PROPOSED RULEMAKING

DEPARTMENT OF HEALTH

[28 PA. CODE CH. 27]

Reporting of Communicable and Noncommunicable Diseases

The Department of Health (Department), with the approval of the State Advisory Health Board (Board), proposes to amend Chapter 27 (relating to communicable and noncommunicable diseases). The proposed amendments are to read as set forth in Annex A.

A. *Purpose of the Proposed Amendments*

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 enteritidis, 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. This Commonwealth is not immune from these public health threats. A few examples of threats to the public health within this 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 this Commonwealth; 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 Proposed Amendments*

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 this 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 (relating to reportable diseases) in Subchapter A 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, § 27.4 (relating to noncommunicable diseases and conditions) in Subchapter A sets out specific reporting requirements for lead. Section 27.22 (relating to reporting laboratory results indicative of certain infections or conditions) 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 §§ 27.76 and 27.77 (relating to exclusion and readmission of children and staff in child care group settings; and 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 §§ 27.41a, 27.42a and 27.43a (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 § 27.21a (relating to reporting of cases by health care practitioners and health care facilities). Proposed § 27.21a is included in proposed Subchapter B, which will contain all specific reporting requirements. Proposed § 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 rulemaking.

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 subsection (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 this 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 §§ 27.21a, 27.22, 27.30, 27.31, 27.33 and 27.34.

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 §§ 27.22 and 27.34 (relating to reporting of cases by clinical laboratories; and reporting cases of lead poisoning).

Section 27.5. (Reserved).

The Department proposes to delete this section, which currently pertains to the Cancer Registry. The Department proposes to address that subject matter in § 27.31 (relating to reporting cases of cancer). This would locate all of the cancer reporting requirements in two sections of the proposed regulations, §§ 27.21a and 27.31.

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 Disease Prevention and Control Law of 1955 (act) (35 P. S. § 521.15) (relating to confidentiality of reports and records).

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 § 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 this Commonwealth. 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 2-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 in the following. 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, § 27.21a, 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 § 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 § 27.21 which include the manner in which reports are to be made, and to what place, would be included in § 27.4 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 § 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 § 27.31.

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 5 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 § 27.2 (relating to specific identified reportable diseases, infections and conditions) 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 § 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 this Commonwealth 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. An outbreak of AD is a Nationally reportable condition.

Chancroid

The Department has determined that chancroid should be made a reportable disease or condition in this Commonwealth 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 this Commonwealth. This is a Nationally reportable condition.

Chickenpox (varicella)

The Department has determined that chickenpox should be made a reportable disease or condition in this Commonwealth 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. 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 3 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 this Commonwealth 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 this Commonwealth 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 four 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 million 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 this Commonwealth 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 this Commonwealth.

Hantavirus Pulmonary Syndrome

The Department has determined that hantavirus pulmonary syndrome (HPS) should be made a reportable disease or condition in this Commonwealth 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 resident of this Commonwealth 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 this Commonwealth 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). An outbreak of HF is a Nationally reportable condition.

Hepatitis, viral, including types A, E, B, C, D and 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 this Commonwealth and the Nation.

Influenza

The Department has determined that influenza (flu) needs to be made a reportable disease or condition in this Commonwealth 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 this Commonwealth.

Kawasaki Disease

The Department has determined that Kawasaki disease (KD) no longer needs to be a reportable disease or condition in this Commonwealth 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 this Commonwealth 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 § 27.4(b), which only requires reporting at very high lead levels.

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 § 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 this Commonwealth 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 this Commonwealth, makes leprosy a potential problem in this Commonwealth. Leprosy is a Nationally reportable condition.

