

edited by Abram S. Benenson, and published by the American Public Health Association, unless specified otherwise by the state epidemiologist.

(3) **FOOD HANDLERS.** Food handlers shall refrain from handling food while they have a disease in a form that is communicable by food handling, in accord with the methods of communicable disease control contained in *Control of Communicable Diseases in Man*, 13th edition (1981), edited by Abram S. Benenson, and published by the American Public Health Association, unless specified otherwise by the state epidemiologist.

(4) **PREVENTION OF OPHTHALMIA NEONATORUM.** The attending physician or midwife shall place 2 drops of a one percent solution of silver nitrate, or 2 drops of an ophthalmic solution containing one percent tetracycline or 0.5 percent erythromycin, or a one centimeter strip of an ophthalmic ointment containing one percent tetracycline or 0.5 percent erythromycin, in each eye of a newborn child as soon as possible after delivery but not later than one hour after delivery. No more than one newborn child may be treated from an individual container.

Note: The handbook, *Control of Communicable Diseases in Man*, 13th edition (1981), edited by Abram S. Benenson, is on file in the department's bureau of community health and prevention, the revisor of statutes' office, and the secretary of state's office, and is available for purchase from the American Public Health Association, 1015 Fifteenth St., NW, Washington, D.C., 20005.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84; r. and recr. (4), Register, November, 1984, No. 347, eff. 12-1-84.

SUBCHAPTER II—TUBERCULOSIS

HSS 145.08 Definitions. In this subchapter:

(1) "Commitment" means the process by which a court of record orders the confinement of a person with infectious tuberculosis to a place providing care and isolation.

(2) "Contact" means any individual sharing a closed air environment with an infectious patient for an adequate period of time to allow the probability of infection to occur.

Note: This type of exposure usually includes household members and work or social associates.

(3) "Infectious tuberculosis" means tuberculosis disease of the respiratory tract capable of producing infection or disease in others, as demonstrated by the presence of acid-fast bacilli in the sputum or bronchial secretions, or by roentgenographic and clinical findings.

(4) "Isolation" means the separation of persons with infectious tuberculosis from other persons, in a place and under conditions that will prevent transmission of the infection.

(5) "Noninfectious" means the inability to produce infection or disease in others as demonstrated by asymptomatic status and either adequate chemotherapy having been initiated or absence of acid-fast bacilli in the sputum or bronchial secretions.

(6) "Public health dispensary" means a facility that meets the criteria of s. 149.06, Stats.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84.

Register, November, 1984, No. 347

HSS 145.09 Restriction of patients and contacts. (1) All individuals with infectious tuberculosis or suspected of having infectious tuberculosis, and their contacts, shall exercise all reasonable precautions to prevent the infection of others with whom they may come in contact, in accord with the methods of control for tuberculosis contained in *Control of Communicable Diseases in Man*, 13th edition (1981), edited by Abram S. Benenson, published by the American Public Health Association, unless specified otherwise by the department.

(2) No person with infectious tuberculosis or reasonably believed to be suffering from that disease may be permitted to attend any public gathering, including but not limited to school, nursery school or day care center, or return to work, until noninfectious.

(3) If an individual with infectious tuberculosis terminates treatment against medical advice, is noncompliant with the treatment plan, or leaves a hospital against the advice of a physician, the individual shall be reported to the local health officer and the department and may be isolated or committed as provided in sub. (4), if the local health officer or the department decides that isolation is necessary in order to protect others from becoming infected.

(4) Any individual with infectious tuberculosis, diagnosed by a physician, may be isolated or committed for care by the local health officer or by the department.

(5) If the administrative officer, where the person is isolated or committed, has good cause to believe that the person may leave without a court order, the officer may use any legal means to restrain the person from leaving. The administrative officer may segregate any person who is committed.

(6) The local health officer or delegated individual shall visit all individuals isolated or committed for tuberculosis at least once every 7 days to ascertain that the isolation or commitment is being maintained.

Note: The handbook, *Control of Communicable Diseases in Man*, 13th edition (1981), edited by Abram S. Benenson, is on file in the department's bureau of community health and prevention, the revisor of statutes' office, and the secretary of state's office, and is available for purchase from the American Public Health Association, 1015 Fifteenth St., NW, Washington, D.C. 20005.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84.

HSS 145.10 Discharge from isolation or commitment. The local health officer or the department shall authorize the release of an individual from isolation or shall petition a court to order the release of an individual from commitment if:

- (1) An adequate course of chemotherapy has been initiated;
- (2) Sputum or bronchial secretions are free of acid-fast bacilli or the number of acid-fast bacilli present is declining;
- (3) Specific arrangements have been made for post-isolation or post-commitment care; and
- (4) The person is considered by the local health officer or the department not to be a threat to the health of the general public.

History: Cr. Register, April, 1984, No. 340, eff. 5-1-84.