regulations merely amend the current regulations to bring procedures up to date, to add and delete obsolete diseases and procedures, and to add new diseases.

**** No additional revenue losses are expected.

Regulatory Analysis Form

(20a) Explain how the cost estimates listed above were derived.

An exact estimate cannot be calculated because savings estimates would have to be based on an assumption that prevention reduces health care costs due to a commensurate reduction in illnesses. The Department believes that if the numbers of cases of current and emerging reportable diseases were to be compared to the continually increasing per capita health care costs within the Commonwealth, some savings could be expected. No estimate can be made to quantify the costs associated with disease morbidity, mortality, human suffering, and work-time lost when disease prevention and control is unsuccessful, or is not undertaken quickly.

(20b) Provide the past three year expenditure history for programs affected by the regulation.

Program	FY - 3	FY - 2	FY - 1	Current FY
Bureau of Epidemiology	$ 2,485,000	$ 2,591,200	$ 2,759,000	$ 2,702,200
Bureau of Communicable Diseases	$36,644,000	$50,181,000	$48,450,000	$41,379,000
Bureau of Family Health	$198,812,000	$218,816,000	$223,389,000	$228,730,000

(21) Using the cost-benefit information provided above, explain how the benefits of the regulation outweigh the adverse effects and costs.

The proposed regulations will create health care savings while costing little to implement, since the disease reporting system is already in place, few new diseases have been added, and much of the proposed revisions to the current regulations involve eliminating unnecessary and outdated practices and procedures and diseases.

(22) Describe the nonregulatory alternatives considered and the costs associated with those alternatives. Provide the reasons for their dismissal.

No nonregulatory alternatives were considered, as the Disease Prevention and Control Law, supra, and the other statutes listed in section 8, require that regulations be used to set out reportable diseases and conditions, and the procedures and practices used in handling those diseases and conditions. See 35 P.S. §521.16, and the other citations listed in section 8. The Department is proposing to update those existing regulations, with the approval of the Board, and may only do so through regulation.

Regulatory Analysis Form

(23) Describe alternative regulatory schemes considered and the costs associated with those schemes. Provide the reasons for their dismissal.

No alternative regulatory schemes were considered, as the proposed regulations are an attempt to update the existing regulations.

(24) Are there any provisions that are more stringent than federal standards? If yes, identify the specific provisions and the compelling Pennsylvania interest that demands stronger regulation.

No, there are no provisions that are more stringent than federal standards.

(25) How does this regulation compare with those of other states? Will the regulation put Pennsylvania at a competitive disadvantage with other states?

The proposed regulations will bring Pennsylvania in line with other states and the policies and procedures espoused by national public health organizations, including the disease prevention and control strategies recommended by the CDC.

(26) Will the regulation affect existing or proposed regulations of the promulgating agency or other state agencies? If yes, explain and provide specific citations.

The proposed regulations do not effect existing or proposed regulations of the promulgating agency or any other state agency. The proposed regulation does take into account the 1992 amendment to the Newborn Child Testing Act, 35 P.S. §621.1 et seq., which added two metabolic conditions to the list of conditions for which the Department's Newborn Screening Program tests newborn children. These two conditions have been added to the list of diseases and conditions made reportable to the Department for the sake of consistency. Finally, what is known as the "Turtle Law" (35 P.S. §1071 et seq.) provides the Department with the authority to prohibit a person from bringing, causing to be brought, or transporting any live turtle into the Commonwealth, unless the turtle or lot of turtles is accompanied by a permit issued by the Department or another agency authorized by the Department to issue a permit. The permit may only be issued if there is adequate biological proof that the turtles are free from salmonella. The same permit is required when the turtles originate within the Commonwealth. The proposed regulations also reference the Dog Law, 3 P.S. §§459-101 through 459-1205, and specifically state that law takes precedence. See proposed section 27.162. The proposed regulations also reference the Food Employee Certification Act, 3 Pa. C.S. §§6501-6510, and the regulations promulgated thereunder at 7 Pa. Code §§78-41-78.43 (relating to health and disease control of employees).

Regulatory Analysis Form

(27) Will any public hearings or information meetings be scheduled? Please provide the dates, times, and locations, if available.

The Department has no public hearings or information meetings scheduled. A meeting of the Advisory Health Board was held on April 21, 1998, to discuss the proposed regulation; notice of that meeting was published in the Pennsylvania Bulletin, and the meeting was open to the public. A public comment period of 30 days has been included in the proposed regulations.

(28) Will the regulation change existing reporting, record keeping, or other paperwork requirements? Describe the changes and attach copies of forms or reports which will be required as a result of implementation, if available.

The proposed amendments to Chapter 27 are essentially a "fine-tuning" of an already existing disease reporting system. Newly listed reportable diseases will be reported and investigated in a manner similar to that of the diseases currently listed, using national case-definitions and investigation forms provided by the CDC. The Department also proposes to permit electronic reporting where it is feasible.

(29) Please list any special provisions which have been developed to meet the particular needs of affected groups or persons including, but not limited to, minorities, elderly, small businesses, and farmers.

There are no special provisions included in the proposed regulations. Given the nature of disease prevention, the proposed regulations must be applicable to the entire Commonwealth.

(30) What is the anticipated effective date of the regulation; the date by which compliance with the regulation will be required; and the date by which any required permits, licenses or other approvals must be obtained?

The proposed regulations will be final upon publication in the Pennsylvania Bulletin.

Regulatory Analysis Form

(31) Provide the schedule for continual review of the regulation.

The Department will review the proposed regulations as necessary. The Department has included a provision in the proposed regulations which permits it to add and delete diseases and procedures from the regulations if it makes the determination that such a change is necessary for the health and safety of the citizens of the Commonwealth, and the Board acts to affirm that change within 90 days. This will provide the Department with the flexibility to respond to new outbreaks and will provide for accommodation of rapidly changing disease prevention strategies. It will also provide the Department with a mechanism to eliminate practices it finds to be unnecessary and cumbersome.

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INDEPENDENT REGULATORY REVIEW COMMISSION

FACE SHEET
FOR FILING DOCUMENTS
WITH THE LEGISLATIVE REFERENCE BUREAU

(Pursuant to Commonwealth Documents Law)

2119

DO NOT WRITE IN THIS SPACE

Copy below is hereby approved as to form and legality. Attorney General.	Copy below is hereby certified to be a true and correct copy of a document issued, prescribed or promulgated by:	Copy below is hereby approved as to form and legality. Executive or independent Agencies.
BY: _____ DEPUTY ATTORNEY GENERAL	DEPARTMENT OF HEALTH (AGENCY)	BY: _____
MAY 09 2000 DATE OF APPROVAL	DOCUMENT/FISCAL NOTE NO. 10-156	2-2-00 DATE OF APPROVAL
	DATE OF ADOPTION: _____	(Deputy General Counsel) ~~(Chief Counsel, Independent Agency)~~ (Strike inapplicable title)
☐ Check if applicable. Copy not approved. Objections attached.	BY: _____ Robert S. Zimmerman, Jr. TITLE: Secretary of Health	☐ Check if applicable. No Attorney General approval or objection within 30 days after submission.

NOTICE OF PROPOSED RULEMAKING

DEPARTMENT OF HEALTH

[28 Pa. Code Chapter 27]

RELATING TO REPORTING OF COMMUNICABLE AND NONCOMMUNICABLE DISEASES

CONTINUATION SHEET
FOR FILING DOCUMENTS
WITH THE LEGISLATIVE REFERENCE BUREAU
(Pursuant to Commonwealth Documents Law)

Notice is hereby given that the Department of Health ("the Department"), with the approval of the State Advisory Health Board ("the Board"), proposes to amend 28 Pa. Code Chapter 27 (relating to communicable and noncommunicable diseases). The proposed amendments are set forth in Annex A hereto.

A. PURPOSE OF THE REGULATIONS

Most of the regulations in Chapter 27 were originally promulgated in 1959. Since that time, there have been dramatic changes in society, technology, and the environment which necessitate a review and revision of these regulations. Where once outbreaks of disease could be held within geographical boundaries, today, the speed of air travel and the global economy are fostering the worldwide spread of life-threatening pathogens. Persons infected in one place can be on the other side of the world by the time symptoms appear. New infectious agents are emerging which require new prevention and control techniques. New conditions are becoming recognized which benefit from early detection and treatment. Disease outbreaks continue to occur, antibiotic resistance of some diseases is spreading, and previously controlled agents are in resurgence. Although more exotic diseases like Group A streptococcus (flesh eating bacteria), the hantavirus, and the ebola virus receive most of the attention from the media, other infectious diseases continue to pose public health problems. For example, there have been recent outbreaks of cryptosporidiosis, E. coli 0157:H7, Salmonella enteritis, hepatitis A, and shigellosis. There are strains of multidrug resistant tuberculosis, which reduces the ability to treat the disease, and there have been recent reports from Japan of evidence of resistance of Staphylococcus aureus to the drug, Vancomycin, long considered the last line of defense. The Commonwealth of Pennsylvania is not immune from these public health threats. A few examples of threats to the public health within the Commonwealth over the past few years include a 1996-1997 outbreak of cyclospora caused by Guatemalan raspberries, ongoing Salmonella enteritidis outbreaks caused by, among other things, infected eggs; rabies outbreaks from 1991 to the present; a shigellosis outbreak in 1996, spread from Ohio to Pennsylvania; multidrug resistance to tuberculosis; and the ongoing epidemic of Lyme disease. The Department has chosen to revise the regulations to ensure that the disease control and prevention needs of changing diseases and conditions, and current health care priorities are adequately addressed.

B. REQUIREMENTS OF THE REGULATIONS

CHAPTER 27.
COMMUNICABLE AND NONCOMMUNICABLE DISEASES

The Department proposes to delete from its regulations all unnecessary clinical references; superseded public health methods and practices; currently reportable diseases and conditions which, in its opinion, no longer need to be reported; and outdated scientific or technical references and information. In the place of the deleted material, the Department is proposing to add state-of-the-art public health practices and methods; new reportable diseases, infections, and conditions that the Department, with the approval of the Board, considers necessary to protect the public health of the Commonwealth; and current scientific or technical information and references. The following is a discussion of the major amendments, additions, and deletions that are being proposed.

Subchapter A. General Provisions
Subchapter B. Reporting of Diseases, Infections and Conditions.

The current regulations contain several lists of reportable diseases and conditions in two different subchapters. Section 27.2 in Subchapter A is entitled "Reportable diseases," and it contains a list of reportable diseases. This list is not exclusive, however. It is supplemented by separate sections in both Subchapter A, and in Subchapter B. For example, section 27.4 in Subchapter A sets out specific reporting requirements for lead. Section 27.22 in Subchapter B contains a separate list of diseases reportable solely by laboratories.

The Department is proposing to include all the specific reporting requirements in Subchapter B, which it is proposing to retitle, "Reporting of Diseases, Infections and Conditions." In that subchapter, the Department proposes to break up the listings of reportable diseases, infections and conditions by the individuals and entities which are to report them, and proposes to include specific time frames within which these diseases, infections and conditions are to be reported. The Department is proposing to include in Subchapter A only general provisions relating to reporting.

SUBCHAPTER A.
GENERAL PROVISIONS

Section 27.1. Definitions.

Several terms used in the current regulations are outdated or inadequately defined. The Department proposes to replace outdated terms with language that reflects state-of-the-art public health practices and methods, add new terms used by public health professionals, and clarify existing definitions of terms.

The Department proposes adding the terms "ACIP," "caregiver," "case," "case report form," "central office," "child," "clinical laboratory," "district office," "health care facility," "health care practitioner," "health care provider," "infectious agent," "local health department," "medical record," "modified quarantine," "physician," and "segregation" to further clarify the regulations. The definitions of these terms are self-explanatory.

Additionally, the Department proposes adding a definition of the term "child care group setting" to further clarify proposed section 27.76 (relating to exclusion and readmission of children and staff in child care group settings) and proposed section 27.77 (relating to immunization requirements for children in child care group settings). The Department also proposes adding a definition of the term "operator" to further clarify the definition of "child care group setting."

The Department also proposes to add a definition of the term "local morbidity reporting office (LMRO)" to further clarify proposed sections 27.41 through 27.43 (relating to reporting by local morbidity offices). The proposed definition describes the various types of offices that may be designated by the Department to receive case reports on a local basis. The Department is also proposing revisions to the existing definitions of "local health officer" and "local health authority" to clarify the differences between a local health authority and a local health department, and to more fully explain what the responsibilities of a local health officer are. These clarifications are important to an understanding of the reporting requirements, and of the disease prevention and control responsibilities of these entities.

Also, the Department proposes adding a definition of the term "outbreak" since the regulations set forth special reporting and investigative procedures for outbreaks. By defining the term, any possible confusion with respect to what is considered to be an outbreak would be eliminated, which would allow the Department to more quickly investigate outbreaks and implement the appropriate intervention strategies.

Further, the Department proposes to expand the term "surveillance" by including two definitions, "surveillance of contacts" and "surveillance of disease," in these regulations. This would assist the Department to explain requirements for the continuing scrutiny of all

aspects of occurrence and spread of disease that are pertinent to effective control of diseases. Communicable diseases may spread by means other than through persons and animals exposed to those communicable diseases. Therefore, it is important that the Department be able to supervise all aspects of the occurrence and spread of disease; not just supervise those individuals or animals exposed to the disease.

Finally, the Department proposes to replace the term "venereal disease," which is an outdated term, with the more modern term "sexually transmitted disease." The definition of "sexually transmitted disease" is broader than the current definition of "venereal disease," which only includes five diseases. The proposed definition includes chlamydia trachomatis infections as well as the five diseases which have been covered by the term "venereal disease," and would allow for the future addition of diseases by the Department.

Section 27.2. Specific identified reportable diseases, infections and conditions.

The Department is proposing to delete the specific listing of reportable diseases and conditions currently included in this section, and to include this listing with some additions and deletions, in proposed section 27.21a (relating to reporting of cases by health care practitioners and health care facilities). Proposed section 27.21a is included in proposed Subchapter B, which will contain all specific reporting requirements. Proposed section 27.2 would contain a general requirement that specified diseases, conditions and infections be reported to the Department or other appropriate entity within the time frames and in the manner required by the proposed regulations, in keeping with the Department's proposal to include in proposed Subchapter A all general provisions relating to reporting.

Section 27.3. Reporting outbreaks and unusual diseases, infections and conditions.

The Department proposes to amend this section to clarify the reporting time-frames for outbreaks and incidents of unusual diseases, infections and conditions, including those not specifically reportable under Subchapter B, but which, nonetheless, pose a potential public health threat. This would allow the Department to more quickly investigate these situations and implement the appropriate intervention strategies.

Section 27.4. Reporting cases.

The Department proposes to rewrite this section to give the general rule on where case reports would be made. Under this general rule, case reports would be made to the local morbidity reporting office (LMRO) where the case resides, unless the residence of the case is unknown, another provision of the chapter were to direct otherwise, or the reporter were a clinical laboratory. Clinical laboratories would report to the appropriate office of the Department unless otherwise directed in the proposed regulations.

Subsection (b) would provide a comprehensive list of Department offices to which the proposed regulations require certain specific case reports to be made. The Department proposes to include this list for the ease of reference of the persons who would be utilizing the proposed regulations.

The Department proposes to delete current subparagraph (a), which requires reports of diseases and conditions to be made to those places where the Secretary can then most effectively determine and employ efficient and practical means to protect and promote the health of the residents of the Commonwealth, but which does not identify those places. The Department proposes to specifically set out where diseases and conditions are to be reported, including noncommunicable diseases and conditions, and to detail what information is to be included in those reports. See proposed sections 27.21a (relating to reporting of cases by health care practitioners and health care facilities), 27.22 (relating to reporting of cases by clinical laboratories), 27.30 (relating to reporting results of metabolic disease testing in the newborn child), 27.31 (relating to reporting cases of cancer), 27.33 (relating to reporting cases of sexually transmitted diseases) and 27.34 (relating to reporting cases of lead poisoning).

Subsection (b), which discusses the reporting of lead cases, would also be redundant once the proposed regulations become final. The provisions of this subsection would be included in other portions of the proposed regulations, specifically in proposed sections 27.22 (relating to reporting of cases by clinical laboratories) and 27.34 (relating to reporting cases of lead poisoning).

Section 27.5. (Reserved).

The Department proposes to repeal this section, which currently pertains to the Cancer Registry. The Department proposes to address that subject matter in section 27.31 (relating to reporting cases of cancer). This would locate all of the cancer reporting requirements in

two sections of the proposed regulations, sections 27.21a (relating to reporting of cases by health care practitioners and health care facilities) and 27.33 (relating to reporting cases of cancer).

Section 27.5a. Confidentiality of case reports.

This section would be new. This section would further clarify the confidentiality requirements for case reports set forth in section 15 of the Act (relating to confidentiality of reports and records) (35 P.S. §521.15).

Section 27.6. Disciplinary consequences for violating reporting responsibilities.

This section would be new. In the past, the Department has been unable to conduct some disease investigations and implement the appropriate intervention strategies because certain entities and individuals have failed to report diseases, infections or conditions to the Department. To encourage compliance with the reporting requirements under this chapter, the Department proposes to add a section to inform laboratories, health care facilities and health care practitioners that violations of their reporting requirements may result in disciplinary consequences under their respective licensing statutes.

Section 27.7. Cooperation between clinical laboratories and persons who order laboratory tests.

This section would be new. The Department proposes adding this section to impress upon clinical laboratories and persons ordering laboratory tests the necessity of providing all demographic and other information the Department is requesting on the reporting form, whether the clinical laboratory is required to report electronically, or on paper. In the past, the Department has had great difficulty obtaining the necessary information from persons, including clinical laboratories. Recognizing that, at times, the individual requesting the test from the laboratory has failed to obtain all requested information from the subject, thus making it impossible for the laboratory to completely report to the Department, the Department proposes to require the laboratory to provide the necessary form to the individual requesting the test, and require the individual requesting the test to provide all information requested on that form. Failure to comply with these requirements could result in a recommendation for disciplinary action either against the laboratory or the individual requesting the test. See proposed section 27.6 (relating to disciplinary consequences for violating reporting responsibilities).

Section 27.8. Criminal penalties for violating the act or this chapter.

This section would be new. It would reiterate the language in sections 19 and 20 of the Act (35 P.S. §§ 521.19 and 521.20) which provide for the imposition of criminal penalties and fines on persons who violate the Act or regulations promulgated thereunder. The Department proposes to include the criminal penalties and fines in this regulation to emphasize the importance of complying with the requirements of this chapter.

Section 27.9. Authorized departures from the regulations.

This section would be new. It would allow the Department to authorize an exception to any regulation in this chapter if the requirement of the regulation is not also a statutory requirement. An exception would be permitted if the regulatory standard would become outdated due to medical or public health developments, and if the exception would be determined by the Department to be necessary to protect the health of the people of the Commonwealth. In order for the exception to remain in effect, it would then need to be approved by the Board within a 90-day period. If the Board were to fail to approve the exception within this time period, the exception would expire. This proposed section is intended to allow the Department the flexibility to meet changing public health needs.

SUBCHAPTER B.
REPORTING OF DISEASES, INFECTIONS, AND CONDITIONS

Early in 1994, the Department assembled an expert committee comprised of Department staff from each of the Department's program areas to review and revise these regulations. The committee met a total of 14 times over a two year period and determined which diseases and conditions should be modified, deleted, or added to the list of reportable diseases and conditions. The committee's proposed changes to the list of reportable diseases are described below. The Department is also proposing to use more accurate terminology for what is reportable. Therefore, although infections and conditions must currently be reported to the Department, the Department is proposing to add these words to the title of Subchapter B to more accurately describe the scope of reporting required by the Act and the proposed regulations.

In reviewing the structure of the regulations, the Department also decided that it would

propose doing away with a general list of reportable diseases and conditions, and specify in each relevant section which diseases, conditions, and infections are to be reported by the entities identified in the section.

GENERAL

Section 27.21. Reporting of AIDS cases by physicians.

The Department is proposing to move the current requirements of this section to other, more relevant sections. The Department is proposing to add a separate section setting forth reporting requirements of all health care practitioners, including physicians. This proposed section, section 27.21a (relating to reporting of cases by health care practitioners and health care facilities), would include in its provisions the current requirement that when a physician treats or examines a person suffering from, or who the physician suspects of having, a reportable disease, the physician is to make a report of that disease or condition. The Department is not proposing to include, in the relevant provisions of section 27.21a, language which requires a physician to report when a person the physician treats is suspected of being a carrier or when the person is affected asymptomatically. The current provisions of section 27.21 which include the manner in which reports are to be made, and to what place, would be included in section 27.4 (relating to reporting cases) which would set out how cases are to be reported. The current provisions which discuss how venereal diseases are to be reported would be included in section 27.33 (relating to reporting cases of sexually transmitted disease). Lastly, because of changes in federal law, physicians will now be required to report cases of cancer, and those requirements would be set out in section 27.31 (relating to reporting cases of cancer).

Reporting cases of AIDS is a reporting responsibility which would fall solely upon the physician under these proposed regulations. The current regulations require reporting of AIDS by hospitals and physicians. The Department is proposing adding language to this section which would require physicians to report cases of AIDS within 5 work days.

Section 27.21a. Reporting of cases by health care practitioners and health care facilities.

The Department is proposing to include in this section the list of diseases, infections, and conditions which must be reported by health care practitioners and health care facilities. The

Department is proposing to categorize the list of diseases, infections, and conditions by the time frame within which each disease, infection, and condition must be reported. The Department includes those which it proposes must be reported within 24 hours of identification in proposed subsection (a)(1). Those which the Department proposes be reported within five work days, it includes in proposed subsection (a)(2).

The Department is also proposing to make the following modifications to the general list currently set out in section 27.2 (relating to reportable diseases) for the following reasons:

AIDS

The Department proposes excluding AIDS from the list of diseases, infections, and conditions it proposes to make reportable in this section. The proposed reporting requirements of this section apply to all health care practitioners and health care providers. The Department proposes to change the current requirement that AIDS be reported by hospitals and physicians, and to make AIDS reportable only by physicians. To do this, it would be necessary to delete AIDS from this section, and create a separate section requiring only physicians to report cases of AIDS. The Department proposes to set out this physician reporting requirement in section 27.21 (relating to reporting of AIDS cases by physicians).

Arbovirus Disease

The Department has determined that arbovirus disease (AD) should be made a reportable disease or condition in Pennsylvania and proposes that it be added to the list of reportable diseases, infections and conditions. AD is transmitted by a mosquito insect vector. Examples of AD include, eastern equine encephalomyelitis, Saint Louis encephalitis, Venezuelan equine encephalomyelitis, western equine encephalomyelitis, and yellow fever. Any outbreak of AD is a nationally reportable condition.

Chancroid

The Department has determined that chancroid should be made a reportable disease or condition in Pennsylvania and proposes that it be added to the list of reportable diseases, infections and conditions. Chancroid is a sexually transmitted disease characterized by painful genital ulceration caused by Hemophilus ducreyi that is probably present in Pennsylvania. This is a nationally reportable condition.

Chickenpox (varicella)

The Department has determined that chickenpox should be made a reportable disease or condition in Pennsylvania and proposes that it be added to the list of diseases, infections and conditions reportable by health care providers. Between 1970 and 1984, when chickenpox was last reportable, an average of 2,443 cases were reported each year. In 1973, there was a chickenpox outbreak of 7,315 cases. Therefore, outbreaks of chickenpox, especially within group settings, may be controlled if cases are identified and appropriate intervention strategies are implemented. Additionally, by reporting chickenpox cases, the efficacy of the new chickenpox vaccine can be measured. It is not yet clear that chickenpox can be prevented by a new vaccine. In order for reporting by health care providers to provide the Department with information which will be useful in determining the efficacy of the vaccine. The Department is proposing to obtain three years of reporting data from laboratories before requiring health care providers to report chickenpox.

Cryptosporidiosis

The Department has determined that cryptosporidiosis should be made a reportable disease or condition in Pennsylvania and proposes that it be added to the list of reportable diseases, infections and conditions. Cryptosporidiosis is caused by the protozoan cryptosporidium parvum and characterized by diarrhea, abdominal cramps, loss of appetite, low-grade fever, nausea, and vomiting. The disease may be prolonged and life-threatening in severely immunocompromised persons. This is a nationally reportable condition.

Enterohemorrhagic E. coli

The Department has determined that enterohemorrhagic E. coli should be made a reportable disease or condition in Pennsylvania and proposes that it be added to the list of reportable diseases, infections and conditions. Large outbreaks of E. coli 0157:H7 bacteria have been reported in the United States, including a 1993 outbreak linked to undercooked hamburgers with more than 600 reported cases and 4 deaths. In 1996, more than 6,000 schoolchildren in Japan developed E. coli 0157:H7 infection from eating contaminated radish sprouts. In August of 1997, 25,000,000 pounds of ground beef patties were recalled by the United States Department of Agriculture because they had been epidemiologically linked to a disease outbreak of E. coli 0157:H7. This is a nationally reportable condition.

Granuloma Inguinale

The Department has determined that granuloma inguinale (GI) should be made a reportable

disease or condition in Pennsylvania and proposes that it be added to the list of reportable diseases, infections and conditions. GI is a slowly progressive ulcerative disease of the skin and lymphatics of the genital perianal area caused by infection with Calymmatobacterium granulomati, a bacteria that is most likely present in the Commonwealth.

Hantavirus Pulmonary Syndrome

The Department has determined that hantavirus pulmonary syndrome (HPS) should be made a reportable disease or condition in Pennsylvania and proposes that it be added to the list of reportable diseases, infections and conditions. HPS is a rare but serious acute lung disease caused by hantavirus infection. In June of 1993, the first cases in the United States were diagnosed in the Southwest. On November 25, 1997, HPS was diagnosed, post-mortem, in a Pennsylvania resident who presumably acquired the fatal condition from infected rodents in Northeastern Pennsylvania. In addition, an ongoing retrospective review of unexplained deaths lead to the diagnosis of a March, 1997 unexplained death in a Commonwealth citizen as also being caused by HPS. HPS is a nationally reportable condition.

Hemorrhagic Fever

The Department has determined that hemorrhagic fever (HF) should be made a reportable disease or condition in Pennsylvania and proposes that it be added to the list of reportable diseases, infections and conditions. HF is an often fatal viral disease with an early high fever with subsequent vascular and neurological symptoms. Most HF is caused by Biosafety Level 4 (spacesuit isolation) viruses for which neither treatment nor vaccination is available. Examples of HF include: Argentina HF (Junin virus), Bolivian HF (Machupo virus), Brazilian HF (sabia virus), Congo-Crimean HF (CCHF virus), ebola HF (ebola virus-Sudan, Zaire, Reston), HF with renal syndrome (hantavirus: Hantaan, Seoul, Puumala viruses), Lassa fever (Lassa virus), Marburg HF (Marburg virus-Kenya), and Venezuelan HF (Guanarito virus). Any outbreak of HF is a nationally reportable condition.

Hepatitis, viral, including types A, E, B, C, D, & G

Currently, the Department requires the reporting of the following types of hepatitis: hepatitis A; hepatitis B; and hepatitis non-A and hepatitis non-B (NANB). Because hepatitis C cases constitute a large majority of the NANB cases, the Department proposes to make newly identified specific types of viral hepatitis reportable: hepatitis C, hepatitis E, and hepatitis G. Adding these types of hepatitis is important so that disease specific trends can be followed within the Commonwealth and the nation.

Influenza

The Department has determined that influenza (flu) needs to be made a reportable disease or condition in Pennsylvania and proposes that it be added to the list of reportable diseases, infections and conditions. Flu is a highly contagious disease of the respiratory tract caused by influenza A and B viruses, which, in some people, can cause severe illness or death. It is estimated that more than 10,000 Americans die of flu each year. The Hong Kong avian influenza (H5N1) outbreak, which could have been the start of the next influenza pandemic, emphasizes the need to make confirmed laboratory cases of flu reportable in Pennsylvania.

Kawasaki Disease

The Department has determined that Kawasaki disease (KD) no longer needs to be a reportable disease or condition in Pennsylvania and proposes that it be excluded from the list of reportable diseases, infections and conditions. KD is an acute febrile, self-limited, systemic vasculitis of early childhood that is believed to be caused by a bacterial toxin secreted by staphylococcus aureus, or group A streptococcus. In the Department's opinion, public health intervention is no longer warranted, and the small number of cases of KD in Pennsylvania does not justify keeping it as a reportable condition. Further, KD is not a nationally reportable condition.