Listeriosis

The Department has determined that listeriosis needs to be made a reportable disease or condition in this Commonwealth 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—625) enacted in 1992, added sickle cell hemoglobinopathies and MSUD to the list for which newborn children are screened. See section 3(b) of the Newborn Child Testing Act (35 P. S. § 623(b)). As with lead poisoning, these two diseases were only included in the list currently set out in § 27.22. All four diseases would now appear in this section and in proposed § 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 5 days of being identified, and that clinical laboratories report within 24 hours. See proposed § 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 5 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 5 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 this Commonwealth 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 this Commonwealth 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 this Commonwealth. 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.A. §§ 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 §§ 27.30, 27.31, 27.33 and 27.34.

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 § 27.21a, 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, under 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. The reporting would enable the Department to be aware of drug-resistant tuberculosis and multidrug 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)—(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)—(i). The Department proposes to add language allowing it to alter these requirements based upon medical or public health developments when the change is determined by the Department to be necessary to protect the

health of the people of this 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 § 27.21a. 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 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 § 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 § 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 § 27.21a.

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 § 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 § 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 § 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 nonhospital sources is critical for finding a significant percentage of melanoma, lymphocytic leukemia, and cancers of the eye, vulva, oral cavity and prostate. Reporting by nonhospital health care facilities and health care practitioners is necessary to assure complete reporting of all cancer cases and accurate calculation of cancer statistics for this 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 an 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 these 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 § 27.21.

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 § 27.22, to combine all the requirements for reporting of lead poisoning into one section. The current regulations contain lead reporting requirements in §§ 27.4, 27.22 and 27.117. The Department also proposes that § 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. Under proposed subsection (h), the laboratory would then be required to send the completed form to the Department within 1 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 § 27.6 (relating to disciplinary consequences for violating reporting responsibilities). A 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 § 27.3, 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 responsibil-

ity 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 § 27.42a also identifies the appropriate Department offices to which the completed case investigation reports would be submitted. These sections would make existing §§ 27.41 and 27.42 (relating to individual case reports and summary reports) of the current regulations 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 § 27.43a would make § 27.43 (relating to immediate reports by telephone or telegraph) of the current regulations 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 §§ 27.41a, 27.42a and 27.43a, all of which relate to reports by local morbidity reporting offices. The Department proposes deleting §§ 27.44—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 §§ 27.61 and 27.65—27.67 consolidate the isolation and quarantine requirements currently in §§ 27.62—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 this 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, 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 § 27.35 (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 § 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 §§ 27.71—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 § 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 § 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 a child 2 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 underimmunized, 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 high school, the proposed regulations would not apply. The proposed regulations would also not apply if the child were known by the caregiver to be 6 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 1 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 under 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 and 521.8) (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 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 amendments 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 under 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 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 23 Pa.C.S. §§ 1101—1905 (relating to Marriage Law) pertaining to premarital syphilis testing were deleted 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 § 27.94. The Department proposes to update the syphilis prenatal testing requirements and to move them from § 27.94 to this section. The Department proposes deleting § 27.94 since it would no longer be necessary.

Additionally, 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 §§ 27.90—27.93. These sections basically repeat the statutory requirements specific to premarital syphilis testing, which were deleted 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 § 27.89 (relating to an examinations 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 § 27.89.

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 these 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 21, who has consented to diagnosis and treatment for a sexually transmitted disease, to undergo the diagnosis and treatment without the consent of his parents. A similar consent provision is included in section 3 of the act of February 13, 1970 (P. L. 19, No. 10) (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. 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 United States. 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 §§ 27.101—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 in proposed §§ 27.151—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, enterohemorrhagic 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 pro-

poses 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. The procedures would include requiring close contacts to have a Mantoux tuberculin skin test or chest X-ray, or both. These requirements are based on current medical practice. This proposed section would replace § 27.142, which pertains to tuberculosis, and which the Department is proposing to delete.

