

H 45.20 Leprosy. (1) Patient:

- (a) Placard—None
- (b) Restrictions—The patient is to be isolated at home until transferred to a National Leprosarium.
- (c) Reporting required
- (2) Contacts—No restrictions
- (3) Environment
- (a) Concurrent disinfection—Of all discharges and articles soiled with discharges from the patient.
- (b) Terminal disinfection—Cleansing of premises after removal of patient.

H 45.21 Malaria. (1) Patient:

- (a) Placard—None
- (b) Restrictions—Isolation in a well-screened room until blood is negative for parasites.
- (c) Reporting required
- (2) Contacts—Restrictions: Quarantine—None
- (3) Environment—Concurrent disinfection: None except for the purpose of destroying mosquitoes in the house occupied by the patient and in the nearest neighboring dwellings.

H 45.22 Measles (Rubeola). (1) Patient:

- (a) Placard—None
- (b) Restrictions—The patient is to be isolated for a period of at least one week from the onset of symptoms (or for the duration of fever if longer).
- (c) Reporting required
- (2) Contacts—Restrictions: None, except that susceptible children should be observed for early signs and symptoms of measles, particularly a cold and cough. If such symptoms develop, they must be restricted to the premises until a diagnosis is established.
- (3) Environment—Concurrent disinfection: All articles soiled with secretions of the nose and throat are to be concurrently disinfected.

History: 1-2-56; r. and rec. Register, September, 1959, No. 45, eff. 10-1-59.

H 45.23 Meningitis, meningococcal. (1) Patient:

- (a) Placard—None
- (b) Restrictions—Isolation until 48 hours after the institution of treatment with a sulfonamide or penicillin. In the absence of such treatment the patient is to be isolated for 2 weeks.

H 45

(c) Reporting—The occurrence of meningococcic meningitis is to be reported to the local health officer within 24 hours.

(2) Contacts—Restrictions: Quarantine—None

(3) Environment—There is to be concurrent disinfection of discharges from the nose and throat or articles soiled with these discharges.

H 45.235 Viral (aseptic) meningitis. (1) Definition—Cases that show clinical indications of inflammation of the meninges of presumably non-bacterial origin. Diagnoses of aseptic meningitis may be established with or without laboratory evidence. Cases of non-paralytic poliomyelitis belong to this group.

(2) Reporting terminology to be used:

(a) Viral or aseptic meningitis, primary.

State etiology, i.e., poliomyelitis, E.C.H.O., Cocksackie, lymphocytic choriomeningitis, unknown, etc.

(b) Viral or aseptic meningitis, secondary.

State underlying disease such as measles, mumps, chicken-pox, etc.

(3) Patient

(a) Placard—None

(b) Restrictions—To be isolated for a period of one week from the onset of symptoms (or for the duration of fever if longer).

(4) Contacts—As specified in applicable underlying disease regulation if secondary. No contact restrictions are required in cases of primary aseptic meningitis except for poliomyelitis (H 45.34 (2)).

(5) Environment—As specified in the applicable underlying disease regulation for secondary. In all cases there shall be concurrent disinfection of all articles soiled with the secretions of nose and throat during the febrile period.

History: Cr. Register, September, 1959, No. 46, eff. 10-1-59.

H 45.24 Mumps. (1) Patient:

(a) Placard—None

(b) Restrictions—Isolation of patient for at least one week or until disappearance of swelling.

(c) Reporting required

(2) Contacts—Restrictions: Quarantine—None. Other children in the family may attend school but are to be observed by the teacher and excluded if they show any evidence of illness.

H 45.25 Ophthalmia neonatorum. (1) Patient:

(a) Placard—None

(b) Restrictions—None provided the patient is under adequate medical supervision.

Register, September, 1980, No. 297.
Health

(c) Reporting—None except as provided in s. 146.01 (2) which requires reporting to the local health officer in cases not attended by a physician or midwife.

(2) Contacts—No restrictions

(3) Environment

(a) Concurrent disinfection of conjunctival discharges and soiled articles.

(b) Terminal disinfection—Thorough cleaning

(4) Prevention. The attending physician or midwife is required to place 2 drops of a one percent solution of silver nitrate, or 2 drops of a one percent ophthalmic solution of tetracycline or erythromycin, or a one centimeter strip of a one percent ophthalmic ointment of tetracycline or erythromycin, in each eye of a newborn child as soon as possible, but not later than one hour after delivery. No more than one newborn child shall be treated from an individual container. Failure to observe this requirement is punishable by a fine of not more than \$100. (s. 146.02, Stats.).

History: 1-2-56; emerg. am. (4), eff. 6-15-80; am. (4), Register, September, 1980, No. 297, eff. 10-1-80.