Lead Poisoning

Currently, requirements on reporting of lead poisoning and toxicity appear in several different places in the regulations, and do not appear in others. Although lead poisoning and toxicity is listed as a disease or condition to be reported by persons in charge of laboratories, it is not listed as a reportable disease in the general reporting section. The requirement that lead levels be reported is currently contained in section 27.4(b), which only requires reporting at very high lead levels.

In order to clarify requirements of reporting, the Department is now proposing to include lead poisoning both in the proposed amendments to this section and in the list of diseases and conditions which must be reported by clinical laboratories. (See proposed section 27.22, (relating to reporting of cases by clinical laboratories).

Lead poisoning is a nationally recognized public health problem which causes mental retardation in either children consuming leaded paints, or in workers exposed to lead at their

work site. One of the national objectives for the Year 2000 is the elimination of lead exposures that cause workers to have blood lead levels higher than 25 micrograms per deciliter (μg/dL). The Department's goal is to reach childhood blood levels of 0 μg/dl. The proposed changes to Chapter 27 concerning blood lead levels would assure that the Department is in compliance with current policy statements on elevated blood lead levels by the Centers for Disease Control and Prevention ("CDC"), and the National Institute for Occupational Safety and Health.

Leprosy (Hansen's Disease)

The Department has determined that leprosy needs to be made a reportable disease or condition in Pennsylvania and proposes that it be added to the list of reportable diseases, infections and conditions. Leprosy is a chronic bacterial disease of the skin, peripheral nerves and the upper airway caused by Mycobacterium leprae. The current ability of persons to rapidly and freely travel from the tropics, like Hawaii, to the Commonwealth, makes leprosy a potential problem in Pennsylvania. Leprosy is a nationally reportable condition.

Listeriosis

The Department has determined that listeriosis needs to be made a reportable disease or condition in Pennsylvania and proposes that it be added to the list of reportable diseases, infections and conditions. Listeriosis is caused by Listeria monocytogenes, which may produce any of several clinical syndromes, including stillbirth, newborn infection, meningitis, bacteremia, or localized infections. Outbreaks of listeriosis are often determined to be a food borne illness.

Phenylketonuria
Primary Congenital Hypothyroidism in Children up to 5 Years or 60 Months of Age
Maple Syrup Urine Disease ("MSUD")
Sickle Cell Hemoglobinopathies in Children up to 5 Years or 60 Months of Age

The Department proposes to apply the reporting requirements of this section to four metabolic diseases of the newborn child. These four diseases, phenylketonuria ("PKU") primary congenital hypothyroidism in children up to 5 years or 60 months of age, maple syrup urine disease ("MSUD"), and sickle cell hemoglobinopathies in children up to 5 years or 60 months of age, are the four metabolic diseases of the newborn child for which the Department screens in its Newborn Screening Program ("NBS"). Currently, only two of these four diseases are included in the regulations. The Newborn Child Testing Act, 35 P.S.

§621 et seq. (P.L. 398, No. 86), enacted in 1992, added sickle cell hemoglobinopathies and MSUD to the list for which newborn children are screened. (See 35 P.S. §623(b)). As with lead poisoning, these two diseases were only included in the list currently set out in section 27.22. All four diseases would now appear in this section and in proposed section 27.22.

The Department proposes to add MSUD and sickle cell hemoglobinopathies to the list of diseases reportable to the Department because of the passage of the Newborn Child Testing Act, and because of the necessity of early detection of these diseases in children to prevent mental retardation, death, and serious illness. The more quickly families and health care providers are aware of these conditions, the more quickly prophylactic measures can be taken to ameliorate serious harm to the child. Particularly with MSUD, and to a lesser extent with PKU, if the disease is not detected quickly, and treatment begun, severe mental retardation or even death can occur.

Therefore, the Department proposes to require persons other than laboratories to report to the Department cases of PKU primary congenital hypothyroidism in children up to 5 years or 60 months of age, MSUD, and sickle cell hemoglobinopathies in children up to 5 years or 60 months of age within five days of being identified, and that clinical laboratories report within twenty-four hours. (See proposed section 27.22). Given the necessary testing with some of these diseases, only a laboratory would be able to report these diseases in less than a five day time period.

The Department also proposes to narrow the cases of primary congenital hypothyroidism and sickle cell hemoglobinopathies which must be reported to those cases identified in children up to the age of 5 years or 60 months. This is not to say that the Department would not accept reports of these conditions in children over the age of 5 years; however, given the serious nature of these conditions during the early stages of a child's growth and development, the most beneficial action is taken to prevent death or serious illness or injury within the first five years of a child's life.

Reye's Syndrome

The Department has determined that Reye's syndrome (RS) no longer needs to be a reportable disease or condition in Pennsylvania and proposes that it be excluded from the list of reportable diseases, infections and conditions. RS is a frequently recognized hepatic and central nervous system complication of influenza B, and, less commonly, influenza A virus infection. Again, in the Department's opinion, public health intervention is no longer warranted, and the small number of cases of RS, does not justify keeping it as a reportable

condition. RS is also not a nationally reportable condition.

Streptococcal Invasive Disease (Group A)

The Department has determined that streptococcal invasive disease (group A) should be a reportable disease or condition in Pennsylvania and proposes that it be added to the list of reportable diseases, infections and conditions. Streptococcal invasive disease may manifest as any of several syndromes, including pneumonia, bacteremia, or deep soft tissue infection (necrotizing fasciitis, or "flesh eating bacteria"). This is a nationally reportable condition.

Tuberculosis

Since tuberculosis disease can be found in many parts of the body, such as the lungs, kidneys, and bones, the Department has determined that tuberculosis occurring in all sites of the body, including pulmonary and extra pulmonary tuberculosis disease, should be reportable in Pennsylvania. Accordingly, the Department proposes to replace the word "forms" with the word "sites" to clarify that tuberculosis disease in all sites of the body is reportable. The use of the word "sites" would not make tuberculosis infection reportable since it is not identified by site.

The Department is also proposing to include in this section the standards by which the health care practitioner and health care facility are to report cases. For example, the Department proposes to include in subsection (b) the requirement that a health care practitioner and health care facility be required to report a case when the practitioner or facility has treated or examined the person with the disease, infection and condition, or when the practitioner suspects the person of having a disease, infection or condition. Secondly, the Department proposes that a health care practitioner or health care facility would only need to report a case once. For example, if a practitioner or facility treats a person and reports a disease, and then laboratory testing confirms the case, the practitioner or facility need not report the disease again. This prevents duplicative reporting.

The Department also proposes to require school nurses to report unusual cases of absenteeism. This would give the Department early warning of outbreaks among a vulnerable population.

The Department also proposes, in subsection (b), that health care practitioners and health care facilities only report cases of influenza and chlamydia trachomatis infection after

laboratory confirmation of the causative agent is obtained. It is important that these cases be confirmed by laboratory evidence to ensure accurate epidemiological reporting, and to prevent over-reporting of cases.

The Department also proposes to require that both health care facilities and health care practitioners report cases of cancer. The regulations currently prohibit a physician from reporting cancer cases. The Department is proposing to add this requirement because the 1992 Cancer Registries Amendment Act (42 U.S.C. §§280e and 280e-1- 280e-4) requires assurances from states, applying for federal grants as part of the National Program of Cancer Registries, that authorization under state law exists for the establishment of a statewide cancer registry. To comply with the 1992 Cancer Registries Amendment Act, the Department is proposing to amend this section to require health care practitioners and health care facilities to report cases of cancer.

Lastly, because the proposed definition of "health care facility" includes inpatient drug and alcohol abuse treatment facilities, the Department recognizes that this proposed section may pose a potential confidentiality problem, as it has in the past. The Department, therefore, has executed Qualified Service Organization Agreements with these facilities. These agreements would permit the drug and alcohol abuse treatment facilities to make reports of reportable diseases, infections, and conditions within the scope of the law, and provide for adequate disease prevention and control while keeping the strict requirements of confidentiality for drug and alcohol abuse treatment clients in view.

Section 27.22. Reporting of cases by clinical laboratories.

The Department is proposing to substantially revise this section to remove those provisions dealing with reporting requirements specific to individual diseases, infections or conditions. The Department proposes to include these requirements in sections relating specifically to reporting those diseases, infections or conditions. See proposed sections 27.30 (relating to reporting results of metabolic disease testing in the newborn child, 27.31 (relating to reporting cases of cancer), 27.33 (relating to reporting cases of sexually transmitted diseases), section 27.34 (relating to reporting cases of lead poisoning).

In subsection (a), the Department proposes to impose reporting time-frames on clinical laboratories, except as noted otherwise in the chapter. The Department considers it necessary to impose these time-frames to ensure the Department's receipt of the reports in sufficient time to generally enable the Department to prevent and control the spread of

disease.

In subsection (b), the Department is proposing to include substantially the same list of diseases, infections, and conditions to be reported as are included in proposed section 27.21a (relating to reporting of cases by health care practitioners and health care facilities), although different time frames for reporting are proposed. The proposal would add certain diseases, including measles, mumps, pertussis, poliomyelitis, rubella, and tetanus, to those which laboratories have been required to report. Reporting requirements for laboratories reporting chickenpox would take effect immediately upon publication in the *Pennsylvania Bulletin*.

Further, pursuant to the recommendation of the American Thoracic Society and the CDC, the Department is proposing to require in subsection (b) that laboratories report to the Department the results of drug susceptibility testing for tuberculosis. Such reporting would enable the Department to be aware of drug-resistant tuberculosis and multi-drug resistant tuberculosis as soon as possible.

In subsection (c), the Department proposes to clarify the types of information a clinical laboratory is required to report, and how a clinical laboratory is to report, including permitting a clinical laboratory to submit reports in an electronic format specified by the Department.

The Department also proposes to add language in subsection (j) which would permit the Department to make changes to the requirements in subsections (f) through (i). Those subsections would require a laboratory to submit isolates of certain specified diseases, infections, or conditions to the Department's Bureau of Laboratories for further testing within a specified time frame. The proposed language would also permit the Department to require clinical laboratories to submit isolates of reportable diseases other than those specified in subsections (f) through (i). The Department proposes to add language allowing it to alter these requirements based upon medical or public health developments when such change is determined by the Department to be necessary to protect the health of the people of the Commonwealth. The Board would then have 90 days to approve the change. If the Board failed to approve the change within the 90-day period, the change would expire. This would provide the Department with the ability to implement the most up-to-date laboratory procedures to effectively control and prevent the spread of diseases, infections, or conditions.

Section 27.23. Reporting of cases by persons other than health care practitioners, health care facilities, veterinarians or laboratories.

The Department proposes to delete the original provisions of this section. The provisions relating to school nurses would be contained in proposed section 27.21a (relating to reporting of cases by health care practitioners and health care facilities). The Department is proposing to add language to this section which would require individuals in charge of institutions maintaining dormitories and living rooms, orphanages, and child care group settings to report all suspected cases of a reportable disease, infection or condition, except for cancer, to the local morbidity reporting office. This would provide the Department or local health authority with the opportunity to investigate, identify and respond to any cases of a reportable disease, infection or condition in these settings.

Section 27.24. (Reserved).

The Department proposes to delete this section, which pertains to reporting by heads of institutions, since reports by heads of institutions would be addressed under proposed section 27.23 (relating to reporting of cases by persons other than health care practitioners, health care facilities, veterinarians or laboratories). Because, under these proposed regulations, only physicians would be required to report cases of AIDS, the Department proposes deleting the current requirement in subsection (b) that hospitals are to report cases of AIDS.

Section 27.24a. Reporting of cases by veterinarians.

This section would be new. The Department proposes to add this section to require a veterinarian to report a case only if the veterinarian treats or examines an animal that the veterinarian suspects of having a reportable disease, infection or condition listed in proposed section 27.35 (relating to reporting of cases of disease in animals). The receipt of reports of certain diseases, infections or conditions in animals is important to the Department's disease prevention and control function because animals and animal products frequently serve as vehicles for transmission of disease to humans.

Section 27.25. (Reserved).

The Department proposes to delete this section, which pertains to reports by health care practitioners who are not physicians, as the requirement that other licensed health care practitioners report cases is included in proposed section 27.21a (relating to reporting of cases by health care practitioners and health care facilities).

Section 27.26. (Reserved).

The Department proposes to delete this section, which pertains to the reporting of cases by persons such as owners of hotels, motels and other lodgings, as its requirements are included in proposed section 27.23 (relating to reporting of cases by persons other than health care practitioners, health care facilities, veterinarians or laboratories).

Section 27.27. (Reserved).

The Department proposes to delete this section, which pertains to a physician revising the diagnosis of a disease or condition for which isolation or quarantine is required, as it is no longer necessary.

Section 27.28. (Reserved).

The Department proposes to delete this section, which pertains to reporting the occurrence of an unusual disease or group expression of illness. The requirements of this section would be included in proposed section 27.3 (reporting outbreaks and unusual diseases, infections, and conditions).

DISEASES AND CONDITIONS REQUIRING SPECIAL REPORTING

Section 27.30. Reporting results of metabolic disease testing in the newborn child.

The Department is proposing to delete the current language of section 27.30 and proposes to add language requiring that reports of the four reportable conditions in newborn children, PKU, primary congenital hypothyroidism, MSUD, and sickle cell hemoglobinopathies, be reported to the Department's Division of Maternal and Child Health, in the Bureau of Family Health. This would require reports to go directly to the division of the Department which operates the program that provides diagnosis, follow-up, and referral for treatment of children with one of these four metabolic conditions.

Section 27.31. Reporting cases of cancer.

Currently, only hospitals and laboratories are required to report cases of cancer. The Department proposes to add the requirement that all health care facilities and all health care practitioners, as defined in the proposed regulations, also be required to report cases of cancer. With the changes in technology and physician practice patterns, more patients than

ever before are being diagnosed and treated for cancer outside the hospital setting. Reporting from non-hospital sources is critical for finding a significant percentage of melanoma, lymphocytic leukemia, and cancers of the eye, vulva, oral cavity and prostate. Reporting by non-hospital health care facilities and health care practitioners is necessary to assure complete reporting of all cancer cases and accurate calculation of cancer statistics for the Commonwealth. Also, these added reporting requirements are necessary for the Department to comply with the 1992 Cancer Registries Amendment Act which requires the Department to promulgate regulations that would provide for the complete reporting of cancer cases to the statewide Cancer Registry by health care facilities and health care practitioners.

The Department also proposes to change the time-frame in which health care facilities must report cases of cancer. The time-frame would be changed from 90 to 180 days following inpatient discharge or outpatient treatment. Changing the reporting requirement from 90 to 180 days would provide the time necessary to collect additional information that is not always available within 90 days. Additionally, the 180 day reporting requirement would be consistent with reporting requirements of the American College of Surgeons Commission on Cancer, the accrediting agency for cancer programs; the North American Association of Central Cancer Registries, the standard setting organization for central cancer registry data collection; and the CDC in administration of the National Program of Cancer Registries.

Further, the Department proposes to add language to require health care practitioners to report cases of cancer within 5 work days of diagnosis. This language would make the reporting time-frames consistent with the health care practitioner reporting time frames for other reportable diseases.

The Department also proposes to add language to ensure that the Department has access to all records maintained by health care facilities and health care practitioners which would identify cases of cancer, or establish characteristics of the cancer, treatment of the cancer, or medical status of any identified cancer patient. The added language is needed for the Department to comply with the Cancer Registries Amendment Act, which requires the Department to promulgate regulations that would provide for access by the Cancer Registry to all such records.

Section 27.32. (Reserved).

The Department is proposing to delete this section, which pertains to reporting cases of AIDS, because the reporting requirements are included in proposed section 27.21 (relating

to reporting of cases of AIDS by physicians).

Section 27.33. Reporting cases of sexually transmitted disease.

This section would be new. In this section the Department lists the sexually transmitted diseases and infections that it proposes to make reportable. The term, "sexually transmitted disease," is broader than the previously used, "venereal disease," and would include chlamydia trachomatis infections.

Under proposed subsection (b), reports of cases of syphilis would be made reportable directly to the appropriate health authorities in Philadelphia and Allegheny counties for cases occurring in those counties. Each of these counties has a computerized registry of positive laboratory results for previously known syphilis cases reported in that county.

Section 27.34. Reporting cases of lead poisoning.

This section would be new. The Department proposes to add this section, and delete specific language concerning the reporting of lead poisoning and toxicity from section 27.22. to combine all the requirements for reporting of lead poisoning into one section. The current regulations contain lead reporting requirements in sections 27.4, 27.22, and 27.117. The Department also proposes that section 27.117, which pertains to reporting and control measures for lead poisoning, be deleted as outdated and unnecessary. Section 27.117 is one of over 40 sections in the current regulations which includes specific information detailing how the spread of diseases is to be prevented. The Department proposes to include the necessary reporting information relating to lead poisoning in this section.

The Department also proposes to change the required blood levels for reporting for both children under the age of 16 and pregnant women, and for persons age 16 and older. Changes in the required levels would reflect current policy direction from the CDC. The Department proposes to require that all lead test results on venus and capillary blood specimens, including those at 0 micrograms per deciliter (µg/dL) and up, be reported to the Department. Reporting of all levels for children under the age of 16 and for pregnant women would allow the Department to carry out case management more effectively, and to ensure that the appropriate medical and environmental follow-up services are provided to children and pregnant women in need of those services.

The Department also proposes that the blood lead level at which reports must be made to the Department for persons aged 16 and older be lowered to comport with CDC policy. That

level would be changed from 40 µg/dL to 25 µg/dL. The Department is also attempting to avoid the necessity of continually amending the regulations to reflect continuing changes in policy by proposing to include language which would permit the Department to change the reporting level to comport with regulatory requirements or guidelines of federal or environmental occupational health agencies by publishing a notice to that effect in the Pennsylvania Bulletin. The Board would then have 90 days to approve the change. If the Board did not act within the 90 day period, the change would expire. This would provide the Department with greater flexibility to meet current standards, and would eliminate the need to solely rely upon the cooperation of reporting entities for reporting test results consistent with national recommendations that precede regulatory changes.

The Department further proposes to set out in some detail the methods to be used to obtain all the necessary information required to be included on reporting forms submitted by the laboratories. The Department has had problems in the past obtaining all the information requested on the forms. The procedures in proposed subsections (g) and (h) would permit the laboratory to process the specimen in a timely manner when an incomplete report form is submitted to it. They would allow the laboratory to submit the incomplete report to the Department and return the incomplete report form to the specimen submitter. The person who submitted the specimen would be required to complete and return the report form to the laboratory within 14 days of the date of the letter returning the incomplete form. Pursuant to proposed subsection (h), the laboratory would then be required to send the completed form to the Department within one day.

The Department also proposes to add language to require the laboratory to notify the Department if the specimen submitter fails to return the information within the specified time periods. See proposed subsection (i). The Department could then recommend disciplinary action under proposed section 27.6 (relating to disciplinary consequences for violating reporting responsibilities). Any laboratory that would fail to comply with the requirements in this may be subject to disciplinary consequences by the Department. See proposed subsection (j).

The Department has also proposed changing the reporting procedures, but only for reporting of results on children up to the age of 16 and on pregnant women. Laboratories reporting results on these persons, and which conduct more than 100 tests per month, would be required to report these results to the Department's Division of Maternal and Child Health electronically and in the format specified by the Department. Laboratories performing less than 100 tests per month would be able to choose to report either electronically or by paper.

Section 27.35. Reporting cases of disease in animals.

This section would be new. The Department proposes to add this section to clarify that any case of a listed zoonotic disease (a disease in an animal which is transmissible to humans), or any disease, infection or condition covered by proposed section 27.3 (relating to reporting outbreaks and unusual diseases, infections, and conditions), must be reported. The language of subsection (b) is intended to clarify that the Department only has authority with regard to the control and prevention of disease or infection in animals when the disease or infection is dangerous to humans.

REPORTING BY LOCAL MORBIDITY REPORTING OFFICES

Section 27.41a. Reporting by local morbidity reporting offices of case reports received.

Section 27.42a. Reporting by local morbidity reporting offices of completed case investigations.

These sections would be new. The Department proposes to add these sections to clarify the reporting responsibility of the local morbidity reporting offices when a case report has been received and when a case investigation has been completed. The language in proposed section 27.42a also identifies the appropriate Department offices to which the completed case investigation reports would be submitted. These sections would make existing sections 27.41 and 27.42 of the current regulations (relating to individual case reports and summary reports) obsolete. The Department proposes deleting those sections.

Section 27.43a. Reporting by local morbidity reporting offices of outbreaks and selected diseases.

This section would be new. The Department proposes to add this section requiring LMROs to report outbreaks and incidences of selected diseases by telephone to the appropriate Department office on the date that the reports are received. This would enable the Department to promptly conduct an investigation to identify the source of the outbreak or selected disease and implement procedures to prevent the further spread of the outbreak or selected disease. Proposed section 27.43a would make section 27.43 of the current regulations (relating to immediate reports by telephone or telegraph) obsolete. The Department proposes deleting that section.

Section 27.44. (Reserved).
Section 27.45. (Reserved).
Section 27.46. (Reserved).
Section 27.47. (Reserved).

These sections pertain to destination of reports, reports made to the department, reports made to local health officers, and reports made by the department back to local health boards, respectively. The Department proposes to replace them with sections 27.41a, 27.42a, and 27.43a, all of which relate to reports by local morbidity reporting offices. The Department proposes deleting sections 27.44 through 27.47 since they would no longer be necessary.

REPORTING VIRAL HEPATITIS TO BLOOD BANKS

Section 27.51. (Reserved).

This section requires health officers to report to blood banks cases of viral hepatitis. The Department proposes to delete this section. It is no longer necessary because blood banks now automatically test blood for viral hepatitis.

SUBCHAPTER C.
QUARANTINE AND ISOLATION
GENERAL PROVISIONS

Section 27.60. Disease control measures.

This section would be new. The Department proposes to add a section which allows the Department or local health authority to direct isolation of a person or animal with a communicable disease or infection and to implement any other disease control measures that the Department or local health authority considers to be appropriate, including surveillance, segregation, quarantine or modified quarantine of contacts of persons or animals with a communicable disease or infection. This proposed section is important to the Department's disease control and prevention function, in that it would allow the Department the discretion to implement the most appropriate disease control measures for the situation. If the local health authority is not a local health department, it would be required to obtain approval from the Department prior to instituting disease control measures. This distinction between

local health departments and boards of health takes into account the differing levels of experience and qualifications that different types of local health authorities may have.

Section 27.61. Isolation.
Section 27.65. Quarantine.
Section 27.66. Placarding.
Section 27.67. Movement of persons and animals subject to isolation or quarantine by action of a local health authority or the Department.
Section 27.68. Release from isolation and quarantine.
Section 27.69. Laboratory analysis.

The proposed amendments to these sections set forth the requirements for the isolation and quarantine of persons and animals by the Department or local health authorities. Proposed amendments to sections 27.61, and 27.65 through 27.67 consolidate the isolation and quarantine requirements currently set forth in sections 27.62 through 27.64. The Department proposes deleting these sections from the regulations. The proposed amendments contain requirements necessary for disease control and prevention that may, if improperly used, unnecessarily impinge upon the rights of citizens of the Commonwealth. The Department is proposing, therefore, to add language requiring local health authorities without much experience in disease control or prevention, or whose qualifications in these areas may not be optimum, to seek the advice and approval of the Department before moving to take these actions.

Additionally, in order to prevent and control the spread of disease, the Department is proposing to amend these sections to apply quarantine and isolation requirements to animals. Frequently animals are the vehicle to human exposure to disease. The only animals, however, over which the Department or a local health authority would have jurisdiction under these regulations are those animals which can expose humans to disease. For a list of relevant diseases, refer to proposed section 27.35a (relating to reporting cases of disease in animals).

COMMUNICABLE DISEASES IN CHILDREN AND STAFF ATTENDING SCHOOLS AND CHILD CARE GROUP SETTINGS

The Department is proposing to apply the requirements of the regulations under this heading to children and staff in schools and child care group settings. Because staff are present along with the children, attempts to prevent and control the spread of diseases, conditions and

infections in schools and child care group settings would not be effective if staff were allowed to attend while children with the same symptoms were not. The term "staff" is intended to include all individuals that may work in schools, including volunteers.

Section 27.71. Exclusion of pupils and staff for specified diseases and infectious conditions.

The Department proposes to amend this section to clarify that any case of a listed communicable disease should be excluded from attending school until the case is no longer infectious.

The Department is also proposing to update the criteria for readmission and the period of exclusion for each listed disease. Further, the Department proposes to add specific criteria for readmission to schools and child care group settings for pupils and staff with ringworm and with tuberculosis. The criteria relating to tuberculosis are based on current medical practice and are consistent with the Department's Policy on Infectiousness of Tuberculosis Patients.

Section 27.72. Exclusion of pupils and staff showing symptoms.

The Department proposes to amend this section to include basic clinical symptom criteria to be used by school officials to determine whether or not a pupil or staff member should be excluded from attending school until a clinical diagnosis is made of his or her illness. The Department also proposes to require schools to maintain a record of each exclusion, and the reasons for that exclusion, and to then use the record to make a determination of when unusual rates of absenteeism occur. The Department proposes to publish periodically in the *Pennsylvania Bulletin* what constitutes an unusual rate of absenteeism.

Section 27.73. Readmission of excluded pupils and staff.
Section 27.74. Readmission of exposed or isolated pupils and staff.
Section 27.75. Exclusion of pupils and staff during a measles outbreak.

The Department proposes to amend these sections to make them applicable to staff in schools. Disease can be spread by the staff as well as by the children. The Department also proposes to add language in section 27.73(b) requiring a physician's determination that the illness is either resolved, noncommunicable or in a noncommunicable state, when the symptoms of the illness are rash with fever or behavioral change, or a productive cough with

fever.

Section 27.76. Exclusion and readmission of children and staff in child care group settings.

This section would be new. It would apply the requirements in proposed sections 27.71 through 27.75, which pertain to communicable diseases in children and staff attending schools, to child care group settings, except that the readmission of children and staff in child care group settings would be contingent upon a physician verifying that the criteria for readmission, set forth in the proposed section, have been satisfied. This section differs from proposed section 27.73 (relating to readmission of excluded pupils and staff), because it makes readmission contingent upon a physician, rather than a school nurse, being satisfied that the condition for which the person was excluded is not communicable.

The Department proposes to include conditions and circumstances, in addition to those that would be set forth in section 27.71 (relating to exclusion of pupils and staff for specified diseases and infectious conditions), for which a child or staff person in a child care group setting shall be excluded. Readmission criteria are also proposed. The Department also proposes to require that the caregiver at the child care group setting provide for instruction of the staff regarding exclusion and screening criteria, and instruction of parents and guardians in 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 a condition for which exclusion is required. The caregiver would also be required to have staff screen the children each day, at the time the child is brought to the child care group setting, for the presence of conditions requiring exclusion. The Department considers it necessary to impose these requirements on child care group settings because child care group settings have a population highly susceptible to disease.

Section 27.77. Immunization requirements for children in child care group settings.

This section would be new. It would set forth the responsibilities of a caregiver in a child care group setting with respect to ensuring compliance with immunization standards. The proposed section would authorize the caregiver not to accept or retain any child two months of age or older after specified time periods if the child had not received the appropriate immunizations, if the verifications specified in the section were not received by the caregiver, or if a religious objection to the requirements has not been raised in writing. The caregivers would be required to obtain immunization data from all enrolled children and maintain up-to-date immunization records on the children. The records would need to

identify which children were properly immunized, which were under-immunized, and which were exempt from immunizations.

The section would also provide an exemption from immunization requirements if the parents or guardian of the child were to object in writing. Further, if the setting is a kindergarten, elementary school, or higher school, the proposed regulations would not apply. The proposed regulations would also not apply if the child were known by the caregiver to be six years of age or older, or to attend a kindergarten, elementary school, or high school. The requirements would also not apply in a child care group setting where the caregiver does not serve as a caregiver for at least 40 hours during at least one month. The requirements of subsection (a), pertaining to caregiver responsibilities, would not apply during a month the caregiver did not serve as a caregiver for at least 40 hours.

