PART I

COMMUNICABLE DISEASE CONTROL MEASURES

COUNTY OF LOS ANGELES • DEPARTMENT OF PUBLIC HEALTH

MORBIDITY UNIT

CONFIDENTIAL MORBIDITY REPORT

NOTE: This form is not intended for reporting STDs, HIV AIDS or TB See comments below

DISEASE BEING REPORTED:

DISTRICT CODE (internal use only):

Patient's Last Name:

Social Security Number:

Ethnicity (check one):
☐ Hispanic ☐ Non-Hispanic / Non-Latino

First Name and Middle Name (or initial):

Birthdate (MM/DD/YYYY):

Age:

Race (check one):
☐ White
☐ African American / Black
☐ Native American / Alaskan Native
☐ Other _____
☐ Asian / Pacific Islander
☐ Asian-Indian ☐ Japanese
☐ Cambodian ☐ Korean
☐ Chinese ☐ Laotian
☐ Filipino ☐ Samoan
☐ Hawaiian ☐ Other _____

Address (Street and number):

City/Town

State CA

Zip code

Home Telephone Number:

Work Telephone Number:

Gender:
☐ Male
☐ Female Pregnant? ☐ Yes ☐ No ☐ Unknown
Estimated Delivery Date: _____

Patient's Occupation or Setting:
☐ Day Care ☐ Correctional Facility ☐ Food Service (Explain): _____
☐ Health Care ☐ School ☐ Other (Explain): _____

Risk Factors / Suspected Exposure Type: (check all that apply)
☐ Blood transfusion ☐ Needle or blood exposure
☐ Child care
☐ Food / drink ☐ Recreational water exposure
☐ Foreign travel ☐ Sexual activity
☐ Household exposure ☐ Unknown
☐ Other _____

Date of Onset (MM/DD/YYYY):

Date of Diagnosis (MM/DD/YYYY):

Date of Hospitalization (MM/DD/YYYY):

Date of Death (MM/DD/YYYY):

Health Care Provider:

Health Care Facility:

Address:

City:

Telephone:

FAX:

Submitted by:

Date CMR submitted (MM/DD/YYYY):

Type of diagnostic specimen: (check all that apply)
☐ Blood ☐ CSF
☐ Stool ☐ Urine
☐ Clinical ☐ No test
☐ Other _____

Hepatitis Diagnosis:
☐ Hep A, acute
☐ Hep B, acute
☐ Hep B chronic
☐ Hep C, acute
☐ Hep C chronic
☐ Hep D
☐ Other Hepatitis

Elevated LFTs?
☐ No ☐ Yes ____ ALT
____ AST

Jaundiced? ☐ No ☐ Yes

Type of Hepatitis Testing (check all that apply):

	Pos.	Neg.	Pend.	Not Done
anti-HAV IgM	☐	☐	☐	☐
HBsAg	☐	☐	☐	☐
anti-HBc (total)	☐	☐	☐	☐
anti-HBc IgM	☐	☐	☐	☐
anti-HBs	☐	☐	☐	☐
anti-HCV	☐	☐	☐	☐
- anti-HCV signal to cut off ratio = _____				
HCV-PCR	☐	☐	☐	☐
anti-Delta	☐	☐	☐	☐
Other test	☐	☐	☐	☐

specify _____

DO NOT use this form to report HIV/AIDS, chancorid, chlamydia infections, gonorrhea, non-gonococcal urethritis, pelvic inflammatory disease syphilis or tuberculosis

For HIV and AIDS: report to the HIV Epidemiology Program. Reporting information and forms are available by phone 213-351-8516 or at: www publichealth lacounty gov/hiv/index htm

For Pediatric AIDS: report to the Pediatric HIV/AIDS Reporting Program Reporting information is available by calling 213-351-7319

For Tuberculosis: report cases and suspected cases to the TB Control Program within 24 hours of identification. Reporting information is available by phone 213-744-6160, or at www publichealth lacounty gov/tb/index htm Fax reports to: 213-744-0926

For STDs: The STDs that are reportable to the STD Program include: chlamydial infections syphilis, gonorrhea chancroid, non-gonococcal urethritis (NGU), and pelvic inflamatory disease Reporting information is www publichealth lacounty gov/std/index htm

REMARKS:

FAX THIS REPORT TO: 888-397-3778

For assistance please call the Morbidity Unit at 888-397-3993 or mail to Morbidity Unit 313 N Figueroa St #117 Los Angeles CA 90012

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PART I: COMMUNICABLE DISEASE CONTROL MEASURES

SECTION 1: LIST OF REPORTABLE DISEASES AND CONDITIONS

LIST OF NOTIFICATION REQUIRED OF LABORATORIES

CONFIDENTIAL MORBIDITY REPORT FORM

SECTION 2: CONFIDENTIAL MORBIDITY REPORT (CMR) (CCR, Title 17, Sections 2500([d] 1-2)

