

ACUTE COMMUNICABLE DISEASE CONTROL



COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES PUBLIC HEALTH

June 2003

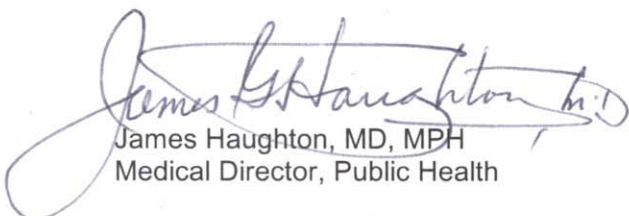
These are the Acute Communicable Disease Control Procedures for the County of Los Angeles. They are based on the *Health and Safety Code*, the *California Code of Regulations*, and rules of the California Department of Health Services. This manual is the official Department interpretation of those laws, regulations and rules.

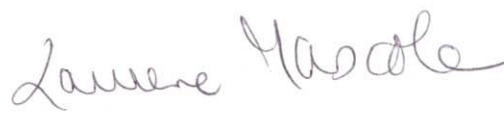
All personnel involved in communicable disease control must follow these rules and regulations.

The definition of any term used and not defined herein will be the same as defined in the *California Code of Regulations*, Section 2500(a).

**THIS VERSION OF RULES AND REGULATIONS
SUPERCEDES ALL PREVIOUS VERSIONS.**

ALL PREVIOUS ISSUES ARE NO LONGER VALID AND ARE TO BE DESTROYED.


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Medical Director, Public Health


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Chief, Acute Communicable Disease Control

**Acute Communicable Disease Control
Department Rules, Regulations and Control Procedures
Form B-73**

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COMMUNICABLE DISEASE CONTROL TELEPHONE LIST

CALIFORNIA DEPARTMENT OF HEALTH SERVICES, Disease Investigations Section (510) 540-2566
After hours and weekends (510) 540-2566
Infant Botulism 24-hour hotline (510) 540-2646
Microbial Disease Lab (510) 540-2242
Viral/Rickettsial Disease Lab (510) 307-8575

CENTERS FOR DISEASE CONTROL AND PREVENTION, General Information (404) 639-3311
CDC Fax Information Service -- International Travel Disease Directory (888) 232-3299
CDC Quarantine Station, LAX International Airport (310) 215-2365

LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES

DISEASE CONTROL PROGRAMS (213) 240-7728

Acute Communicable Disease Control (213) 240-7941
Immunization Program (213) 351-7800
Pediatric HIV Epidemiology (213) 250-8666
Veterinary Public Health Services (323) 730-3723
Rabies Hotline / Animal Bite Reporting (toll free) (877) 747-2243
HIV Epidemiology Program (213) 351-8196
Sexually Transmitted Disease Program (213) 744-3070
Toxics Epidemiology Program (213) 240-7785
Tuberculosis Control Program (213) 744-6160

ENVIRONMENTAL HEALTH - director and all unlisted programs (626) 430-5110

Food & Milk Program (626) 430-5400
General Sanitation (626) 430-5200
Restaurant Complaint Hotline (to report food-borne illness, call Morbidity Unit) (888) 700-9995
Vector Management Program (626) 430-5450
Entomology Unit (626) 430-5450

MORBIDITY CENTRAL REPORTING UNIT (213) 240-7821 or (888) 397-3993

Fax number (213) 482-5508 or (888) 397-3778
To report a food-borne illness, pesticide-associated illness, or any reportable communicable disease or condition, contact Morbidity Unit at any of these numbers

PUBLIC HEALTH LABORATORY (213) 250-8619

Bacteriology Section, including *Neisseria* (213) 250-8601
Containers Section (213) 250-8687
Immunology & Syphilis Serology Section (213) 250-8694
Laboratory Safety (213) 250-8639
Molecular Biology Section, including *Chlamydia* (213) 250-8693
Molecular Epidemiology Section (213) 250-8634
Mycobacteriology & Mycology Section (213) 250-8670
Parasitology/Waters & Milk Section (213) 250-8614
Virology Section, including HIV and viral hepatitis (213) 250-8694

LOS ANGELES COUNTY EMERGENCY OPERATOR (213) 974-1234

LOS ANGELES COUNTY MEDICAL ALERT CENTER (323) 887-5381

January 2003



RESPONSIBILITY FOR ACUTE COMMUNICABLE DISEASE CONTROL

The Medical Director of Public Health and the Chief of **Acute Communicable Diseases Control (ACDC)** are responsible for setting policies which regulate prevention of transmission of acute communicable diseases in the County of Los Angeles.