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 that 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 reoccupancy or reuse. The Department proposes adding this section to respond to the public health need to decontaminate buildings of Chlamydia psittaci, a need that 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 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. These 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 this 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 this Commonwealth, local government, the private sector or the general public because the disease reporting system already exists in this Commonwealth. In fact, the application of Nationally accepted state-of-the-art public health practices and communicable disease prevention and control strategies within this Commonwealth 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. This 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 this 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 noncommunicable 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, gives the Secretary of the Department 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—720.13) (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 provides the Department with the authority to establish and enforce quarantines to prevent the spread of disease, and section 2106(c) of the code gives the Department the authority to administer and enforce the laws of this 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 this 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, 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 in Chapter 23, Subchapter C (relating to immunizations).

Other statutes speak to the Department's authority to promulgate regulations in relation to specific diseases, infections or conditions. The Newborn Child Testing Act (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. See section 3 and 5 of the Newborn Child Testing Act (35 P. S. §§ 623 and 625). 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. See section 6(b) of the Pennsylvania Cancer Control, Prevention and Research Act (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. See 42 U.S.C.A. §§ 280e and 280e-1—280e-4). Finally, what is known as the "Turtle Law" the act of March 3, 1972 (P. L. 102, No. 37) (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 this 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 this 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—922 and 1001—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—26-2606-B) 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 the Department, in consultation with the Secretary of the Department of Education, with the authority to promulgate rules and regulations implementing the school health program. The requirements of the school health program are in Article XIV of the Public School Code of 1949 (24 P. S. §§ 14-1401—14-1422), and provide, among other things, that pupils are released from compulsory attendance when they are prevented from attending by the health laws of this Commonwealth, section 1417 of the Public School Code of 1949 (24 P. S. § 14-1417), that no persons having any form of tuberculosis in a transmissible stage shall be a pupil, teacher, janitor or another employe in a school, unless it is a special school. See section 1418 of the Public School Code of 1949 (24 P. S. § 14-1418). Section 1303a of the Public School Code of 1949 (24 P. S. § 13-1303a), provides that the Board will make and review a list of diseases against which children must be immunized, as the Secretary of the Department 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 a 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 of the Department with the sanction and advice of the Board. Again, most of the regulations carrying out these responsibilities are in Chapter 23 (relating to school health).

F. *Effective/Sunset Dates*

The proposed amendments 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. § 745.5(a)), on May 17, 2000, the Department submitted a copy of these proposed amendments 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.

Under section 5(g) of the Regulatory Review Act, if IRRC has objections to any portion of the proposed amendments, it will notify the Department within 10 days of the close of the Committees' review period. The notification shall specify the regulatory review criteria which have not been met by that portion of the proposed amendments to which an objection is made. The Regulatory Review Act specifies detailed procedures for review, prior to final publication of the amendments by the Department, the General Assembly and the Governor of objections raised.

H. *Contact Person*

Interested persons are invited to submit written comments, suggestions or objections regarding the proposed amendments 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 amendments 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. James Rankin so that necessary arrangements may be made.

ROBERT S. ZIMMERMAN, Jr.,
Secretary

Fiscal Note: 10-156. No fiscal impact; (8) recommends adoption.

Annex A

TITLE 28. HEALTH AND SAFETY

PART III. PREVENTION OF DISEASES

CHAPTER 27. COMMUNICABLE AND NONCOMMUNICABLE DISEASES

Subchapter A. GENERAL PROVISIONS

§ 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.**

* * * * *

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

* * * * *

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

***Case report form*—The form 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 under 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.]

* * * * *

***District office*—One of the district headquarters of the Department located within this Commonwealth of Pennsylvania.**

***Health care facility*—**

(i) 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 the health care facility is operated for profit, nonprofit or by an agency of the Commonwealth or local government.

(ii) The term does not include:

(A) An office used primarily for the private practice of a health care practitioner where no clinically related health service is offered.

(B) A facility providing treatment solely on the basis of prayer or spiritual means in accordance with the tenets of any church or religious denomination.