This section would also require the immunization status of all children in child care group settings to be reported to the Department annually. The reporting of the immunization status of children would allow the Department to monitor compliance with immunization requirements. Reporting also would allow for onsite quality assurance reviews and prompt responses to reports of disease occurrence by the Department. The imposition of immunization requirements in school students has effectively eliminated large and extended disease outbreaks in schools. The Department has the same expectations for child care group settings if the provisions of this proposed section are followed and noncompliant enrollees are identified and excluded from child care group settings.

Subsection (b) would also set forth the standards for immunization which children enrolled in a child care group setting would be required to meet. These standards are standards which were developed by the CDC's Advisory Committee on Immunization Practices (ACIP). Subsection (c) would provide for the Department to publish a notice containing a list of all publications containing ACIP recommendations issued pursuant to these standards.

Lastly, the section would provide the Department or local health department with the ability to exclude an individual who is susceptible to a disease set forth in the regulation from a child care group setting when that disease is identified within such a setting, and from any child care group setting which is determined to be at high risk for the transmission of that disease. This, too, is intended to protect a particularly vulnerable part of the population from the spread of serious disease.

SUBCHAPTER D.

SEXUALLY TRANSMITTED DISEASES, TUBERCULOSIS, AND OTHER COMMUNICABLE DISEASES

Section 27.81. Examination of persons suspected of being infected.
Section 27.82. Refusal to submit to examination.
Section 27.83. Court ordered examinations.

The Department proposes to make minor revisions to these sections. The revisions would more closely reflect the language of the sections of the Act which deal with these issues, and changes the term, "venereal disease," to "sexually transmitted disease," as has already been discussed.

Section 27.81 permits the Department or a local health authority to require a person which either suspects of having a sexually transmitted disease to undergo a medical examination. The Department proposes adding language which requires a local health authority which is not an LMRO to consult with and receive approval from it prior to taking action. This language would ensure that local health authorities with less experience than LMROs do not restrict a person's liberty without good cause.

Section 27.84. Examination for sexually transmitted disease of persons detained by police authorities.

The Department proposes to amend this section to clarify its authority and the authority of local health authorities under sections 7 and 8 of the Act (35 P.S. §§521.7 (relating to examination and diagnosis of persons suspected of being infected with sexually transmitted disease, tuberculosis, or any other communicable disease, or of being a carrier) and 521.8 (relating to venereal disease)). Under these sections, the Department and local health authorities have the authority to pursue a judicial action for enforcement if a person detained by police authorities, for certain purposes, refuses to permit an examination or to provide a specimen for a laboratory test for a sexually transmitted disease. The proposed regulations would add language to this section to clarify that fact.

Section 27.85. Diagnosis and treatment of sexually transmitted disease.

The Department proposes to make minor revisions to this section to delete references to the Act, and to replace the term, "venereal disease," with "sexually transmitted disease."

Section 27.86. (Reserved).

The Department proposes to delete this section, which prohibits the sale of remedies for the treatment of venereal disease, except pursuant to a physician's prescription. The provisions of the section are contained in Section 10 of the Act (35 P.S. §521.10). Repetition in the regulations would serve no purpose. The Department is not the enforcing agency.

Section 27.87. Refusal to submit to treatment for communicable diseases.

The Department proposes to amend this section to clarify its authority under section 11 of the Act (35 P.S. §521.11) (relating to persons refusing to submit to treatment for sexually transmitted diseases, tuberculosis, or any other communicable disease) to order persons to complete therapy if they are infected with a communicable disease which may be significantly reduced in its communicability if that therapy is continued. This provision is of particular importance in cases of tuberculosis, which require that an individual complete the drug therapy in order to render the tuberculosis noncommunicable.

The Department also proposes the addition of language which requires a local health authority which is not an LMRO to consult with the Department and receive Department approval before taking any action under this section.

Section 27.88. Isolation and quarantine in appropriate institutions.

The Department is proposing that this section be amended to remove references to jails. The Department proposes broadening the term to permit the Department to order isolation or quarantine in institutions where movement is restricted. This would permit the Department to place the individual in the type of institution which would best serve the individual's medical needs.

Section 27.89. Examinations for syphilis.

The provisions of the Marriage Law (23 Pa. C.S. §§1101-1905) pertaining to premarital syphilis testing were repealed in June of 1997. Accordingly, the Department proposes to delete the requirement for premarital syphilis testing from the regulations.

The Department proposes to retain the syphilis prenatal testing requirements which are currently set forth in section 27.94. The Department proposes to update the syphilis prenatal testing requirements and to move them from section 27.94 to this section. The Department

proposes deleting section 27.94 since it would no longer be necessary.

Additionally, in order to encourage prompt testing, the Department proposes to clarify that the first examination following a diagnosed pregnancy includes the visit when the pregnancy test is first positive. Also, in an effort to prevent congenital syphilis, the Department proposes to add a third trimester syphilis test on pregnant women in counties where the incidence of infectious syphilis is at a rate of syphilis occurring in the population for which the CDC has determined it is cost-effective to institute special precautions. The current rate established by the CDC is any rate above 2.0 per 100,000 population. The Department proposes to publish changes to this rate in the *Pennsylvania Bulletin* as necessary. The proposed addition of a syphilis test of a newborn or a stillborn in counties where the rate is above the CDC established rate would help to identify newborns and mothers with syphilis who were not found through prenatal testing. Finally, the proposed language regarding both the timing of syphilis testing after delivery, and timing of medical record entries of tests for syphilis on the medical records of both the newborn and the mother, would help to prevent their discharge without review of the test results. This is important since the blood taken at birth is an indicator of the infection status of both mother and child. Because only Philadelphia has a rate of syphilis above the current CDC established rate, these specific requirements presently apply only to Philadelphia. However, the standard would enable the Department to broaden a surveillance network to prevent congenital syphilis elsewhere in the event the established CDC rate is exceeded elsewhere.

Section 27.90. (Reserved).
Section 27.91. (Reserved).
Section 27.92. (Reserved).
Section 27.93. (Reserved).

The Department proposes to delete sections 27.90 through 27.93 from the regulations. These sections basically repeat the statutory requirements specific to premarital syphilis testing, which were repealed in June of 1997.

Section 27.94. Prenatal examination for syphilis.

The Department proposes to delete this section as it is including provisions for prenatal examinations for syphilis in proposed section 27.89 (relating to an examination for syphilis).

Section 27.95. Reporting syphilis examination information for births and fetal

deaths.

The Department proposes to make changes to this section to reflect the changes made in section 27.89 (relating to examinations for syphilis).

Section 27.96. Diagnostic tests for sexually transmitted diseases.

The Department is proposing minor editorial changes to this section. In subsection (a), the Department is also proposing to replace the reference to itself as the agency approving tests to be used in diagnosing sexually transmitted diseases with a reference to the Food and Drug Administration (FDA). The FDA is the appropriate agency to approve such tests. Subsection (b) would specify that an individual may contact the Division of Clinical Microbiology of the Department's Bureau of Laboratories to obtain a list of approved tests.

Section 27.97. Treatment of minors.

The Department proposes to amend this section to clarify section 14.1 of the Act (35 P.S. §521.14a) (relating to treatment of minors). The proposed language would permit a person under the age of twenty-one, who has consented to diagnosis and treatment for a sexually transmitted disease, to undergo such diagnosis and treatment without the consent of his or her parents. A similar consent provision is included at 35 P.S. 10103, which permits a minor to give effective consent for medical and health services to determine the presence of or to treat reportable diseases under the Act, including sexually transmitted diseases.

Section 27.98. Prophylactic treatment of newborns.

The Department proposes to delete tetracycline ophthalmic ointment or solution as a prophylactic treatment of newborns since it is no longer the standard prophylactic treatment. A silver nitrate solution or an erythromycin ophthalmic ointment or solution is the standard prophylactic treatment of newborns.

Section 27.99. Prenatal examination for hepatitis B.

This section would be new. In order to reduce the risk of hepatitis B virus (HBV) infection, the Department proposes adding this section to require physicians to test pregnant women for HBV at or before the time of delivery, and if the results are positive, to provide the appropriate prophylaxis treatment to the newborn within 12 hours after birth. This section would also contain language providing for a religious objection to the test. HBV

infection is a major public health problem throughout the world. Children born to HBV infected mothers are at especially high risk. Approximately 22,000 infants are born to HBV-infected mothers each year in the U.S. Infants born to positive mothers have a 70% to 90% chance of becoming HBV-infected perinatally, and 85% to 90% of infants infected with HBV become chronic carriers. HBV-related acute and chronic liver disease causes about 5,000 deaths each year.

SUBCHAPTER E.
SELECTED PROCEDURES FOR PREVENTING DISEASE TRANSMISSION

Subchapter E of the regulations currently identifies the procedures for treating each reportable disease, many of which are outdated. Accordingly, the Department proposes deleting Subchapter E, which includes sections 27.101 through 27.146, and replacing it with a new Subchapter E, which would contain state-of-the-art public health procedures which would best prevent disease transmission. These state-of-the-art public health procedures would be set forth in proposed sections 27.151 through 27.164. These sections would all be new sections.

Section 27.151. Restrictions on the donation of blood, blood products, tissue, sperm and ova.

The Department proposes prohibiting persons known to be infected with the causative agent of a reportable disease from donating blood, blood products, tissue, sperm, or ova for use in other human beings. The Department also proposes language which would prohibit the receipt of blood, blood products, tissue, sperm, or ova for donation without laboratory evidence showing the absence of hepatitis B, hepatitis C, HIV and other diseases and infections, which the Department may specify through notice in the *Pennsylvania Bulletin.* The Board would then have 90 days to approve the additions to the list. If the Board does not act within the 90-day period, the changes would expire. This would give the Department flexibility to add dangerous diseases and infections as they become known, and would help to prevent the transmission of reportable disease, infections, and conditions through blood, blood products, tissue, sperm, or ova.

Section 27.152. Investigation of cases and outbreaks.

The Department proposes adding a section to clarify the authority of the Department and local health authorities under sections 3 and 5 of the Act (35 P.S. §§521.3 and 521.5) (relating to responsibilities and measures for disease prevention and control) to investigate

any case or outbreak of disease judged by the Department or local health authority to be a potential threat to the public's health. Specifically, the proposed language would prohibit any person from interfering or obstructing an investigation by the Department or local health authority and would authorize the Department or local health authority to conduct a confidential review of medical records during the course of its investigation. This proposed language would ensure that the Department or local health authority is able to conduct a complete disease investigation.

Section 27.153. Restrictions on food handlers.
Section 27.154. Restrictions on child care group setting caregivers.
Section 27.155. Restrictions on health care practitioners.

The Department proposes in these sections to place restrictions on food handlers, child care group setting caregivers, and health care practitioners with amebiasis, enterhemorrhagic E. coli, shigellosis, typhoid or paratyphoid fever, hepatitis A, viral hepatitis, or jaundice of an unspecified etiology, or diarrhea. The Department considers it necessary to place restrictions on these specific types of individuals because of their potential to spread a reportable disease, infection or condition to many people.

Section 27.156. Special requirements for amebiasis.
Section 27.157. Special requirements for enterohemorrhagic E. coli.
Section 27.158. Special requirements for shigellosis.
Section 27.159. Special requirements for typhoid and paratyphoid fever.

The Department proposes in these sections to restrict household contacts of laboratory confirmed cases of amebiasis, enterohemorrhagic E. coli, and shigellosis, from working as food handlers, from attending or working in child care group settings, or from providing direct patient care, until the required laboratory tests for these diseases are confirmed negative. The Department proposes placing similar requirements on both symptomatic and asymptomatic contacts of typhoid or paratyphoid fever. Chronic carriers of typhoid or paratyphoid fever would also be excluded from these activities until laboratory tests are confirmed negative. The Department proposes these special requirements because these diseases are easily communicable by food handlers, persons working in or attending child care group settings and persons providing direct patient care.

Section 27.160. Special requirements for measles.

An effective way to reduce secondary cases of measles is to identify cases early, define the

zone of risk, identify the susceptible individuals, and exclude the susceptible individuals from the setting. Accordingly, the Department proposes setting forth special procedures that are to be followed during a measles outbreak in a child care group setting and which would minimize person-to-person exposure. These procedures are recommended by both the ACIP and the CDC. The procedures also would be consistent with measle outbreak procedures in other types of settings.

Section 27.161. Special requirements for tuberculosis.

The Department proposes adding this section to set forth the appropriate isolation requirements for persons infected with tuberculosis and their close contacts, including requiring close contacts. The procedures would include requiring close contacts to have a Mantoux tuberculin skin test and/or chest x-ray. These requirements are based on current medical practice. This proposed section would replace section 27.142, which pertains to tuberculosis, and which the Department is proposing to delete from the regulations.

Section 27.162. Special requirements for animal bites.

The Department proposes adding this section to set forth the procedures for addressing animal bites to humans, including the quarantine and euthanasia of the animal, and subsequent laboratory testing of brain tissue. The Department considers these special requirements necessary to ensure that the Department is able to conduct a complete investigation to determine whether or not the animal is infected with rabies, and to spare persons who have been bitten from undergoing costly and painful treatment which may prove to be unnecessary.

Section 27.163. Special requirements for psittacosis.

The Department proposes to require that Chlamydia psittaci contaminated buildings be appropriately decontaminated prior to either re-occupancy, or re-use. The Department proposes adding this section in order to respond to the public health need to decontaminate buildings of Chlamydia psittaci, a need which is currently unaddressed.

Section 27.164. Special requirements for close contacts of cases of plague, pharyngitis, or pneumonia.

The Department proposes to require close contacts of cases of plague, pharyngitis and pneumonia to take certain precautions in order to prevent the spread of these diseases.

SUBCHAPTER G.
MISCELLANEOUS PROVISIONS

IMPORTATION OF ANIMALS AND ANIMAL PRODUCTS

Section 27.191. Importation of animals and animal products during a public health emergency.

The current regulations authorize the Department to place restrictions on the importation of rabbits, hares or rodents during a public health emergency. Since disease may be spread by animals other than rabbits, hares, and rodents, the Department proposes replacing all references to "rabbits, hares or rodents" in this section with "animals and animal products." Because animals and animal products frequently serve as vehicles for disease, the Department's authority to place restrictions on these items is important for its disease prevention and control function.

DISPOSITION OF EFFECTS AND REMAINS OF INFECTED PERSONS

Section 27.203. Preparation for burial or transportation of deceased human bodies.

The Department is proposing to delete and replace the provisions of this section with a general statement requiring that appropriate precautions be taken. This precautions will change as accepted practice standards change.

Section 27.205. (Reserved).

The Department proposes to delete this section, which pertains to standards for transferring the body of a person who has died of certain diseases. The Department finds this section to be unnecessary.

C. WHO IS AFFECTED BY THE PROPOSED AMENDMENTS

The proposed amendments will impact on health care providers, health care practitioners, clinical laboratories, health care facilities, and child care group settings in this

Commonwealth. They will be required to comply with the updated disease reporting procedures, which are not significantly different from current reporting requirements. Additionally, every citizen in the Commonwealth will be affected by the proposed amendments, as each will benefit from a reduced risk of exposure to, and resulting morbidity and mortality from infection with the more than 47 reportable disease, infections and conditions.

D. COST AND PAPERWORK ESTIMATES

The proposed amendments will have no measurable fiscal impact on the Commonwealth, local government, the private sector or the general public because the disease reporting system already exists in the Commonwealth. In fact, the application of nationally accepted state-of-the art public health practices and communicable disease prevention and control strategies within Pennsylvania should create savings in related health care costs each year. The regulated community and local governments will see a benefit directly proportional to the numbers and types of disease cases prevented, thereby reducing community health care costs. The Commonwealth will also benefit in an amount directly proportional to the numbers and types of disease cases and disease outbreaks prevented, thereby greatly reducing state government health care costs.

The proposed amendments are essentially a fine-tuning of an already existing disease reporting system in the Commonwealth and will not result in additional paperwork. Newly listed reportable diseases, infections and conditions will be reported and investigated in a similar manner to currently listed diseases, infections and conditions using national case-definitions and investigation forms provided by the CDC.

E. STATUTORY AUTHORITY

The Department's overarching authority to promulgate these regulations is found in the Act. Section 16(a) of the Act (35 P.S. §521.16(a)), gives the Board the authority to issue rules and regulations on a variety of issues relating to communicable and non-communicable diseases, including the following: which diseases are to be reported; the methods of reporting diseases; the contents of reports and the health authorities to whom diseases are to be reported; what control measures are to be taken with respect to which diseases; provisions for the enforcement of control measures; requirements concerning immunization and vaccination of persons and animals; requirements for the prevention and control of

disease in public and private schools; requirements for the treatment of venereal disease, including patient counseling; and any other matters the Board may deem advisable for the prevention and control of disease and for carrying out the provisions and purposes of the Act. Section 16(b) of the Act (35 P.S. §521.16(b)), gives the Secretary of Health the authority to review existing regulations and make recommendations to the Board for changes the Secretary considers to be desirable.

There is also legislative authority for specific provisions of the proposed regulations in other statutes. The Administrative Code of 1929 (71 P.S. §51 et seq.) (Code), contains several pertinent provisions. First, section 2102(g) of the Code (71 P.S. §532(g)), provides general authority for the Department to promulgate its regulations.

Section 2106(a) of the Code (71 P.S. §536(a)), provides the Department with additional authority to declare diseases to be communicable, and to establish regulations for the prevention and control of disease. Section 2106(b) of the Code (71 P.S. §536(b)), provides the Department with the authority to establish and enforce quarantines to prevent the spread of disease, and section 2106(c) of the Code (71 P.S. §536(c)), gives the Department the authority to administer and enforce the laws of the Commonwealth with respect to vaccination and other means of preventing the spread of communicable disease.

Section 2111(b) of the Code (71 P.S. §541(b)), provides the Board with additional authority to promulgate regulations deemed by the Board to be necessary for the prevention of disease, and for the protection of the lives and the health of the people of the Commonwealth. That section further provides that the regulations of the Board shall become the regulations of the Department.

Section 2111(c.1) of the Code (71 P.S. §541(c.1)), also provides the Board with the authority to make and revise a list of communicable diseases against which children are required to be immunized as a condition of attendance at any public, private, or parochial school, including kindergarten. The section requires the Secretary to promulgate the list, along with any rules and regulations necessary to insure the immunizations are timely, effective, and properly verified. The regulations that primarily carry out this responsibility are set forth in Subchapter C of Chapter 23 (relating to school health) (sections 23.81-23.87).

Other statutes speak to the Department's authority to promulgate regulations in relation to specific diseases, infections, or conditions. The Newborn Child Testing Act of 1992 (35 P.S. §§621-625), provides the Department with the authority to promulgate regulations listing reportable diseases and conditions in the newborn child, and setting out the operation

of a program of screening, follow-up, assessment and diagnosis of newborn children for these reportable diseases and conditions. (35 P.S. §§621.23 and 621.25). The Pennsylvania Cancer Control, Prevention, and Research Act (35 P.S. §§5631-5637), authorizes the Department to create a cancer registry to which persons in charge of hospitals and laboratories must report cases of cancer in accordance with rules and regulations adopted by the Department with the advice of the Pennsylvania Cancer Control, Prevention and Research Advisory Board. (35 P.S. §5636(b)). This legislation has been impacted by federal legislation which was enacted in 1992, and which requires complete reporting of cancer cases to be made by all health care practitioners, and all hospitals or other facilities providing screening, diagnostic or therapeutic services to patients with respect to cancer. (42 U.S.C. §280e and §§280e-1 - 280e-4). Finally, what is known as the "Turtle Law" (35 P.S. §§1071-1077), provides the Department with the authority to prohibit a person from bringing, causing to be brought, or transporting any live turtle into the Commonwealth, unless the turtle or lot of turtles is accompanied by a permit issued by the Department or another agency authorized by the Department to issue a permit. The permit may only be issued if there is adequate biological proof that the turtles are free from salmonella. The same permit is required when the turtles originate within the Commonwealth.

Several statutes provide the Department with authority to command disease prevention and control measures within certain institutions. Section 803 of the Health Care Facilities Act (35 P.S. §448.803), provides the Department with the authority to promulgate regulations relating to the licensure of health care facilities, and allows the Department to require certain actions relating to disease control and prevention to occur within health care facilities. Articles IX and X of the Public Welfare Code (62 P.S. §§901-1059), which provide the Department with the authority to license inpatient drug and alcohol abuse treatment facilities, play the same role with respect to the Department's ability to require certain disease prevention and control methods in those facilities.

The Public School Code of 1949 (24 P.S. §1-101 et seq.), provides the Department with additional authority for disease prevention and control actions taken within schools. Section 1421(c)(2) of the Public School Code of 1949 (24 P.S. §14-1421(c)(2)), provides the Secretary of Health, in consultation with the Secretary of Education, with the authority to promulgate rules and regulations implementing the school health program. The requirements of the school health program are set out in Article XIV of the Public School Code, and provide, among other things, that pupils are released from compulsory attendance when they are prevented from attending by the health laws of the Commonwealth (24 P.S. §14-1417), that no persons having any form of tuberculosis in a transmissible stage shall be a pupil, teacher, janitor, or any other employee in a school, unless it is a special school. (24

P.S. §14-1418). Section 1303a of the Public School Code (24 P.S. §1303a), provides that the Advisory Health Board will make and review a list of diseases against which children must be immunized, as the Secretary of Health may direct, before being admitted to school for the first time. The section provides that the school directors, superintendents, principals, or other persons in charge of any public, private, parochial, or other school including kindergarten, must ascertain whether the immunization has occurred, and certificates of immunization will be issued in accordance with rules and regulations promulgated by the Secretary with the sanction and advice of the Board. Again, most of the regulations carrying out these responsibilities are set forth in Chapter 23.

F. EFFECTIVENESS/SUNSET DATES

The proposed regulations will become effective upon final publication in the Pennsylvania Bulletin. No sunset date has been established. The Department will continually review and monitor the effectiveness of these regulations.

G. REGULATORY REVIEW

Under Section 5(a) of the Regulatory Review Act (71 P.S §§745.1-745.15), the Department submitted a copy of these proposed regulations on May 17, 2000, to the Independent Regulatory Review Commission (IRRC) and to the Chairpersons of the House Health and Human Services Committee and the Senate Public Health and Welfare Committee. In addition to submitting the proposed amendments, the Department has provided IRRC and the Committees with a copy of a Regulatory Analysis Form prepared by the Department in compliance with Executive Order 1996-1, "Regulatory Review and Promulgation." A copy of this material is available to the public upon request.

If IRRC has any objections to any portion of the proposed amendments, it will notify the Department by July 17, 2000. The notifications shall specify the regulatory review criteria which have not been met by that portion. The Act specifies detailed procedures for review, prior to final publication of the regulation by the Department, the General Assembly and the Governor, of objections raised.

H. CONTACT PERSON

CONTINUATION SHEET
FOR FILING DOCUMENTS
WITH THE LEGISLATIVE REFERENCE BUREAU
(Pursuant to Commonwealth Documents Law)

Interested persons are invited to submit written comments, suggestions or objections regarding the proposed regulations within 30 days following publication to James T. Rankin, Jr., D.V.M., M.P.H., Ph.D., Director, Division of Communicable Disease Epidemiology, Department of Health, P.O. Box 90, Harrisburg, PA 17108, (717) 783-3350, within 30 days after publication of this notice in the Pennsylvania Bulletin. Persons with a disability who wish to submit comments, suggestions, or objections regarding the proposed regulations may do so by using V/TT (717) 783-6514 for speech and/or hearing impaired persons or the Pennsylvania AT&T Relay Service at (800-654-5984[TT]). Persons who require an alternative format of this document may contact Dr. Rankin so that necessary arrangements may be made.

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ANNEX A
TITLE 28, HEALTH AND SAFETY
CHAPTER 27. COMMUNICABLE AND NONCOMMUNICABLE DISEASES

Subchapter A. GENERAL PROVISIONS

Sec.

27.9. Authorized departures from the regulations.

§27.1. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

ACIP - The Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, United States Department of Health and Human Services.

Act - the Disease Prevention and Control Law of 1955 (35 P.S. §§521.1-521.21).

Board - The Advisory Health Board of the Department.

Caregiver - The entity or individual responsible for the safe and healthful care or education of a child in a child care group setting.

Carrier - A person who, without any apparent symptoms of a communicable disease, harbors a specific infectious agent and may serve as a source of infection.

Case - A person or animal that is determined to have or suspected of having a disease, infection or condition.

Case report form - The form or forms designated by the Department for reporting a case or a carrier.

Central office - Department headquarters located in Harrisburg.

Child - A person 15 years of age or younger.

Child care group setting - The premises in which care is provided at any one time to four or more children, unrelated to the operator.

Clinical laboratory - A laboratory for which a permit has been issued to operate as a clinical laboratory pursuant to the Clinical Laboratory Act (35 P.S. §§2151-2165).

Communicable disease - An illness [due to an infectious agent or its toxic products which is transmitted, directly or indirectly, to a susceptible host from]which is capable of being spread to a susceptible host through the direct or indirect transmission of an infectious agent or its toxic product by an infected person, animal or arthropod, [or through the agency of an intermediate host, or a vector] or through the inanimate environment.

Communicable period - The time during which [the] an etiologic agent may be transferred directly or indirectly from an infected person to another person, or from an infected animal to a person.

Contact - A person or animal known to have [been in] had an association with an infected person or animal [as to have had an opportunity of] which presented an opportunity for acquiring the infection.

[*County morbidity reporting area* - A county so designated by the Board wherein initial reports for communicable and noncommunicable diseases are to be reported to the State health center of the Department.]

Department - The Department of Health of the Commonwealth.

District office - One of the district headquarters of the Department located within the Commonwealth of Pennsylvania.

Health care facility - A facility providing clinically related health services, including a general, chronic disease, or other type of hospital, a home health care agency, a long-term care nursing facility, a cancer treatment center using radiation therapy on an ambulatory basis, an ambulatory surgical facility, a birth center, and an inpatient drug and alcohol treatment facility, regardless of whether such health care facility is operated for profit, nonprofit or by an agency of the Commonwealth or local government. The term shall not include an office used primarily for the private practice of a health care practitioner where no clinically related health service is offered, a facility providing treatment solely on the basis of prayer or spiritual means in accordance with the tenets of any church or religious denomination, or facility conducted by a religious organization for the purpose of providing health care services exclusively to clergy or other persons in a religious profession who are members of a religious denomination.

Health care practitioner - An individual who is authorized to practice some component of the healing arts by a license, permit, certificate, or registration issued by a Commonwealth licensing agency or board.

Health care provider - An individual, a trust or estate, a partnership, a corporation (including associations, joint stock companies and insurance companies), the Commonwealth, or a political subdivision, or instrumentality (including a municipal corporation or authority) thereof, that operates a health care facility.

Infectious agent - Any organism, such as a virus, bacterium, fungus, or parasite, that is capable of being communicated by invasion and multiplication in body tissues and capable of causing disease.

Isolation - The separation for the [period of communicability] communicable period of an infected person[s] or animal[s] from other persons or animals, in [places and under conditions

that] such a manner as to prevent[s] 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.

[*Local board* - The board of health or the department of public health of a municipality of the first class, a county department of health or a joint county or joint municipal department of health.]

Local health authority - [The appropriate local health officer, local board or district director of the area.] A county or municipal department of health, or board of health of a municipality that does not have a department of health. A sanitary board is not a local health authority.

Local health department - Each county department of health under the Local Health Administration Law (16 P.S. §§12001-12028), and each department of health in a municipality approved for a Commonwealth grant to provide local health services pursuant to section 25 of the Local Health Administration Law (16 P.S. §12025). The Department will maintain a list of local health departments and revise the list when new local health departments are established.

Local health officer - [The head of a local board.] The person appointed by a local health authority to head the daily administration of duties imposed upon or permitted of local health authorities by State laws and regulations.

Local morbidity reporting office (LMRO) - An office designated by the Department to receive initial case reports on a local basis, including the primary office of a local health department, any other local health authority designated by the Department as an LMRO, and a state health center in the absence of a local health department.