A. *California Code of Regulations* requires that knowledge of specified diseases and conditions be communicated to the Health Officer in a timely manner. This obligation can be met in several ways, including telephone (in person or voice-mail), mail (postal service), facsimile device, and via internet (Visual CMR [vCMR]). Regardless of the format, each report should contain the case's full name, race, sex, age or date of birth, address, disease, date of onset, date of diagnosis, date of death (if applicable), and name and contacting information of the person making the report. **NOTE: As of January 2003, the CMR form requests the patient's date of hospitalization (if applicable) and has an expanded section for reporting hepatitis infection.**

B. The STATE CMR (California Morbidity Report) (PM-110) is the official reporting mechanism in California. Los Angeles County (LAC) uses a revision of the State CMR because separate case reports for tuberculosis, STD, and AIDS are in use. The CMR may be faxed or mailed in order to file the case report. The LAC form is a faxable, 8½" x 11" form.

C. To report tuberculosis cases or suspects, sexually transmitted diseases, or HIV/AIDS, contact the Los Angeles County Department of Public Health Tuberculosis Control, Sexually Transmitted Disease, HIV/AIDS Programs, respectively. See Los Angeles County Department Public Health website: http://publichealth.lacounty.gov/.

SECTION 3: REPORTING BY LABORATORIES (CCR, Title 17, Section 2505)

A. The director of any clinical laboratory shall promptly report laboratory evidence suggestive of the diseases listed on the list of **Notification Required of Laboratories** (see Part I, Section 1). In addition to the traditional reporting methods, laboratories may report via vCMR's Electronic Laboratory Reporting (ELR) which connects laboratory information systems directly to the public health surveillance data center or vCMR's Community Reporting Module web-based system.

Laboratory reports for sexually transmitted diseases should be sent to the Sexually Transmitted Disease Program. Laboratory reports for tuberculosis should be submitted to the TB Control Program.

B. For certain diseases, special reporting to the California Department of Public Health (CDPH) is also required.

A laboratory must immediately contact the CDPH Microbial Diseases Laboratory by telephone (510-412-3700) whenever the laboratory receives a specimen for testing of the following diseases or suspected diseases:

Anthrax, animal or human
Botulism
Brucellosis
Plague, animal or human
Tularemia

A laboratory must immediately contact the CDPH Viral and Rickettsial Diseases Laboratory by telephone (510-307-8585) whenever the laboratory receives a specimen for testing of the following diseases or suspected diseases:

Avian Influenza
Glanders
Melioidosis
Smallpox
Viral Hemorrhagic Fever Agents (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)

PART I: COMMUNICABLE DISEASE CONTROL MEASURES

SECTION 4: TELEPHONE REPORTS OF URGENT DISEASES

A. vCMR includes a feature (ARNOLD – Automated Result Notification and On-Line Delivery) that immediately notifies ACDC and other offices when cases or suspected cases of the following urgent diseases are registered in the Visual Confidential Morbidity Reporting (vCMR) system. Staff must enter such cases immediately in vCMR and scan and attach the CMR, medical records and lab reports to the vCMR case record.

Anthrax	Paralytic Shellfish Poisoning
Avian Influenza, human	Plague, human or animal
Botulism	Rabies, human or animal
Brucellosis	SARS (Severe Acute Respiratory Syndrome)
Cholera	Scabies (atypical or crusted scabies)
Ciguatera Fish Poisoning	Scombroid Fish Poisoning
Dengue	Smallpox
Diphtheria	Shiga Toxin (detected in feces)
Escherichia coli: shiga toxin producing (STEC), including *E. coli* O157	Streptococcal Infections, outbreaks of any type
Foodborne disease, 2 or more cases from separate households with same suspected source	Tularemia
Hantavirus infections	Unusual diseases
Hemolytic uremic syndrome	Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa, Marburg)
Meningococcal infections	Yellow fever
Outbreaks of any disease	Varicella, fatal cases only

B. For potential foodborne botulism and all other reports of food-borne illness, a FOODBORNE ILLNESS REPORT, is created in vCMR that signals Food and Milk Program and ACDC.

C. Febrile rash illness that may be measles or varicella, as well as pertussis, diphtheria, poliomyelitis, and tetanus are immediately reported to the Immunization Program..

D. Cases of syphilis, both primary and secondary, as well as cases in pregnant women are immediately reported to the Sexually Transmitted Disease Program.

E. The Public Health Nurse Supervisor (PHNS) is informed by the investigating Public Health Nurse (PHN) immediately of selected communicable diseases in persons or their contacts who are employed in sensitive occupations or sensitive situations to the Service Planning Area (SPA) Medical Director or designee who will notify the Public Health Investigator (PHI) if removal from the job is indicated.