(C) A 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*—An 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 **[persons] person** or **[animals] animal** from other persons or animals, in **[places and under conditions that prevents] such a manner as to prevent** the direct or indirect transmission of the infectious agent from infected persons or animals to other persons or animals who are susceptible or who may spread the disease to others.

***LMRO—Local morbidity reporting office*—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.**

[*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. The term does not include a sanitary board.**

***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 under 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.**

***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. The term 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.**

* * * * *

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

***Physician*—An individual licensed to practice medicine or osteopathic medicine within this Commonwealth.**

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 **[persons] a person** or **[animals who have] an animal 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. The term 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 under § 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, **[declared] infection or condition, 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).**

* * * * *

***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. **[Reportable] Specific identified 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 (relating to reporting of diseases,

infections and conditions) or defined as an outbreak, within 24 hours, and in accordance with the requirements of § 27.4.

(c) An 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 § 27.4.

§ 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 (µg/dL) or higher and by an erythrocyte protoporphyrin level of 35 micrograms per deciliter (µg/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 (µg/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. 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 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 employe 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 the 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 are 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 the 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 the 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 a 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 6 months, or both.

(c) Prosecutions may be instituted by the Department, by a local health authority, or by a person having knowledge of a violation 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 the exception is determined by the Department to be necessary to protect the health of the people of this Commonwealth. The exception will 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

§ 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 following 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 following 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_____(*Editor's*

Note: **The blank refers to a date 3 years from the date of the adoption of the final-form rulemaking.)**

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, **[not] no** later than the next **[working] work** 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 **[conditions or]** diseases, **infections and conditions [or diseases]** to be reported include the following:

Amebiasis.
Anthrax.
An 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 subtypes producing shiga-like toxin.
Giardiasis.
Gonococcal infections.
Granuloma inguinale.
Haemophilus influenzae type **[b disease] B in fections—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 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 diseases, 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. Other reports shall be submitted to the Division of Communicable Disease Epidemiology, Bureau of Epidemiology. 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, 27.31, 27.33 and 27.34.

(f) A clinical laboratory shall submit isolates of salmonella and shigella to the Department's Bureau of Laboratories for serotyping within 5 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 5 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 5 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 5 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 the departure is determined by the Department to be necessary to protect the health of the people of this Commonwealth. The change will 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 institutions] (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 report] reports** of **[diseases and conditions other than reportable diseases,] a disease or condition** 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 **[diseases and conditions] disease or condition**. 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) consistent with Chapter 28 and this section.

§ 27.31. Reporting **cases of** cancer.

(a) A hospital **[or], clinical** laboratory **[within this Commonwealth which is designated by the Department], or other health care facility diagnosing or providing treatment to cancer patients** shall report **[cases] each case** of cancer **[which are diagnosed or treated, or both, at the hospital or the labora-**

tory] 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) A 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 5 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 this Commonwealth, 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 an identified cancer patient.

[(b)] (d) [The reports] Reports submitted [to the Cancer Registry] under this section are confidential and may 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) 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. 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 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 under 16 years of age and pregnant women to the Childhood Lead Poisoning Prevention Program, Division of Maternal and Child Health, Bureau of Family Health.

(1) 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.

(2) 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 or older 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.

(1) 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 60 days before the change is implemented.

(2) The change will 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 this Commonwealth 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 this Commonwealth 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 under 29 CFR 1910.1025(j)(2)(iii) (relating to lead).

(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 5 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 5 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 1 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 2 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 following 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 5 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) This chapter applies 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. The report shall be submitted to the appropriate Department office as follows 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 follows:

(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 follows:

(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

§ 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 the 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 isolation] 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.

(1) 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.

(2) 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.

(3) 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 his 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 **[requiring] which the Department, or a local health authority which is also an LMRO, determines 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 quarantine] shall be quarantined**, specify the place to which they shall be quarantined, and issue appropriate instructions.

(1) 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.

