

Chapter H 45

COMMUNICABLE DISEASES

(except tuberculosis and venereal diseases)

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|----------|---|----------|--|
| H 45.01 | Reporting | H 45.33 | Plague |
| H 45.02 | Definitions | H 45.34 | Poliomyelitis |
| H 45.03 | Enforcement | H 45.35 | Psittacosis |
| H 45.04 | Communicable diseases | H 45.355 | Q fever |
| H 45.05 | Actinomycosis | H 45.36 | Rabies |
| H 45.06 | Amebic dysentery | H 45.37 | Rheumatic fever (active) |
| H 45.07 | Anthrax | H 45.38 | Salmonellosis (other than typhoid fever and paratyphoid fever) |
| H 45.08 | Bacillary dysentery | H 45.39 | Smallpox |
| H 45.09 | Brucellosis | H 45.40 | Streptococcal infections, respiratory (including scarlet fever, streptococcal sore throat, and "septic sore throat") |
| H 45.10 | Chickenpox | H 45.41 | Streptococcal diseases other than respiratory erysipelas and puerperal infection |
| H 45.11 | Cholera | H 45.42 | Tetanus |
| H 45.12 | Diarrhea of the newborn | H 45.43 | Tinea capitis (ringworm scalp) |
| H 45.13 | Diphtheria | H 45.44 | Trachoma |
| H 45.14 | Encephalitis — (arthropod-borne viral) | H 45.45 | Trichinosis |
| H 45.15 | Food poisonings | H 45.46 | Tularemia |
| H 45.16 | German measles (Rubella) | H 45.47 | Typhoid fever—patient |
| H 45.17 | Hemorrhagic jaundice | H 45.48 | Typhoid fever—contacts |
| H 45.18 | Hepatitis, infectious | H 45.49 | Typhoid fever cases—environment |
| H 45.19 | Histoplasmosis | H 45.50 | Typhoid carrier—definition |
| H 45.20 | Leprosy | H 45.51 | Typhoid carriers—rules governing |
| H 45.21 | Malaria | H 45.52 | Temporary typhoid carriers—conditions for release |
| H 45.22 | Measles—(Rubeola) | H 45.53 | Chronic typhoid carriers—conditions for release |
| H 45.23 | Meningitis, meningococcal | H 45.54 | Typhus |
| H 45.235 | Viral (aseptic) meningitis | H 45.55 | Whooping cough |
| H 45.24 | Mumps | H 45.56 | Yellow fever |
| H 45.25 | Ophthalmia neonatorum | | |
| H 45.26 | Paratyphoid fever—patient | | |
| H 45.27 | Paratyphoid fever—contacts | | |
| H 45.28 | Paratyphoid fever cases—environment | | |
| H 45.29 | Paratyphoid carrier—definition | | |
| H 45.30 | Paratyphoid carriers—rules governing | | |
| H 45.31 | Temporary paratyphoid carriers — conditions for release | | |
| H 45.32 | Chronic paratyphoid carriers—conditions for release | | |

H 45.01 Reporting. All communicable diseases which are designated as reportable under these rules shall be reported by all physicians and other persons having knowledge of such diseases to the local health officer and by the local health officer to the state board of health unless otherwise specifically provided.

(Note: Section 140.05 (11), Wis. Stats., requires reporting of cancer to the state board of health.)

H 45.02 Definitions. (1) **CASE.** A person whose body has been invaded by an infectious agent, with the result that symptoms have occurred.

(2) **CARRIER.** A person who harbors a specific infectious agent without demonstrating symptoms or signs of the disease.

(3) **CONTACT.** A person who has been intimately in contact with an infected person such as the daily contact of a patient with his parents, his brothers and sisters, other occupants of the home and the like.

(4) **ISOLATION.** By isolation is meant the separation of cases or carriers from other persons in such places and under such conditions as will prevent the direct or indirect conveyance of the infectious agent to susceptible persons.

(5) **QUARANTINE.** By quarantine is meant the limitation of freedom of movement or isolation of contacts who have been exposed to a communicable disease, for a period of time equal to the longest usual incubation period of the disease to which they have been exposed.

(6) **DISINFECTION.** Disinfection denotes the destruction of infectious agents by chemical or physical means. In general, two types of disinfection are employed:

(a) *Concurrent.* Disinfection carried on continuously during the illness of the patient, such as destruction by use of chemical or physical means of discharges of the patient and cleaning of any infectious material which has come into contact with the patient or may have been soiled by him.