F. The ACDC staff immediately notifies Environmental Health when a communicable disease arises in the course of employment when the place of employment is in the DPH jurisdiction of the County of Los Angeles. This includes, but is not limited to:

Anthrax
Brucellosis
Foodborne Disease
Leptospirosis
Q fever
Tetanus
Tularemia

G. The Chief of ACDC immediately telephones or transmits reports of the following diseases to the State Department of Public Health. Many of these diseases require isolation of cases or quarantine of contacts.

Anthrax (animal or human)
Avian influenza
Botulism
Brucellosis
Cholera
Dengue
Tularemia
Measles
Plague (animal or human)
Relapsing fever (louse-borne)
Smallpox
Typhus fever (louse-borne typhus)
Viral hemorrhagic fever (e.g., Lassa, Ebola, Marburg, Crimean-Congo)
Yellow fever

SECTION 5: EPIDEMIOLOGIC CASE HISTORY (CCR, Title 17, Section 2502[b])

A. The *California Code of Regulations*, Title 17, Section 2502(b) lists state and federal disease reporting forms for certain communicable diseases. Forms specific to the county also exist and are utilized, in addition to state and federal forms, for disease reporting. These forms are listed on the ACDC website (http://publichealth.lacounty.gov/acd/EpiForms.htm) as well as under the **Reporting Procedures** for each disease in Part IV disease chapters.

B. For diseases not requiring specific forms, the **Outbreak/Unusual Disease Report (CDPH-8554)** is used.

C. Epidemiologic case history forms are initiated by either the district PHNS or ACDC. Investigations should proceed whether or not disease confirmation or complete laboratory information is available, and within the time frame indicated under each disease. The report should be completed and returned to the PHNS within two weeks. When the investigator determines that no reportable disease existed, the CMR should be canceled by notifying the PHNS. Investigations completed by ACDC are returned to the Morbidity Unit for processing.

D. All epidemiologic case history forms and outbreak investigation forms must be filled out completely by the appropriate staff, and then reviewed and signed by the SPA Medical Director or ACDC or both. When a CMR is received by the district office for a disease that requires no investigation or epidemiologic form, the SPA Medical Director initials the CMR and sends it to the Morbidity Unit.

E. All epidemiologic case history forms are found on the ACDC website: http://publichealth.lacounty.gov/acd/EpiForms.htm.

SECTION 6: REPORTING OUTBREAKS (CCR, Title 17, Section 2501)

A. DEFINITION: *Outbreak* means the occurrence of cases of a disease (illness) above the expected or baseline level, usually over a given period of time, in a geographic area or facility, or in a specific population group. The number of cases indicating the presence of an outbreak will vary according to the disease agent, size and type of population exposed, previous exposure to the agent, and the time and place of occurrence. Thus, the designation of an outbreak is relative to the usual frequency of the disease in the same facility or community, among the specified population, over a comparable period of time. A single case of a communicable disease long absent from a population or the first invasion by a disease not previously recognized requires immediate reporting and epidemiologic investigation.

B. GENERAL PROCEDURES: Outbreaks are classified as either NON-HEALTHCARE FACILITY or HEALTH FACILITY for record keeping and investigation purposes. Whoever receives a report of any outbreak will enter the report in vCMR and obtain an outbreak number ; this number is to be recorded on all CMRs, vCMR record, Public Health Laboratory requisitions, and epidemiologic forms associated with this outbreak. Individual epidemiologic reports and vCMR record must be completed for every case in the outbreak if the disease itself requires such reports to be submitted (e.g., salmonellosis, shigellosis, etc.). The Chief of ACDC may request the investigation of outbreaks of infectious disease or infestation whether or not the disease itself is reportable. The most current outbreak forms are available on the ACDC website: http://publichealth.lacounty.gov/acd/EpiForms.htm.

C. NON-HEALTHCARE FACILITY OUTBREAK: When the outbreak occurs anywhere other than in a healthcare facility or among the patients and/or staff of a home-health agency, the outbreak number takes the form ***OB__#nnn***, where __ is the year and ***nnn*** is a three-digit sequential number assigned by the Morbidity Unit, (e.g., OB03#999 for 999th outbreak in year 2003 in a non-healthcare facility).

For non-healthcare facility outbreaks, in addition to completing individual case history forms if required, the responsible investigator must also complete the appropriate Outbreak Investigation Form, depending on the nature of the outbreak.