Office of the Medical Director

The mission of ACDC is to prevent the spread of communicable disease in Los Angeles County. ACDC is responsible for epidemiology and control of all reportable communicable diseases not managed by the other Disease Control Programs (i.e., the sexually transmitted diseases, AIDS, and tuberculosis). ACDC conducts epidemiologic investigations of outbreaks and provides recommendations for control measures. Special studies and projects are also conducted, often in cooperation with other counties and state or federal agencies. ACDC has a voice mail system that may be used to provide special recorded information after hours in the event of an outbreak; this system is reached by calling the general ACDC telephone number (213-250-7341).

The **Veterinary Public Health and Rabies Control Unit** has responsibility for communicable disease control as it relates to zoonoses. See the policy manuals of the other Disease Control Programs for their mission statements and scope of authority.

The Director of the **Public Health Laboratory** is responsible for maintaining official laboratory support for communicable disease investigations.

Within the **Community Health Services Branch**, several disciplines have responsibility for activities relating to communicable disease control.

- ! **Medical Directors** are physicians responsible for carrying out health officer legal functions within specific Service Planning Areas (SPA) composed of 1 or more public health districts. The term *SPA Medical Director* as used in this manual means any physician authorized to act in the capacity of the Health Officer. Activities include:
 - review of individual epidemiologic case investigations performed by district staff under their direction;
 - leading the investigation of outbreaks where district staff have prime responsibility, and consulting with ACDC as required;
 - determination of the need to remove from work any person in a sensitive occupation or situation;
 - determination of the need for prophylaxis because of exposure to communicable diseases, and prescribing that treatment if so requested by the exposed individual; and
 - approval of legal orders when individuals do not voluntarily comply with orders of the health officer.

- ! **Public Health Nurses (PHN)** are responsible for the epidemiologic investigation of certain reportable diseases and outbreaks under the guidelines established by ACDC and the supervision of the Medical Directors.

- ! **Public Health Investigation (PHI)** is the Custodian of Records for Public Health and is responsible for various legal functions including processing and carrying out of subpoenas and legal orders. PHI also assists in the location of patients not found through normal methods.

Environmental Health Division

Within the **Environmental Health Division** several bureaus have programs with responsibility for activities affecting communicable disease control.

- ! **The Bureau of District Environmental Services** performs routine inspections of retail food facilities and housing, and responds to a variety of citizen complaints related to environmental health.



RESPONSIBILITY FOR ACUTE COMMUNICABLE DISEASE CONTROL

- ! The **Bureau of Environmental Protection** provides services that are concerned with the quality of the potable water supply and any contamination or pollution that might affect it, groundwater protection through the proper design, engineering, and construction of on-site sewage treatment systems and wells that serve private and public water supplies, recreational water safety, land use practices, rural sanitation and recreation, solid waste management, indoor air quality, residential mold problems, and radiological health and safety.

- ! The **Bureau of Consumer Protection** performs several preventive surveillance and inspection activities. Among them are:
 - The **Vector Management Program** conducts rodent evaluation and suppression activities and inspects licensed animal premises. It is also responsible for surveillance and early detection of diseases carried by fleas, flies, ticks, and other vectors. Arthropod identification and control information are available to the public.

 - The **Food and Milk Program** is responsible for inspecting wholesale food preparation facilities, caterers, warehouses, vending machines, motion picture catering vehicles, in-plant feeding facilities, food demonstrators, and soft serve frozen dessert sales. It participates in mandated food recall activities and emergency food salvage investigations, and also takes the lead in the investigation of complaints of foodborne illness associated with the consumption of commercially prepared foods.

 - The **Vehicle Inspection Program** is responsible for the inspection and code enforcement of various types of food vehicles including catering trucks, ice cream trucks, carts, and the food establishments associated with servicing these vehicles. The Vehicle Inspection Program is also the lead program in inspecting and investigating illegal street vending of food.

Health Facilities Inspection Division

The **Health Facilities Inspection Division** is responsible for the licensure and inspection of all non-county operated health facilities in Los Angeles County. It enforces Title 22 of the *California Code of Regulations* as well as federal Medicaid and Medicare regulations. Health Facilities Evaluators may be called upon to assist with the investigation of suspected outbreaks in hospitals, skilled nursing facilities, and any other health care facility. Health Facilities Inspection Division should be contacted if enforcement action needs to be taken against a health facility.