(2) 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 **[under] or animal subject to** 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 **[to another within this Commonwealth] of the Department or a local health authority to the jurisdiction of the Department or another local health authority** may **[be made] occur** only with permission of **[the health officers concerned, or]** the Department**,** if **it is involved, and with the permission of the local** health **[officer] authorities concerned [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 this 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 an order. [Due] The sender, the receiver and the transporter of the animal shall be responsible to take 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 **[release] that a person or animal isolated or quarantined under the direction of the Department or 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 **[specimens] specimen 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 **[specimens] specimen** 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 following communicable diseases, infections or conditions. 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 § 27.160 (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] 5** 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] At least 10** 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, that is, 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, if 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 the school, child care or other group setting immediately after first treatment. The person shall be reexamined for infestation by the school nurse, or other health care practitioner, 7 days posttreatment.**

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

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

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

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

(15) *Tuberculosis*—Following a minimum of 2 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 shall be submitted prior to readmission.

§ 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°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] A 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 **not** 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 noninfectious.**

(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. **[Admission] Readmission** of exposed or isolated pupils **and staff.**

[No person] A 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 **not** 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 susceptibles may] and staff shall** be excluded from school during a measles **[(rubeola)]** outbreak under the procedures described in § **[27.121] 27.160** (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—27.75 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 4 months of greater than 101° F. rectally or 100° F. axillary; in children 4—24 months of greater than 102° F. rectally or 101° F. axillary.* Until resolved or judged to be noninfective.

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

(6) *Shigellosis.* Until the etiologic organism is eradicated. See § 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 4 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) 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 _____ (*Editor's Note*: The blank refers to a date 60 days after the effective date of adoption of this proposal.), the caregiver at a child care group setting may not accept or retain a child 2 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 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 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 phy-

sician, 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 readmit 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. The certificates shall be periodically updated by the caregiver to include the information provided to the caregiver under 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 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 under those changed standards.

(c) *Notice.* The Department will place a notice in the *Pennsylvania Bulletin* listing publications containing ACIP recommendations issued under 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 §§ 23.81—23.87 (relating to immunization).

(ii) Children who are known by the caregiver to be 6 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 1 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), does 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 § 27.76 (relating to exclusion and readmission of children and staff in child caregiver settings) 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 DISEASES] SEXUALLY TRANSMITTED DISEASES,** TUBERCULOSIS AND OTHER COMMUNICABLE DISEASES

§ 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 will] local health authority 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 in the event] If** 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) File] (b) If the person refuses to abide by an order issued under subsection (a), the Department or local health authority may 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 (35 P. S. § 521.7) provides that a] (c) A person refusing to undergo an examination as **[provided in subsection] 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] under** § 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 the 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 **[authorities or their deputies] authority, 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 the] The** Department **[shall] will** provide or designate adequate facilities for the free diagnosis and, **[where] when** necessary for the preservation of public health, free treatment of persons infected with **[venereal diseases] 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 upon] 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 furnishing of] shall furnish** free diagnosis and free treatment of **[venereal] the 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)), isolate the person], if it determines the

action advances public health interests, shall order the person to be isolated 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 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 under 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 shall] health authority 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. **[Quarantine in jails] Isolation and quarantine in 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 **[persons] person** at the rate of maintenance that prevails in the institution, and shall furnish the necessary medical treatment to the **[persons committed to] person 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 this Commonwealth 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 this Commonwealth 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.

(1) The Department will publish this rate in the *Pennsylvania Bulletin* as necessary.

(2) 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 this Commonwealth 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 will be responsible for alerting physicians about this standard. The blood shall be collected within 2 hours after delivery and the result entered into the mother's medical record prior to discharge. See also, § 27.95 (relating to reporting syphilis examination information for 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 **[birth] syphilis examination information for births** and fetal deaths.