(b) *Terminal.* The elimination of the infectious agent from personal clothing, belongings, and the immediate physical environment of the patient.

H 45.03 Enforcement. It shall be the duty of the health officer of every local board of health in this state to enforce the rules of the state board of health covering communicable diseases or a suspected case of communicable disease whenever a case is reported or becomes known to him within his jurisdiction.

H 45.04 Communicable diseases. The diseases listed in rules H 45.05 through 47.12 are declared to be communicable diseases and the control measures for each specific disease shall be as herein provided. All reasonably suspected cases of communicable diseases shall be regarded as actual cases until proved otherwise and all rules and regulations applicable to actual cases shall be applied to them.

H 45.05 Actinomycosis

(1) Patient

(a) Placard—None

(b) Restrictions—Isolation: None, provided the patient is under medical supervision.

(c) Reporting required

(2) Contacts—No restrictions

(3) Environment

(a) Concurrent disinfection of discharges from lesions and articles soiled therewith.

(b) Terminal disinfection by thorough cleaning

H 45.06 Amebic Dysentery

(1) Patient

(a) Placard—None

(b) Restrictions—Isolation: None. No person having amebic dysentery, or who is a carrier of amebic dysentery, shall handle, prepare or serve food for public consumption until completion of treatment and three negative stool tests, taken not less than one day apart, are obtained.

- (c) Reporting—All cases and carriers of amebic dysentery shall be reported to the local health officer. The occupation of such persons shall be forwarded in the report.
- (2) Contacts—Restrictions; Quarantine—None. Contacts within the home are prohibited from handling or preparing food for public consumption until two negative stool tests, on consecutive days, are obtained.
- (3) Environment
 - (a) Where the premises occupied by the patient or carrier are unsewered, the health officer shall cause all vaults and cess-pools to be sufficiently disinfected and kept fly-proof and vermin-proof by screening or other effective arrangements.
 - (b) Concurrent disinfection—Sanitary disposal of the bowel discharges is required.

H 45.07 Anthrax

- (1) Patient
 - (a) Placard—None
 - (b) Restrictions—Isolation until the lesions have healed
 - (c) Reporting required
- (2) Contacts—No restrictions
- (3) Environment
 - (a) Concurrent disinfection of the discharges from lesions and articles soiled therewith.
 - (b) Terminal disinfection—Thorough cleaning

H 45.08 Bacillary dysentery

- (1) Patient
 - (a) Placard—None
 - (b) Restrictions
 - 1. Isolation—None
 - 2. All cases will be considered convalescent carriers after clinical recovery unless they have 2 successive negative fecal cultures, taken not less than 24 hours apart, and performed by a laboratory approved for such purposes by the state board of health as specified in H 49.15. After 6 months convalescent carriers shall be considered chronic carriers.
 - (c) Reporting required for cases and carriers
- (2) Carriers
 - (a) All carriers (convalescent, chronic and asymptomatic carriers) are restricted from engaging in food handling activity other than in the preparation of food for their own immediate families.
 - (b) No carrier shall be employed in an occupation requiring close personal contact with other individuals, such as caring for disabled or sick individuals or infants in hospitals, nurseries, and nursing homes.
 - (c) Chronic carriers may be released after three consecutive stool cultures, taken not less than 24 hours apart, have been found to be negative for *Shigella* organisms when cultured by a laboratory approved for such purposes by the state board of health as specified in section H 49.15.

- (d) Asymptomatic carriers may be released after complying with the requirements specified for chronic carriers in subsection (2) (c).

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

H 45.09 Brucellosis

- (1) Patient
- (a) Placard—None
 - (b) Restrictions—Isolation: None
 - (c) Reporting required
- (2) Contacts—No restrictions
- (3) Environment
- (a) Concurrent disinfection—None
 - (b) Terminal disinfection—None

H 45.10 Chickenpox

- (1) Patient
- (a) Placard—None
 - (b) Restrictions—The patient is to be isolated for seven days at home from date of onset.
 - (c) Reporting—All cases are to be reported to the local health officer. The diagnoses of all cases of chickenpox occurring in persons over 15 years of age are to be verified by a physician. Where a physician is not employed by the family, the local board of health is required to furnish a physician for the verification of such diagnosis.
- (2) Contacts—Restrictions: Quarantine—None. Well children in the family may attend school but are to be observed by the teacher and excluded if they show any evidence of illness.
- (3) Environment—There is to be concurrent disinfection of all articles soiled by discharges from the nose and throat as well as from the lesions.