Administrative Officer of the Day (AOD)

Disease Control Programs staff may be reached directly during routine business hours. After working hours and on weekends and holidays, the **Administrative Officer of the Day (AOD)** on call can be reached through the County Operator. The AOD is a public health physician assigned according to a schedule maintained by the Chief of ACDC. Additionally, there is a call schedule for other disciplines, including selected Environmental Health Specialists, Service Planning Area (SPA) Directors, Medical Directors, Public Health Nursing, and Public Health Investigation (including Tuberculosis PHI).



PART I

COMMUNICABLE DISEASE CONTROL MEASURES

REPORTABLE DISEASES AND CONDITIONS

Title 17, California Code of Regulations (CCR), § 2500

It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any diseases or conditions listed below, to report to the local health officer for the jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report. "Health care provider" encompasses physicians, surgeons, veterinarians, podiatrists, nurse practitioners, physician assistants, registered nurses, nurse midwives, school nurses, infection control practitioners, medical examiners, coroners, dentists and chiropractors.

Urgency Reporting Requirements:

☒ = Report immediately by telephone.

☒ = Report by mailing, telephoning or electronically transmitting a report within 1 working day of identification of the case or suspected case.

☒ = Report by telephone within 1 hour followed by a written report submitted by facsimile or electronic mail within 1 working day.

If no symbol, report within 7 calendar days from the time of identification by mail, telephone or electronic report.

REPORTABLE DISEASES

<ul style="list-style-type: none"> ☒ Acquired Immune Deficiency Syndrome (AIDS)* ☒ Amebiasis ☒ Anisakiasis ☒ Anthrax ☒ Babesiosis ☒ Botulism (Infant, Foodborne, Wound) ☒ Brucellosis ☒ Campylobacteriosis ☒ Chancroid* ☒ Chlamydial Infections* ☒ Cholera ☒ Ciguatera Fish Poisoning ☒ Coccidioidomycosis ☒ Colorado Tick Fever ☒ Conjunctivitis, Acute Infectious of the Newborn, Specify Etiology ☒ Cryptosporidiosis ☒ Cysticercosis ☒ Dengue ☒ Diarrhea of the Newborn, Outbreaks ☒ Diphtheria ☒ Domoic Acid Poisoning (Amnesic Shellfish Poisoning) ☒ Echinococcosis (Hydatid Disease) ☒ Ehrlichiosis ☒ Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic ☒ <i>Escherichia coli</i> O157:H7 Infection ☒ Foodborne Disease: <ul style="list-style-type: none"> ☒ (2 or more cases from separate households with same suspected source) ☒ Giardiasis ☒ Gonococcal Infections* ☒ <i>Haemophilus influenzae</i>, Invasive Disease ☒ Hantavirus Infections 	<ul style="list-style-type: none"> ☒ Hemolytic Uremic Syndrome ☒ Hepatitis, Viral <ul style="list-style-type: none"> ☒ Hepatitis A ☒ Hepatitis B (Specify Acute Case or Chronic) ☒ Hepatitis C (Specify Acute Case or Chronic) ☒ Hepatitis D (Delta) ☒ Hepatitis, Other, Acute ☒ Human Immunodeficiency Virus (HIV)* ☒ Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome) ☒ Legionellosis ☒ Leprosy (Hansen Disease) ☒ Leptospirosis ☒ Listeriosis ☒ Lyme Disease ☒ Lymphocytic Choriomeningitis ☒ Malaria ☒ Measles (Rubeola) ☒ Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic ☒ Meningococcal Infections ☒ Mumps ☒ Non-Gonococcal Urethritis (report laboratory-confirmed chlamydial infections as chlamydia)* ☒ Paralytic Shellfish Poisoning ☒ Pelvic Inflammatory Disease (PID)* ☒ Pertussis (Whooping Cough) ☒ Plague, Human or Animal ☒ Poliomyelitis, Paralytic ☒ Psittacosis ☒ Q Fever ☒ Rabies, Human or Animal ☒ Relapsing Fever ☒ Reye Syndrome ☒ Rheumatic Fever, Acute 	<ul style="list-style-type: none"> ☒ Rocky Mountain Spotted Fever ☒ Rubella (German Measles) ☒ Rubella Syndrome, Congenital ☒ Salmonellosis (other than Typhoid Fever) ☒ Scabies (Atypical or Crusted) ★ ☒ Scombroid Fish Poisoning ☒ Shigellosis ☒ Smallpox ☒ Streptococcal Infections: <ul style="list-style-type: none"> ☒ Outbreaks of any Type and Individual Cases in Food Handlers and Dairy Workers Only ☒ Invasive Group A Streptococcal Infections including Streptococcal Toxic Shock Syndrome and Necrotizing Fasciitis ★ (Do not report individual cases of pharyngitis or scarlet fever.) ☒ Invasive <i>Streptococcus pneumoniae</i> ★ ☒ Swimmer's Itch (Schistosomal Dermatitis) ☒ Syphilis* ☒ Tetanus ☒ Toxic Shock Syndrome ☒ Toxoplasmosis ☒ Trichinosis ☒ Tuberculosis* ☒ Tularemia ☒ Typhoid Fever, Cases and Carriers ☒ Typhus Fever ☒ Varicella: fatal cases only ☒ Varicella: hospitalized cases ☒ <i>Vibrio</i> Infections ☒ Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses) ☒ Water-associated Disease ☒ Yellow Fever ☒ Yersiniosis ☒ OCCURRENCE OF ANY UNUSUAL DISEASE ☒ OUTBREAKS OF ANY DISEASE
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Notification Required of Laboratories (CCR § 2505)

