

**§2515. Definition of Isolation.**

Isolation is defined as separation of infected persons from other persons for the period of communicability in such places and under such conditions as will prevent the transmission of the infectious agent. Isolation will be applied as instructed below.

**§2518. Modified Isolation.**

If the disease is one in which only a modified isolation is required, the local health officer shall issue appropriate instructions, prescribing the isolation technique to be followed. The isolation technique will depend upon the disease.

**§2550. Amebiasis.**

(a) Under ordinary circumstances, isolation of cases and quarantine of contacts are not required.

(b) Persons who are found to be excreting *Entamoeba histolytica* in the feces shall be prohibited from public food handling until three feces specimens, taken at intervals of not less than three days, shall be proved negative for the organism by a public health laboratory approved by the State Department of Health Services.

**§2556. Cholera. Cases and Suspect Cases to Be Reported by Telephone or Telegraph.**

(See Section 2501(c).) The case shall be isolated in accordance with Section 2516 and the intimate contacts quarantined pending receipt of instructions from the State Health Services Department.

**§2612. Salmonella Infections (Other Than Typhoid Fever).**

(a) Any illness in which organisms of the genus *Salmonella* (except the typhoid bacillus) have been isolated from feces, blood, urine or pathological material shall be reported as a *Salmonella* infection. A culture of the organisms on which the diagnosis is established shall be submitted first to a local public health laboratory and then to the State Microbial Diseases Laboratory for definitive identification. The period of isolation in accordance with Section 2518 shall be until clinical recovery. The patient shall be subject to supervision by the local health officer who may require, at his discretion, release specimens of feces for testing in a laboratory approved by the State Department of Health Services.

However, no patient shall be released from supervision to engage in any occupation involving the preparation, serving or handling of food, including milk, to be consumed by individuals other than his immediate family, nor to engage in any occupation involving the direct care of children or of the elderly or of patients in hospitals or other institutional settings until two successive authentic specimens of feces taken at intervals of not less than 24 hours, beginning at least 48 hours after cessation of specific therapy, if any was administered, have been determined, by a public health laboratory approved by the State Department of Health Services to be negative for *Salmonella* organisms. (See Section 2534.)

(b) Carriers. Any person who harbors *Salmonella* organisms three months after onset is defined as a convalescent carrier and may be restricted at the discretion of the local health officer. Any person continuing to harbor *Salmonella* organisms one year after onset is a chronic carrier.

Any person who gives no history of having had Salmonellosis or who had the illness more than one year previously who is found to harbor *Salmonella* organisms on two successive specimens taken not less than 48 hours apart is also considered to be a chronic carrier.

Chronic carriers of *Salmonella*, other than *S. typhosa*, shall be restricted at the discretion of the local health officer.

(c) Contacts. Restrictions on contacts shall be at the discretion of the local health officer.

**§2613. Shigella Infections (Dysentery, Bacillary).**

(a) The period of isolation in accordance with Section 2518 shall be until the acute symptoms have subsided.

The patient shall be subject to supervision by the local health officer who may require, at his discretion, release specimens of feces for testing in a laboratory approved by the State Department of Health Services. However, no patient shall be released from supervision to engage in any occupation involving the preparation, serving or handling of food, including milk, to be consumed by individuals other than his immediate family, nor to engage in any occupation involving the direct care of children or of the elderly or of patients in hospitals or other institutional settings until two successive authentic specimens of feces or of rectal swabs, taken at intervals of not less than 24 hours, beginning at least 48 hours after cessation of specific therapy, if any was administered, have been determined, by a public health laboratory approved by the State Department of Health Services, to be negative for *Shigella* organisms. (See Section 2534.)

(b) Contacts. Restrictions on contacts shall be at the discretion of the local health officer.

**§2628. Typhoid Fever.**

(a) Case. A culture of the organism on which the diagnosis of typhoid fever is established shall be submitted first to a local public health laboratory and then to the State Microbial Diseases Laboratory for phage typing. The patient shall be isolated in accordance with Section 2518 until clinical recovery. The patient shall remain subject to supervision by the local health officer until three successive specimens of feces and urine taken at least 24 hours apart, beginning at least one week after discontinuation of specific therapy and not earlier than one month after onset of disease, have been found negative for typhoid bacilli at a public health laboratory approved by the State Department of Health Services. If any one of this series is positive, cultures of both urine and feces shall be repeated at intervals of 1 month during the 12-month period following onset, until at least three sets of negative cultures are obtained. The patient shall not take any part in the preparation, serving, or handling of milk or other food to be consumed by individuals other than his immediate family, or participate in the management of a dairy, milk distributing plant, boarding house, restaurant, food store, or any place where food is prepared or stored, or engage in any occupation involving the direct care of young children or the elderly or of patients in hospitals or other institutional settings until release specimens have been obtained, as described above, and are negative for typhoid organisms. (See Section 2534.)