H 45.11 Cholera

- (1) Patient
- (a) Placard required
 - (b) Restrictions—The patient is to be isolated in a hospital or a well screened room for 14 days or until the stool is found to be free from cholera vibrio on three consecutive days.
 - (c) Reporting—All cases are to be reported to the local health officer within 24 hours.
- (2) Contacts—Restrictions: All contacts are to be quarantined for a period of five days from the last exposure and until two negative, consecutive cultures are obtained.
- (3) Environment
- (a) Concurrent disinfection—There is to be prompt and thorough disinfection of the stools and vomitus. Articles used by and in connection with the patient are to be disinfected. Food left by the patient is to be burned.
 - (b) Terminal disinfection—The room in which a patient was isolated is to be thoroughly cleaned.

H 45.12 Diarrhea of the newborn

- (1) Patient
 - (a) Placard—None
 - (b) Restrictions—Immediate removal of affected baby from nursery to isolation ward. Closure of contaminated nursery to new admissions and suspension of maternity service.
 - (c) Reporting—The occurrence of any case of diarrhea of the newborn is to be immediately reported to the local health officer in those communities which employ a full-time health officer. In those communities where a full-time health officer is not employed, the occurrence of diarrhea of the newborn is to be reported directly to the Wisconsin state board of health.
- (2) Contacts—Restrictions: All exposed babies in the nursery are to be cared for by separate medical and nursing personnel.
- (3) Environment
 - (a) All articles within the nursery are to be disinfected as thoroughly as practical.
 - (b) Terminal disinfection—Thorough cleansing of the premises

H 45.13 Diphtheria

- (1) Patient
 - (a) Placarding required
 - (b) Restrictions—The patient is to be isolated for at least 10 days and until two consecutive, negative nose and throat cultures, taken not less than 24 hours apart, are obtained.
 - (c) Reporting—All cases and carriers shall be reported to the local health officer.
- (2) Contacts—Restrictions: All intimate contacts are to be quarantined for at least five days and until two consecutive, negative nose and throat cultures are obtained. Children in the family with the patient may not return to school until all persons within the affected household have been shown to no longer carry the etiologic agent.
- (3) Environment
 - (a) All carriers of diphtheria bacilli are to be handled as cases unless laboratory examination demonstrates that the organisms are not virulent.
 - (b) All articles which have been in contact with the patient and all articles soiled by discharges of the patient are to be concurrently disinfected.

H 45.14 Encephalitis (Arthropod-borne viral)

- (1) Patient
 - (a) Placard—None
 - (b) Restrictions—The patient is to be isolated in a well-screened room for an interval of 7 days from the onset of the disease.
 - (c) Reporting—All cases are to be reported to the local health officer within 24 hours.
- (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.

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

H 45.15 Food poisonings

All instances of food poisoning or suspected food poisoning, in which there is reason to believe that the purchase or consumption of the incriminated food occurred at a store or eating place accessible to the general public, shall be reported.

H 45.16 German measles (Rubella)

- (1) Patient
 - (a) Placard—None
 - (b) Restrictions—Isolation at home for 3 days from onset.
 - (c) Reporting—All cases are to be reported to the local health officer.
- (2) Contacts
 - (a) Restrictions—Quarantine: None. No attempt should be made to protect female children in good health against exposure to the disease before puberty.
 - (b) Other children in the family may attend school but are to be observed by the teacher and excluded if they show evidence of illness.
 - (c) Pregnant women in the first trimester of pregnancy should be protected from contact with german measles if they did not suffer from this disease previously; and if exposed, the use of gamma globulin should be encouraged.