<ul style="list-style-type: none"> ☒ Anthrax +■ ☒ Botulism ■ ☒ Brucellosis +■ ☒ Chlamydial infections* ☒ Cryptosporidiosis ☒ Diphtheria + ☒ Encephalitis, arboviral ☒ <i>Escherichia coli</i> O157:H7 or Shiga toxin-producing <i>E. coli</i> O157:NM + ☒ Gonorrhea* ☒ Hepatitis A, acute infection, by IgM antibody test or positive viral antigen test 	<ul style="list-style-type: none"> ☒ Hepatitis B, acute infection, by IgM anti-HBc antibody test ☒ Hepatitis B surface antigen positivity (specify gender) ☒ Human Immunodeficiency Virus (HIV)* ☒ Listeriosis + ☒ Malaria + ☒ Measles (Rubeola), acute infection, by IgM antibody test or positive viral antigen test ☒ Plague, animal or human +■ ☒ Rabies, animal or human 	<ul style="list-style-type: none"> ☒ Salmonella + ☒ Smallpox ■ ☒ <i>Streptococcus pneumoniae</i>, Invasive ★ ☒ Syphilis* ☒ Tuberculosis +* ☒ Tularemia +■ ☒ Typhoid and other <i>Salmonella</i> species + ☒ <i>Vibrio</i> species infections + ☒ Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses) ■
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★ Reportable to the LA County Dept. of Health Services.

+ Bacterial isolates and malarial slides must be forwarded to the DHS Public Health Laboratory for confirmation. Health-care providers must still report all such cases separately.

■ Laboratories receiving specimens for the diagnosis of the diseases must immediately contact the California Dept. of Health Services; for botulism testing call 213-240-7941, for bacterial testing call 510-540-2242, for viral testing call 510-307-8575.

Non-communicable Diseases or Conditions

<ul style="list-style-type: none"> Alzheimer's Disease and Related Conditions 	<ul style="list-style-type: none"> Disorders Characterized by Lapses of Consciousness 	<ul style="list-style-type: none"> ☒ Pesticide-Related Illnesses (Health and Safety Code, § 105200)
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* For questions regarding the reporting of HIV/AIDS, STDs, or TB, contact their respective programs:

HIV Epidemiology Program

213-351-8516

www.lapublichealth.org/hiv/index.htm

STD Program

213-744-3070

www.lapublichealth.org/std/index.htm

TB Control Program

213-744-6271 (for reporting) 213-744-6160 (general)

www.lapublichealth.org/tb/index.htm

To report a case or outbreak of any disease contact the Communicable Disease Reporting System Hotline