1. Summarize foodborne outbreaks on the **INVESTIGATION OF A FOODBORNE OUTBREAK FORM (CDC 52.13)**.

2. Summarize outbreaks of waterborne infection on the **WATERBORNE DISEASES OUTBREAK FORM (CDC 52.12)**.

3. For outbreaks that are neither foodborne nor waterborne (such as person-to-person and airborne spread), use the **OUTBREAK/ UNUSUAL DISEASE REPORT (CDPH 8554).**

D. HEALTH CARE FACILITY OUTBREAK - The outbreak number for an incident in a licensed health care facility or among the staff or patients of a home-health agency takes the form ***HF__#nnn***, where __ is the year and ***nnn*** is a three-digit sequential number assigned by the Morbidity Unit (e.g., HF03#999 for 999th outbreak in year 2003 in a health care facility).

1. Whoever assumes responsibility for investigation of an outbreak at an acute health care facility, the form **CD OUTBREAK INVESTIGATION – ACUTE HEALTH CARE FACILITY (HOSPITAL) (H-1165AHCF) (ACDC Use Only)** must be completed twice for the initial and final report. For Sub-acute health facility outbreak, the form **CD OUTBREAK INVESTIGATION – SUB-ACUTE HEALTH CARE FACILITY (H-1164SubAcute)** must be completed twice for the initial and final report.

2. Health facility outbreaks determined by investigation to be foodborne or waterborne are to be summarized on the appropriate outbreak summary form listed above in **Part C**; that report for acute care hospitals may be attached to the final H-1165AHCF report to Health Facilities.

3. Acute Care Hospital Outbreaks: Due to complex licensure requirements and the frequent involvement of multiple public health districts, ACDC staff take responsibility for epidemiological investigations in these facilities. ACDC is to be notified immediately of any suspected outbreak occurring in an acute care hospital. ACDC may delegate the investigation to districts in selected instances. Use **CD OUTBREAK INVESTIGATION – ACUTE HEALTH CARE FACILITY (HOSPITAL) (H-1165AHCF) (ACDC Use Only)**.

4. Sub-acute Facility Outbreaks: District Public Health Nursing staff investigate suspected outbreaks in skilled nursing facilities (SNF), intermediate care facilities (ICF), other licensed health facilities, and home health agencies. Use **CD OUTBREAK INVESTIGATION – SUB-ACUTE HEALTH CARE FACILITY (H-1164SubAcute)**.

SECTION 7: REPORTING OF A CASE OR CLUSTER OF CASES ASSOCIATED WITH A COMMERCIAL FOOD: FILING OF FOODBORNE INCIDENT REPORTS

Food may be a vehicle for enteric diseases. Of the major enteric diseases investigated by Public Health, an estimated 95% of salmonella, 80% of campylobacter and 20% of shigella cases are transmitted by food. However, with the width of the exposure period measured in days, many meals and multiple food items could potentially be implicated for each case. The current enteric case history forms for salmonellosis, campylobacteriosis, and shigellosis are specific in requesting documentation of exposure details during the exposure period on "food at restaurants" and "food at gatherings". It is appropriate for the PHNs to continue to document these food exposures on the case history form.

Initiating a Foodborne Incident Report (FBIR) should not be automatic for every identified food item; filing of frivolous FBIRs reduces the capacity of Public Health response to true contamination events. Each FBIR must be based on the facts of the case. Pertinent questions must be asked (i.e., was the food consumed during the exposure period? Was the food item inappropriately prepared? Was the food a known high risk for transmission? Were co-diners of the confirmed case also symptomatic?) These additional questions can be used to help in the determination of whether to file an FBIR. **Every situation is unique and requires the PHN's professional judgment that a facility is a likely source of infection.**

An FBIR from a health professional invariably leads to an intensive Environmental Health (EH) investigation of the commercial facility. When PHNs file an FBIR, EH assumes a 'professional' assessment of the facts and has determined that the facility is a likely source of infection.

If a PHN is unsure of the appropriateness of filing an FBI report, the supervising nurse and/or SPA Medical Director should be consulted. Case history forms within the district should be evaluated during the sign-off by supervising nursing and medical personnel at the district level or during communicable disease case review conferences. If during this review, it is noted that multiple cases are linked to a common commercial food establishment, an FBIR must be initiated. At a countywide level, case history forms are reviewed once more by ACDC when clusters or increases of a specific illness are identified. An example would be an identified increase of a specific salmonella serotype.

SECTION 8: REPORTING A CASE, CONTACT OR POSSIBLE SOURCE OF INFECTION LOCATED OUTSIDE THE HEALTH DISTRICT OF THE CASE

A. When the case, contact, or possible source of infection resides in a different public health district in Los Angeles County than the district receiving the report, the district that receives the report notifies the district where the case, contact, or possible source of infection resides.

B. When the case, contact, or possible source of infection is in a health jurisdiction outside of Los Angeles County but within the State of California, the Morbidity Unit notifies the other health jurisdiction.

C. When notices are received on cases whose residence is outside of California, generally the Morbidity Unit will send them directly to the State Department of Public Health. For cases that require urgent follow-up or that involve contacts or possible sources of infection in a health jurisdiction outside of California, notification will be handled by ACDC via the State Department of Public Health.