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

H 45.17 Hemorrhagic jaundice

- (1) Patient
 - (a) Placard—None
 - (b) Restrictions—Isolation: None
 - (c) Reporting required
- (2) Contacts—No restrictions
- (3) Environment
 - (a) Concurrent disinfection—Urine and other discharges of patient.
 - (b) Terminal disinfection—None

H 45.18 Hepatitis, infectious

- (1) Patient
 - (a) Placard—None
 - (b) Restrictions—Isolation during the first week of illness
 - (c) Reporting required
- (2) Contacts—No restrictions
- (3) Environment
 - (a) Concurrent disinfection—Discharges of nose, throat, and bowels of the patient.
 - (b) Terminal disinfection—None

H 45.19 Histoplasmosis

- (1) Patient
 - (a) Placard—None
 - (b) Restrictions—None
 - (c) Reporting required
- (2) Contacts—No restrictions
- (3) Environment—No requirements

Register, September, 1959, No. 45

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 recr. 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 two weeks.
 - (c) Reporting—The occurrence of meningococcal 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. 45, 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.
 - (c) Reporting—None except as provided in *Sec. 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 two drops of a one per cent solution of silver nitrate in each eye of a newborn child immediately after delivery. Failure to observe this requirement is punishable by a fine of not more than one hundred dollars. (*Section 146.01, Wis. Stats.*)

H 45.26 Paratyphoid fever—patient

- (1) Placard—None
- (2) Restrictions:
 - (a) Isolation for at least one week beyond the time that all symptoms subside and, in any event, not less than one week after antibiotic therapy has been discontinued.
 - (b) Release from isolation is not the same as release from carrier status. For determination of carrier status in paratyphoid patients refer to section H 45.29 and for the requirements for release from such status see section H 45.31 and section H 45.32.
- (3) Reporting required

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

H 45.27 Paratyphoid fever—contacts

- (1) Quarantine—None
- (2) Family contacts are not to be permitted to handle food during the period of contact nor before two negative, consecutive stool and urine cultures are obtained.

H 45.28 Paratyphoid fever cases—environment

- (1) Concurrent disinfection of all bowel and urinary discharges and articles soiled with them.
- (2) Terminal disinfection through a thorough cleaning of the premises.
- (3) Suppression of flies.
- (4) The sale of milk and dairy products from a place where paratyphoid fever occurs is restricted as outlined in section H 49.10.

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

H 45.29 Paratyphoid carrier—definition

A person shall be considered a paratyphoid carrier capable of transmitting the disease to susceptible persons when any of the following conditions or circumstances apply:

- (1) Temporary carrier:
 - (a) A paratyphoid fever patient who has not met the requirements for carrier release specified in section H 45.31 within 6 months after the onset of illness.
- (2) Chronic carrier:
 - (a) Any temporary carrier who has not met the requirements for release as a temporary carrier as specified in section H 45.31.
 - (b) A person not known to have suffered from paratyphoid fever within the past 6 months, but paratyphoid bacilli are found in his urine or feces when examined in a laboratory approved for release cultures.
 - (c) Epidemiological evidence points to such person as the source of one or more cases of the disease and until the necessary number of required successive specimens of urine or feces have been negative upon examination in a laboratory approved for release cultures.

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

H 45.30 Paratyphoid carriers—rules governing

- (1) The urine and feces of a paratyphoid carrier shall be disposed of in such a manner as not to endanger any public or private water supply or be accessible to insects or rodents.
- (2) If food products, which are to be consumed raw by others, are produced on premises occupied by a paratyphoid carrier, the water supply shall be proven free from contamination.
- (3) No paratyphoid carrier shall engage in the handling or preparation of any food or drink to be consumed on the premises by others than members of his family with whom he resides or to be consumed off of the premises prior to cooking. This restriction shall apply to visitors, roomers, lodgers and employees.
- (4) No paratyphoid carrier shall engage in the occupation of nurse, nursemaid, domestic servant, cook, waiter, dishwasher or public eating-house employee.
- (5) No paratyphoid carrier shall engage in any occupation involving the handling of milk, cream, or milk products, or the utensils used in the production thereof. No paratyphoid carrier shall reside on premises where milk is produced for distribution off of the premises unless the carrier, or if he be a minor, his parent or legal guardian, and the owner of the milk-producing cows agree in writing:
 - (a) That the carrier will not engage in milking or handling of milk, cream or dairy utensils, nor enter the house or barn where milk is produced or handled.
 - (b) That no milk or cream is to subsequently be sold nor any utensils used in the production of milk or cream shall be brought into the house occupied by the carrier.
 - (c) That all persons residing or employed on the premises shall be vaccinated against paratyphoid fever at least every 2 years.
Where the provisions of such agreement are not followed, distribution and sale of milk from such premises are prohibited.
- (6) No paratyphoid carrier shall reside in or be employed in a boarding house or camp.
- (7) No carrier shall change his place of residence without notifying the local health officer of his intended residence, who shall immediately inform the state board of health of the facts.
- (8) In any situation not covered by the above rules and in which a paratyphoid carrier endangers the public health, the carrier shall observe such recommendations as the state board of health may make for the particular case.