Tel: 888-397-3993 • Fax: 888-397-3778

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 or electronic mail), facsimile device, and even computer to computer. 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.
- B. The STATE CMR (California Morbidity Report) (PM-110) is the official reporting mechanism in California. 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. The small State CMR booklet is no longer being printed. Los Angeles County likewise no longer prints or distributes postage-paid CMR cards. **NOTE: As of January 2003, the LAC CMR was revised. The new form requests the patient's date of hospitalization (if applicable) and has an expanded section for reporting hepatitis infection.**
- C. Tuberculosis cases or suspects are reported via the Los Angeles County Department of Health Services CONFIDENTIAL MORBIDITY REPORT OF TUBERCULOSIS SUSPECTS & CASES and the CONFIDENTIAL TUBERCULOSIS SUSPECT CASE REPORT-HOSPITALIZED PATIENT REPORT (H-803).
- D. Cases of sexually transmitted diseases (excluding HIV/AIDS) are reported via the Los Angeles County Department of Health Services SEXUALLY TRANSMITTED DISEASE CONFIDENTIAL MORBIDITY REPORT (H-1911A).
- E. Cases of acquired immunodeficiency syndrome (AIDS) are reported on either of two forms, based on age. For children up to age 12, the PEDIATRIC HIV/AIDS CONFIDENTIAL CASE REPORT (CDC 50.42B, 09/96) is used; it may be obtained from the Pediatric HIV Epidemiology Unit. For adolescent and adult AIDS cases, the ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) ADULT CONFIDENTIAL CASE REPORT (CDC 50.42A) is used; it may be obtained from the HIV Epidemiology Unit.

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 below to the health officer.

Diseases that require telephone notification within 1 hour followed by a written report submitted by facsimile or electronic mail within 1 working day include:

- anthrax
- botulism
- brucellosis
- plague, animal or human
- smallpox
- tularemia
- viral hemorrhagic fevers (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)

Diseases that require notification by mailing, telephoning, or electronically transmitting a report within 1 working day include:

- chlamydial infections*
- cryptosporidiosis
- diphtheria
- encephalitis, arboviral
- Escherichia coli* 0157:H7 or shiga toxin-producing *E. coli* 0157:NM
- gonorrhea*
- hepatitis A, acute infection, by IgM antibody test or positive viral antigen test
- hepatitis B, acute infection, by IgM anti-HBc antibody test
- hepatitis B surface antigen positivity (specify gender)
- Listeriosis
- malaria
- measles (rubeola), acute infection, by IgM antibody test or positive viral antigen test
- rabies, animal or human

PART I: COMMUNICABLE DISEASE CONTROL MEASURES

salmonella
syphilis*
tuberculosis**
typhoid and other salmonella species
vibrio species infections

- * 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 Health Services (CDHS) is also required.

A laboratory must immediately contact the CDHS Microbial Diseases Laboratory by telephone (510-540-2242) whenever the laboratory receives a specimen for testing of the following diseases or suspected diseases:

human anthrax
botulism
brucellosis
plague
tularemia

A laboratory must immediately contact the CDHS Viral and Rickettsial Diseases Laboratory by telephone (510-307-8575) whenever the laboratory receives a specimen for testing of the following diseases or suspected diseases:

smallpox
viral hemorrhagic fever agents (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)

SECTION 4: TELEPHONE REPORTS OF URGENT DISEASES

A. The Morbidity Unit staff of District public health registrars (DPHR) immediately notifies ACDC when entering VCMR reports cases or suspected cases of the following urgent diseases. The Morbidity Unit staff immediately enters these cases in VCMR and faxes the CMR and/or lab report to registrar of the cases' district of residence and the unit responsible for investigation, either ACDC or Immunization Program.

Anthrax	Outbreaks of any disease
Botulism	Plague, human or animal
Brucellosis	Rabies, human or animal
Cholera	Smallpox
Dengue	Scabies (atypical or crusted scabies only)
Diarrhea of newborn, outbreaks	Tularemia
<i>Escherichia coli</i> O157:H7 infection	Unusual diseases
Foodborne disease	Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa, Marburg)
Hantavirus infections	Yellow fever
Hemolytic uremic syndrome	Varicella, fatal cases only
Measles	
Meningococcal infections	

B. For botulism and other food-borne illness, the Morbidity Unit staff immediately faxes the **FOODBORNE ILLNESS REPORT (H-26)**, to Food and Milk Program, and delivers a copy to ACDC.