Medical record - An account compiled by physicians and other health professionals including a patient's medical history; present illness; findings on physical examination; details of treatment; reports of diagnostic tests; findings and conclusions from special examinations; findings and diagnoses of consultants; diagnoses of the responsible physician; notes on treatment, including medication, surgical operations, radiation, and physical therapy; and progress notes by physicians, nurses and other health professionals.

Modified quarantine - A selected, partial limitation of freedom of movement determined on the basis of differences in susceptibility or danger of disease transmission which is designated to meet particular situations. Modified quarantine includes the exclusion of children from school and the prohibition, or the restriction, of those exposed to a communicable disease from engaging in particular activities.

Municipality - A city, borough, incorporated town or township.

Operator - The legal entity that operates a child care group setting or a person designated

by the legal entity to serve as the primary staff person at a child care group setting.

Outbreak – Any 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).

Physician - An individual licensed to practice medicine or osteopathic medicine within the Commonwealth of Pennsylvania.

Placarding - The posting on a home or other building of a sign or notice warning of the presence of communicable disease within the structure and the danger of infection therefrom.

Quarantine - The limitation of freedom of movement of a person[s] or animal[s who have] that has 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, in [such] a manner [as] designed to prevent [effective contact with those not exposed] the direct or indirect transmission of the infectious agent from the infected person or animal to other persons or animals. Quarantine does not exclude the movement of a person or animal from one location to another when approved by the Department or a local health authority pursuant to §27.67 (relating to the movement of persons and animals subject to isolation or quarantine by action of a local health authority or the Department. [A quarantine may be complete or one of the following types:

(i) *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.

(ii) *Modified quarantine* - A selected, partial limitation of freedom of movement determined on the basis of differences in susceptibility or danger of disease transmission which is designed to meet particular situations. Modified quarantine includes, but is not limited to, the exclusion of children from school and the prohibition, or the restriction, of those exposed to a communicable disease from engaging in particular occupations.

(iii) *Surveillance* - The close supervision of persons and animals exposed to a communicable disease without restricting their movement.

Regulation - A rule or regulation issued by the Board or an ordinance, rule or regulation enacted or issued by a local board.]

Reportable disease, infection, or condition - A [communicable] disease, infection, or condition, [declared] made reportable by [regulation; an unusual or group expression of illness which, in the opinion of the Department, may be a public health emergency; noncommunicable diseases and conditions for which the Department may authorize reporting to provide data and information which, in the opinion of the Board, are needed in order to effectively carry out those

programs of the Department designed to protect and promote the health of the people of this Commonwealth, or to determine the need for the establishment of the programs.] §27.2 (relating to specific identified reportable diseases, infections, and conditions.

Secretary - The Secretary of the Department [of Health].

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.

Sexually transmitted disease - A disease which, except when transmitted perinatally, is transmitted almost exclusively through sexual contact.

State health center (SHC) - The official headquarters of the Department in [each] a county, other than [those organized as county departments of health] a district office.

Surveillance of contacts - The close supervision of persons and animals exposed to a communicable disease without restricting their movement.

Surveillance of disease - The continuing scrutiny of all aspects of occurrence and spread of disease that are pertinent to effective control.

§27.2. Specific identified [R]reportable diseases, infections, and conditions.

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

AIDS (Acquired Immune Deficiency Syndrome).
Amebiasis.
Animal bite.
Anthrax.
Botulism.
Brucellosis.
Campylobacteriosis.
Cancer.
Chlamydia trachomatis infections.
Cholera.
Diphtheria.
Encephalitis.
Food poisoning.
Giardiasis.
Gonococcal infections.
Guillain-Barre syndrome.
Haemophilus influenzae type b disease.

Hepatitis non-A non-B.
Hepatitis, viral, including Type A and Type B
Histoplasmosis.
Kawasaki disease.
Legionnaires' disease.
Leptospirosis.
Lyme Disease.
Lymphogranuloma venereum.
Malaria.
Measles.
Meningitis--all types.
Meningococcal disease.
Mumps.
Pertussis (whooping cough).
Plague.
Poliomyelitis.
Psittacosis (Ornithosis).
Rabies.
Reye's syndrome.
Rickettsial diseases including Rocky Mountain Spotted Fever.
Rubella (German Measles) and congenital rubella syndrome.
Salmonellosis.
Shigellosis.
Syphilis--all stages.
Tetanus.
Toxic shock syndrome.
Toxoplasmosis.
Trichinosis.
Tuberculosis--all forms.
Tularemia.
Typhoid.
Yellow Fever.]

The diseases, infections, and conditions set out in subchapter B (relating to the reporting of diseases, infections and conditions) are reportable to the Department or the appropriate local health authority by the persons or entities in the manner and within the time frames set out in this chapter.

§27.3. [Unusual or ill-defined diseases, illnesses or outbreaks] Reporting outbreaks and unusual diseases, infections and conditions.

[The occurrence of outbreaks or clusters of an illness which may be of public concern, whether or not it is known to be communicable in nature, shall be reported to the local health

officer of the municipality in which it occurs. In areas which have no local health officer, reports shall be made to the representative of the Secretary.]

(a) A person required to report under this chapter shall report an outbreak within 24 hours, and in accordance with the requirements of §27.4 (relating to reporting cases).

(b) A person required to report under this chapter who suspects a public health emergency, shall report an unusual occurrence of a disease, infection, or condition not listed as reportable in subchapter B or defined as an outbreak, within 24 hours, and in accordance with the requirements of §27.4 (relating to reporting cases).

(c) Any unusual or group expression of illness which the Department designates as a public health emergency shall be reported within 24 hours, and in accordance with the requirements of section §27.4 (relating to reporting cases).

§27.4. [Noncommunicable diseases and conditions] Reporting cases.

[(a) Diseases and conditions shall be reported where the reports are needed to enable the Secretary to determine and employ the most efficient and practical means to protect and promote the health of residents of this Commonwealth. Reporting of these diseases and conditions shall be requested to include statistical data needed for specific studies and research projects approved by the Board.

(b) The following diseases and conditions shall be reported as follows:

(1) Lead poisoning or lead toxicity in children up to age 6 and in pregnant women, as evidenced by a confirmed blood lead level of 25 micrograms per deciliter (ug/dL) or higher and by an erythrocyte protoporphyrin level of 35 micrograms per deciliter (ug/dL) or higher shall be reported to the Division of Environmental Health, Department of Health. Post Office Box 90, Harrisburg, Pennsylvania 17108-9990.

(2) Increased lead absorption in persons age 6 and above, as evidenced by a confirmed blood lead level of 40 micrograms per deciliter (ug/dL)or higher, shall be reported to the Division of Environmental Health, Department of Health, Post Office Box 90, Harrisburg, Pennsylvania 17108-9990.]

(a) Except for reporting by a clinical laboratory, a case is to be reported to the LMRO serving the area in which a case resides unless another provision of this chapter directs that a particular type of case is to be reported elsewhere. If the residence of the case is unknown, the case is to be reported to the LMRO serving the area in which the case is identified. A clinical laboratory shall make reports to the appropriate office of the Department unless otherwise specified.

(b) Department offices to which this chapter requires specified case reports to be filed are as follows:

(1) Cancer Registry, Division of Health Statistics, Bureau of Health Statistics and Research.

(2) Division of Communicable Disease Epidemiology, Bureau of Epidemiology.

(3) Division of Immunizations, Bureau of Communicable Diseases.

(4) Division of Tuberculosis and Sexually Transmitted Diseases, Bureau of Communicable Diseases.

(5) Division of Environmental Health Assessment, Bureau of Epidemiology.

(6) HIV/AIDS Epidemiology Section, Bureau of Epidemiology.

(7) Division of Maternal and Child Health, Bureau of Family Health.

(c) A case shall be reported using the appropriate case report format. All information solicited by the case report form shall be provided by the reporter, irrespective of whether the report is made by submitting the form directly in hard copy or by telecommunication or electronic submission. An appropriate case report form or format may be procured from the office to which the type of case is reportable.

§27.5. [Cancer Registry] (Reserved).

[A hospital and laboratory where cancer is diagnosed or treated or both shall report their finding to the Cancer Registry, Department of Health, State Health Data Center, Health and Welfare Building, Post Office Box 90, Harrisburg, Pennsylvania 17108.]

§27.5a. Confidentiality of case reports.

Case reports submitted to the Department or to an LMRO are confidential. Neither the reports, nor any information contained in them which identifies or is perceived by the Department or the LMRO as capable of being used to identify a person named in a report, will be disclosed to any person who is not an authorized employee or agent of the Department or the LMRO, except for any of the following reasons:

(1) When disclosure is necessary to carry out a purpose of the Act, as determined by

the Department or LMRO, and disclosure would not violate another act or regulation.

(2) When disclosure is made for a research purpose for which access to the information has been granted by the Department or an LMRO. Access shall be granted only when disclosure would not violate another act or regulation. The research shall be subject to strict supervision by the LMRO to ensure that the use of information disclosed is limited to the specific research purpose and will not involve the further disclosure of information which identifies or is perceived as being able to be used to identify a person named in a report.

§27.6. Disciplinary consequences for violating reporting responsibilities.

(a) Failure of a clinical laboratory to comply with the reporting provisions of this chapter may result in restrictions being placed upon or revocation of the laboratory's permit to operate as a clinical laboratory, as provided for in the Clinical Laboratory Act (35 P.S. §§2151-2165).

(b) Failure of a Department licensed health care facility to comply with the reporting provisions of this chapter may result in restrictions being placed upon or revocation of the health care facility's license, as provided for in the Health Care Facilities Act (35 P.S. §§448.101-448.904b).

(c) Failure of a health care practitioner to comply with the reporting provisions of this chapter may result in referral of that matter to the appropriate licensure board for disciplinary action.

§27.7. Cooperation between clinical laboratories and persons who order laboratory tests.

To facilitate the reporting of cases by clinical laboratories, the following is required:

(1) When a clinical laboratory is requested to conduct a test which, depending upon the results, would impose a reporting duty upon the clinical laboratory, the clinical laboratory shall provide to the person who requests the testing, a form that solicits all information which is required for completion of the applicable case report form.

(2) A person who orders testing subject to paragraph (1) shall, at the time of ordering the test, provide the clinical laboratory with all information solicited by the form which that person either possesses or may readily obtain.

§27.8. Criminal penalties for violating the act or this chapter.

(a) A person who violates any provision of the Act or this chapter shall, for each

offense, upon conviction thereof in a summary proceeding before a district justice in the county wherein the offense was committed, be sentenced to pay a fine of not less than $25 and not more than $300, together with costs, and in default of payment of the fine and costs, shall be imprisoned in the county jail for a period not to exceed 30 days.

(b) A person afflicted with communicable tuberculosis, ordered to be quarantined or isolated in an institution, who leaves without consent of the medical director of the institution, is guilty of a misdemeanor, and upon conviction thereof, shall be sentenced to pay a fine of not less than $100 nor more than $500, or undergo imprisonment for not less than 30 days nor more than six months, or both.

(c) Prosecutions may be instituted by the Department, by a local health authority, or by any person having knowledge of a violation of any provision of the Act or this chapter.

§27.9. Authorized departures from the regulations.

The Department may authorize an exception to any regulation in this chapter, which does not repeat a statutory requirement, if the regulation becomes outdated due to medical or public health developments and such exception is determined by the Department to be necessary to protect the health of the people of this Commonwealth. The exception shall not remain in effect for more than 90 days unless the Board acts to affirm the exception within that 90-day period.

Subchapter B. REPORTING OF DISEASES, INFECTIONS, AND CONDITIONS

GENERAL

Sec.

27.24a. Reporting of cases by veterinarians.

27.25. [Reports by other licensed health practitioners] (Reserved).

27.26. [Reporting by householders and others] (Reserved).

27.27. [Revision of diagnosis by attending physician] (Reserved).

27.28. [Reporting unusual or ill-defined diseases or illnesses] (Reserved).

27.29. Reporting [nonreportable diseases] for special research projects.

DISEASES AND CONDITIONS REQUIRING SPECIAL REPORTING

27.30. Reporting [results] cases of [metabolic] certain diseases [testing] in the newborn child.

27.31. Reporting cases of cancer.

27.32. [Reporting AIDS] (Reserved).

27.33. Reporting cases of sexually transmitted disease.

27.34. Reporting cases of lead poisoning.

27.35. Reporting cases of disease in animals.

[REPORTS BY LOCAL HEALTH OFFICERS] REPORTING BY LOCAL MORBIDITY REPORTING OFFICE

27.41. [Individual case reports] (Reserved).

27.41a. Reporting by local morbidity reporting offices of case reports received.

27.42. [Summary reports] (Reserved).

27.43. [Immediate reports by telephone or telegraph] (Reserved).

27.43a. Reporting by local morbidity reporting offices of outbreaks and selected diseases.

27.44. [Destinations of reports] (Reserved).

27.45. [Reports to the Department] (Reserved).

27.46. [Records of local health officers] (Reserved).

27.47. [Reports by the Department] (Reserved).

[REPORTING VIRAL HEPATITIS TO BLOOD BANKS]

27.51. [Time and information reported] (Reserved).

GENERAL

§27.21. [Physicians who treat patients with reportable diseases including tuberculosis] Reporting of AIDS cases by physicians.

[(a) A physician who treats or examines a person who is suffering from or who is suspected of having a reportable disease or a person who is suspected of being a carrier or who is infected asymptomatically shall make a prompt report of the disease or condition to the local board. Physicians are not required to report cases of cancer.

(b) In a municipality not served by a local board, reports shall be made to the State health center of the Department. In a county designated by the Board as a county morbidity reporting area, reports shall be made to the State health center.

(c) The report shall be on a standard type Suspected Case Notification form, or cases may be reported by telephone. The report shall state the name of the patient or carrier, the address at which the patient or carrier may be located, the date of onset of the disease and the name, address and telephone number of the attending physician.

(d) Reports of venereal diseases shall include the stage of the disease. These reports shall be mailed in an enclosed and sealed standard type Suspected Case Notification form to the health authorities of Philadelphia, Allegheny County and other county departments of health authorized by the Department to receive reports when the patients are residents of the city or counties. Other cases shall be reported directly to the Division of Communicable Disease Control and Surveillance, Bureau of Epidemiology and Disease Prevention, Department of Health, Post Office Box 90, Harrisburg, Pennsylvania 17108. Physicians shall report only laboratory confirmed cases of chlamydia trachomatic infections.

(e) Physicians shall report cases of AIDS under §27.32 (relating to reporting AIDS).] A physician is required to report a case of AIDS within 5 work days after it is identified to the local health department if the case resides within the jurisdiction of that local health department. In all other cases, the physician shall report the case to the HIV/AIDS Epidemiology Section,

Bureau of Epidemiology.

§27.21a. Reporting of cases by health care practitioners and health care facilities.

(a) The following diseases, infections, and conditions in humans are reportable by health care practitioners and health care facilities within the specified time periods:

(1) The below listed diseases, infections and conditions are reportable within 24 hours after being identified:

Botulism.
Cholera.
Diphtheria.
Food poisoning outbreak.
Haemophilus influenzae type B invasive disease.
Hantavirus pulmonary syndrome.
Hemorrhagic fever.
Hepatitis, viral, including type A and type E.
Lead poisoning.
Measles (rubeola).
Meningococcal invasive disease.
Plague.
Poliomyelitis.
Rabies.
Typhoid fever.

(2) The below listed diseases, infections, and conditions are reportable within 5 work days after being identified:

Amebiasis.
Animal bite.
Anthrax.
Arbovirus disease.
Brucellosis.
Campylobacteriosis.
Cancer.
Chancroid.
Chickenpox (varicella) (effective 3 years from the date of publication of these regulations as final in the *Pennsylvania Bulletin*).
Chlamydia trachomatis infections.
Cryptosporidiosis.
Encephalitis.
Enterohemorrhagic E. coli

Giardiasis.
Gonococcal infections.
Granuloma inguinale.
Guillain-Barre syndrome
Hepatitis, viral, including type B, type C, type D, type G.
Histoplasmosis.
Influenza.
Legionnaires' disease.
Leprosy (Hansen's disease).
Leptospirosis.
Listeriosis.
Lyme disease.
Lymphogranuloma venereum.
Malaria.
Maple syrup urine disease (MSUD) in children up to 5 years/60 months of age.
Meningitis (All types not caused by invasive Haemophilus influenza or Neisseria meningitis.
Mumps.
Pertussis (whooping cough).
Phenylketonuria (PKU) in children up to 5 years or 60 months of age.
Primary congenital hypothyroidism in children up to 5 years or 60 months of age.
Psittacosis (ornithosis).
Rickettsial diseases.
Rubella (German measles) and congenital rubella syndrome.
Salmonellosis.
Shigellosis.
Sickle cell hemoglobinopathies in children up to 5 years or 60 months of age.
Streptococcal invasive disease (group A).
Syphilis (all stages).
Tetanus.
Toxic shock syndrome.
Toxoplasmosis.
Trichinosis.
Tuberculosis (all sites).
Tularemia.
Yellow fever.

(b) Except as otherwise set forth in this section, a health care practitioner or health care facility is required to report a case, as specified in §27.4 (relating to reporting cases), if the health care practitioner or health care facility treats or examines a person who is suffering from, or who the health care practitioner suspects of having, a reportable disease, infection, or condition.

(1) A health care practitioner or health care facility is not required to report a case if that health care practitioner or health care facility has reported the case previously.

(2) A health care practitioner or health care facility is not required to report a case of influenza unless the disease is confirmed by laboratory evidence of the causative agent.

(3) A health care practitioner or health care facility is not required to report a case of chlamydia trachomatis infection unless the disease is confirmed by laboratory evidence of the infectious agent.

(c) A school nurse shall report to the LMRO any unusual increase in the number of absentees among school children.

(d) A health care facility providing screening, diagnostic, or therapeutic services to patients with respect to cancer shall also report cases of cancer as specified in §27.31 (relating to reporting cases of cancer).

§27.22. [Reporting laboratory results indicative of certain infections or conditions] Reporting of cases by clinical laboratories.

(a) A person who is in charge of a clinical laboratory in which a laboratory examination of a specimen derived from [the] a human body yields [microscopical, cultural, immunological, serological, chemical or other] evidence significant from a public health standpoint of the presence of a disease, infection, or condition listed in subsection (b) shall promptly report [promptly] the findings, no[t] later than the next work[ing] day after the close of business on the day on which the examination was completed, except as [noted] otherwise noted in this chapter.

(b) The diseases, infections, and conditions [or diseases] to be reported include the following:

Amebiasis.
Anthrax.
Any unusual cluster of isolates.
Arboviruses (limited to Eastern, Western, and St. Louis encephalitis.
Botulism - all forms.
Brucellosis.
Campylobacteriosis.
Cancer.
Chancroid.
Chickenpox (varicella).

Chlamydia trachomatis infections.
Cholera.
Diphtheria infections.
Enterohemorrhagic E. coli 0157 infections, or infections caused by other sub-types producing shiga-like toxin.
Giardiasis.
Gonococcal infections.
Granuloma inguinale.
Haemophilus influenzae type [b] B [disease] infections - invasive from sterile sites.
Hantavirus.
Hepatitis, viral, including types A[and], B, C, D, E, and G.
Influenza.
[Hypothyroidism in infants up to 24 months old.
Histoplasmosis.]
Lead poisoning[or toxicity].
Legionnaires' disease.
Leprosy (Hansen's disease).
Leptospirosis.
Listeriosis.
Lyme disease.
Lymphogranuloma venereum.
Malaria.
Maple syrup urine disease (MSUD) in children up to 5 years or 60 months of age.
Measles (rubeola).
Meningococcal [isolations] infections - invasive from sterile sites.
Mumps.
Pertussis.
Phenylketonuria (PKU) in children up to 5 years or 60 months of age.
Primary congenital hypothyroidism in children up to 5 years or 60 months of age.
Plague.
Poliomyelitis.
Psittacosis (ornithosis).
Rabies.
Respiratory syncytial virus.
Rickettsial infections[including Rocky Mountain Spotted Fever].
Rubella.
Salmonella[isolations].
Shigella[isolations].
Sickle cell hemoglobinopathies in children up to 5 years or

60 months of age.
Syphilis.
Tetanus.
Trichinosis.
Tuberculosis, including results of drug susceptibility testing.
Tularemia.
Typhoid[isolations].
[Viral infections.

(i) Vaccine-preventable diseases.
(ii) Arboviruses.
(iii) Respiratory viruses.]

(c) The report shall [give] include the following: the name, age[and], address, and telephone number of the person from whom the specimen was obtained; the date the specimen was collected; the name of the test or examination performed and the date it was performed; the results; [and] the name[and], address, and telephone number of the physician for whom the examination or test was [made] performed; and all other information requested in case reports or formats specified by the Department.

(d) The report shall be submitted by the person in charge of a laboratory [as follows:

(1) *Reports except for venereal disease, hypothyroidism in infants up to 24 months old, phenylketonuria and lead poisoning or lead toxicity.* Reports shall be made to the appropriate health authority of Philadelphia or the county department of health if the patient resides in such an area. Other reports shall be sent to the Division of Epidemiology, Department of Health, Post Office Box 90, Harrisburg, Pennsylvania 17108.

(2) *Venereal disease (including positive dark fields).* Reports shall be made to the appropriate health authority of Philadelphia when the patient resides in Philadelphia and to the health authority in Allegheny County when the patient resides in Allegheny County. Other reports shall be sent to the Division of Communicable Disease Control and Surveillance, Bureau of Epidemiology and Disease Prevention, Department of Health, Post Office Box 90, Harrisburg, Pennsylvania 17108, unless otherwise directed by the Secretary.

(3) *Phenylketonuria and hypothyroidism in infants up to 24 months old.* Reports shall be made to the Division of Maternal/Child Health, Department of Health, Post Office Box 90, Harrisburg, Pennsylvania 17108.

(4) *Lead poisoning or lead toxicity.* Reports shall be made to the Division of Environmental Health, Department of Health, Post Office Box 90, Harrisburg, Pennsylvania 17108-9990 on forms developed and supplied by the Division of

Environmental Health.], in either a hard copy format or an electronic transmission format specified by the Department.

(e) Reports shall be made to the appropriate health authority of the county or municipal department of health if it can be determined that the patient resides in one of those cities or counties. All other reports shall be submitted to the Division of Communicable Disease Epidemiology, Bureau of Epidemiology. Provided, that reports of maple syrup urine disease, phenylketonuria, primary congenital hypothyroidism, sickle cell hemoglobinopathies, cancer, sexually transmitted diseases, and lead poisoning shall be reported to the location specifically designated in this subchapter. See §27.30 (relating to reporting cases of certain diseases in the newborn), §27.31 (relating to reporting cases of cancer), §27.33 (relating to reporting cases of sexually transmitted diseases), and §27.34 (relating to reporting cases of lead poisoning).

(f) A clinical laboratory shall submit isolates of salmonella and shigella to the Department's Bureau of Laboratories for serotyping within five work days of isolation.

(g) A clinical laboratory shall submit isolates of Neisseria meningitidis obtained from a normally sterile site to the Department's Bureau of Laboratories for serogrouping within five work days of isolation.

(h) A clinical laboratory shall send isolates of enterohemorrhagic E. coli to the Department's Bureau of Laboratories for appropriate further testing within five work days of isolation.

(i) A clinical laboratory shall send isolates of Haemophilus influenzae obtained from a normally sterile site to the Department's Bureau of Laboratories for serotyping within five work days of isolation.

(j) The Department, upon publication of a notice in the *Pennsylvania Bulletin*, may authorize changes in the requirements for submission of isolates based upon medical or public health developments when such departure is determined by the Department to be necessary to protect the health of the people of this Commonwealth. The change shall not remain in effect for more than 90 days after publication unless the Board acts to affirm the change within that 90-day period.

(k) A clinical laboratory shall make case reports of tuberculosis to the Philadelphia Department of Health when the patient resides in Philadelphia County and to the Allegheny County Health Department when the patient resides in Allegheny County. The clinical laboratory shall send all other reports of tuberculosis to the Department's Division of Tuberculosis and Sexually Transmitted Diseases, Bureau of Communicable Diseases unless otherwise directed by the Department.

§27.23. [School reports of communicable diseases] Reporting of cases by persons

other than health care practitioners, health care facilities, veterinarians or laboratories.

[(a) School nurses shall report the presence of suspected reportable disease to the local health authority in accordance with existing requirements of the local health authority. A copy of this report shall be sent to the school administration.

(b) An unusual increase in the number of absentees among school children shall be reported to the local health authority by the school nurse.]

Except as otherwise set forth in this section, and except with respect to reporting cancer, individuals in charge of the following types of group facilities shall have the same reporting responsibilities as health care practitioners have under §27.21a (relating to reporting of cases by health care practitioners and health care facilities):

(1) Institutions maintaining dormitories and living rooms.

(2) Orphanages.

(3) Child care group settings.

§27.24. [Reports by heads of institution] (Reserved).

[(a) Superintendents of hospitals or other persons in charge of an institution for the treatment of disease or of an institution maintaining dormitories and living rooms or of an orphanage shall notify the local health authorities having jurisdiction over the area in which the institution is located and the district director or county health officer upon the occurrence in or admission to the institution of a patient with a reportable disease and shall thereafter follow the advice and instructions of the health authorities for controlling the disease, but the notification may not relieve physicians of their duty to report in the manner set forth in §27.21 (relating to physicians who treat patients with reportable diseases including tuberculosis), cases which they may treat or examine in any such institution.

(b) Persons in charge of hospitals shall report cases of AIDS under §27.32 (relating to reporting AIDS).]

§27.24a. Reporting of cases by veterinarians.

A veterinarian is required to report a case, as specified in §27.4 (relating to reporting cases), only if the veterinarian treats or examines an animal which the veterinarian suspects of having a disease set forth in §27.35(a) (relating to reporting cases of disease in animals).

§27.25. [Reports by other licensed health practitioners] (Reserved).

[A chiropractor, dentist, nurse, optometrist, podiatrist or other licensed health practitioner having knowledge or suspicion of a reportable disease or condition, except cancer and AIDS, shall report promptly to the local board.]

§27.26. [Reporting by householders and others] (Reserved).

[A householder; proprietor of a hotel, rooming, lodging or boarding house; or other person having knowledge or suspicion of a reportable disease or condition, except cancer and AIDS, shall report this knowledge or suspicion promptly to the local board.]

§27.27. [Revision of diagnosis by attending physician] (Reserved).

[No diagnosis of a disease for which isolation or quarantine is required may be revised without the concurrence of the county health officer or the designated representative of the Department or the medical member of the local board.]

§27.28. [Reporting unusual or ill-defined diseases or illnesses] (Reserved).

[A person having knowledge of the occurrence of an unusual disease or group expression of illness which may be of public concern, whether or not it is known to be of a communicable nature, shall report it promptly to the local health officer; reports shall be made to the representative of the Department district director.]

§27.29. Reporting [nonreportable diseases] for special research projects.

A person in charge of [an] a hospital or other institution for the treatment of disease shall [be authorized], upon request of the Department, [to] make [a] reports of a disease[s and] or condition[s other than reportable diseases,] for which the Board has approved a specific study to enable the Department to determine and employ the most efficient and practical means to protect and to promote the health of the people by the prevention and control of the disease[s and] or condition[s]. The reports shall be made on forms prescribed by the Department and shall be transmitted to the Department or to local [boards] health authorities as directed by the Department.

DISEASES AND CONDITIONS REQUIRING SPECIAL REPORTING

§27.30. Reporting results of metabolic disease testing in the newborn child.

[In addition to the requirements that may be applicable under this chapter, testing conducted on newborn children shall be reported in accordance with Chapter 28 (relating to metabolic diseases of the newborn).]

Reports of maple syrup urine disease, phenylketonuria, primary congenital hypothyroidism and sickle cell hemoglobinopathies shall be made to the Division of Maternal and Child Health, Bureau of Family Health, as specified in Chapter 28 (relating to metabolic diseases of the newborn) and those provisions of §27.4 (relating to reporting cases) not inconsistent with the provisions of Chapter 28 and this section.

§27.31. Reporting cases of cancer.