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

H 45.31 Temporary paratyphoid carriers—conditions for release

- (1) Following isolation for paratyphoid fever, a person shall be adjudged a temporary carrier until the following groups of requirements for release, whichever are applicable to each particular case, shall be met:
 - (a) **General.** He must have 2 negative consecutive specimens of feces obtained at least 5 days apart and examined in a laboratory approved by the state board of health for such purposes as specified in section H 49.15.

Register, September, 1959, No. 45

- (b) **With urinary tract infection.** If the patient has been found to be excreting the paratyphoid organism through the urinary tract, then 2 consecutive negative urine samples taken not less than 5 days apart are required for release. Examination shall be done in a laboratory approved by the state board of health for such purposes.
- (c) **With antibiotic medication.** All specimens should be submitted not earlier than 7 days after the last dose of medication capable of interfering with successful cultures is consumed.
- (d) **Occupational modifications.**
 - 1. If the patient is to handle milk, dairy or other foods, the required number of consecutive negative cultures of feces and/or urine, as indicated in the subsections (1) (a), (b) and (c), shall be 4.
 - 2. If the patient is employed in an occupation requiring close personal contact with other individuals, such as caring for disabled or sick individuals or infants in hospitals and nurseries, or persons in nursing homes, then the required number of consecutive negative cultures of feces and/or urine, as indicated in subsections (1) (a), (b) and (c), shall be 4.
- (2) A patient who does not fulfill the requirements above within 6 months after the onset of illness shall be considered a chronic carrier (section H 45.29 (2) (a)).

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

H 45.32 Chronic paratyphoid carriers—conditions for release

- (1) Each of at least 18 successive specimens of feces taken at intervals of 30 days under conditions that do not permit of substitution have been examined in a laboratory approved for release cultures by the state board of health and found to contain no paratyphoid bacilli.
- (2) Where an individual has been found to be excreting the organisms through the urinary tract, then the requirements for release of carrier status under section H 45.32 (1) shall apply for urine specimens as well.

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

H 45.33 Plague

- (1) Patient
 - (a) Placard—Required
 - (b) Restrictions—Isolation of patient in a hospital or well-screened room which is free from vermin for a period of at least two weeks.
 - (c) Reporting required
- (2) Contacts—Restrictions: Quarantine of persons exposed to the pneumonic form of the disease for a period of one week from the date of last exposure.
- (3) Environment
 - (a) Concurrent disinfection of sputum and soiled articles
 - (b) Extermination of rats and vermin from the premises

H 45.34 Poliomyelitis

- (1) Patient
 - (a) Placard—Not required
 - (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
 - (a) Household contacts under 18 years of age are to be restricted to their homes, for a period of one week from the date of the onset of acute symptoms in the first household case.
 - (b) Household contacts who are 16–18 years of age (employed full-time) and who do not come into close contact with children in the course of their occupation shall comply with adult restrictions only.
 - (c) Adult household contacts: Teachers and others who come in close contact with children must cease their occupation for an interval of one week from the date of onset of the first household case.
- (3) Environment—Concurrent disinfection: All discharges from the nose and throat and bowel are to be concurrently disinfected.

H 45.35 Psittacosis

- (1) Patient
 - (a) Placard—None
 - (b) Restrictions—Isolation during the febrile and acute clinical stage of the disease.
 - (c) Reporting required
- (2) Contacts—No restrictions
- (3) Environment
 - (a) Concurrent disinfection of all discharges
 - (b) Terminal disinfection—Destruction of infected birds

H 45.355 Q fever

- (1) Patient
 - (a) Placard—None
 - (b) Restrictions—None
 - (c) Reporting required
- (2) Contacts—No restrictions
- (3) Environment—Concurrent disinfection of all articles soiled with the secretions of nose and throat.

History: Cr. Register, September, 1959, No. 45, eff. 10-1-59.