[Section 13(b) of the act (35 P. S. § 521.13(b)) provides that in] 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 **[test] tests** required by § **[27.94] 27.89(b)** (relating to **[prenatal examination] 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 **[tests] test.**

(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 (35 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] another person is not** necessary**[, and the]. 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 the 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] 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**

(*Editor's Note*: The Department is proposing to delete §§ 27.101—27.146 as they currently appear in the *Pennsylvania Code* at pages 27-29—27-50 (serial pages (243681)—(243702)). The following sections are being printed in regular type to enhance readability.)

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

(a) A person known to be infected with the causative agent of a reportable disease is not allowed to donate blood, blood products, tissue, sperm or ova for use in other human beings.

(1) In addition, a person or entity may not 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.*

(2) The list of additional diseases and conditions will not remain in effect for more than 90 days after publication unless the Board acts to affirm it within that 90-day period.

(b) 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) A person may not 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, if the representative presents documentation to establish that he 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. A person may not interfere with or obstruct this review.

§ 27.153. Restrictions on food handlers.

A person with the following diseases or conditions is not permitted to work as a food handler. See, also, 3 Pa.C.S.

Chapter 65 (relating to the Food Employee Certification Act) and 7 Pa. Code §§ 78.41—78.43 (relating to health and disease control of employes)) except as follows:

(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 may not be collected sooner than 48 hours after treatment was completed. See § 27.156 (relating to 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 may not be collected sooner than 48 hours after treatment was completed. See § 27.157 (relating to 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 may not be collected sooner than 48 hours after treatment was completed. See § 27.158 (relating to 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 1 month after onset. See § 27.159 (relating to special requirements for typhoid and paratyphoid fever).

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

(6) *Diarrhea*. Until resolved or judged to be noninfective by a physician.

§ 27.154. Restrictions on caregivers in a child care group setting.

A person with the following diseases or conditions is not 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 follows:

(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 may not be collected sooner than 48 hours after treatment was completed. See § 27.156 (relating to 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 may not be collected sooner than 48 hours after treatment was completed. See § 27.157 (relating to 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 may not be collected sooner than 48 hours after treatment was completed. See § 27.161 (relating to 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 1 month after onset. See § 27.159 (relating to special requirements for typhoid and paratyphoid fever).

(5) *Hepatitis A, viral hepatitis or jaundice of unspecified etiology*. Until 1 week following the onset of jaundice, or 2 weeks following symptom onset or IgM antibody positivity if jaundice is not present, 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 are not permitted to work as health care practitioners who provide 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 may not be collected sooner than 48 hours after treatment was completed. See § 27.156 (relating to 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 may not be collected sooner than 48 hours after treatment was completed. See § 27.157 (relating to 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 may not be collected sooner than 48 hours after treatment was completed. See § 27.158 (relating to 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 1 month after onset. See § 27.159 (relating to special requirements for typhoid or paratyphoid fever).

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

(i) 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.

(ii) The Department will 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 designated in §§ 27.82 and 27.83 (relating to refusal to submit to examination; and 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 thereunder, quarantine of a biting animal shall conform to the following:

(1) When an 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 a biting animal to have the animal examined for symptoms of rabies during the quarantine period by a veterinarian licensed by the State Board of Veterinary Medicine. 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.

A quarantine is not 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 7 days.

Subchapter F. MISCELLANEOUS PROVISIONS

PSITTACOSIS

§ 27.181. Records of the sale, purchase or exchange of psittacine birds.

[Dealers] A dealer who **[purchase, sell, exchange or give] purchases, sells, exchanges or gives** away a bird of the psittacine family shall keep a record for a period of 2 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.

§ 27.183. 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 authorities] Department or local health authority** may seize and destroy the **[bird or] birds** for which quarantine was ordered. **[Bodies] The Department or local health authority shall destroy the bodies** of **the** 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 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 may not** be brought or **[transport a live wild rabbit, hare or rodent] transported** 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] A live **[turtles] turtle** may **not** 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] A person may **not** 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] A person may **not** rent a room, house or part of a house in which there has been a person suffering from a communicable disease **to another 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.]

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