D. If a sensitive occupation/situation is involved, removal from the job will be done by the Public Health Investigator (PHI) in the health jurisdiction where the case or contact works, under direction of the SPA Medical Director.

SECTION 9: CHANGE OF RESIDENCE OF PERSONS IN STRICT ISOLATION OR QUARANTINE

A. When it is necessary for persons in strict isolation or quarantine, whether voluntary or legally imposed, to change residence, written permission is first obtained from the owner of the new premises or his agent. Inspection of the proposed residence must establish that it is or can be made suitable for isolation or quarantine. Moving into a multiple dwelling is evaluated individually considering the disease and situation; any change of residence is under the supervision of the SPA Medical Director or the Chief, PHI.

B. All cases covered by this section must be reported immediately to the SPA Medical Director, and in cases of legally imposed isolation and quarantine, to the Chief, PHI.

SECTION 10: EXAMINATION FOR REPORTABLE COMMUNICABLE DISEASES

(CCR, Title 17, Sections 2530, 2534, and others)

It is required by law that a person who has or is suspected of having certain reportable communicable diseases, must agree to submit to testing by the local health department. Failure to comply must be reported to the SPA Medical Director who shall determine if further action is necessary.

SECTION 11: SURVEILLANCE ORDERS FOR INTERNATIONAL TRAVELERS

A. Issuing a Surveillance Order: Detention and/or isolation of confirmed or suspected cases is required for the following diseases: cholera, diphtheria, plague, infectious tuberculosis, the viral hemorrhagic fevers (e.g., Lassa, Ebola, Marburg, Crimean-Congo), and yellow fever. A **SURVEILLANCE ORDER (HSM-13.17)** may be issued by federal immigration authorities for an international traveler with the following:

1. An illness of unusual or severe nature with the following signs and symptoms**:**
   - Temperature >100^0F (37.8^0C) accompanied by a rash, lymphadenopathy, or jaundice.
   - Diarrhea, i.e., three or more loose stools in a 24-hour period or a greater than normal amount of loose stools.

2. Traveling companions or close contacts of a person who has or is suspected of having a quarantinable disease.

3. Any person who arrives on a conveyance with two or more unrelated persons with the same symptoms.

B. A United States Public Health Service consultant physician shall perform a physical examination on any ill person who is denied immediate quarantine clearance upon arrival in the United States. A Surveillance Order shall be issued if diagnostic tests or further observations are required, and the person shall be allowed entry while under the observation of the appropriate SPA Medical Director for a specified period of time. Surveillance Orders also may be issued to asymptomatic contacts.

C. United States Immigration and Naturalization Service at Canadian ports of entry shall send a **NOTICE OF SURVEILLANCE (QS-24)** for travelers with ultimate destinations in the United States.

D. When Surveillance Orders are issued, the appropriate SPA Medical Director and the Chief, Public Health Investigation shall be informed immediately.

E. GENERAL PROCEDURES: When a surveillance order is issued, a Public Health Investigator shall contact the traveler immediately and obtain the following information.

1. An address and telephone number where the traveler can be contacted until the surveillance order expires.

2. A detailed itinerary for 21 days prior to the interview, and for the duration of the surveillance order.

3. Any histories of fever, rash, jaundice, diarrhea or glandular swelling within the 21 days prior to the interview.

4. Any information regarding diagnosis released by the quarantine station or examining physician.

This information shall be given immediately to the appropriate SPA Medical Director. A specific surveillance program shall be developed and reported to the Chief of ACDC. If the itinerary shows that the traveler plans to leave Los Angeles County before the expiration of the surveillance period, the Chief of Public Health Investigation shall notify the State Department of Public Health.

F.SPECIAL PROCEDURES

1. If a person under a surveillance order for plague presents with fever, cough, or adenopathy, the Chief (ACDC) shall be contacted immediately.

2. If diarrhea occurs in a person under a surveillance order for cholera, the SPA Medical Director or a designate shall examine the person and obtain a stool specimen (special media required) for immediate transport to the Public Health Laboratories by Public Health Investigation. The Chief (ACDC) shall be notified immediately.

3. For other diseases listed in **Part I**, Section 4, contact ACDC during working hours, or call the Los Angeles County Operator after working hours and on weekends.

SECTION 12: SCHOOL EXCLUSION AND READMISSION (CCR, Title 5, Education, Sections 48211, 48212; *Health and Safety Code*, Division 4, Chapter 3, Section 120230)

A. EXCLUSION: State law requires anyone in charge of a public or private school, kindergarten, boarding school, preschool or parochial school to exclude pupils or employees with specific communicable diseases, or contacts to a person with a communicable disease subject to strict isolation or, rarely, quarantines. The school must exclude any non-immune contact to an vaccine-preventable communicable disease for the full or remaining portion of the incubation period unless the contact is immunized immediately. Please refer to each specific disease in **Part IV** of this manual. The County of Los Angeles Department of Public Health procedures reinforce this exclusion policy.