H 45.36 Rabies

- (1) Patient
 - (a) Placard—None
 - (b) Restrictions—Isolation: None if the patient is under medical supervision and the immediate attendants are warned of possibility of inoculation by human virus.
 - (c) Reporting required

- (2) Contacts—No restrictions
- (3) Environment
 - (a) Concurrent disinfection of saliva of patient and articles soiled therewith.
 - (b) Terminal disinfection—None

H 45.37 Rheumatic fever (active)

- (1) Patient
 - (a) Placard—None
 - (b) Restrictions—None
 - (c) Reporting required
- (2) Contacts—No restrictions
- (3) Environment—No requirements

H 45.38 Salmonellosis (other than typhoid fever and paratyphoid fever)

- (1) Patient
 - (a) Placard—None
 - (b) Restrictions
 - 1. Isolation—None
 - 2. All cases will be considered convalescent carriers after clinical recovery unless they have 2 successive negative fecal cultures, taken not less than 24 hours apart, and performed by a laboratory approved for such purposes by the state board of health as specified in section H 49.15, and they shall comply with section H 49.10. After 6 months convalescent carriers shall be considered chronic carriers.
 - (c) Reporting required for cases and carriers.
- (2) Carriers
 - (a) All carriers (convalescent and asymptomatic carriers) are restricted from engaging in food handling activity other than in the preparation of food for their own immediate families.
 - (b) No carrier shall be employed in an occupation requiring close personal contact with other individuals, such as caring for disabled or sick individuals or infants in hospitals, nurseries, and nursing homes, and shall comply with section H 49.10.
 - (c) Chronic carriers may be released after three consecutive stool cultures, taken not less than 24 hours apart, have been found to be negative for Salmonella organisms when cultured by a laboratory approved for such purposes by the state board of health as specified in section H 49.15.
 - (d) Asymptomatic carriers may be released after complying with the requirements specified for chronic carriers in subsection (2) (c).

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

H 45.39 Smallpox

- (1) Patient
 - (a) Placard required.
 - (b) Restrictions—Isolate until the disappearance of all scabs and crusts.
 - (c) Reporting required

(2) Contacts—Restrictions: Quarantine for 14 days from date of last exposure unless a successful vaccination has been obtained within 3 days of exposure.

(3) Environment

(a) Concurrent disinfection—No article is to leave the immediate surroundings of the patient without boiling or equally effective disinfection.

(b) Terminal disinfection—Thorough cleaning of the premises.

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

H 45.40 Streptococcal infections, respiratory (including scarlet fever, streptococcal sore throat, and "septic sore throat")

(1) Patient

(a) Placard—None

(b) Restrictions—The patient shall be isolated until the complete disappearance of inflammation and discharges from the nose and throat, ears, or suppurating glands; and in any case for not less than 7 days from onset. However, isolation may be terminated 24 hours after administration of a depot penicillin preparation and clinical recovery. Release from isolation does not imply that the patient does not need further penicillin therapy and supportive care. Patients in whom other forms of penicillin therapy and/or other antibiotics are used shall be isolated in any case for not less than 7 days from the onset and until clinical recovery.

(c) Reporting required

(2) Contacts

(a) Household contacts—It is recommended that household contacts be kept under medical observation for the development of streptococcal disease during the incubation period. Restriction of contacts is not required, except at the discretion of the local board of health, and as specified in section H 49.10.

(b) Other contacts—No restrictions are required.

(3) Environment

(a) Concurrent disinfection—All articles which have been soiled by purulent discharges and all articles which have been in contact with the patient are to be concurrently disinfected.

(b) Terminal disinfection—A thorough cleaning of contaminated objects, scrubbing of floors and sunning of blankets to prevent dissemination of infected particles.

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

H 45.41 Streptococcal diseases other than respiratory erysipelas and puerperal infection

(1) Patient

(a) Placard—None

(b) Restrictions—The patient is to be isolated for the duration of the acute stage of the disease.

(c) Reporting—None

(2) Contacts—Restrictions: None

(3) Environment

(a) Concurrent disinfection—Careful disposal of dressings and discharges from the patient.

- (b) Terminal disinfection—General thorough cleaning of blankets, linen, and room.

