

## Chapter H 47

## VENEREAL DISEASE

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**H 47.01 Venereal diseases.** The state board of health declares the following venereal diseases: namely, syphilis, gonorrhoea, chancroid, granuloma inguinale, and lymphogranuloma venereum as contagious, infectious, communicable and dangerous to the public's health.

**History:** 1-2-56; am. Register, September, 1961, No. 69, eff. 10-1-61.

**H 47.02 Venereal disease; case reporting.** (1) Any physician who attends, treats or examines a person with venereal disease shall report such case to the state board of health on a form prescribed by the board.

(2) Any person knowing of a case of venereal disease that is not, or has not been under the care of a physician shall report the case by name and address to the state board of health.

(3) Any superintendent or manager of any state, county, or municipal hospital, dispensary, charitable, correctional or penal institution who has knowledge of a case of venereal disease not previously reported shall report the case by name and address to the state board of health. Where the services of an attending physician are available in such institutions the physician shall make such report in the manner prescribed in subsection (1) above. It shall be the responsibility of the superintendent or manager to see that this reporting requirement is complied with.

(4) Laboratories performing venereal disease examinations or tests shall report all positive findings of such examinations and tests to the state board of health on forms prescribed by the state board of health.

(5) Local health officers shall report to the state board of health all cases of venereal disease reported to them.

**History:** 1-2-56; r. and recr. Register, September, 1961, No. 69, eff. 10-1-61.

**H 47.03 Venereal disease; reporting of cases delinquent in treatment.** Whenever any person suffering from venereal disease fails to return to the physician treating such person in a reasonable time, such person shall be reported by name and address to the state board of health as delinquent in treatment.

**History:** 1-2-56; r.; renumbered from H 47.04 to be H 47.03 and am., Register, September, 1961, No. 69, eff. 10-1-61.

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**H 47.04 Venereal disease; determination of sources and contacts.** Physicians diagnosing or accepting newly diagnosed cases for treatment shall determine the probable source of infection and contacts to such cases and endeavor to bring these sources and contacts to medical diagnosis and treatment, or he shall request the state board of health to determine the source of infection and contacts to such diagnosed cases.

**History:** Cr. Register, September, 1961, No. 69, eff. 10-1-61.

**H 47.05 Venereal disease; definition of suspects.** Any person falling in one or more of the following categories is hereby designated as a suspected case of venereal disease:

- (1) Persons reported to be sexual contacts by a venereal disease case.
- (2) Persons having positive laboratory or clinical findings of venereal disease.
- (3) Persons having illicit sexual relations or illicit cohabitation.
- (4) Persons in whom epidemiologic evidence indicates a venereal disease may exist.
- (5) Prostitutes, frequenters of houses of prostitution, and vagrants.

**History:** 1-2-56; r. and recr. Register, September, 1961, No. 69, eff. 10-1-61.

**H 47.06 Venereal disease; examination of suspects.** (1) Any physician employed by an official health agency as a health officer may require a venereal disease suspect to be examined. Such examination shall include a physical examination and the application of appropriate laboratory and clinical tests.

(2) If a suspect fails or refuses to comply with a request by a physician health officer of an official health agency to obtain an examination, then such physician may proceed to have the suspect committed to an institution for examination and tests.

(3) It shall be the duty of each superintendent, manager or physician of any state, county, municipal, charitable or correctional institution, the warden of the state prison, the sheriff and other keepers of any jail or other penal institution to cause an examination to be made of all inmates suspected of having a venereal disease and said examination shall include a physical examination and the application of appropriate laboratory and clinical tests.

**History:** 1-2-56; r. and recr. Register, September, 1961, No. 69, eff. 10-1-61.

**H 47.07 Venereal disease cases; commitment or isolation of cases.**

(1) Whenever a case of venereal disease is found on a premise where the case cannot be properly controlled during the period of communicability, or whenever a communicable case neglects care or treatment by a physician licensed to prescribe drugs, or is unmanageable and other persons may be endangered, the local health officer is authorized to take the necessary steps to secure commitment of such case as provided by section 143.07, Wis. Stats.

(2) Pending such commitment the case shall be isolated and a placard may be placed on the premises occupied by the case. The placard shall have the words "Communicable Disease." The local health officer shall impose such isolation and enforce its requirements.

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(3) Communicable cases of venereal disease found in institutional inmates as required in subsection H 47.06 (3) shall be kept in quarters so as not to infect others. Such persons and all legally committed persons with a venereal disease that is considered communicable to others at expiration of commitment shall hereby be considered under quarantine and shall so remain until satisfactory arrangements can be made for care and treatment by a licensed physician at place of subsequent residence or until other disposition of the case is made by the state board of health.