(a) A hospital, [or] clinical laboratory, or other health care facility [within this Commonwealth which is designated by the Department] diagnosing or providing treatment to cancer patients shall report each case[s] of cancer [which are diagnosed or treated, or both, at the hospital or the laboratory] to the Department[. These reports shall be submitted on forms] in a format prescribed by the Cancer Registry, Bureau of Health Statistics and Research, within [90] 180 days of the patient's discharge, if an inpatient or, if an outpatient, within [90] 180 days following diagnosis or initiation of treatment. [Hospitals and laboratories shall report, in addition to other information, the patient's name, address, sex, race, date of birth, cancer site and histology. Copies of laboratory reports shall be attached by the hospital or laboratory to the prescribed form.]

(b) Any health care practitioner diagnosing or providing treatment to cancer patients shall report each cancer case to the Department in a format prescribed by the Cancer Registry, Bureau of Health Statistics and Research, within five work days of diagnosis. Cases directly referred to or previously admitted to a hospital or other health care facility providing screening, diagnostic or therapeutic services to cancer patients in Pennsylvania, and reported by those facilities, are exceptions and do not need to be reported by the health care practitioner.

(c) The Department or its authorized representative shall be afforded physical access to all records of physicians and surgeons, hospitals, outpatient clinics, nursing homes, and all other facilities, individuals, or agencies providing services to patients which would identify cases of cancer or would establish characteristics of the cancer, treatment of the cancer, or medical status of any identified cancer patient.

[(b)](d) [The r]Reports submitted [to the Cancer Registry] under this section are confidential and [may] shall not be open to public inspection or dissemination. Information for specific research purposes may be released in accordance with procedures established by the Department with the advice of the [Cancer Advisory Board] Pennsylvania Cancer Control, Prevention and Research Advisory Board.

(e) All case reports of cancer shall be sent to the Cancer Registry, Bureau of Health Statistics and Research, unless otherwise directed by the Department.

§27.32. [Reporting AIDS] (Reserved).

[(a) Physicians and hospitals shall report cases of AIDS promptly to the Department of Health, Division of Acute Infectious Disease Epidemiology, Post Office Box 90, Harrisburg, Pennsylvania 17108, or to the local health department in the counties of Allegheny, Bucks, Chester, Erie and Philadelphia and in the cities of Allentown, Bethlehem and York when the individual who is the subject of the report is a resident of the county or city.

(b) Local health authorities receiving reports of AIDS cases shall forward completed case report forms to the Department of Health in a timely manner. Completed forms shall provide identifying information, including but not limited to, the name of the case, the individual's address and telephone number, the name of the individual's medical provider and the reporting source.]

§27.33. Reporting cases of sexually transmitted disease.

(a) Reportable sexually transmitted diseases and infections are as follows:

(i) Chancroid.
(ii) Chlamydia trachomatis infections.
(iii) Gonococcal infections.
(iv) Granuloma inguinale.
(v) Lymphogranuloma venereum.
(vi) Syphilis.

(b) Case reports of these diseases and infections, except for cases of syphilis to be reported by a clinical laboratory, shall be made to the appropriate health authority of the county or municipal health department when the patient resides in a city or county that has its own health department. All other reports of sexually transmitted diseases shall be submitted to the Division of Tuberculosis and Sexually Transmitted Diseases, Bureau of Communicable Diseases, unless otherwise directed by the Department.

(c) A clinical laboratory making a case report of syphilis shall make the report to the Philadelphia Department of Health when the patient resides in Philadelphia County and to the Allegheny County Health Department when the patient resides in Allegheny County. A clinical laboratory shall make all other reports to the Division of Tuberculosis and Sexually Transmitted Diseases, Bureau of Communicable Diseases, unless otherwise directed by the Department.

§27.34. Reporting cases of lead poisoning.

(a) A clinical laboratory shall report all blood lead test results on both venous and capillary specimens for persons up to the age of 16 years and pregnant women to the Childhood Lead Poisoning Prevention Program, Division of Maternal and Child Health, Bureau of Family Health. A clinical laboratory which conducts blood lead tests of 100 or more specimens per month shall submit results electronically in a format specified by the Department. A clinical laboratory which conducts blood lead tests of less than 100 blood lead specimens per month shall submit results either electronically or by hard copy in the format specified by the Department.

(b) A clinical laboratory shall report cases of lead poisoning in persons 16 years of age and above as evidenced by a venous blood lead level of 25 micrograms per deciliter (μg/dL) or higher, to the Division of Environmental Health Assessment, Bureau of Epidemiology, or to other locations as designated by the Department. The Department may change this reporting level to comply with regulatory requirements or guidelines of federal environmental or occupational health agencies by publishing a notice in the *Pennsylvania Bulletin* to this effect no later than sixty days before the change is implemented. The change shall not remain in effect for more than 90 days after publication unless the Board acts to affirm the change within that 90-day period.

(c) A laboratory which performs blood lead tests on blood specimens collected in the Commonwealth of Pennsylvania shall be licensed as a clinical laboratory and shall be specifically approved by the Department to conduct those tests.

(d) Blood lead analyses requested for occupational health purposes on blood specimens collected in the Commonwealth of Pennsylvania shall be performed only by laboratories which are licensed and approved as specified in subsection (c), and which are also approved by the Occupational Safety and Health Administration of the United States Department of Labor pursuant to 29 C.F.R. 1910.1025(j)(2)(iii).

(e) A physician under whose authorization blood is collected for a blood lead test is responsible for assuring that all of the information requested on the case report form is forwarded to the clinical laboratory along with the specimen. Failure of the physician to provide the requested information to the clinical laboratory may result in disciplinary consequences as specified in §27.6(c) (relating to disciplinary consequences for violating reporting responsibilities).

(f) A clinical laboratory shall complete a blood lead test within five work days of the receipt of the blood specimen and shall submit the case report to the Department no later than the close of business of the next work day after the day on which the test was performed. The clinical laboratory shall submit a report of lead poisoning using either the hard-copy form or electronic transmission format specified by the Department.

(g) When a clinical laboratory receives a blood specimen without all of the

information required for reporting purposes, the clinical laboratory shall test the specimen and shall submit the incomplete report to the Department as described in subsection (f).

(h) A clinical laboratory shall proceed as follows when a blood specimen is received with missing information:

(1) Within five days after the receipt of the blood specimen, the clinical laboratory shall return the incomplete report form to the person who submitted the specimen. The clinical laboratory shall include with the form a letter instructing the submitter to complete all missing information on the form and return the form to the laboratory within 14 days of the date of the letter.

(2) Within one day after receipt of the completed form from the person who submitted the specimen, the clinical laboratory shall forward a report containing all requested information to the Department.

(i) If the person who submitted the specimen does not enter the missing items of information and return the completed form to the clinical laboratory within the time period specified in subsection (h)(1), the clinical laboratory shall notify the Department using either the hard-copy form or electronic reporting format specified by the Department. The clinical laboratory shall submit this information to the Department within two weeks of the due date for return of completed forms by the person who submitted the specimen. This information shall include:

(1) The name and address of the person who submitted the specimen.

(2) The name of the patient.

(3) The date of specimen collection.

(4) The date of specimen analysis.

(5) Other information as requested by the Department.

(j) A clinical laboratory that fails to report applicable results or to notify the Department of a person who submits a specimen without providing complete information shall be subject to revocation of approval to perform blood lead tests or other disciplinary action.

§27.35. Reporting cases of disease in animals.

(a) The below listed diseases, infections, and conditions in animals are reportable to the Division of Communicable Disease Epidemiology, Bureau of Epidemiology, as specified in §27.4 (relating to reporting cases) within five work days after being identified:

Anthrax.
Arboviruses.
Brucellosis.
Plague.
Psittacosis.
Rabies.
Transmissible Spongiform Encephalopathies
Tuberculosis.
Tularemia.
Any disease, infection or condition covered by §27.3(b) (relating to reporting outbreaks and unusual diseases, infections and conditions.)

(b) The provisions of this chapter shall apply to only animals having or suspected of having one of the diseases, infections or conditions listed in subsection (a).

[REPORTS BY LOCAL HEALTH OFFICERS]

REPORTING BY LOCAL MORBIDITY REPORTING OFFICES

§27.41. [Individual case reports] (Reserved).

[A health officer of a municipality shall report weekly to the appropriate county health authorities on the prescribed form each individual case of reportable disease or condition which as been reported to him during the week.]

§27.41a. Reporting by local morbidity reporting offices of case reports received.

When an LMRO is an office of a county or municipal health authority, it shall report a case that has been reported to it to the district office for the state health district in which it is located, or to the central office when this chapter directs that reports are to be filed with that office.

§27.42. [Summary reports] (Reserved).

[For cases of influenza, the local health officer of a municipality shall prepare and send to the appropriate county health authorities once each week a report on the prescribed form showing the number of cases reported during that week.]

§27.42a. Reporting by local morbidity reporting offices of completed case investigations.

(a) When an LMRO is an office of a local health authority other than a local health department, it shall complete a case investigation report in a format and within the length of time set forth in this chapter for each case reported to it.

(b) When an LMRO is an office of a local health department, it shall submit, on a weekly basis, a case investigation report of the information from each case investigation which has resulted in confirmation of the incidence of a reportable disease, infection, or condition. Such report shall be submitted to the appropriate Department office as specified below in a format and within the length of time set forth in this chapter:

(1) *AIDS.* To the HIV/AIDS Epidemiology Section, Bureau of Epidemiology.

(2) *Chickenpox, diphtheria, measles, mumps, pertussis, polio, rubella, and tetanus.* To the Division of Immunizations, Bureau of Communicable Diseases.

(3) *Chancroid, Chlamydia trachomatis infections, gonococcal infections, granuloma inguinale, Lymphogranuloma venereum, syphilis, and tuberculosis.* To the Division of Tuberculosis and Sexually Transmitted Diseases, Bureau of Communicable Diseases.

(4) *Other reportable diseases and conditions.* To the Division of Communicable Disease Epidemiology, Bureau of Epidemiology.

§27.43. [Immediate reports by telephone or telegraph] (Reserved).

[A local health officer of a municipality shall report immediately by telephone or telegraph to the appropriate county health authorities a case or suspected case of the following:

(1) Anthrax.
(2) Botulism.
(3) Cholera.
(4) Diphtheria.
(5) Food poisoning.
(6) Measles.
(7) Plague.
(8) Poliomyelitis.
(9) Psittacosis (Ornithosis).
(10) Rabies in man.
(11) Smallpox.
(12) Yellow fever.]

§27.43a. Reporting by local morbidity reporting offices of outbreaks and selected diseases.

(a) When an LMRO is an office of a local health authority, it shall report an outbreak by telephone on the same day that the outbreak is reported or otherwise made known to it, as set forth below:

(1) *AIDS.* To the HIV/AIDS Epidemiology Section, Bureau of Epidemiology.

(2) *Chancroid, chlamydia trachomatis infections, gonococcal infections, granuloma inguinale, lymphogranuloma venereum, syphilis, and tuberculosis.* To the Division of Tuberculosis and Sexually Transmitted Diseases, Bureau of Communicable Diseases.

(3) *Chickenpox, diphtheria, measles, mumps, pertussis, polio, rubella, and tetanus.* To the Division of Immunizations, Bureau of Communicable Diseases.

(4) *Other reportable diseases and conditions.* To the Division of Communicable Disease Epidemiology, Bureau of Epidemiology.

(b) When an LMRO is an office of a local health authority, it shall report by telephone on the same day any of the following diseases is reported or otherwise made known to it, as set forth below:

(1) *Diphtheria, measles, pertussis and polio.* To the Division of Immunizations, Bureau of Communicable Diseases.

(2) *Anthrax, botulism, cholera, enterohemorrhagic Escherichia coli, hantavirus pulmonary syndrome, hemorrhagic fever, hepatitis A, hepatitis E, human rabies, meningitis, plague, typhoid fever, and yellow fever.* To the Division of Communicable Disease Epidemiology, Bureau of Epidemiology.

§27.44. [Destinations of reports] (Reserved).

[Morbidity reports, as outlined in §§27.41-27.43 (relating to individual case reports; summary reports; and immediate reports by telephone or telegraph) shall be submitted by local health officers of municipalities to the appropriate health authority as follows:

(1) The local health officer in a municipality situated in a county not organized as a county department of health shall report to the State health center.

(2) The local health officer of a municipality situated in a county organized as a county department of health shall report to the county health office.]

§27.45. [Reports to the Department] (Reserved).

[Health officers of cities of the first class, of county or joint county, of municipal or joint municipal departments of health and district directors shall transmit to the Harrisburg office of the Department once each week on specific disease case report forms furnished or approved for this purpose by the Department, individual specific disease case report forms and summary reports described in §§27.41-27.43 (relating to individual case reports; summary reports; and immediate reports by telephone or telegraph).]

§27.46. [Records of local health officers] (Reserved).

[A local health officer of a municipality shall maintain records that will permit the efficient function of the local department for the prevention and control of communicable diseases.]

§27.47. [Reports by the Department] (Reserved).

[In a county designated as a county morbidity reporting area, the State health center of the Department shall report at weekly intervals to local boards of health within the morbidity reporting area cases of communicable and noncommunicable diseases reported from the jurisdiction of that board of health.]

[REPORTING VIRAL HEPATITIS TO BLOOD BANKS]

§27.51. [Time and information reported] (Reserved).

[If, in the opinion of the Department, or of the health officer of a county department of health or of the department of health of a city of the first class, it is deemed advisable and is in the interest of public health, the health officer shall report to blood banks serving their areas the name, date of onset and other identifying information of a case of viral hepatitis.]

Subchapter C. QUARANTINE AND ISOLATION

GENERAL PROVISIONS

Sec.

27.60. Disease control measures.

27.61. [Prompt i]Isolation.

27.62. [Isolation instructions] (Reserved).

27.63. [Modified isolation] (Reserved).

27.64. [Isolation within hospitals] (Reserved).

27.65. Quarantine [instructions].

27.66. Placarding.

27.67. Movement of persons and animals subject to isolation or quarantine by action of a local health authority or the Department.

27.68. Release from isolation [and] or quarantine.

27.69. Laboratory analysis.

COMMUNICABLE DISEASES IN [SCHOOL] CHILDREN AND STAFF ATTENDING SCHOOLS AND CHILD CARE GROUP SETTINGS

27.71. Exclusion of pupils and staff for specified diseases and infectious conditions.

27.72. Exclusion of pupils and staff showing symptoms.

27.73. Readmission of excluded pupils [showing symptoms] and staff.

27.74. Re[A]admission of exposed or isolated pupils and staff.

27.75. Exclusion of pupils and staff during a measles [(rubeola)] outbreak.

27.76. Exclusion and readmission of children and staff in child care group settings.

27.77. Immunization requirements for children in child care group settings.

GENERAL PROVISIONS

§27.60. Disease control measures.

The Department or local health authority 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 or the local health authority considers to be appropriate for the surveillance of disease, when such disease control measure is necessary to protect the public from the spread of infectious agents. If a local health authority is not a local health department, it shall consult with and receive approval from the Department prior to taking any disease control measure.

§27.61. [Prompt i]Isolation.

When the isolation of [an individual ill with any communicable disease, or the quarantine of susceptible contacts, is required by the provisions of Subchapter E (relating to procedure for treating each reportable disease), the] a person or animal that is suspected of harboring an infectious agent is appropriate, the Department or local health [officer] authority shall cause the isolation [or quarantine] to be done promptly following receipt of the case report. If the local health authority is not an LMRO, the local health officer shall consult with and receive approval from the Department prior to requiring isolation. If more than one jurisdiction is involved, the local health officer shall cause a person or animal to be isolated only after consulting with and receiving approval from the Department. The Department or local health authority 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.

§27.62. [Isolation instructions] (Reserved).

[If the disease is one requiring isolation, the local health authority shall insure that instructions are given to the patient and members of the household defining the area within which the patient is to be isolated and stating the measures to be taken to prevent the spread of the disease.]

§27.63. [Modified isolation.] (Reserved).

[If the disease is one for which only a modified isolation is required the local health authority shall issue appropriate instructions, prescribing the isolation technique to be followed. The isolation technique shall depend upon the disease.]

§27.64. [Isolation within hospitals] (Reserved).

[A 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 experienced, as described in Subchapter E (relating to procedure for reporting each reportable disease), shall be observed while the patient is hospitalized; however, the removal of the patient to this home during the period of isolation or quarantine may be permitted if the requirements of §27.67 (relating to the movement of persons subject to isolation or quarantine) are observed.]

§27.65. Quarantine [instructions].

If the disease is one which the Department, or a local health authority which is also an LMRO, determines requir[ing]es the quarantine of [the] contacts in addition to isolation of the case, the Department or local health [authority] officer of the LMRO shall determine [the] which contacts [who are subject to] shall be quarantined, specify the place to which they shall be quarantined, and issue appropriate instructions. When any other local health authority is involved, the local health officer shall quarantine contacts only after consulting with and receiving approval from the Department. The Department or local health [authority] officer shall [insure] ensure that provisions are made for the medical observation of the contacts as frequently as necessary during the quarantine period.

§27.66. Placarding.

Whenever the Department or a local health [authority is unable to enforce] officer 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 [he] the Department or local health officer deems it necessary to use placards, placards may be utilized [in its jurisdiction]. Placards may be utilized by a local health officer of a local health authority that is not an LMRO only if the specific use is approved by the Department.

§27.67. Movement of persons and animals subject to isolation or quarantine by action of a local health authority or the Department.

(a) A person or animal subject to [under] isolation or quarantine by action of a local health authority or the Department may be removed to another [dwelling or a hospital] location only with permission of the local health [officer concerned,] authority or the Department. If the local health authority is not an LMRO, the local health authority shall consult with and receive approval from the Department prior to permitting removal. Permission for removal may be given by the Department if the local health officer is not available.

(b) Removal of a [patient] person or animal under isolation or quarantine by action of the Department or a local health authority, from [one health] the jurisdiction of the Department or a local health authority to [another] the jurisdiction of the Department or another local health authority [within this Commonwealth] may [be made] occur only with permission of the

Department, if it is involved, and with the permission of the local health [officers] authorities concerned[, or the Department if the local health officer is not available]. If both of the local health authorities involved are not LMROs, the local health authorities shall consult with and receive approval from the Department prior to permitting removal. Permission for removal may be given by the Department if a local health officer from whom permission would otherwise be required is not available.

(c) Interstate [removal] transportation to or from the Commonwealth of a person or animal under isolation or quarantine may be made only with permission of the Department.

(d) Transportation of a person or animal under isolation or quarantine shall be made by private conveyance or as otherwise ordered by the local health [officer] authority or the Department. If the local health authority is not an LMRO, it shall consult with the Department prior to issuing any order. The sender, the receiver, and the transporter of the animal shall be responsible to take [D]due care [shall be taken] to prevent the spread of the disease.

(e) [Immediately upon the arrival of the patient at the point of destination, isolation, or quarantine shall be resumed for the period of time required for the specific disease.] 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.

§27.68. Release from isolation [and] or quarantine.

The Department or [the] a local health [officer] authority may order that a person or animal isolated or quarantined pursuant to the direction of the Department or to the appropriate health authority be released from isolation or quarantine when [the provisions of this title of the Department have been met] the Department or the local health authority determines that the person or animal no longer presents a public health threat. If the local health authority involved is not an LMRO, it shall consult with, and receive approval from, the Department prior to making the order.

§27.69. Laboratory analysis.

Whenever [the regulations of the Department provide for the submission of] a laboratory specimen[s] is to be examined for the presence of [micro-] etiologic organisms in order 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[s] shall be examined in a laboratory [of the Department or in one] approved by the Department [for] to conduct that type of examination [of the specimens].

COMMUNICABLE DISEASES IN [SCHOOL] CHILDREN AND STAFF ATTENDING SCHOOLS AND CHILD CARE GROUP SETTINGS

§27.71. Exclusion of pupils and staff for specified diseases and infectious conditions.

[Each teacher, principal, superintendent or other] A person in charge of a public, private, parochial, Sunday or other school or college [or preschool] shall exclude [students] from school [who have been diagnosed by a physician or are suspected of having the disease by the school nurse for the indicated period of time for the following diseases:] a pupil, or a staff person who has contact with pupils, who is suspected by a physician or the school nurse of having any of the communicable diseases, infections, or conditions listed in this section. Readmission shall be contingent upon the school nurse or, in the absence of the school nurse, a physician, verifying that the criteria for readmission have been satisfied. The diseases, the periods of exclusion and the criteria for readmission are as follows:

(1) *Diphtheria* - Two weeks from the onset or until appropriate negative culture tests. [Reference should be made to §27.108 (relating to diphtheria).]

(2) *Measles* - Four days from the onset of rash. [Reference should be made to §27.121 (relating to measles (rubeola)).] Exclusion may also be ordered by the Department as specified in §27.162 (relating to special requirements for measles).

(3) *Mumps* - Nine days from the onset or until subsidence of swelling. [Reference should be made to §27.124 (relating to mumps).]

(4) *Pertussis* - [Four] Three weeks from the onset or [7] five days from institution of appropriate antimicrobial therapy. [Reference should be made to §27.126 (relating to pertussis (whooping cough)).]

(5) *Rubella* - [Four] Seven days from the onset of rash. [Reference should be made to §27.134 (relating to Rubella (German measles) and congenital rubella syndrome).]

(6) *Chickenpox* - [Six] Five days from the [last crop of vesicles] appearance of the first crop of vesicles, or when all the lesions have dried and crusted, which ever is sooner.

(7) *Respiratory streptococcal infections including scarlet fever* - Not less than [7] ten days from the onset if no physician is in attendance or 24 hours [from] after institution of appropriate antimicrobial therapy.

(8) *[Acute contagious] Infectious conjunctivitis (pink eye)* - [Twenty-four hours from institution of appropriate therapy] Until judged not infective; i.e., without a discharge.

(9) *Ringworm* - [all types - Until judged noninfective by the nurse in school, college

or preschool, or child's physician.] The person shall be allowed to return to school, child care or other group setting immediately after the first treatment, provided that body lesions are covered. Neither scalp nor body lesions that are dried need to be covered.

(10) *Impetigo contagiosa* - [Until judged noninfective by the nurse in school, college or preschool, or by the child's physician] Twenty-four hours after the institution of appropriate treatment.

(11) *Pediculosis capitis* - [Until judged noninfective by the nurse in school, college or preschool, or by the child's physician.] The person shall be allowed to return to either his or her school, child care, or other group setting immediately after first treatment. The person shall be re-examined for infestation by the school nurse, or other health care practitioner, seven days post-treatment.

(12) *Pediculosis corpora* - [Until judged noninfective by the nurse in school, college or preschool, or child's physician] After completion of appropriate treatment.

(13) *Scabies* - [Until judged noninfective by the nurse in school, college or preschool, or by the child's physician] After completion of appropriate treatment.

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

(15)] (14) *Trachoma* - Twenty-four hours [from] after institution of appropriate [therapy] treatment.

(15) *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 noncommunicable must be submitted prior to re-admission.

§27.72. Exclusion of pupils and staff showing symptoms.

(a) A [teacher, principal, superintendent, or other] person in charge of a public, private, parochial, Sunday or other school or college shall, following consultation with a physician or school nurse, exclude immediately a [person] pupil or staff person showing [an unusual skin eruption, having soreness of the throat or having signs or symptoms of whooping cough or diseases of the eyes. The exclusion and the reasons prompting it shall be reported to the health authority of the municipality or county in which the school is situated, together with the name and address of the person excluded.] any of the following symptoms, unless that person is determined by the school nurse, or a physician, to be noncommunicable:

(1) Mouth sores associated with inability to control saliva.

(2) Rash with fever or behavioral change.

(3) Purulent discharge from the eyes.

(4) Productive cough with fever.

(5) Oral or axillary temperature equal to or greater than 102 degrees F.

(6) Unusual lethargy, irritability, persistent crying, difficulty breathing, or other signs of severe illness.

(7) Vomiting.

(b) The school shall maintain a record of the exclusion and the reasons prompting the exclusion, and shall review the record to determine when unusual rates of absenteeism occur. The Department will periodically determine and publish in the *Pennsylvania Bulletin* what increase in absenteeism constitutes an unusual rate of absenteeism.

§27.73. Readmission of excluded pupils [showing symptoms] and staff.

(a) No [person] pupil or staff person excluded from a public, private, parochial or other school or college under the provisions of §27.72 (relating to exclusion of pupils and staff showing symptoms) may be readmitted until the school 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 [child] person was excluded is not communicable or until the [child] person presents a [certificate of recovery or noninfectiousness] statement from [the] a physician that the person has recovered or is non-infectious.

(b) A pupil or staff person excluded for the following reasons shall be readmitted only when a physician has determined the illness to be either resolved, noncommunicable or in a noncommunicable stage:

(1) Rash with fever or behavioral change.

(2) Productive cough with fever.

§27.74. Re[A]admission of exposed or isolated pupils and staff.

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

attendance or whether or not isolation has been established in the household.]

§27.75. Exclusion of pupils and staff during a measles [(rubeola)] outbreak. Pupils [who are presumed susceptible may] and staff shall be excluded from school during a measles [(rubeola)] outbreak under the procedures described in §27.[121]162 (relating to special requirements for measles [(rubeola)]).

§27.76. Exclusion and readmission of children and staff in child care group settings.

(a) Sections 27.71 through 27.75 shall 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 who has contact with children attending the child care group setting:

(1) *Meningococcal meningitis or meningococcemia* - 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) *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 four months of greater than 101 degrees F. rectally or 100 degrees F. axillary; in children 4-24 months of greater than 102 degrees F. rectally or 101 degrees F. axillary* - Until resolved or judged to be noninfective.

(5) *Hepatitis A, viral hepatitis unspecified, or jaundice of unspecified etiology* - Until one week following the onset of jaundice, or two weeks following

symptom onset or IgM antibody positivity if jaundice is not present.

(6) *Shigellosis* - Until the etiologic organism is eradicated. See §27.158 (relating to special requirements for shigellosis).

(7) *Typhoid fever or paratyphoid fever* - Until the etiologic organism is eradicated. See §27.159 (relating to special requirements for typhoid fever and paratyphoid fever).

(8) *Exposure to an individual with invasive H. influenza disease if children less than four years of age attend the child care group setting in the same room as the exposed person* - 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 of appropriate antibiotic treatment.

(9) *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 of appropriate antibiotic treatment.

(b) In order to facilitate the proper exclusion of sick children and staff, the caregiver at a child care group setting shall arrange for the following:

(1) Instruction of staff regarding exclusion and screening criteria which 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) Screening of each child by staff at the time the child is brought to the child care group setting for the presence of a condition which requires exclusion. The screening shall be conducted each day while the parent, guardian, or other person bringing the child to the child care group setting is present.

§27.77. Immunization requirements for children in child care group settings.

(a) *Caregiver responsibilities.*

(1) Except as exempted in subsection (d), effective (60 days after final publication of these regulations), the caregiver at a child care group setting may not accept or retain a child two months of age or older at the setting, for more than 60 days, unless the caregiver has received a written objection to a child being vaccinated on religious grounds from a parent or guardian, or one of the following:

(i) For all children not exempt under the subsection (d) (1) (ii), an initial written verification from a physician, the Department or a local health department of the dates (month, day and year) the child was administered any vaccines recommended by ACIP. The verification shall also specify any vaccination not given due to medical condition of the child and shall state whether the condition is temporary or permanent. The verification shall show compliance with the vaccination requirements set forth in subsection (b).

(ii) For all children for whom vaccinations remain outstanding following the caregiver's receipt of the initial written verification, subsequent written verifications from a physician, the Department or a local health department as additional vaccinations become due. These verifications shall be prepared in the same manner as set forth in subparagraph (i), but need not repeat information contained in a previously submitted verification. The verifications shall demonstrate continuing compliance with the vaccination requirements set forth in subsection (b).

(2) If the caregiver receives a written verification under paragraph (1) explaining that timely vaccination did not occur due to a temporary medical condition, the caregiver shall exclude the child from the child care group setting after an additional 30 days unless the caregiver receives, within that 30-day period, written verification from a physician, the Department or a local health department that the child was vaccinated or that the temporary medical condition still exists. If the caregiver receives a written verification that vaccination has not occurred because the temporary condition persists, the caregiver shall require the presentation of a new verification at 30-day intervals. If a verification is not received as required, the caregiver shall exclude the child from the child care group setting and not re-admit the child until the caregiver receives a verification that meets the requirements of this section.