H 45.42 Tetanus

- (1) Patient
(a) Placard—None
(b) Restrictions—None
(c) Reporting required
(2) Contacts—No restrictions
(3) Environment
(a) Concurrent disinfection—None
(b) Terminal disinfection—None

H 45.43 Tinea capitis (ringworm scalp)

- (1) Patient
(a) Placard—None
(b) Restrictions—Exclusions from school until recovery unless
1. Under continuous treatment of physician licensed to practice medicine, and wears a suitable head covering until cured; or
2. Separate classroom provided for infected cases.
(c) Reporting required
(2) Contacts—Upon discovery of a clinical case of ringworm of the scalp, all contacts under 15 and all school children in the classroom should be inspected and examined with suitable filtered ultra-violet light. Resurveys should be continued until one month after last case is detected.
(3) Environment
(a) Concurrent disinfection—Stocking caps and inexpensive head coverings should be frequently laundered and destroyed by burning after use.
(b) Terminal disinfection—None

H 45.44 Trachoma

- (1) Patient
(a) Placard—None
(b) Restrictions—Isolation: None, if under medical supervision
(c) Reporting required
(2) Contacts—No restrictions
(3) Environment
(a) Concurrent disinfection of eye discharges and articles soiled therewith.
(b) Terminal disinfection—None

H 45.45 Trichinosis

- (1) Patient
(a) Placard—None
(b) Restrictions—None
(c) Reporting required
(2) Contacts—No restrictions
(3) Environment
(a) Concurrent disinfection—None
(b) Terminal disinfection—None

H 45.46 Tularemia

- (1) Patient
 - (a) Placard—None
 - (b) Restrictions—Isolation: None
 - (c) Reporting required
- (2) Contacts—No restrictions
- (3) Environment
 - (a) Concurrent disinfection of discharges from the ulcer, lymph glands or conjunctival sac.
 - (b) Terminal disinfection—None

H 45.47 Typhoid fever—patient

- (1) Placard—None
- (2) Restrictions:
 - (a) Isolation for at least one week beyond the time that all symptoms subside and, in any event, not less than one week after antibiotic therapy has been discontinued.
 - (b) Release from isolation is not the same as release from carrier status. For determination of carrier status in typhoid patients refer to section H 45.50 and for the requirements for release from such status see section H 45.52 and section H 45.53.
- (3) Reporting required

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

H 45.48 Typhoid fever—contacts

- (1) Quarantine—None.
- (2) Family contacts are not to be permitted to handle food during the period of contact nor before two negative, consecutive stool and urine cultures are obtained.

H 45.49 Typhoid fever cases—environment

- (1) Concurrent disinfection of all bowel and urinary discharges and articles soiled with them.
- (2) Terminal disinfection through a thorough cleaning of the premises.
- (3) Suppression of flies
- (4) The sale of milk and dairy products from a place where typhoid fever occurs is restricted as outlined in section H 49.10.

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

H 45.50 Typhoid carrier—definition. A person shall be considered a typhoid carrier capable of transmitting the disease to susceptible persons when any of the following conditions or circumstances apply:

- (1) **TEMPORARY CARRIER**
 - (a) A typhoid fever patient who has not met the requirements for carrier release specified in section H 45.52 within 6 months after the onset of illness.
- (2) **CHRONIC CARRIER**
 - (a) Any temporary carrier who has not met the requirements for release as specified in section H 45.52 is to be considered a chronic carrier.
 - (b) A person not known to have suffered from typhoid fever within the past 6 months, but typhoid bacilli are found in his

Register, September, 1959, No. 45

urine or feces when examined in a laboratory approved for release cultures.

- (c) Epidemiological evidence points to such person as the source of one or more cases of the disease and until the necessary number of required successive specimens of urine or feces have been negative upon examination in a laboratory approved for release cultures.