**History:** 1-2-56; r. and recr. Register, September, 1961, No. 69, eff. 10-1-61.

**H 47.08 Venereal disease; indigents, treatment facilities.** Local health officers and local boards of health shall cooperate with the state board of health in establishing treatment facilities for indigent persons with venereal disease, and in procuring adequate treatment for such cases.

**History:** 1-2-56; am. Register, September, 1961, No. 69, eff. 10-1-61.

**H 47.09 Venereal disease; forbidden occupations.** Persons suspected to be or knowing themselves to be afflicted with a communicable venereal disease shall not engage in the care or nursing of children or of the sick, nor shall they engage in any occupation the nature of which is such that their infection may be communicated to others. In the interest of the public health a medical health officer or officer of the state board of health may confidentially inform any person so endangered.

**H 47.10 Issuing certificates of freedom from venereal disease forbidden.** No physician or health officer shall issue certificates of freedom from any venereal disease to any person except those certificates required by law, or those required by local ordinances to be issued to local health officers. No person shall carry or exhibit such certificates to other persons or show, for immoral purposes, venereal disease reports from any laboratory. Such procedure is declared by the state board of health to be inimical to public health and public welfare.

**History:** 1-2-56; am. Register, September, 1961, No. 69, eff. 10-1-61.

**H 47.11 Venereal disease; minors.** The parents or guardians of minors acquiring venereal disease shall, when notified, be legally responsible for the compliance of such minors with the requirements of these regulations.

**H 47.12 Venereal disease; cases considered as communicable.** (1) **SYPHILIS.** All cases with open sores, ulcers, rashes, syphilitic sore throat, or other open lesions; persons with early syphilis not adequately treated; pregnant women with syphilis; females who have given birth to a syphilitic child; and all syphilitic persons who, reasonable evidence indicates are a disease danger to others.

(2) **GONORRHEA.** All cases with clinical, laboratory or epidemiologic evidence of existing disease.

(3) **CHANCROID, GRANULOMA INGUINALE AND LYMPHOGRANULOMA VENEREUM.** All cases having unhealed ulcers, skin lesions, inflammatory processes, or epidemiologic evidence of existing disease.

**History:** 1-2-56; r. and recr. Register, September, 1961, No. 69, eff. 10-1-61.

**H 47.13 Venereal disease; treatment to render cases noncommunicable.** (1) **SYPHILIS.** Antisyphilitic drugs administered in amounts, schedules, and by methods, consistent with currently acceptable syphilis treatment practices will be considered adequate treatment to render syphilis cases non-communicable by the state board of health, provided that such cases have re-examinations and quantitative blood tests for a period of not less than 6 months after treatment, and provided that such cases show no clinical, laboratory or epidemiologic evidence of relapse or reinfection.

(2) **GONORRHEA.** Antigonorrethral drugs administered in amounts, schedules and by methods, consistent with currently acceptable gonorrhea treatment practices for complicated and uncomplicated cases will be considered adequate treatment to render such cases non-communicable by the state board of health, provided that such cases remain free of clinical, laboratory and epidemiological evidence of disease. Minimum laboratory evidence of freedom from gonorrhea in males shall consist of a properly obtained negative urethral smear, or preferably culture, taken not less than 7 days after treatment. Minimum laboratory evidence of freedom from gonorrhea in females shall consist of a properly obtained negative smear, or preferably culture, of each of the urethra, vagina and cervix, taken not less than 7 days after treatment.

*Note:* Gonorrhea cases should have blood tests once a month for 4 months to uncover incipient syphilis acquired at the time of the gonorrheal infection.

In taking smears the labia should be held apart and a swab applied so as to express any secretions from Skene's or Bartholin's glands, which are then taken up on the swab. In preparing urethral slides the finger should be inserted in the vagina and expression made on the floor of the urethra from within outward, the cotton-tipped probe being then introduced well into the meatus. In procuring a smear from the cervix a vaginal speculum should be introduced and the cervix well exposed. All secretions should be mopped away from the external os before taking the smear. After the cervix is well dried a probe tightly wound with cotton should be inserted in the cervical canal and rotated several times.

(3) **CHANCROID, GRANULOMA INGUINALE AND LYMPHOGRANULOMA VENEREUM.** Any therapy that has resulted in complete healing of ulcers, skin lesions and inflammatory processes.

**History:** Cr. Register, September, 1961, No. 69, eff. 10-1-61.

**H 47.14 Violators.** Violators of these rules shall be subject to the penalty prescribed by section 143.09 Wis. Stats. for violation of venereal disease section 143.07, Wis. Stats.

**History:** Cr. Register, September, 1961, No. 69, eff. 10-1-61.