(3) The caregiver shall retain the written verification or objection referenced in paragraphs (1) and (2) for 60 days following the termination of the child's attendance.

(4) The caregiver shall ensure that a Certificate of Immunization is

completed and signed for each child enrolled in the child care group setting. Such certificates shall be periodically updated by the caregiver to include the information provided to the caregiver pursuant to subsection (a). The immunization status of each enrolled child shall be summarized and reported on an annual basis to the Department at the time prescribed by the Department and on the form provided by the Department.

(b) *Vaccination requirements.* Each child enrolled in a child care group setting shall be immunized in accordance with ACIP standards in effect on January 1, 1999, governing the issuance of ACIP recommendations for the immunization of children.

(1) The standards are as follows:

(i) The immunization practice is supported by both published and unpublished scientific literature as a means to address the morbidity and mortality of the disease.

(ii) The labeling and packaging inserts for the immunizing agent are considered.

(iii) The immunizing agent is safe and effective.

(iv) The schedule for use of the immunizing agent is administratively feasible.

(2) The Department will deem an ACIP recommendation pertaining to the immunization of children to satisfy the standards set forth in this subsection unless ACIP alters its standards for recommending immunizations for children by eliminating a standard set forth in this subsection and the recommendation is issued pursuant to those changed standards.

(c) *Notice.* The Department will place a notice in the *Pennsylvania Bulletin* listing publications containing ACIP recommendations issued pursuant to the standards in subsection (b). The Department will publish the initial notice contemporaneously with the publication of this chapter. The Department will update that list in a notice which it will publish in the *Pennsylvania Bulletin* within 30 days after ACIP issues a recommendation which satisfies the criteria of this section.

(d) *Exemptions.*

(1) This section does not apply to the following:

(i) Kindergarten, elementary school or higher school. These

caregivers shall comply with the standards in §§23.81-23.87 (relating to immunization).

(ii) Children who are known by the caregiver to be six years of age or older or to attend a kindergarten, elementary school or high school.

(iii) A caregiver who does not serve as a caregiver for at least 40 hours during at least one month.

(2) The requirement imposed by subsection (a), to not accept a child into a child care group setting without receiving an initial written verification or objection specified in subsection (a), shall not apply during a month the caregiver does not serve as a caregiver for at least 40 hours.

(e) *Exclusion when disease is present.* Whenever one of the diseases mentioned in this regulation has been identified within a child care group setting, the Department or a local health department may order the exclusion from the child care group setting or any other child care group setting which is determined to be at high-risk of transmission of that disease, of an individual susceptible to that disease in accordance with public health standards as determined by the Department.

Subchapter D. [VENEREAL] SEXUALLY TRANSMITTED DISEASES, TUBERCULOSIS AND OTHER COMMUNICABLE DISEASES

Sec.

27.90. [Appeal from a denial of statement of the physician] (Reserved).

27.91. [Form for statement of physician] (Reserved).

27.92. [Misrepresentation of facts and release of information] (Reserved).

27.93. [Waiver of syphilis examination] (Reserved).

27.94. [Prenatal examination for syphilis] (Reserved).

27.95. Reporting syphilis examination information for births and fetal deaths.

27.96. Diagnostic tests for [venereal] sexually transmitted diseases.

27.97. Treatment of minors.

27.98. Prophylactic treatment of newborns.

27.99. Prenatal examination for hepatitis B.

§27.81. Examination of persons suspected of being infected.

Whenever the Department or a local [qualified medical] health [officer] authority has reasonable grounds to suspect a person of being infected with an organism causing a [venereal] sexually transmitted disease, tuberculosis or other communicable disease, or of being a carrier, but lacks confirmatory medical or laboratory evidence, the Department or the [officer] local health authority [will] may require the person to undergo a medical examination and any other approved diagnostic procedure to determine whether or not [he] the person is infected or is a carrier. If the local health authority involved is not an LMRO, the local health authority shall consult with and receive approval from the Department prior to requiring any medical examination or other approved diagnostic procedure.

§27.82. Refusal to submit to examination.

(a) [Section 7 of the act (35 P.S. §521.7) provides that i]In the event a person refuses to submit to the examination required in §27.81 (relating to examination of persons suspected of being infected), the Department or the local [qualified medical] health [officer] authority may [take one of the following actions:

(1) Cause] direct the person to be quarantined until it is determined that [he is not infected with a venereal disease, tuberculosis or other communicable disease,

or he is not a carrier] the person does not pose a threat to the public health by reason of being infected with a disease causing organism or being a carrier.

[(2)] (b) If the person refuses to abide by an order issued pursuant to subsection (a), the Department or local health authority may [F]file a petition in the court of common pleas of the county in which the person is present. The petition shall have a statement attached, given under oath by a physician licensed to practice in this Commonwealth, that the person is suspected of being infected with [venereal] an organism causing a sexually transmitted disease, tuberculosis or other communicable disease, or that the person is suspected of being a carrier. Upon the filing of the petition, the court shall, within 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 [venereal disease, tuberculosis or other communicable disease] the suspected disease causing organism, 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 forthwith 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 [venereal disease, tuberculosis or other communicable disease] the disease causing organism, or that the person is a carrier.

[(b) Section 7 of the Act (P.S. §521.7) provides that a](c) A person refusing to undergo an examination as [provided in] required under subsections (a) and (b) may be committed by the court to an institution in this Commonwealth determined by the Department to be suitable for the care of [the cases] persons infected with the suspected disease causing organism.

§27.83. Court ordered examinations.

The examination ordered by the court [as provided in] pursuant to §27.82 (relating to refusal to submit to examination) may be performed by a physician chosen by the person at [his] the person's own expense. The examination shall include an appropriate physical examination and laboratory tests performed in a clinical laboratory approved by the Department to conduct such tests, and shall be conducted in accordance with accepted professional practices. The results shall be reported to the local health [board or health department] authority or the Department on case report forms furnished by the Department.

§27.84. Examination for a sexually transmitted disease of persons detained by police authorities.

(a) [Section 8(a) of the act (35 P.S. §521.8(a)) provides that a] A person taken into custody and charged with a crime involving lewd conduct or a sex offense, or a person to whom the jurisdiction of a juvenile court attaches may be examined for a [venereal] sexually transmitted disease by a qualified physician appointed by the Department [or], by the local [board or department of health] health authority, or [appointed] by the court having jurisdiction over the person so charged. If the person refuses to permit an examination or provide a specimen for laboratory tests as requested by the physician designated by the Department, a local health authority, or a court, judicial action may be pursued by the Department or local health authority to secure an appropriate remedy.

(b) [Section 8(b) of the act (35 P.S. §521.8(b)) provides that a] A person convicted of a crime or pending trial, who is confined in or committed to a State or local penal institution, reformatory or other house of correction or detention, may be examined for [venereal] a sexually transmitted disease by a qualified physician appointed by the Department or by the local [board] health authority. If the person refuses to permit an examination or provide a specimen for laboratory tests as requested by the physician, judicial action may be pursued by the Department or local health authority to secure an appropriate remedy.

(c) [Section 8(c) of the act (35 P.S. §521.8(c)) provides that a] A person described in subsections (a) or (b) found, upon examination, to be infected with a [venereal] sexually transmitted disease shall be given appropriate treatment by [constituted] the local health authorit[ies]y [or their deputies], the Department, or [by] the attending physician of the institution[, if any].

§27.85. Diagnosis and treatment of [venereal] a sexually transmitted disease.

(a) [Section 9(a) of the act (35 P.S. §521.9(a)) provides that t]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 [venereal] sexually transmitted diseases. [The diagnosis shall include blood tests and other tests.]

(b) [Section 9(b) of the act (35 P.S. §521.9(b)) provides that u]Upon approval of the Department, a local [board or department of health may] health authority shall undertake to share the expense of furnishing free diagnosis and free treatment of [venereal] a sexually transmitted disease, or [the local board or department of health may take over, entirely or in part, the] shall furnish[ing of] free diagnosis and free treatment of the [venereal] sexually transmitted disease [with or] without financial assistance from the Department.

§27.86. [Sale of drugs for venereal disease] (Reserved).

[Section 10 of the act (35 P.S. §521.10) provides that the sale of drugs or other remedies for the treatment of venereal disease shall be prohibited, except under prescription of physicians licensed

to practice in this Commonwealth.]

§27.87. Refusal to submit to treatment for communicable diseases.

(a) If the Department or a local health [officer] authority finds that a person who is infected with [venereal] a sexually transmitted disease, tuberculosis or other communicable disease in a communicable stage refuses to submit to treatment approved by the Department or by a local [board] health authority, the Department or the local health [officer] authority [may take the following action:

(1) Under section 11(a) of the act (35 P.S. §521.11(a))], if it determines such action advances public health interests, shall order the person to be isolated [the person] in an appropriate institution designated by the Department or by the local [board] health authority for safekeeping and treatment until the disease has been rendered noncommunicable. If the disease is one which may be significantly reduced in its communicability following short-term therapy, but is likely to significantly increase in its communicability if that therapy is not continued, such as tuberculosis, the Department or local health authority may order the person to complete therapy which is designed to prevent the disease from reverting to a communicable stage, including completion of an inpatient treatment regimen. See, also, §27.161 (relating to special requirements for tuberculosis). If the local health authority involved is not an LMRO, the local health authority shall consult with and receive approval from the Department prior to taking any action under this subsection.

[(2) Under section 11(a) of the act (35 P.S. §521.11(a)),]

(b) If a person refuses to comply with an order issued pursuant to subsection (a), the Department or local health authority shall file a petition in the court of common pleas of the county in which the person is present to commit the person to an appropriate institution designated by the Department or by the local [board] health authority for safekeeping and treatment [until such time as the disease has been rendered noncommunicable] as specified in subsection (a). Upon the filing of a petition, the court shall, within 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 or by the local board] issue an appropriate order.

[(b)] (c) For the purpose of this section, [it is understood that] treatment approved by the Department or by a local [board] health authority [shall] may include treatment by an accredited practitioner of a well recognized church or religious denomination which relies on prayer or spiritual means alone for healing, if requirements relating to sanitation, isolation or quarantine are [complied with] satisfied.

§27.88. Isolation and [Q]quarantine in [jails] appropriate institutions.

[Section 11(b) of the act (35 P.S. §521.11(b)), provides that a county jail or other appropriate institution may receive persons who are isolated or quarantined by the Department or by a local board by reason of a venereal disease for the purpose of safekeeping and treatment.]

(a) When the Department or a local health authority orders a person with or suspected of having a sexually transmitted disease to be isolated or quarantined for the purpose of safekeeping and treatment, it may order that the isolation or quarantine take place in an institution where the person's movement is physically restricted.

(b) The Department or the local [board or department of health] health authority shall reimburse an institution which accepts the person[s] at the rate of maintenance that prevails in the institution, and shall furnish the necessary medical treatment to the person[s committed to] isolated or quarantined within the institution.

§27.89. [Premarital examination for syphilis] Examinations for syphilis.

[Section 12(a) of the act (35 P.S. §521.12(a)) provides that no license to marry may be issued until there is in the possession of the clerk of the orphans' court a statement signed by a licensed physician of this Commonwealth, or of other state or territory, or a commissioned medical officer in the United States Armed Forces or a physician of the United States Public Health Service that the applicant within 30 days of the issuance of the marriage license has submitted to an examination to determine the existence or nonexistence of syphilis. The examination shall include a standard serological test for syphilis and a statement that, in the opinion of the examining physician, the applicant is not infected with syphilis, or if so infected, is not in a stage of the disease which is likely to become communicable. The statement of the physician shall be accompanied by a statement from the person in charge of the laboratory making the test, or from some other person authorized to make a statement, setting forth the name of the test, the date is was made, the name and address of the physician to whom a report was sent and the exact name and address of the person whose blood was tested, but not setting forth the result of the test.]

(a) *Prenatal examination for syphilis.*

(1) A 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 he 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 after the first examination, and shall submit the sample to a clinical laboratory for an approved test for syphilis. A physician shall similarly collect and have tested a sample of the

pregnant woman's blood during the third trimester of her pregnancy, in those counties of Pennsylvania where the annual rate of infectious syphilis is at a rate of syphilis occurring in a given population for which the CDC has determined it is cost-effective to require special precautions. The Department will publish this rate in the *Pennsylvania Bulletin* as necessary. 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 and submitted to a clinical laboratory for an approved test for syphilis. If the pregnant woman objects, it shall be the duty of the person seeking to have the woman give a blood sample to explain to her the desirability of the test.

(2) The serological test required by subsection (b)(1) will be made without charge, by the Department, upon the request of the physician submitting the blood sample and the submission of a certificate by the physician that the patient is unable to pay.

(b) *Examination for syphilis in mother of newborn.* A test for syphilis shall be done, unless the mother objects, on the blood of the mother of every newborn delivered in those counties of Pennsylvania where the annual rate of infectious syphilis is at a rate of syphilis occurring in a given population for which the CDC has determined it is cost-effective to require special precautions. The Department will publish this rate in the *Pennsylvania Bulletin* as necessary. The results of the test shall be recorded both in the mother's medical record and in the newborn's medical record prior to discharge.

(c) *Examination for syphilis in mother of stillborn.* A test for syphilis shall be done, unless the mother objects, on the blood of the mother of every stillborn child delivered in those counties of Pennsylvania where the annual rate of infectious syphilis is at a rate of syphilis occurring in a given population for which the CDC has determined it is cost-effective to require special precautions. The Department will publish this rate in the *Pennsylvania Bulletin* as necessary. The Department shall be responsible for alerting physicians about this standard. The blood shall be collected within two hours after delivery and the result entered into the mother's medical record prior to discharge. See also, §27.95 (relating to reporting births and fetal deaths).

§27.90. [Appeal from denial of statement of the physician] (Reserved).

[Section 12(b) of the act (35 P.S. §521.12(b)) provides that an applicant for a marriage license who has been denied a statement of the physician as required by §27.89 (relating to premarital examination for syphilis) shall have the right of appeal to the Department for a review of the case and the Department will, after appropriate investigation, issue or refuse to issue a statement in lieu of the required statement of the physician.]

§27.91. [Form for statement of physician] (Reserved).

[Section 12(c) of the act (35 P.S. §521.12(c)) provides that the statements required of the physician who examined the applicant and of the person in charge of the laboratory which made the serological or other test shall be uniform throughout this Commonwealth and shall be upon forms provided by the Department or upon any comparable forms provided by other states. These forms shall be filed by the clerk of the orphan's court separately from the applications for marriage licenses, and shall be regarded as confidential by every person whose duty it may be to obtain, make, transmit or receive the information or report.]

§27.92. [Misrepresentation of facts and release of information] (Reserved).

[Section 12(d) of the act (35 P.S. §521.12(d)) provides that it shall be unlawful for an applicant for a marriage license, physician or representative of a laboratory to misrepresent the facts prescribed by the act. it shall be unlawful for a licensing officer who fails to receive the statements prescribed by the act or who has reason to believe that the facts have been misrepresented to issue a marriage license. It shall also be unlawful for a person to disregard the confidential character of the information or reports required by the act or for a person to otherwise fail to comply with the provisions of §§27.89- 27.91, 27.93 and this section (relating to premarital examination for syphilis; appeal from a denial of statement of the physician; form for statement of physician; and waiver of syphilis examination).]

§27.93. [Waiver of syphilis examination] (Reserved).

[Section 12(e) of the act (35 P.S. §521.12(e)) provides that a judge of an orphans' court within the county in which the license is to be issued is authorized, on joint application by both applicants for a marriage license, to waive the requirements as to medical examination, laboratory tests and certificates, and to authorize the clerk of the orphans' court to issue the license, if other requirements of the marriage laws have been complied with, and the judge is satisfied by affidavit or other proof that the examination or tests are contrary to the tenets or practices of the religious creed to which the applicant is an adherent, and that the public health and welfare will not be injuriously affected by the waiver and authorization.]

§27.94. [Prenatal examination for syphilis] (Reserved).

[(a) Section 13(a) of the act (35 P.S. §521.13(a)) provides that every physician who attends, treats or examines a pregnant woman for conditions relating to pregnancy during the period of gestation or delivery, shall take or cause to be taken, unless the woman objects, a sample of her blood at the time of first examination or within 15 days and shall submit the sample to an approved laboratory for an approved serological test for syphilis. 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 physician licensed in this

Commonwealth and shall submit it to an approved laboratory for an approved serological test. If the pregnant woman objects it shall be the duty of the physician to explain to her the desirability of the test.

(b) The serological test required by subsection (a) will be made without charge by the Department upon the request of the physician submitting the sample, if he submits a certificate that the patient is unable to pay.]

§27.95. Reporting syphilis examination information for births and fetal deaths.

[Section 13(b) of the act (35 P.S. §521.13(b)) provides that i]In reporting [every] a birth [and] or fetal death, physicians and others required to make the reports shall state [upon the certificate] in the medical record whether or not the blood tests required by §27.[94]89(b) (relating to [prenatal] examinations for syphilis) [was] were made. If [the] a test was made, the date of the test shall be given, and if [the] a test was not made [it may be stated whether it was not made because, in the opinion of the physician, the test was not advisable or because the woman objected], the reason the test was not made shall be given.

§27.96. Diagnostic tests for [venereal] sexually transmitted diseases.

[Section 14 of the act (35 P.S. §521.14) provides that a standard or approved test procedure for each of the venereal diseases]

(a) When testing for a sexually transmitted disease is required by the Act or this chapter, the test used shall be a test approved by the [Department] Food and Drug Administration, and if a laboratory test is part of the approved procedure, it shall be [made] conducted in a clinical laboratory approved by the Department to [make] perform the test[s].

(b) The diagnostic tests that have been approved to test for each sexually transmitted disease may be ascertained by contacting the Division of Clinical Microbiology, Bureau of Laboratories.

§27.97. Treatment of minors.

[Section 14a of the act (P.S. §521.14a) provides that a] A person under the age of 21 [infected with a venereal disease may be given appropriate treatment by a physician] may give consent for medical and other health services to determine the presence of or to treat a sexually transmitted disease and any other reportable disease, infection or condition. If the minor consents to undergo diagnosis or treatment, approval or consent of [his parents or persons in *loco parentis* may not be] any other person is not necessary[, and t]. The physician may not be sued or held liable for [properly] implementing appropriate diagnostic measures or administering appropriate treatment

to the minor if the minor has consented to such procedures or treatment.

§27.98. Prophylactic treatment of newborns.

Physicians and midwives attending women in childbirth shall instill in each eye of the newborn child, as soon as practicable after birth, either a 1% silver nitrate solution, [or tetracycline ophthalmic ointment or solution,] or erythromycin ophthalmic ointment or solution as a single

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

§27.99 Prenatal examination for hepatitis B.

(a) A 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 he 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 Department to conduct immunologic testing.

(b) When a pregnant woman tests positive for hepatitis B surface antigen, a physician shall provide the appropriate prophylaxis 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 parent's or guardian's religious beliefs or practices, prophylactic treatment shall be withheld, and an entry in the child's hospital record indicating the reason for withholding treatment shall be made and signed by the attending physician and the parent or guardian.

Subchapter E. [PROCEDURE FOR TREATING EACH REPORTABLE DISEASE] SELECTED PROCEDURES FOR PREVENTING DISEASE TRANSMISSION

Sec.

27.102. [Amebiasis (amebic dysentery)] (Reserved).

27.103. [Animal bites] (Reserved).

27.104. [Anthrax] (Reserved).

27.105. [Botulism] (Reserved).

27.106. [Brucellosis] (Reserved).

27.106a. [Campylobacteriosis] (Reserved).

27.107. [Cholera] (Reserved).

27.108. [Diphtheria] (Reserved).

27.109. [Encephalitis] (Reserved).

27.110. [Food poisoning] (Reserved).

27.111. [Giardiasis] (Reserved).

27.112. [Gonococcal infections] (Reserved).

27.113. [Guillain-Barre Syndrome] (Reserved).

27.113a. [Haemophilus influenzae Type b Disease] (Reserved).

27.114. [Hepatitis A (viral, infections, acute catarrhal jaundice)] (Reserved).

27.115. [Hepatitis B (viral, serum homologous serum jaundice)] (Reserved).

27.115a. [Hepatitis Non-A Non-B] (Reserved).

27.116. [Histoplasmosis] (Reserved).

27.116a. [Kawasaki disease] (Reserved).

27.117. [Lead poisoning or lead toxicity] (Reserved).

27.117a. [Legionnaires' Disease] (Reserved).

27.118. [Leptospirosis (Weil's disease)] (Reserved).

27.118a. [Lyme disease] (Reserved).

27.119. [Lymphogranuloma venereum] (Reserved).

27.120. [Malaria] (Reserved).

27.121. [Measles (rubeola)] (Reserved).

27.121a. [Measles immunization requirements for children in childhood group settings] (Reserved).

27.122. [Meningitis-all types] (Reserved).

27.123. [Meningococcal disease] (Reserved).

27.124. [Mumps] (Reserved).

27.125. [Neonatal hyperthyroidism] (Reserved).

27.126. [Pertussis (whooping cough)] (Reserved).

27.127. [Phenylketonuria] (Reserved).

27.128. [Plague] (Reserved).

27.129. [Poliomyelitis (paralytic and nonparalytic)] (Reserved).

27.130. [Psittacosis (Ornithosis)] (Reserved).

27.131. [Rabies] (Reserved).

27.132. [Reye's syndrome] (Reserved).

27.133. [Rickettsial diseases, including Rocky Mountain Spotted Fever] (Reserved).

27.134. [Rubella (German measles) and congenital rubella syndrome] (Reserved).

27.135. [Salmonellosis] (Reserved).

27.136. [Shigellosis (bacillary dysentery)] (Reserved).

27.137. [Smallpox] (Reserved).

27.138. [Syphilis] (Reserved).

27.139. [Tetanus] (Reserved).

27.139a. [Toxic shock syndrome] (Reserved).

27.140. [Toxoplasmosis] (Reserved).

27.141. [Trichinosis] (Reserved).

27.142. [Tuberculosis] (Reserved).

27.143. [Tularemia] (Reserved).

27.144. [Typhoid and paratyphoid] (Reserved).

27.145. (Reserved).

27.146. [Yellow fever] (Reserved).

27.151. Restrictions on the donation of blood, blood products, tissue, sperm, and ova.

27.152. Investigation of cases and outbreaks.

27.153. Restrictions on food handlers.

27.154. Restrictions on care givers in a child care group setting.

27.155. Restrictions on health care practitioners.

27.156. Special requirements for amebiasis.

27.157. Special requirements for enterohemorrhagic E. coli.

27.158. Special requirements for shigellosis.

27.159. Special requirements for typhoid and paratyphoid fever.

27.160. Special requirements for measles.

27.161. Special requirements for tuberculosis.

27.162. Special requirements for animal bites.

27.163. Special requirements for psittacosis.

27.164. Special requirements for plague, pharyngitis or pneumonia.

§27.101. [General] (Reserved).

[This subchapter contains the names of reportable diseases in alphabetical order and prescribes, in each case, the general requirements for the control of the infected individual, his contacts and his environment. Detailed requirements for reporting diseases are prescribed in Subchapter B (relating to reporting of diseases) and requirements for isolation and quarantine are prescribed in Subchapter C (relating to quarantine and isolation).]

§27.101a. [Acquired Immune Deficiency Syndrome (AIDS)] (Reserved).

[(a) *Reporting.* Reports of AIDS cases shall be made to the Division of Acute Infectious Disease Epidemiology, Department of Health, or to the local health department, as specified in §27.32 (relating to reporting AIDS).

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

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

(d) *Terminal disinfection.* Thorough cleaning of the patient's environment is required upon the patient's discharge from a hospital room.

(e) *Quarantine.* No quarantine is required.

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

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

(2) Blood banks, sperm banks and hospitals may not accept for human use blood, plasma, semen, organs or other body tissues without obtaining prior evidence that the donor is HIV antibody negative. Transplants may be performed prior to receiving HIV test results if delay, due to performance of the test, would threaten the recipient's survival.]

§27.102. [Amebiasis (amebic dysentery)] (Reserved).

[(a) *Reporting.* Report to the local health authority.

(b) *Isolation.* No isolation may be required. Infected persons shall be excluded from an occupation that prepares or serves food for public consumption until they have had three negative successive stool specimens collected on the last day of therapy and at intervals of not less than 48 hours.

(c) *Concurrent disinfection.* Feces shall be disposed of in a sanitary manner, and hands shall be washed after defecation.

(d) *Terminal disinfection.* Terminal disinfection shall consist of thorough cleaning.

(e) *Quarantine.* No quarantine of carriers or contacts is required.]

§27.103. [Animal bites] (Reserved).

[(a) *Reporting.* A bite or other trauma likely to result in rabies inflicted by an animal capable of being a reservoir for rabies shall be reported by telephone or other prompt means to the local health authority.

(b) *Isolation.* No isolation is required.

(c) *Concurrent disinfection.* No concurrent disinfection is required.

(d) *Terminal disinfection.* No terminal disinfection is required.

(e) *Quarantine.* No quarantine of contacts is required.

(f) *Quarantine of biting animals.* Quarantine of biting animals shall conform with the following:

(1) A dog, cat or other domestic mammal that bites or otherwise potentially exposes a human to rabies shall be quarantined in a place and manner approved by the Secretary or his representative or the local health officer for at least 10 days after the date of the bite.

(2) A wild animal that bites or otherwise potentially exposes a human to rabies shall be immediately destroyed and its head submitted to one of the state or county diagnostic laboratories for a rabies examination. Exceptions to the requirement of this paragraph may be granted by the Secretary or his

representative.

(3) Notwithstanding the paragraphs (1) and (2), the Secretary or his representative or the local health officer may order in writing the killing in a humane manner of a biting animal for the purpose of a laboratory examination for rabies if it has been determined that it is necessary to preserve human health.

(4) The Secretary or his representative or the local health officer may order the owner of a biting animal to have the animal examined for rabies by a Commonwealth licensed veterinarian during the quarantine period. The cost of the examinations and other associated costs shall be borne by the owner or custodian of the biting animal.

(5) No animal under quarantine may be moved from the place of quarantine without the written permission of the Secretary or his representative or the local health officer.

(6) No individual may fail or refuse to surrender an animal for quarantine or destruction as required in this subsection when demand is made by the written order of the local health officer.]

§27.104. [Anthrax] (Reserved).

[(a) *Reporting.* Report shall be made to the local health authority by telephone or other equally prompt means.

(b) *Isolation.* The patient shall be isolated until lesions are healed.

(c) *Concurrent disinfection.* Discharges from lesions and articles soiled from the discharge shall require sterilization by an appropriate method of sterilization such as incineration or steam sterilization under pressure.

(d) *Terminal disinfection.* Terminal disinfection shall consist of thorough cleaning.

(e) *Quarantine.* No quarantine of contacts is required.]

§27.105. [Botulism] (Reserved).

[(a) *Reporting.* Report case or suspected cases to the local health authority by telephone or other equally prompt means.

(b) *Isolation.* No isolation is required.

(c) *Concurrent disinfection.* No concurrent disinfection is required.

(d) *Terminal disinfection.* No terminal disinfection is required.

(e) *Quarantine.* No quarantine of contacts is required.]

§27.106. [Brucellosis] (Reserved).

[(a) *Reporting.* Report shall be made to the local health authorities.

(b) *Isolation.* No isolation may be required.

(c) *Concurrent disinfection.* Purulent discharges shall require disinfection.

(d) *Terminal disinfection.* No terminal disinfection is required.

(e) *Quarantine.* No quarantine of contacts is required.]

§27.106a. [Campylobacteriosis] (Reserved).

[(a) *Reporting.* Reports shall be made to the local health authority.

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

(c) *Concurrent disinfection.* Feces and articles soiled therewith shall be disinfected. In communities with modern and adequate sewage disposal systems, feces may be discharged directly into the sewage without preliminary disinfection.

(d) *Terminal disinfection.* Terminal disinfection shall consist of thorough cleaning.

(e) *Quarantine.* No quarantine is required.

(f) *Restrictions on infectious individuals.*

(1) Symptomatic household contacts who prepare or serve food for public consumption are not permitted to work until diarrhea has ended.