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

H 45.51 Typhoid carriers—rules governing

- (1) The urine and feces of a typhoid carrier shall be disposed of in such a manner as not to endanger any public or private water supply or be accessible to insects or rodents.
- (2) If food products, which are to be consumed raw by others, are produced on premises occupied by a typhoid carrier, the water supply shall be proven free from contamination.
- (3) No typhoid carrier shall engage in the handling or preparation of any food or drink to be consumed on the premises by others than members of his family with whom he resides or to be consumed off of the premises prior to cooking. This restriction shall apply to visitors, roomers, lodgers and employees.
- (4) No typhoid carrier shall engage in the occupation of nurse, nursemaid, domestic servant, cook, waiter, dishwasher or public eating-house employee.
- (5) No typhoid carrier shall engage in any occupation involving the handling of milk, cream, or milk products, or the utensils used in the production thereof. No typhoid carrier shall reside on premises where milk is produced for distribution off of the premises unless the carrier, or if he be a minor, his parent or legal guardian, and the owner of the milk-producing cows agree in writing:
 - (a) That the carrier will not engage in milking or handling of milk, cream or dairy utensils, nor enter the house or barn where milk is produced or handled.
 - (b) That no milk or cream is to subsequently be sold nor any utensils used in the production of milk or cream shall be brought into the house occupied by the carrier.
 - (c) That all persons residing or employed on the premises shall be vaccinated against typhoid fever at least every 2 years. Where the provisions of such agreement are not followed, distribution and sale of milk from such premises are prohibited.
- (6) No typhoid carrier shall reside in or be employed in a boarding house or camp.
- (7) No carrier shall change his place of residence without notifying the local health officer of his intended residence, who shall immediately inform the state board of health of the facts.
- (8) In any situation not covered by the above rules and in which a typhoid carrier endangers the public health, the carrier shall observe such recommendations as the state board of health may make for the particular case.

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

H 45.52 Temporary typhoid carriers—conditions for release

- (1) Following isolation for typhoid fever, a person shall be adjudged a temporary carrier until the following groups of requirements for release, whichever are applicable to each particular case, shall be met:
- (a) **General.** He must have 2 negative consecutive specimens of feces obtained at least five days apart and examined in a laboratory approved by the state board of health for such purposes as specified in section H 49.15.
 - (b) **With urinary tract infection.** If the patient has been found to be excreting the typhoid organism through the urinary tract, then two consecutive negative urine samples taken not less than 5 days apart are required for release. Examination shall be done in a laboratory approved by the state board of health for such purposes.
 - (c) **With antibiotic medication.** All specimens should be submitted not earlier than 7 days after the last dose of medication capable of interfering with successful cultures is consumed.
 - (d) **Occupational modifications.**
 1. If the patient is to handle milk, dairy or other foods, the required number of consecutive negative cultures of feces and/or urine, as indicated in subsections (1) (a), (b) and (c), shall be 4.
 2. If the patient is employed in an occupation requiring close personal contact with other individuals, such as caring for disabled or sick individuals or infants in hospitals and nurseries, or persons in nursing homes, then the required number of consecutive negative cultures of feces and/or urine, as indicated in subsection (1) (a), (b) and (c), shall be 4.
- (2) A patient who does not fulfill the requirements above within 6 months after the onset of illness shall be considered a chronic carrier (section H 45.50 (2) (a)).

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

H 45.53 Chronic typhoid carriers—conditions for release

- (1) Each of at least 18 successive specimens of feces taken at intervals of 30 days under conditions that do not permit of substitution have been examined in a laboratory approved for release cultures by the state board of health and found to contain no typhoid bacilli.
- (2) Where an individual has been found to be excreting the organisms through the urinary tract, then the requirements for release of carrier status under subsection H 45.53 (1) shall apply for urine specimens as well.

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

H 45.54 Typhus

- (1) Patient
 - (a) Placard—None
 - (b) Restrictions—Delousing, isolation in vermin-free room during febrile period
 - (c) Reporting required

Register, September, 1959, No. 45

- (2) Contacts—Restrictions: None required if delousing carried out
- (3) Environment
 - (a) Concurrent disinfection—Use of insecticide powders on clothing and bedding and special treatment of hair for nits.
 - (b) Terminal disinfection—None

H 45.55 Whooping cough

- (1) Patient
 - (a) Placard—None
 - (b) Restrictions—Isolation for three weeks after onset of typical paroxysms, or a total of 28 days from onset of the catarrhal stage.
 - (c) Reporting required
- (2) Contacts—Restrictions: Other children in the family may attend school but are to be observed by the teacher and excluded if they evidence any symptoms of illness. Those children exposed to whooping cough who develop coughs or colds must be kept in isolation in their home until a diagnosis is established.
- (3) Environment
 - (a) Concurrent disinfection of the discharges from the nose and throat and of articles soiled with such discharges.
 - (b) Terminal disinfection—A thorough cleaning of the premises

H 45.56 Yellow fever

- (1) Patient
 - (a) Placard—None
 - (b) Restrictions—Isolation in a well-screened room for seven days
 - (c) Reporting required on all cases to the local health officer within 24 hours.
- (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.