1. If the disease in question is tuberculosis or a sexually transmitted disease, the decision as to its communicability is the responsibility of the Chiefs of Tuberculosis or STD Control Programs, respectively.

2. In an urban area, the closing of schools has not been shown to be an effective means of controlling an outbreak of any communicable disease. This procedure is, therefore, not generally recommended.

3. When any of the following diseases occur, the Public Health District immediately telephones the notice of exclusion to the proper school authority and confirms by sending the **SCHOOL EXCLUSION NOTICE (H-451)**; the notice is sent only to the school principal or representative: cholera, diphtheria, measles, plague, typhus (louse-borne), varicella, or viral hemorrhagic fevers.

4. Every school district should develop policy and guidelines for admission of students and adult personnel who are HIV antibody positive.

B. READMISSION: Upon release from strict isolation or quarantine, the **SCHOOL READMISSION NOTICE (H-477)** signed by the SPA Medical Director must be given to an excluded pupil or his parent or guardian.

1. Pupils or school employees with any other communicable disease not requiring isolation or quarantine may be readmitted by written notice, signed by the attending physician, school physician, nurse superintendent, principal, or the SPA Medical Director. If a dispute regarding communicability arises, the SPA Medical Director's decision will be final.
2. Students with tuberculosis may be readmitted if recommended by the Tuberculosis Control Program (for those under private care) or the district tuberculosis clinician (for those under DPH care).

SECTION 13: SENSITIVE OCCUPATIONS/SITUATIONS (SOS)

A. PROCEDURES: Persons with certain communicable diseases or their contacts may be a risk to the community by nature of their work duties. Reports of such cases or contacts in sensitive occupations or situations, as defined below, are immediately telephoned to the SPA Medical Director, who determines if the case or contact should be removed from work. These persons shall be removed from work by Public Health Investigation if recommended by the SPA Medical Director. Questions regarding "SOS" should be referred to ACDC by the SPA Medical Director.

1. DEFINITION: Sensitive Occupation/Situation (SOS): Persons employed in sensitive occupations may include, but are not limited to, those involved in direct care of persons in health care facilities (e.g., hospitals, clinics, physician offices, dental offices, nursing facilities) or group settings (e.g., child care settings, institutions, shelters) where transmission from a case is a public health concern. Persons in sensitive situations may include, but are not limited to, persons who attend any form of child care, or other congregate programs where transmission from a case is a public health concern. Children of school age (K-12) who demonstrate the ability to wash their hands following use of the toilet should not routinely be excluded from school.

2. FOOD HANDLERS (special definition): A food employee as defined in Health and Safety Code 113788 (California Retail Food Code) which is an employee working with food, food equipment or utensils, or food-contact surfaces; or any occupation involving the preparation, serving or handling of food, including milk, to be consumed by individuals other than the person’s immediate family. For example, a vendor handling entirely wrapped bread is not a food handler. A baker who handles unwrapped bakery products is a food handler. In general, persons handling food items which will not undergo further processing (e.g., canning, cooking, etc.) must be carefully assessed as to potential for transmission of disease.

3. MILK HANDLERS (special definition): A milk handler processes or distributes milk or handles milk containers. A person whose only contact is with sealed milk containers or packaged milk products is not a milk handler.

4. MEAT HANDLERS: Those who work as butchers or in the processing and packaging of raw meat products or delicatessen foods are considered meat handlers and are subject to the same restrictions.

B. STATE DISABILITY INSURANCE BENEFITS

1. A case or contact in a sensitive occupation removed from work may apply for state disability insurance benefits by completing and submitting **STATE DISABILITY INSURANCE BENEFITS (DE-2501)**. Consult the Chief, Public Health Investigation for assistance in completing this form. The California *Welfare and Institutions Code* provides for these benefits.

2. Pursuant to the sections of Title 17 of the *California Code of Regulations*, listed by disease below, this patient must be removed from his sensitive occupation until cleared by the Department of Public Health. Therefore, this patient is entitled to disability benefits in accordance with Section 2626 of the *Unemployment Insurance Code*, effective 1-78, if they are off the job for a minimum of 8 working days. Applicable sections of the code for various diseases are:

Amebiasis	2551
Anthrax	2556
Cholera	2574
Food Poisoning (except botulism and salmonella infections)	2530
Food Handlers	2579

C. LABORATORY SPECIMENS

1. Laboratory slips for specimens submitted for cases or contacts in sensitive occupations must be marked with a red "SOS" (Sensitive Occupation/Situation) to alert the laboratory of the need for an urgent report.