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

(g) *Outbreaks of Campylobacteriosis.*

(1) *Food or waterborne.* Suspected outbreaks shall be investigated to identify the implicated food, water or raw milk to which others may have been exposed. The Department has the authority to require stool cultures on individuals involved in the outbreak. Suspect foodhandlers may be excluded from work until results of one stool culture is negative.

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

§27.107. [Cholera] (Reserved).

[(a) *Reporting.* Report to the local health authority by telephone or other equally prompt means.

(b) *Isolation.* The patient shall be isolated in a hospital or a flyproof room or its equivalent.

(c) *Concurrent disinfection.* Prompt and thorough disinfection of articles contaminated with feces, vomitus and urine shall be required. Urine and feces shall be directly flushed down the toilet. Attendants shall practice scrupulous cleanliness, and hands shall be washed with an antiseptic soap or disinfectant after handling or touching articles contaminated by feces.

(d) *Terminal disinfection.* Terminal disinfection shall consist of thorough cleaning. Urinals and bedpans shall be decontaminated and sterilized.

(e) *Quarantine.* A surveillance of the contacts shall be maintained for 5 days from the last exposure and until two negative specimens have been collected 3 days apart.]

§27.108. [Diphtheria] (Reserved).

[(a) *Reporting.* Report to the local health authority by telephone or other equally prompt means.

(b) *Isolation.* The infected person shall be isolated until cultures from the nose and throat taken on two occasions not less than 24 hours apart and 24 hours after cessation of antimicrobial therapy fail to show diphtheria bacilli. Where termination of isolation by culture is impracticable, isolation may end with fair safety 14 days after onset. Where practicable, a virulence test or a toxigenicity test shall be made if throat cultures are reported to be positive

three weeks or more after onset. Isolation may be terminated if the microorganism reported present is proved avirulent or nontoxigenic.

(c) *Concurrent disinfection.* Articles in contact with patient and articles soiled by discharges of patient shall require disinfection.

(d) *Terminal disinfection.* Terminal disinfection shall consist of a thorough airing, sunning and cleaning of the sick room.

(e) *Quarantine.* Intimate contacts shall be isolated until the results of the bacteriologic examinations are known. Persons with positive cultures shall be treated. Contacts shall be isolated until appropriate measures exist or have been taken to insure the public health.

(f) *Diphtheria carriers.* A chronic diphtheria carrier is a person who has been free from the symptoms of diphtheria for 4 weeks or longer and who harbors virulent or toxigenic diphtheria bacilli. A chronic carrier of diphtheria bacilli may be placed under quarantine until cultures from the nose and throat on four successive occasions not less than 24 hours apart are negative, or until the cultures are found to be avirulent or nontoxigenic. When appropriate medical and surgical measures to eliminate the carrier state fail, the health authorities may release the carrier from quarantine when the release is not detrimental to the public health.]

§27.109. [Encephalitis] (Reserved).

[(a) *Reporting.* Report shall be made to the local health authority.

(b) *Isolation.* Appropriate for confirmed or suspected agent.

(c) *Concurrent disinfection.* Appropriate for confirmed or suspected etiologic agent.

(d) *Terminal disinfection.* Appropriate for confirmed or suspected etiologic agent.

(e) *Quarantine.* No quarantine of contacts is required.]

§27.110. [Food poisoning] (Reserved).

[(a) *Reporting.* Report shall be made to the local health authority by telephone or other equally prompt means.

(b) *Isolation.* Appropriate for confirmed or suspected etiologic agent.

(c) *Concurrent disinfection.* Appropriate for confirmed or suspected etiologic agent.

(d) *Terminal disinfection.* Appropriate for confirmed or suspected etiologic agent.

(e) *Quarantine.* No quarantine of contacts is required.]

§27.111. [Giardiasis] (Reserved).

[(a) *Reporting.* Report to the local health authority.

(b) *Isolation.* No isolation is required.

(c) *Concurrent disinfection.* No concurrent disinfection is required.

(d) *Terminal disinfection.* No terminal disinfection is required.

(e) *Quarantine.* No quarantine of contacts is required.]

§27.112. [Gonococcal infection] (Reserved).

[(a) *Reporting.* A physician who treats a patient with a reportable communicable disease which is classed as a venereal disease shall report the case in the manner prescribed in §27.21 (relating to physicians who treat patients with reportable diseases including tuberculosis).

(b) *Isolation.* No isolation is required except for newborns with gonococcal ophthalmia neonatorum for whom isolation may be terminated after 24 hours of adequate and effective therapy under medical supervision.

(c) *Concurrent disinfection.* Care shall be taken in the disposal of discharges from lesions and articles soiled from the discharges.

(d) *Terminal disinfection.* No terminal disinfection is required.

(e) *Quarantine.* No quarantine of contacts is required.]

§27.113. [Guillain-Barre Syndrome] (Reserved).

[(a) *Reporting.* Report shall be made to the local health authority.

(b) *Isolation.* No isolation is required. Those cases occurring with viral infections usually occur after the viral infections have passed.

(c) *Concurrent disinfection.* No concurrent disinfection is required.

(d) *Terminal disinfection.* No terminal disinfection is required.

(e) *Quarantine.* No quarantine of contacts is required.]

§27.113a. [Haemophilus influenza Type b Disease] (Reserved).

[(a) *Reporting.* Reports shall be made to the local health authority.

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

(c) *Concurrent disinfection.* No concurrent disinfection is required.

(d) *Terminal disinfection.* No terminal disinfection is required.

(e) *Quarantine.* No quarantine is required.]

§27.114. [Hepatitis A (viral, infectious, acute catarrhal jaundice)] (Reserved).

[(a) *Reporting.* Report shall be made to the local health authority.

(b) *Isolation.* Isolation precautions shall be observed in handling blood or blood products and excretions until 1 week after onset of illness. The patient shall be excluded from food and drink preparation, processing and serving for public consumption for a period of 1 week after onset of illness or for as long as indicated by the results of appropriate laboratory examinations.

(c) *Concurrent disinfection.* Equipment contaminated with blood, serum or other excretions shall be disinfected.

(d) *Terminal disinfection.* No terminal disinfection is required.

(e) *Quarantine.* No quarantine of contacts is required.]

§27.115. [Hepatitis B (viral, serum homologous serum jaundice)] (Reserved).

[(a) *Reporting.* Report shall be made to the local health authority.

(b) *Isolation.* Isolation precautions shall be observed in handling blood or blood products and excretions until one week after cessation of signs and symptoms of the disease or until 2 weeks after onset of illness, whichever is longer. Blood or blood products containing

hepatitis B antigen shall be considered infectious.

(c) *Concurrent disinfection.* Equipment contaminated with blood, serum or other excretions shall be disinfected.

(d) *Terminal disinfection.* No terminal disinfection is required.

(e) *Quarantine.* No quarantine of contacts is required.]

§27.115a. [Hepatitis Non-A Non-B] (Reserved).

[(a) *Reporting.* Reports shall be made to the local health authority.

(b) *Isolation.* Isolation precautions shall be observed in handling blood or blood products and excretions until 1 week after cessation of signs and symptoms of disease.

(c) *Concurrent disinfection.* Equipment contaminated with blood, serum or other excretions shall be disinfected.

(d) *Terminal disinfection.* No terminal disinfections is required.

(e) *Quarantine.* No quarantine is required.]

§27.116. [Histoplasmosis] (Reserved).

[(a) *Reporting.* Report shall be made to the local health authority.

(b) *Isolation.* No isolation is required.

(c) *Concurrent disinfection.* No concurrent disinfection is required.

(d) *Terminal disinfection.* No terminal disinfection is required.

(e) *Quarantine.* No quarantine of contacts is required.]

§27.116a. [Kawasaki disease] (Reserved).

[(a) *Reporting.* Reports shall be made to the local health authority.

(b) *Isolation.* No isolation is required.

(c) *Concurrent disinfection.* No concurrent disinfection is required.

(d) *Terminal disinfection.* No terminal disinfection is required.

(e) *Quarantine.* No quarantine is required.]

§27.117. [Lead poisoning or lead toxicity] (Reserved).

[(a) *Reporting.* Report shall be made to the Department in the manner prescribed in §§27.4(b) and 27.22(d)(4) (relating to noncommunicable diseases and conditions; and reporting laboratory results indicative of certain infections or conditions).

(b) *Isolation.* No isolation is required.

(c) *Concurrent disinfection.* No concurrent disinfection is required.

(d) *Terminal disinfection.* No terminal disinfection is required.

(e) *Quarantine.* No quarantine of contacts is required.]

§27.117a. [Legionnaires' Disease] (Reserved).

[(a) *Reporting.* Report shall be made to the local health authority.

(b) *Isolation.* No isolation is required.

(c) *Concurrent disinfection.* No concurrent disinfection is required.

(d) *Terminal disinfection.* No terminal disinfection is required.

(e) *Quarantine.* No quarantine of contacts is required.]

§27.118. [Leptospirosis (Weil's disease)] (Reserved).

[(a) *Reporting.* Report shall be made to the local health authority.

(b) *Isolation.* No isolation is required.

(c) *Concurrent disinfection.* No concurrent disinfection is required.

(d) *Terminal disinfection.* Terminal disinfection shall consist of thorough cleaning.

(e) *Quarantine.* No quarantine of contacts is required.]

§27.118a. [Lyme disease] (Reserved).

[(a) *Reporting.* Reports shall be made to the local health authority.

(b) *Isolation.* No isolation is required.

(c) *Concurrent disinfection.* Carefully examine patients and symptomatic cases and remove and destroy remaining ticks.

(d) *Terminal disinfection.* No terminal disinfections is required.

(e) *Quarantine.* No quarantine is required.]

§27.119. [Lymphogranuloma venereum] (Reserved).

[(a) *Reporting.* A physician who treats a patient with a reportable communicable disease which is classed a venereal disease shall report the case in the manner proscribed in §27.21 (relating to physicians who treat patients with reportable diseases including tuberculosis).

(b) *Isolation.* No isolation is required.

(c) *Concurrent disinfection.* Care shall be taken in the disposal of discharges from lesions and articles soiled from discharges.

(d) *Terminal disinfection.* No terminal disinfection is required.

(e) *Quarantine.* No quarantine of contacts is required.]

§27.120. [Malaria] (Reserved).

[(a) *Reporting.* Report shall be made to the local health authority.

(b) *Isolation.* No isolation is required; however, patients shall be protected at night by mosquito-proof areas where vector anopheline are present.

(c) *Concurrent disinfection.* No concurrent disinfection is required.

(d) *Terminal disinfection.* No terminal disinfection is required.

(e) *Quarantine.* No quarantine of contacts is required.]

§27.121. [Measles (rubeola)] (Reserved).

[(a) *Reporting.* Report shall be made to the local health authority by telephone or other equally prompt means.

(b) *Isolation.* Infected persons shall be restricted to the premises for 4 days after the appearance of the rash.

(c) *Concurrent disinfection.* Articles soiled with the secretions of the nose and throat shall be disinfected.

(d) *Terminal disinfection.* Terminal disinfection shall consist of thorough cleaning.

(e) *Quarantine.* Whenever measles (rubeola) is determined to be present in a school population, the Secretary or his designee may do the following:

(1) Ascertain which pupils are presumed susceptible. A presumed susceptible is a pupil who fits into one of the following categories:

(i) No history of measles vaccination.

(ii) Vaccination with measles vaccine prior to 1969, regardless of age.

(iii) Vaccination with measles vaccine prior to 12 months of age.

(iv) No history of serological evidence of measles immunity. The serological evidence is the presence of antibody to measles determined by the hemagglutination inhibition test or a comparable test.

(2) Order exclusion of the presumed susceptibles from the school until one of the following conditions is met:

(i) The susceptible pupil is vaccinated with live attenuated measles vaccine.

(ii) The susceptible pupil presents serological evidence of measles immunity. The serological evidence is the presence of antibody to measles determined by the hemagglutination inhibition test or a comparable test.

(iii) No cases of measles have occurred for a 14-day period.]

§27.121a. [Measles immunization requirements for children in childhood group settings] (Reserved).

[(a) *Definitions.* The following words and terms, when used in this section, have the following meanings, unless the context clearly indicates otherwise:

Caregiver - The organization or individual responsible for the care or education of children at the childhood group setting. The term does not apply to an individual who provides care or education as an employee or otherwise on behalf of an organization or other individual, such as an employee of a day care center.

Child - An individual under 18 years of age.

Childhood group setting - A place where four or more children who are not relatives of a caregiver receive care or education together at one time.

MMR - A vaccine which immunizes against measles, mumps and rubella.

(b) *Caregiver responsibilities.*

(1) Beginning November 4, 1991, the caregiver at a childhood group setting may not accept or retain a child 15 months of age or older at the setting, for more than 60 days, unless the caregiver has received one of the following:

(i) Written verification from a physician, the Department or a local health department that the child was vaccinated for measles with MMR vaccine after 12 months of age.

(ii) Written verification from a physician, the Department or a local health department that the child demonstrates immunity to measles by serological evidence of antibody to measles.

(iii) Written objection to the vaccination on religious grounds from a parent or guardian.

(iv) Written verification from a physician that vaccination with MMR vaccine would be detrimental to the health of the child, with specification as to whether the medical contraindication is temporary or permanent.

(2) If the caregiver receives a written verification under paragraph (1)(iv) excusing timely vaccination due to a temporary medical condition, the caregiver shall exclude the child from the childhood group setting after the expiration of an

additional 30 days unless it receives, within that 30-day period, written verification from a physician, the Department or a local health department that the child was vaccinated or that the temporary medical condition still exists. If the caregiver receives a written verification that vaccination has not occurred because the temporary condition persist, the caregiver shall require the presentation of a new verification at 30-day intervals. If a verification is not received as required, the caregiver shall exclude the child from the childhood group setting and not readmit the child until the caregiver receives a verification that meets the requirements of this section.

(3) The caregiver at a childhood group setting shall retain the written verification or objection referenced in paragraphs (1) and (2) for 60 days following the termination of the child's attendance.

(c) *Exemptions.* Caregivers at childhood group settings shall be exempt from the requirements of subsection (b) as follows:

(1) The requirements imposed by subsection (b) do not apply to a kindergarten, elementary school or high school. These caregivers shall comply with the standards in Chapter 23 Subchapter c (relating to immunization).

(2) The requirements imposed by subsection (b) do not apply to a caregiver with regard to children who are known by the caregiver to be 6 years of age or older or to attend a kindergarten, elementary school or higher school.

(3) The requirements imposed by subsection (b) do not apply to the caregiver during a calendar year in which the caregiver does not serve as a caregiver for at least 40 hours during at least 1 month.

(4) The requirements imposed upon a caregiver by subsection (b)(1), to not accept a child at a childhood group setting without receiving a written verification or objection specified in subsection (b)(1), do not apply during a month the caregiver does not serve as a caregiver for at least 40 hours.

(d) *Exclusion when measles is present.* Whenever measles has been identified within a childhood group setting, the Department or a local health department may order, within 14 days after the identification, the exclusion from that childhood group setting or other childhood group setting which is determined to be at high risk of measles transmission, of an individual susceptible to measles in accordance with the public health standards existing at that time.

(e) *Preferred vaccine.* The MMR is the preferred vaccine for immunization against measles, mumps and rubella, individually or in combination.]

§27.122. [Meningitis-all types] (Reserved).

[(a) *Reporting.* Report shall be made to the local health authority.

(b) *Isolation.* Appropriate for confirmed or suspected etiologic agent.

(c) *Concurrent disinfection.* Appropriate for confirmed or suspected etiologic agent.

(d) *Terminal disinfection.* Appropriate for confirmed or suspected etiologic agent.

(e) *Quarantine.* No quarantine of contacts is required.]

§27.123. [Meningococcal disease] (Reserved).

[(a) *Reporting.* Report shall be made to the local health authority.

(b) *Isolation.* The infected person shall be appropriately isolated until 24 hours after institution of appropriate antimicrobial therapy.

(c) *Concurrent disinfection.* Discharges from the nose and throat and articles soiled from the discharges shall be disinfected.

(d) *Terminal disinfection.* Terminal disinfection shall consist of thorough cleaning.

(e) *Quarantine.* No quarantine is required. Surveillance may be conducted, however, at the discretion of the Department or the local health officer.]

§27.124. [Mumps] (Reserved).

[(a) *Reporting.* Report shall be made to the local health authority.

(b) *Isolation.* The infected person shall be appropriately isolated until 9 days after onset or until subsidence of the swelling.

(c) *Concurrent disinfection.* No concurrent disinfection is required.

(d) *Terminal disinfection.* No terminal disinfection is required.

(e) *Quarantine.* No quarantine is required.]

§27.125. [Neonatal hypothyroidism] (Reserved).

[(a) *Reporting.* Report shall be made to the Department in the manner prescribed in §27.22(d)(3) (relating to reporting laboratory results indicative of certain infections or conditions).

(b) *Isolation.* No isolation is required.

(c) *Concurrent disinfection.* No concurrent disinfection is required.

(d) *Terminal disinfection.* No terminal disinfection is required.

(e) *Quarantine.* No quarantine is required.]

§27.126. [Pertussis (whooping cough)] (Reserved).

[(a) *Reporting.* Report shall be made to the local health authority.

(b) *Isolation.* The patient shall be restricted to his own premises and separated from susceptible children for a period of 4 weeks after onset or 7 days after the institution of appropriate antimicrobial therapy.

(c) *Concurrent disinfection.* Discharges from the nose and throat and articles soiled from the discharges shall be disinfected.

(d) *Terminal disinfection.* Terminal disinfection shall consist of thorough cleaning.

(e) *Quarantine.* No quarantine of contacts is required.]

§27.127. [Phenylketonuria] (Reserved).

[(a) *Reporting.* Report shall be made to the Department in the manner prescribed in §27.22(d)(3) (relating to reporting laboratory results indicative of certain infections or conditions).

(b) *Isolation.* No isolation is required.

(c) *Concurrent disinfection.* No concurrent disinfection is required.

(d) *Terminal disinfection.* No terminal disinfection is required.

(e) *Quarantine.* No quarantine of contacts is required.]

§27.128. [Plague] (Reserved).

[(a) *Reporting.* Report shall be made to the local health authority by telephone or other equally prompt means.

(b) *Isolation.* Patients shall be hospitalized if practical, and reasonable aseptic precautions shall be taken for patients with bubonic plague. Patients with primary pneumonic plague or patients developing plague pneumonia shall be isolated.

(c) *Concurrent disinfection.* Sputum, purulent discharges, urine and feces shall require disinfection.

(d) *Terminal disinfection.* Terminal disinfection shall consist of thorough cleaning. Bodies of persons dying of plague shall be handled with strict aseptic precautions.

(e) *Quarantine.* Quarantine of contacts shall be required as deemed necessary by the local health officer. Contacts of bubonic or pneumonic plague shall be dusted with an appropriate insecticide to which fleas are susceptible.]

§27.129. [Poliomyelitis (paralytic and nonparalytic)] (Reserved).

[(a) *Reporting.* Report shall be made to the local health authority by telephone or other equally prompt means.

(b) *Isolation.* Isolation shall be for 1 week from the date of onset or, if longer, for the duration of fever.

(c) *Concurrent disinfection.* Throat discharges, feces and articles soiled from the discharges shall require disinfection.

(d) *Terminal disinfection.* No terminal disinfection is required.

(e) *Quarantine.* Quarantine shall be at the discretion of local health officer.]

§27.130. [Psittacosis (Ornithosis)] (Reserved).

[(a) *Reporting.* Report shall be made to the local health authority by telephone or other equally prompt means.

(b) *Isolation.* Isolation shall be maintained during febrile acute stages.

(c) *Concurrent disinfection.* discharges shall be disinfected.

(d) *Terminal disinfection.* Terminal disinfection shall consist of thorough wet cleaning.

(e) *Quarantine.* No quarantine is required for household contacts. Buildings having housed birds, however, may not be used by human beings until thoroughly cleaned and disinfected. Additional regulations pertaining to psittacosis are found under §§27.181-27.184 (relating to psittacosis).]

§27.131. [Rabies] (Reserved).

[(a) *Reporting.* Report shall be made to the local health authority by telephone or other equally prompt means.

(b) *Isolation.* Infected persons shall be isolated through the duration of the illness. Immediate attendants shall be warned of the hazard of inoculation through the saliva of the patient.

(c) *Concurrent disinfection.* Saliva and articles soiled from saliva shall be disinfected.

(d) *Terminal disinfection.* No terminal disinfection is required.

(e) *Quarantine.* No quarantine of contacts is required.]

§27.132. [Reye's Syndrome] (Reserved).

[(a) *Reporting.* Report shall be made to the local health authority.

(b) *Isolation.* No isolation is required.

(c) *Concurrent disinfection.* No concurrent disinfection is required.

(d) *Terminal disinfection.* No terminal disinfection is required.

(e) *Quarantine.* No quarantine of contacts is required.]

§27.133. [Rickettsial diseases, including Rocky Mountain Spotted Fever] (Reserved).

[(a) *Reporting.* Report shall be made to the local health authority.

(b) *Isolation.* Appropriate for confirmed or suspected etiologic agent.

(c) *Concurrent disinfection.* Appropriate for confirmed or suspected etiologic agent.

(d) *Terminal disinfection.* Appropriate for confirmed or suspected etiologic agent.

(e) *Quarantine.* Appropriate for confirmed or suspected etiologic agent.]

§27.134. [Rubella (German measles) and congenital rubella syndrome] (Reserved).

[(a) *Reporting.* Report shall be made to the local health authority.

(b) *Isolation.* Infected persons shall be appropriately isolated for 4 days after the appearance of the rash. Strict isolation of infants with congenital rubella syndrome must be effected. The infants may be infectious for up to a year.

(c) *Concurrent disinfection.* No concurrent disinfection is required.

(d) *Terminal disinfection.* No terminal disinfection is required.

(e) *Quarantine.* No quarantine of contacts is required.]

§27.135. [Salmonellosis] (Reserved).

[(a) *Reporting.* Report shall be made to the local health authority. Bacterial isolates shall be sent to the Department's Bureau of Laboratories for serotyping.

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

(c) *Concurrent disinfection.* Feces, urine and articles soiled from them shall be disinfected. In communities with modern and adequate sewage disposal systems, feces and urine may be disposed of directly into the sewer without preliminary disinfection.

(d) *Terminal disinfection.* Terminal disinfection shall consist of thorough cleaning.

(e) *Quarantine.* Quarantine shall conform with the following:

(1) Asymptomatic household contacts who prepare or serve food for public consumption are not permitted to continue working until they have submitted a stool specimen to an appropriate laboratory for bacteriologic examination. Symptomatic household contacts who prepare or serve food for public consumption are not permitted to continue working until bacteriologic examination of their stool specimen is reported as negative.

(2) Pregnant woman 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.

(f) *Restrictions on infected persons.* If a case or household contact is not a food handler or pregnant, no follow-up stool cultures are required. A case investigation form shall be completed only on those cases that appear to be epidemiologically related.

(g) *Outbreaks of salmonellosis.* Investigations of outbreaks of salmonellosis shall conform with the following:

(1) *Foodborne.* Suspected foodborne outbreaks of salmonellosis shall be investigated. The Department has the authority to require stool cultures on individuals involved in the outbreak. Suspect food handlers may be excluded from work until the result of their stool cultures are negative.

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

§27.136. [Shigellosis (bacillary dysentery)] <u>(Reserved)</u>.

[(a) *Reporting.* Report shall be made to the local health authority. Bacterial isolates shall be sent to the Department's Bureau of Laboratories for serotyping.

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

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

(d) *Terminal disinfection.* Terminal disinfection shall consist of cleaning.

(e) *Quarantine.* Quarantine shall conform with the following:

(1) Asymptomatic household contacts who prepare or serve food for public consumption may not be permitted to continue working until they have submitted a stool specimen to an appropriate laboratory for bacteriologic examination. Symptomatic household contacts who prepare or serve food for public consumption shall not be permitted to continue working until bacteriologic examination of their stool specimen is reported as negative.

(2) Pregnant women in the household shall 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.

(f) *Restrictions on infected persons.* If a case or household contact is not a food handler or pregnant, no follow-up stool cultures are required. A case investigation form shall be completed only on those cases that appear to be epidemiologically related.

(g) *Outbreaks of shigellosis.* Investigations of outbreaks of shigellosis shall conform with the following:

(1) *Foodborne.* Suspected foodborne outbreaks of shigellosis shall be investigated. The Department has the authority to require stool cultures on individuals involved in the outbreak. Suspect food handlers may be excluded from work until the results of their stool culture are negative.

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

§27.137. [Smallpox] (Reserved).

[(a) *Reporting.* Report shall be made to the local health authority by telephone or other equally prompt means.

(b) *Isolation.* Infected persons shall be isolated in an appropriate isolation facility until complete cicatrization of all lesions *per* the Center for Disease Control handbook "Comprehensive Action in a Smallpox Emergency."

(c) *Concurrent disinfection.* Articles associated with the patient shall be sterilized by high pressure steam or by boiling or other appropriate means *per* the Center for Disease Control handbook "Comprehensive Action in a Smallpox Emergency."

(d) *Terminal disinfection.* Terminal disinfection shall consist of a thorough cleaning of sickroom and furniture and sterilization of mattress, pillow and bedding *per* the Center for Disease Control handbook "Comprehensive Action in a Smallpox Emergency."

(e) *Quarantine.* Persons living or working on the same premises as the person who develops smallpox or who otherwise have intensive exposure shall be considered contacts and promptly vaccinated or revaccinated or quarantined for 16 days from the last exposure. If the contacts are considered immune by reason of prior attack or successful revaccination within the previous 3 years, they shall be kept under surveillance until the height of the reaction of the recent vaccination has passed. If the contact is not considered immune, he may be kept under surveillance until 16 days have passed since last contact. A rise of temperature during surveillance shall necessitate prompt isolation until smallpox is excluded *per* the Center for Disease Control handbook "Comprehensive Action in a Smallpox Emergency."]

§27.138. [Syphilis] (Reserved).

[(a) *Reporting.* A physician who treats a patient with a reportable communicable disease which is classed as a venereal disease shall report the case in the manner prescribed in §27.21 (relating to physicians who treat patients with reportable diseases including tuberculosis).

(b) *Isolation.* No isolation is required.

(c) *Concurrent disinfection.* In adequately treated cases, no concurrent disinfection may be required. Care shall be taken in the disposal of discharges from open lesions and articles soiled from the discharges.

(d) *Terminal disinfection.* No terminal disinfection is required.

(e) *Quarantine.* No quarantine of contacts is required.

(f) *Premarital examination.* A premarital examination for syphilis shall be required as prescribed by §§27.89-27.93 (relating to premarital examination for syphilis; appeal from a denial of statement of the physician; form for statement of physician; misrepresentation of facts and release of information; and waiver of syphilis examination).

(g) *Prenatal examination.* A prenatal examination for syphilis is required as prescribed by §27.94 (relating to prenatal examination for syphilis).]

§27.139. [Tetanus] (Reserved).

[(a) *Reporting.* Report shall be made to the local health authority.

(b) *Isolation.* No isolation is required.

(c) *Concurrent disinfection.* No concurrent disinfection is required.

(d) *Terminal disinfection.* No terminal disinfection is required.

(e) *Quarantine.* No quarantine of contacts is required.]

§27.139a. [Toxic Shock Syndrome] (Reserved).

[(a) *Reporting.* Report shall be made to the local health authority.

(b) *Isolation.* No isolation is required.

(c) *Concurrent disinfection.* No concurrent disinfection is required.

(d) *Terminal disinfection.* No terminal disinfection is required.

(e) *Quarantine.* No quarantine of contacts is required.]

§27.140. [Toxoplasmosis] (Reserved).

[(a) *Reporting.* Report shall be made to the local health authority.

(b) *Isolation.* No isolation is required.

(c) *Concurrent disinfection.* No concurrent disinfection is required.

(d) *Terminal disinfection.* No terminal disinfection is required.

(e) *Quarantine.* No quarantine of contacts is required.]

§27.141. [Trichinosis] (Reserved).

[(a) *Reporting.* Report shall be made to the local health authority.

(b) *Isolation.* No isolation is required.

(c) *Concurrent disinfection.* No concurrent disinfection is required.

(d) *Terminal disinfection.* No terminal disinfection is required.

(e) *Quarantine.* No quarantine of contacts is required.]

§27.142. [Tuberculosis] (Reserved).