PART I: COMMUNICABLE DISEASE CONTROL MEASURES

- 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 by the Morbidity Unit or District Public Health Registrar staff.
- 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 District Public Health Registrar immediately telephones reports of selected communicable diseases in persons or their contacts who are employed in sensitive occupations or sensitive situations to the SPA Medical Director or designee who will notify the Public Health Investigator (PHI) if removal from the job is indicated (*see Part I, Section 12*).
- F. The ACDC staff immediately notifies the Chief, Consumer Protection Division of Environmental Health, when a communicable disease arises in the course of employment when the place of employment is in the DHS jurisdiction of the County of Los Angeles. This includes, but is not limited to:

Anthrax	Psittacosis
Brucellosis	Q fever
Coccidioidomycosis	Tetanus
Foodborne Disease	Tularemia
Leptospirosis	

- G. Death certificates with reference to HIV or AIDS are forwarded to the HIV Epidemiology Program.
- H. Death certificates with mention of other communicable diseases that have not been reported by CMR are forwarded to the district. The Medical Director or designee will determine if an investigation should be done.
- I. The Chief of ACDC immediately telephones or transmits reports of the following diseases to the State Department of Health Services. Many of these diseases require isolation of cases or quarantine of contacts.

Botulism	Relapsing fever (louse-borne)
Cholera	Typhus fever (louse-borne typhus)
Dengue	Viral hemorrhagic fever (e.g., Lassa, Ebola, Marburg, Crimean-Congo)
Measles	Yellow fever
Plague	

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 in Appendix D as well as under the **Reporting Procedures** for each disease.
- B. For diseases not requiring specific forms, the **Outbreak / Unusual Disease Report** (DHS 8554, 03/00 fillable) is used.
- C. Epidemiologic case history forms are initiated by either the district PHR 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 PHR within two weeks. When the investigator determines that no reportable disease existed, the CMR should be canceled by notifying the PHR. Investigations completed by ACDC are returned to the Morbidity Unit for processing.



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- 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 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-MD initials the CMR and sends it to the Morbidity Unit.

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 obtain an outbreak number from the Morbidity Unit; this number is to be recorded on all CMRs, Public Health Laboratory requisitions, and epidemiologic forms associated with this outbreak. Individual epidemiologic reports and CMRs 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.
- 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 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, 10/00 fillable)**.
 2. Summarize outbreaks of waterborne infection on the **WATERBORNE DISEASES OUTBREAK FORM (CDC 52.12, 11/99 fillable)**.
 3. For outbreaks that are neither food- nor waterborne (such as person-to-person and airborne spread), use the **OUTBREAK/ UNUSUAL DISEASE REPORT (DHS 8554, 03/00 fillable)**.
- 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).
1. Whoever assumes responsibility for investigation of such an outbreak initiates the **CD OUTBREAK NOTICE - HEALTH FACILITY (H-1163, 1/78)**. Interim and completed investigations of such outbreaks are reported on the **CD OUTBREAK INVESTIGATION - HEALTHCARE FACILITY (H-1164, 1/78)**.
 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 may be attached to the final H-1164 report to Health Facilities.



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3. Acute Care Hospital Outbreaks: Because of 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.
4. Subacute Facility Outbreaks: District staff investigate suspected outbreaks in skilled nursing facilities (SNF) intermediate care facilities (ICF), other licensed health facilities, and home health agencies.

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 Area 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 CD 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 Public Health Registrar who 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 Health Services. 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 Health Services.



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- D. If a sensitive occupation/situation is involved, removal from the job will be done by the 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°F (37.8°C) 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 Inspector shall be informed immediately.



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- 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 Health Services.

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 immunizable 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 Health Services 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 Registrar 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.



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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 DHS care).

SECTION 13: SENSITIVE OCCUPATIONS/SITUATIONS

- A. PROCEDURES: Persons with certain communicable diseases or their contacts may be a risk to the community by virtue 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 commercial food and milk handlers; teachers; child-care workers; those treating, caring or cooking for others; or persons whose duties appreciably increase the risk of disease transmission. Persons in sensitive situations may include, but are not limited to, children in day-care centers or preschools, or persons of any age in facilities for the developmentally disabled. 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 commercial food handler who prepares, processes, serves, or sells food commercially is considered to be in a sensitive occupation unless such food is completely packaged before being handled. 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 a not 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



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Health Services. 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. 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.



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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**. Also see *Guidelines for Isolation Precautions in Hospitals*. 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 day-care 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. Abstinance from sexual contact, or proper use of protective measures during sex.



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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 (SDH 262-516)** (Spanish, **SDH 262-517**) 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 DHS Comparative Medical and Veterinary Services.

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 man shall be quarantined and placed on medicated feed for 45 days (*California Code of Regulations* Title 17, Section 2603).



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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 Health Services, 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 Health Services, Environmental Health Division.
- C. **DELOUSING:** Infestations with lice shall be treated as outlined in the PEDICULOSIS section of **Part IV**.