2. Clearance specimens must be submitted to the Public Health Laboratory by law (CCR, Section 2534). No other laboratory results can be accepted for return-to-work clearance in a sensitive occupation/situation.

SECTION 14: QUARANTINE (CCR, Title 17, Sections 2514, 2520; *Health and Safety Code*, Section 120175)

A. DEFINITION: “Quarantine” is defined as the limitation of freedom of movement of persons or animals that have been exposed to a communicable disease for a period of time equal to the longest usual incubation period of the disease, in such manner as to prevent effective contact with those not so exposed.

Contacts to cases with reportable communicable diseases may be subject to quarantine at the discretion of the SPA Medical Director. Quarantine shall be used routinely only for the diseases or circumstances listed in this section. The SPA Medical Director shall determine which contacts require quarantine, specify the place of quarantine, and issue appropriate instructions.

B. Violations of quarantine or "pass" privileges must be reported immediately to the Chiefs of ACDC and Public Health Investigation.

C. Contacts to cases of communicable diseases may be quarantined according to one of the following classifications.

1. COMPLETE QUARANTINE: This is defined as the confinement of persons or domestic animals exposed to a communicable disease for a period equal to the longest usual incubation period of the disease, in a manner that shall prevent contact with unexposed persons. Complete quarantine is required for contacts of persons with the following diseases.

- Viral hemorrhagic fever (e.g., Lassa, Ebola, Marburg, Crimean-Congo, etc.)
- Plague (until contacts, clothing, etc. have been disinfested and prophylactic medication administered)
- Relapsing fever, louse-borne (until disinfested)

- Typhus, louse borne (until disinfested)

Control Measures for Complete Quarantine:

a. Post the **QUARANTINE PLACARD (H-734)** at the site of quarantine.

b. No passes shall be issued to a contact while a case patient with the disease in question is on the premises.

c. The SPA Medical Director shall arrange for the daily observation of contacts, delivery of groceries, and other necessities and shall supervise the release of contacts from quarantine.

d. When a case patient is off the quarantine premises, the procedures listed in **Part IV** for each disease shall be followed.

2. MODIFIED QUARANTINE (CCR, Title 17, Section 2518): This is defined as a selective or partial confinement of persons or domestic animals that were exposed to a communicable disease, based on differences in susceptibility and potential for disease transmission. Modified quarantine is required for the following diseases and situations:

- Animal rabies, for an animal that has bitten a person in an unprovoked attack, and for a domestic animal bitten by a wild mammal capable of transmitting rabies. Post **ANIMAL QUARANTINE PLACARD (H-733)**.
- Diarrhea in newborns (hospital nurseries only).
- Diphtheria. Post **DIPHTHERIA QUARANTINE PLACARD (H-734)**.
- Staphylococcal disease (hospital outbreak only).

3. Release from complete or modified quarantine: To release from quarantine, follow procedures in **Part IV** for each specific disease.

4. Dairy quarantine (CCR, Title 17, Sections 2528, 2530)

a. A dairy quarantine is imposed when: a milk supply is suspected as the source of a communicable agent; or when a person who resides at a dairy has or is suspected of having a disease transmissible through milk.

b. The County Health Officer, as an agent for the U.S. Department of Agriculture, shall prohibit the sale, use, or disposal of milk until the following measures are observed:

- The patient must be isolated.
- Water used in processing milk must be free of the agent.
- Household members must be free of infection and must not expose dairy workers or facilities used in processing milk.

c. The milk must be pasteurized off the premises until (a) the patient is removed and the household contacts are cleared according to specific disease requirements; and (b) the producing herd is declared free of infection by the U.S. Department of Food and Agriculture.

SECTION 15: ISOLATION PRECAUTIONS (CCR, Title 17, Sections 2515, 2516, 2518, 2530)

A. DEFINITION: “Isolation” is defined as the separation of infected persons from other persons for the period of communicability of an agent, in such places and under such conditions that will prevent further transmission of the agent. Isolation may be strict or modified.

Isolation measures depend on the mode of transmission of the disease and the potential threat to susceptible persons. See recommendations for each disease in **Part IV**. Modified isolation precautions may include:

1. Exclusion from school.

2. Exclusion from work in general or specific kinds of work (e.g., a cook with chronic typhoid infection) or exclusion from contact with specific populations (e.g., a daycare attendant with shigellosis).

3. Exclusion to avoid exposing pregnant women to communicable diseases with known risk to fetus (e.g., rubella, chicken pox).

4. Standard infection control precautions.

5. Abstinence from sexual contact, or proper use of protective measures during sex.

B. Typhoid Fever Carrier Isolation

1. The SPA Medical Director shall issue specific written orders to the patient or contact who must comply.

2. The SPA Medical Director shall issue the **TYPHOID CARRIER AGREEMENT (CDPH 8563, DHS 8563)** (English, Spanish) to convalescent and chronic carriers.