[(a) *Reporting.* A private physician who treats a patient for tuberculosis or an authorized person of a hospital, State or county institution, nursing or convalescent home, or tuberculosis clinic which treats a patient for tuberculosis within this Commonwealth shall promptly report the case in the manner prescribed in §§27.21 and 27.22(d)(2) (relating to physicians who treat patients with reportable diseases including tuberculosis; and reporting laboratory results indicative of certain infections or conditions).

(b) *Isolation.* A person having tuberculosis or suspected tuberculosis in its communicable stage shall be isolated in the following manner:

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

(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 or of the local health authorities, such a person is a menace to others by reason of his habits or his neglect of treatment or of the measures designed to protect others from infection, the isolation shall be enforced by removing the patient to an institution in this Commonwealth determined by the Department to be suitable for the care and treatment of the cases. Isolation of the patients treated in hospitals shall consist of an appropriate form of respiratory isolation. Removal from isolation while in hospitals shall depend on the institution of treatment and results of subsequent sputum examinations.

(3) The act provides for the isolation of persons infected with tuberculosis in the communicable stage, and the Department designates as an institution suitable for isolation, safekeeping and treatment of persons refusing to submit to treatment for tuberculosis: those general hospitals in this Commonwealth found by the Secretary to possess the requisite staff and facilities for the proper isolation, safekeeping and treatment of the persons.

(c) *Concurrent disinfection.* Sputum and articles soiled with sputum, including handkerchiefs and napkins shall be properly disposed of. Disinfection of air by ventilation with or without ultraviolet light shall be used. Ordinary hygienic precautions suffice when the patient is on specific therapy.

(d) *Terminal disinfection.* Normal hospital procedures shall be followed.

(e) *Quarantine or commitment.* Quarantine or commitment may be established of this chapter, relating to venereal disease, tuberculosis and other communicable diseases. Contacts themselves may not be considered as public health problems unless proven by examination to be infectious cases of tuberculosis. Household contacts and other intimate contacts shall be required to have a tuberculin test or chest X-ray, or both. if lesions suspicious of tuberculosis are found on X-ray of contacts, laboratory studies shall be conducted as are necessary to determine whether or not the patients represent public health problems.]

§27.143. [Tularemia] (Reserved).

[(a) *Reporting.* Report shall be made to the local health authority.

(b) *Isolation.* Gloves shall be worn when handling lesions, discharges or dressings.

(c) *Concurrent disinfection.* Discharges from ulcer, lymph nodes and conjunctival sac shall be disinfected.

(d) *Terminal disinfection.* Terminal disinfection shall consist of cleaning.

(e) *Quarantine.* No quarantine of contacts is required.]

§27.144. [Typhoid and paratyphoid] (Reserved).

[(a) *Reporting.* Report shall be made to the local health authority by telephone or other equally prompt means.

(b) *Isolation.* Hospitalized patients shall be isolated according to the recommended standard enteric disease isolation procedures: Infected persons shall be excluded from an occupation that prepares or serves food for public consumption until they have had three negative successive stool specimens collected at intervals of not less than 24 hours nor earlier than 7 days after the last dose of a chemotherapeutic drug effective against the etiologic organism.

(c) *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.

(d) *Terminal disinfection.* Terminal disinfection shall consist of cleaning.

(e) *Quarantine.* Household contacts shall be cultured to identify chronic carriers. Household contacts and cases may not be employed in an occupation that prepares or serves food for public consumption until they have had three negative successive stool specimens collected at intervals of not less than 24 hours nor earlier than 7 days after the last dose of a chemotherapeutic drug effective against the typhoid bacillus. If a pregnant woman in the household has typhoid bacilli in her stool, this information shall be furnished to the appropriate physician in charge of her case.

(f) *Restriction on infected persons.* Convalescents from typhoid shall have their stools examined bacteriologically once a month to determine if they are chronic carriers of the organism. If the stools are negative for 3 consecutive months, they are not considered as carriers and may be discharged from further investigation. Individuals who excrete the typhoid bacillus in their stools for greater than 1 year are considered as chronic carriers of the typhoid bacillus. These individuals are not allowed to work in an occupation that prepares or serves food for public consumption and they may not change their address without notifying the Department.

(g) *Cure or release from chronic carrier state.* The local health authority shall maintain a line listing of chronic carriers of the typhoid bacillus. The line listing shall include the name, age, sex, address, telephone number and occupation of carriers. An individual may be removed from the carrier list if he satisfies the requirements as determined by the Secretary or his official designee.

(h) *Outbreaks of typhoid.* Investigations of outbreaks of typhoid shall conform with the following:

(1) *Foodborne.* Suspected foodborne outbreaks of typhoid shall be investigated. The Department has the authority to require stool specimens on all individuals involved in the outbreak. Suspect foodhandlers may be excluded from work until the results of their stool culture are negative.

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

§27.145. (Reserved).

§27.146. [Yellow fever] <u>(Reserved)</u>.

[(a) *Reporting.* Report shall be made to the local health authority by telephone or other equally prompt means.

(b) *Isolation.* No isolation is required; however, the patient shall be protected from mosquitoes for the first 3 days in a mosquito-proof room.

(c) *Concurrent disinfection.* No concurrent disinfection shall be required; however, the home of the patient and houses in its vicinity shall be sprayed promptly with an insecticide having residual action.

(d) *Terminal disinfection.* No terminal disinfection is required.

(e) *Quarantine.* No quarantine of contacts is required.]

§27.151. Restrictions on the donation of blood, blood products, tissue, sperm, and ova.

A person known to be infected with the causative agent of a reportable disease shall not be allowed to donate blood, blood products, tissue, sperm, or ova for use in other human beings. In addition, no person or entity shall accept any of these materials for donation without obtaining laboratory evidence showing the absence of hepatitis B, hepatitis C, HIV or other diseases and infections, which the Department may specify by placing a notice in the *Pennsylvania Bulletin*. The list of additional diseases and conditions shall not remain in effect for more than 90 days after publication unless the Board acts to affirm it within that 90-day period. The only exception to a person or entity accepting donations without obtaining laboratory evidence showing the absence of diseases and infections designated by the Department is when the delay that would be necessary to properly test the blood of the donor would threaten the recipient's survival.

§27.152. Investigation of cases and outbreaks.

(a) The Department or a local health authority may investigate any case or outbreak of disease judged by the Department or local health authority to be a potential threat to the public health.

(b) No person shall interfere with or obstruct a representative of the Department or a local health authority who seeks to enter a house, health care facility, building or other premises to carry out an investigation of a case or outbreak, provided the representative presents documentation to establish that he or she is an authorized representative of the Department or the local health authority.

(c) In the course of conducting an investigation of a case or outbreak, the authorized representative of the Department or local health authority may conduct a confidential review of medical records. No person shall interfere with or obstruct this review.

§27.153. Restrictions on food handlers.

A person with the following diseases or conditions shall not be permitted to work as a food handler (See, also, the Food Employee Certification Act (P.L. 903, No. 131) (3 Pa. C.S. §§6501-6510) and 7 Pa. Code §§78.41-78.43 (relating to health and disease control of employees)) except as set forth herein:

(1) *Amebiasis* - Until the etiologic organism is eradicated as proven by two consecutive negative stool specimens, obtained at least 24 hours apart, as verified by a physician. If antiparasitic treatment has been given, the specimens shall be collected no sooner than 48 hours after treatment was completed. See §27.156 (relating to the special requirements for amebiasis).

(2) *Enterohemorrhagic E. coli* - Until the etiologic organism is eradicated as proven by two consecutive negative stool specimens, obtained at least 24 hours apart, as verified by a physician. If antibacterial treatment has been given, the specimens shall be collected no sooner than 48 hours after treatment was completed. See §27.157 (relating to the special requirements for enterohemorrhagic E. coli).

(3) *Shigellosis* - Until the etiologic organism is eradicated as proven by two consecutive negative stool specimens, obtained at least 24 hours apart, as verified by a physician. If antibacterial treatment has been given, the specimens shall be collected no sooner than 48 hours after treatment was completed. See §27.158 (relating to the special requirements for shigellosis).

(4) *Typhoid fever or paratyphoid fever* - Until the etiologic organism has been eradicated as proven by three negative successive stool specimens collected at intervals of no less than 24 hours nor earlier than 48 hours after receiving the last dose of a chemotherapeutic drug effective against Salmonella typhi, and no earlier than one month after onset. See §27.159 (relating to the special requirements for typhoid and paratyphoid fever).

(5) *Hepatitis A, viral hepatitis, or jaundice of unspecified etiology* - Until one week following the onset of jaundice, or two weeks following symptom onset or IgM antibody positivity if jaundice is not present, as verified by a physician.

(6) *Diarrhea* - Until resolved or judged to be noninfective by a physician.

§27.154. Restrictions on care givers in a child care group setting.

A person with the following diseases or conditions shall not be permitted to work as a care giver in a child care group setting if the caregiver attends or works in a capacity which requires direct

contact with children except as set forth herein:

(1) *Amebiasis* - Until the etiologic organism is eradicated as proven by two consecutive negative stool specimens, obtained at least 24 hours apart, as verified by a physician. If antibacterial treatment has been given the specimens shall be collected no sooner than 48 hours after treatment was completed. See §27.156 (relating to the special requirements for amebiasis).

(2) *Enterohemorrhagic E. coli* - Until the etiologic organism is eradicated as proven by two consecutive negative stool specimens, obtained at least 24 hours apart, as verified by a physician. If antibacterial treatment has been given, the specimens shall be collected no sooner than 48 hours after treatment was completed. See §27.157 (relating to the special requirements for enterohemorrhagic E. coli).

(3) *Shigellosis* - Until the etiologic organism is eradicated as proven by two consecutive negative stool specimens, obtained at least 24 hours apart, as verified by a physician. If antibacterial treatment has been given the specimens shall be collected no sooner than 48 hours after treatment was completed. See §27.161 (relating to the special requirements for shigellosis).

(4) *Typhoid fever or paratyphoid fever* -Until the etiologic organism is eradicated as proven by three negative successive stool specimens collected at intervals of no less than 24 hours nor earlier than 48 hours after receiving the last dose of a chemotherapeutic drug effective against Salmonella typhi, and no earlier than one month after onset. See §27.159 (relating to the special requirements for typhoid and paratyphoid fever).

(5) *Hepatitis A, viral hepatitis, or jaundice of unspecified etiology* - Until one week following the onset of jaundice, or two weeks following symptom onset or IgM antibody positivity if jaundice is not present, as verified by a physician.

(6) *Diarrhea* - Until resolved or judged to be noninfective by a physician.

§27.155. Restrictions on health care practitioners.

Persons with the following diseases or conditions shall not be permitted to work as a health care practitioner who provides direct patient care:

(1) *Amebiasis* - Until the etiologic organism is eradicated as proven by two consecutive negative stool specimens, obtained at least 24 hours apart, as verified by a physician. If antiparasitic treatment has been given, the specimens shall be collected no sooner than 48 hours after treatment was completed. See §27.156 (relating to the special requirements for amebiasis).

(2) *Enterohemorrhagic E. coli* - Until the etiologic organism is eradicated as proven by two consecutive negative stool specimens, obtained at least 24 hours apart, as verified by a physician. If antibacterial treatment has been given, the specimens shall be collected no sooner than 48 hours after treatment was completed. See §27.157 (relating to the special requirements for enterohemorrhagic E. coli).

(3) *Shigellosis* - Until the etiologic organism is eradicated as proven by two consecutive negative stool specimens, obtained at least 24 hours apart, as verified by a physician. If antibacterial treatment has been given the specimens shall be collected no sooner than 48 hours after treatment was completed. See §27.161 (relating to the special requirements for shigellosis).

(4) *Typhoid fever or paratyphoid fever* -Until the etiologic organism is eradicated as proven by three negative successive stool specimens collected at intervals of no less than 24 hours nor earlier than 48 hours after receiving the last dose of a chemotherapeutic drug effective against Salmonella typhi, and no earlier than one month after onset. See §27.159 (relating to the special requirements for typhoid or paratyphoid fever).

(5) *Hepatitis A, viral hepatitis, or jaundice of unspecified etiology* - Until one week following the onset of jaundice, or two weeks following symptom onset or IgM antibody positivity if jaundice is not present, as verified by a physician.

(6) *Diarrhea* - Until resolved or judged to be noninfective by a physician.

§27.156. Special requirements for amebiasis.

A household contact of a case of amebiasis who prepares or serves food for public consumption, who attends or works in a child care group setting in a capacity which requires contact with children, or who provides direct patient care shall be required to cease work until the contact has submitted two consecutive stool specimens, taken at least 24 hours apart and at least 48 hours after the last dose of any antiparasitic therapy, to an appropriate clinical laboratory for bacteriologic examination and those specimens are determined by the laboratory to be negative for Entamoeba histolytica.

§27.157. Special requirements for enterohemorrhagic E. coli.

A household contact of a case of enterohemorrhagic E. coli, who prepares or serve food for public consumption, who attends or works in a child care group setting in a capacity which requires contact with children, or who provides direct patient care shall be required to cease work until the contact has 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 those specimens are determined by the laboratory to

be negative for enterohemorrhagic E. coli.

§27.158. Special requirements for shigellosis.

A household contact of a case of shigellosis, who prepares or serves food for public consumption, who attends or works in a child care group setting in a capacity which requires contact with children, or who provides direct patient care shall be required to cease work until the contact has 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.

§27.159. Special requirements for typhoid and paratyphoid fever.

(a) An asymptomatic household contact of a case of typhoid fever or paratyphoid fever who prepares or serves food for public consumption, who attends or works in a child care group setting in a capacity which requires contact with children, or who provides direct patient care shall be required to cease work until the contact has submitted two stool specimens, taken at least 24 hours apart, to an appropriate clinical laboratory for bacteriologic examination and those specimens are determined by the laboratory to be negative for Salmonella typhi or Salmonella paratyphi.

(b) A symptomatic household contact of a case of typhoid or paratyphoid fever who prepares or serves food for public consumption, who attends or works in a child care group setting in a capacity which involves contact with children, or who provides direct patient care shall be required to cease such work until bacteriologic examination of three consecutive stool specimens, taken at least 24 hours apart and no sooner than 48 hours after any microbial therapy, and no earlier than one month after onset, are reported as negative.

(c) A chronic carrier of typhoid or paratyphoid fever shall be excluded from preparing or serving food for public consumption, attending or working in a child care group setting in a capacity which involves contact with children, and providing direct patient care, until three consecutive negative fecal cultures are obtained from specimens taken at least one month apart and at least 48 hours after antibiotic therapy has stopped.

§27.160. Special requirements for measles.

(a) *Isolation* - An infected person shall be restricted to the premises for 4 days after the appearance of the rash.

(b) *Quarantine* - Whenever measles is determined to be present in a school or child

care group setting population, the Department or a local health department may do the following:

(1) Ascertain which children and staff persons are presumed susceptibles. A presumed susceptible is a person who fits into all of the following categories:

(i) Presents no history of two doses of measles vaccination, separated by at least one month, while 12 months of age or older.

(ii) Does not demonstrate serological evidence of measles immunity. The serological evidence is the presence of antibody to measles determined by the hemagglutination inhibition test or a comparable test.

(iii) Was born after December 31, 1956.

(2) Order exclusion from the school or child care group setting of presumed susceptible children and staff persons who do not present evidence of having received measles vaccination within 30 days prior to the outbreak. Exclusion shall continue until the excluded persons prove they do not meet the exclusion criteria specified in subsection (b)(1), they receive a measles vaccination, or no case of measles has occurred for a 14-day period.

§27.161. Special requirements for tuberculosis.

(a) *Isolation* - A person suspected of having tuberculosis in its communicable stage shall be isolated in the following manner:

(1) Isolation for tuberculosis shall be established at the usual residence of the person suffering from tuberculosis whenever facilities for adequate isolation of the infectious person are available at the residence, provided the person will accept such isolation. Isolation of a person treated at a residence shall include instruction in the need to cover the mouth and nose when coughing and sneezing, and careful handling and disposal of sputum.

(2) If isolation for tuberculosis cannot be accomplished or maintained at the usual residence of the person and whenever, in the opinion of the Department or local health authority, the person is a health threat to others, by reason of the person's habits, neglect of treatment, or noncompliance with the measures designed to protect others from infection, the isolation shall be enforced by following the procedures in §27.87 (relating to refusal to submit to treatment for communicable disease). Isolation of a person treated in an appropriate institution shall be in accordance with *CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Facilities* and any updates thereto as approved by the Board. The Department shall publish notice in the *Pennsylvania*

Bulletin of updates of this publication within 30 days after Board approval is obtained.

(b) *Handling of contacts* - A human household contact or other close human contact shall be required to have a Mantoux tuberculin test or chest X-ray, or both. A close human contact means a person who spends a substantial amount of time with a person who has infectious tuberculosis. If the person refuses, enforcement shall be accomplished as set forth in §27.82 (relating to the refusal to submit to examination) and §27.83 (relating to court ordered examinations). If evidence of tuberculosis in contacts is found on chest X-rays or by symptoms, laboratory studies shall be conducted to determine if the contacts represent a public health threat.

§27.162. Special requirements for animal bites.

Except as may be otherwise required by the Dog Law (3 P.S. §§459-101 - 459-1205) and regulations promulgated by the Department of Agriculture pursuant thereto, quarantine of a biting animal shall conform to the following:

(1) When any animal bites or otherwise potentially exposes a human to rabies, the Department or local health authority shall, after the case of an animal bite is reported, determine whether the animal shall be immediately destroyed and its head submitted to one of the State or county diagnostic laboratories for a rabies examination or whether some other action shall be pursued.

(2) Notwithstanding paragraph (1), when a healthy dog or cat bites or otherwise potentially exposes a human to rabies, the dog or cat shall be quarantined in a place and manner approved by the Department or the local health officer for 10 days after the date of the bite, unless the Department or local health officer directs otherwise.

(3) If a quarantine is imposed, the Department or the local health officer may order the owner or custodian of any biting animal to have the animal examined for symptoms of rabies during the quarantine period by a veterinarian licensed by the State Veterinary Medical Examiners Board. The cost of the examinations and other associated costs shall be borne by the owner or custodian of the biting animal.

§27.163. Special requirements for psittacosis.

No quarantine is required for household contacts of a bird that is a carrier of psittacosis. However, parts of any buildings that housed birds infected with psittacosis may not be used by human beings until thoroughly cleaned and disinfected.

§27.164. Special requirements for close contacts of cases of plague, pharyngitis or

pneumonia.

A close contact of any person or animal that is diagnosed as having plague (Yersinia pestis) pharyngitis, or pneumonia shall be provided chemoprophylaxis and placed under surveillance for seven days.

Subchapter F. MISCELLANEOUS PROVISIONS

PSITTACOSIS

Sec

IMPORTATION OF [LIVE WILD RABBITS, HARES OR RODENTS, AND IMPORTATION AND SALE OF LIVE TURTLES] ANIMALS AND ANIMAL PRODUCTS

DISPOSITION OF EFFECTS AND REMAINS OF INFECTED PERSONS

§27.181. Records of the sale, purchase or exchange of psittacine birds.

A [D]dealer[s] who purchases, sells, exchanges or gives away a bird of the psittacine family shall keep a record for a period of [2] two years of each transaction. This record shall include the number of birds purchased, sold, exchanged or given away, the date of the transaction, and the name and address of the person from whom purchased, to whom sold or given away, or with whom exchanged. Records shall be available for official inspection.

§27.182. Procurement of birds where psittacosis exists.

No person who sells, exchanges, gives away or otherwise disposes of psittacine birds may procure the birds from a source where psittacosis is known to exist.

§27.183. Occurrence of psittacosis.

(a) The occurrence of a case of psittacosis in the human or avian family shall be cause for the [health authorities of competent jurisdiction] LMRO to make an epidemiologic investigation to determine the source of infection.

(b) Psittacine birds or other birds found on the same premises with a case of human or avian psittacosis shall be quarantined and treated, or destroyed, as prescribed by the [health authorities] Department or local health authority. Aviaries, pet shops or other sources from which the birds were procured shall be quarantined until [it can be determined that psittacosis does not exist] the quarantine is terminated by the Department or local health authority. If quarantine is not maintained, the [health] Department or local health authorit[ies]y may seize and destroy the bird or birds for which quarantine was ordered. The Department or local health authority shall destroy the [B]bodies of such birds [so destroyed shall be disposed of] in a manner which will preclude, insofar as possible, the dissemination of the suspected infecting organism.

§27.184. [Violation of regulations] (Reserved).

[The Act provides that inspection and prosecution for violation of §§27.181-27.183 (relating to psittacosis) may be made or brought by an agent of the health authorities or agent of an agency authorized by the Department to investigate and prosecute the violations. The investigation or prosecution shall be under the authority of the Act.]

IMPORTATION OF [LIVE WILD RABBITS, HARES OR RODENTS, AND IMPORTATION AND SALE OF LIVE TURTLES] ANIMALS AND ANIMAL PRODUCTS

§27.191. Importation of [live wild rabbits, hares or rodents] animals and animal products during a public health emergency.

In the event of a public health emergency, the [Secretary] Department may direct the following procedures for the importation of [wild rabbits, hares or rodents] animals or animal products:

(1) *Permit required.* [No person, organization or corporation may bring, cause to] The Department may designate a specific type of animal or animal product which shall not be brought or transported [a live wild rabbit, hare or rodent] into this Commonwealth unless [the] that animal or animal product is accompanied by a permit issued by the Department or other agency authorized by the Department to issue permits.

(2) *Issuance of permits.* A permit will be issued upon request if the source of the animal or animal product is [submitted] established to the satisfaction of the Department or its agent and that source is known to be free of infection.

(3) *Destruction of animals and animal products.* If the animal or animal product is not accompanied by a permit or if the source [of the animal] is not the same as that set forth in the permit, the animal or animal product shall be immediately seized and destroyed and the means of conveyance disinfected at the expense of the owner.

[(4) *Violations.* The act provides that prosecutions may be initiated by the Department, by a local board or department of health or by a person having knowledge of a violation the act or this chapter.]

§27.192. Importation and sale of live turtles.

No live turtles may be sold or distributed or offered for sale or distribution within this Commonwealth [on or after July 1, 1972,] except [where] when the seller or distributor of the turtles shall warrant to the satisfaction of the Department that the shipment of turtles is free from salmonella [and Arizona] contamination. The Department [in its discretion,] may waive the requirements of this section for live turtles sold or distributed within this Commonwealth for the purposes of research, other zoological purposes or for food.

DISPOSITION OF EFFECTS AND REMAINS OF INFECTED PERSONS

§27.201. Disposition of articles exposed to contamination.

No person may give, lend, sell, transmit or expose, without previous cleaning and a certificate from the [health authorities] Department or local health authority attesting to the cleaning of bedding, clothing, rags or other articles which have been exposed to contamination from bubonic

plague, [smallpox (variola, varioloid)] or anthrax, except [where] when the transmission of the articles is made with proper precaution and with the permission of the [health authorities] Department or local health authority for the purpose of having them cleaned.

§27.202. Lease of premises occupied by a person with a communicable disease.

No person may rent a room, house or part of a house in which there has been a person suffering from a communicable disease to any other person without having the room, house or part of a house and articles therein[, previously] cleaned [to the satisfaction of the health authorities] prior to occupancy. The keeping of a hotel, boarding house or an apartment house shall be deemed as renting part of a house to a person who shall be admitted as a guest into the hotel, boarding house or apartment house.

§27.203. Preparation for burial or transportation of deceased human bodies.

[In the preparation for burial of a body of a person who had died of amebiasis, anthrax, cholera, diphtheria, plague, poliomyelitis, scarlet fever, shigellosis, smallpox, typhoid fever, paratyphoid fever, salmonellosis or other known or suspected communicable diseases, it shall be the duty of the undertaker or person acting as such to disinfect thoroughly by arterial and cavity injection with approved disinfectant fluid and to wash the surface of the body with an efficient germicidal solution and to effectually plug the body orifices.]

When handling deceased human bodies, appropriate precautions shall be taken to prevent the spread of communicable diseases.

§27.204. Funeral services.

Services held in connection with the funeral of a person who has died with a disease for which isolation or quarantine is required, [or from measles or whooping cough, may be public but] shall be private when so ordered by the [health authorities of the jurisdiction] Department or local health authority having jurisdiction in the area in which the services shall be held. When the local health authority is not an LMRO, the local health authority shall consult with and receive the approval of the Department prior to making the order. The attendance at private funerals shall include only the immediate relatives of the deceased and the necessary number of pallbearers.

§27.205. [Private transportation of human bodies] (Reserved).

[The body of a person who has died of amebiasis, anthrax, cholera, diphtheria, plague, shigellosis, smallpox, hemolytic streptococcal sore throat, typhoid fever, paratyphoid fever or

other salmonella infections may be transported by private conveyance if the body is placed in a leak-proof container or is embalmed and the surface of the body washed with an efficient germicidal solution and the body orifices effectually plugged.]

Commonwealth of Pennsylvania

DEPARTMENT OF HEALTH

HARRISBURG

ROBERT S. ZIMMERMAN, JR., MPH
SECRETARY OF HEALTH

May 17, 2000

Robert E. Nyce
Executive Director
Independent Regulatory Review Commission
14th Floor, 333 Market Street
Harrisburg, Pennsylvania 17101

Re: Department of Health Proposed Regulation No. 10-156
Communicable and Noncommunicable Diseases

Dear Mr. Nyce:

Attached are proposed regulations for review by the Commission in accordance with the Regulatory Review Act (71 P.S. §§745.1-745.15). The proposed regulations amend the Department of Health's regulations relating to communicable and noncommunicable diseases (28 Pa. Code ch. 27). These proposed regulations are being promulgated mainly under the Disease Prevention and Control Law of 1955 (35 P.S. §521.1 et seq.). As required by Executive Order 1996-1, the Department is attempting to revise and update its regulations relating to reportable diseases and conditions, and disease prevention and control methods to eliminate unnecessary provisions, and to reflect the developments in public health which have occurred since these regulations were first promulgated.

Section 5(g) of the Regulatory Review Act (71 P.S. §745.5(g)), provides that the Commission shall, within 10 days after expiration of the Standing Committee review period, notify the proposing agency of any objections to the proposed regulations. The regulations are expected to be published May 27, 2000. A 30-day comment period is provided.

Section 5.1(a) of the Regulatory Review Act (71 P.S. §745.5a(a)), provides that upon completion of the agency's review of comments, the agency shall submit to the Commission a copy of the agency's response to the comments received, the names and addresses of the commentators who have requested additional information relating to the Final-Form Regulations and the text of the Final-Form Regulations which the agency intends to adopt.

The Department will provide the Commission within 5 days of receipt, a copy of any comment received pertaining to the proposed regulations. The Department will also provide the Commission with any assistance it requires to facilitate a thorough review of the proposed

regulations. If you have any questions, please contact Deborah Griffiths, Director, Office of Legislative Affairs at (717) 783-3985.

Sincerely,

Robert S. Zimmerman, Jr.
Secretary of Health

Attachments

TRANSMITTAL SHEET FOR REGULATIONS SUBJECT TO THE REGULATORY REVIEW ACT

RECEIVED
2000 MAY 17 PM 3:06
INDEPENDENT REGULATORY REVIEW COMMISSION

I.D. NUMBER:	10-156
SUBJECT:	Reporting of Communicable and Noncommunicable Diseases
AGENCY:	Department of Health

TYPE OF REGULATION

X Proposed Regulation

Final Regulation

Final Regulation with Notice of Proposed Rulemaking Omitted

120-day Emergency Certification of the Attorney General

120-day Emergency Certification of the Governor

Delivery of Tolled Regulation
a. With Revisions b. Without Revisions

FILING OF REGULATION

DATE	SIGNATURE	DESIGNATION
5-17-00	Lila Burris	HOUSE COMMITTEE ON HEALTH & HUMAN SERVICES
5-17-00	[illegible]	
5/17/00	Knoki Knelson	SENATE COMMITTEE ON PUBLIC HEALTH & WELFARE
5/17/00	[illegible]	
5-17-00	[illegible]	INDEPENDENT REGULATORY REVIEW COMMISSION
		ATTORNEY GENERAL
		LEGISLATIVE REFERENCE BUREAU

May 10, 2000