C. Isolation in Skilled Nursing Facilities

1. Patients with certain communicable diseases should not remain in skilled nursing facilities (SNFs).

2. Asymptomatic carriers, e.g., typhoid carriers, are not permitted in SNFs unless prior written approval is obtained from the Chief, ACDC.

D. Special Isolation Precautions

A patient with a communicable disease may be confined to his home, a hospital, sanitarium, jail facility or other specified location. Cooperative patients may be voluntarily isolated at home or in a hospital. An **ORDER OF ISOLATION (H-475)** served by Public Health Investigation may be necessary for uncooperative patients.

SECTION 16: OTHER RESTRICTIONS ON PERSONS OR ANIMALS

A. Personal Surveillance (CCR, Title 17, Section 2522)

1. *Observation* as used in this manual, refers to the frequent check upon the person under observation in order to promptly recognize signs and symptoms of illness without restricting their movements. It does not mean the isolation or quarantine of the individual.

2. Diseases requiring personal observation (see **Part IV** for duration of surveillance for each disease):

- Yellow fever
- Cholera
- Smallpox
- Plague (after disinfestation and prophylactic medications are administered)

B. Animal Restrictions for Diseases Other Than Rabies: For specific details concerning animal restrictions, consult with DPH Veterinary Public Health Program.

1. The possession of skunks and any mammal related to ferrets, weasels, and minks are illegal in California (CCR, Title 17, Section 2606.8; *Fish and Game Code*, section 2118[b], respectively). Such animals are a menace to public health and safety.

2. MUSSEL QUARANTINE: A seasonal quarantine from May 1 to October 31 prohibits the taking, sale or the offering for sale of all species of mussels from the ocean shore of California, except for use as bait. Mussels that are used as bait shall be broken at the time of taking or prior to sale. This quarantine applies to sport harvesting only; commercially harvested shellfish are regulated by other means.

3. BIRD QUARANTINE: Birds having, or suspected of having, a disease transmissible to human shall be quarantined and placed on medicated feed for 45 days (*California Code of Regulations* Title 17, Section 2603).

4. TURTLE RESTRICTIONS: It is unlawful to sell, offer for sale, or distribute to the public any live turtles with a carapace less than four inches in length (*California Code of Regulations*, Title 17, Section 2612.1).

SECTION 17: QUARANTINE AND ISOLATION PLACARDS

A. Neither quarantine nor isolation is established legally until a placard is posted and/or written instructions are given to the patient or contact.

B. When a residence is quarantined, the SPA Medical Director or designee shall attach a placard(s) at the front or principal entrance. Placards must identify the disease, name of the SPA Medical Director, signature of the deputy posting the placard, date of posting, and the address and telephone number of the district health center.

C. The individual who establishes a quarantine or isolation by placard or issues passes shall report the details to the Chiefs of ACDC and Public Health Investigation.

D. All correspondence with other health departments which concerns violations of quarantine or legal orders of isolation is handled by the Chief of Public Health Investigation.

SECTION 18: HOSPITAL VISITS BY QUARANTINED PERSONS

A. Upon approval by the Chief of ACDC or the SPA Medical Director, quarantined persons may visit a patient in the hospital under the supervision of hospital staff. Persons under quarantine must travel by private conveyance. Persons under modified quarantine who hold quarantine passes may use public transportation.

B. In emergencies, and when other means of transportation are unavailable, Public Health Investigation staff shall be called to assist.

SECTION 19: RELEASE FROM ISOLATION OR QUARANTINE (CCR, Title 17, Section 2534)

A. A Public Health Laboratory that is approved by the State Department of Health Services must perform laboratory tests that are required for release from quarantine or isolation. In Los Angeles County, laboratories of the County of Los Angeles Department of Public Health, the City of Pasadena Health Department, and the City of Long Beach Health Department are approved as such.

B. The **NOTICE OF RELEASE TO RETURN TO WORK (H-1066)** shall be issued by the SPA Medical Director, a designee, or Public Health Investigation.

C. The Chief of Public Health Investigation shall terminate an order of isolation in writing.

SECTION 20: TERMINAL CLEANING, VERMIN CONTROL AND DELOUSING

A. TERMINAL CLEANING: A quarantine cannot be released until the entire isolation area is cleaned with a disinfectant suitable to the satisfaction of the SPA Medical Director.

B. VERMIN CONTROL: A quarantine for a vector-borne disease cannot be released until a licensed pest control operator treats the premises as necessary under the direction of appropriate personnel from County of Los Angeles Department of Public Health, Environmental Health Division.

C. DELOUSING: Infestations with lice shall be treated as outlined in the PEDICULOSIS section of **Part IV**.