(b) Contacts. There are no restrictions on contacts, except that any member of the patient's household shall not take part in the preparation, serving, or handling of milk or other food to be

consumed by individuals, other than the immediate family except at the discretion and under the restrictions of the local health officer.

(c) Definition of Carriers.

(1) Convalescent Carriers: Any person who harbors typhoid bacilli for three or more months after onset is defined as a convalescent carrier. Convalescent carriers may be released when three consecutive negative specimens of feces and urine taken at intervals of not less than one month, beginning at least one week after discontinuation of specific therapy are obtained. Such release may be granted at any time from 3- 12 months after onset.

(2) Chronic Carriers: If the person continues to excrete typhoid bacilli for more than 12 months after onset of typhoid fever, he is defined as a chronic carrier. Any person who gives no history of having had typhoid fever or who had the disease more than one year previously, and whose feces or urine are found to contain typhoid bacilli on two separate examinations at least 48 hours apart, confirmed by State Microbial Diseases Laboratory, is also defined as a chronic carrier. All carriers shall be reported to the local health officer. Such reports shall be kept confidential and shall not be divulged to persons other than the carrier and his immediate family, except as may be required for the protection of the public health.

(3) Other Carriers: A person should be held under surveillance if typhoid bacilli are isolated from surgically removed tissues, organs, e.g., gallbladder, kidney, etc., or from draining lesions such as osteomyelitis. If the person continues to excrete typhoid bacilli for more than 12 months he is defined as a chronic carrier and may be released after satisfying the criteria for other chronic carriers.

(d) Carrier Restrictions and Supervision. When any known or suspected carrier of this disease is reported to the local health officer, he shall make an investigation and submit a report to the State Department of Health Services. He shall have performed laboratory work as defined in subsection (e) below. Any known or suspected carrier of this disease shall be subject to modified isolation and the provisions of this isolation shall be considered as fulfilled during such period as he complies with the instructions issued by the State Department of Health Services and the local health officer.

(1) Restrictions. Instructions shall be given to the carrier in writing by the local health officer.

(2) Supervision. The local health officer or his representative shall communicate with each carrier living within his jurisdiction at least twice a year to learn of any changes in the carrier's address, occupation or activities and to determine whether all instructions are being carried out. The local health officer shall submit a report to the State Department of Health Services every six months on each carrier in his jurisdiction. Any changes of address shall be reported immediately.

(e) Laboratory Tests. Whenever laboratory tests are required for the release of typhoid cases or carriers, the tests shall be taken by the local health officer or his representatives under such conditions that he can certify as to their being authentic specimens of the individual, and shall be submitted to a public health laboratory approved by the State Department of Health Services. Cultures from release specimens which are found positive by the approved laboratory shall be forwarded to the State Division of Laboratories for phage typing.

(f) Requirements for Release of Chronic Carriers. Authority for Release of Carriers. Any person ascertained to be a chronic typhoid carrier may be released from supervision by the Director of the State Department of Health Services or his designated representative provided the carrier applies for such release through his local health officer and fulfills the requirements specified by the Director of the State Health Department or his designated representative.

(1) Fecal Carriers. A person who has been determined to be a chronic fecal carrier may be released if six successive authentic stool and urine specimens taken at intervals of not less than one month are determined to be negative by a public health laboratory approved by the State Department of Health Services. If any one of these specimens is positive, he shall not be released unless the carrier condition has been cured by cholecystectomy, or by such other methods as are acceptable to the State Department of Health Services. The necessary requirements for such release will be submitted to the carrier and to the local health officer by the State Department of Health Services when application for the release is submitted.

(2) Cholecystectomy. The local health officer or, in areas not served by a local health department, the Director of the State Department of Health Services, shall be notified before a cholecystectomy is undertaken unless a specimen of duodenal contents, containing bile, has been found positive for typhoid bacilli, since in some cases the infection is not localized in the gall bladder. The patient shall be released under the same conditions as outlined for a fecal carrier.

(3) Urinary Carriers. A person who has been determined to be a chronic urinary carrier may be released if six successive authentic urine specimens taken at intervals of not less than one month are determined to be negative by a public health laboratory approved by the State Department of Health Services. If any one of these specimens is positive, he may be released following the surgical removal of the infected kidney or by such other methods as are acceptable to the State Department of Health Services. The necessary requirements for such release will be submitted to the carrier and to the local health officer by the State Department of Health Services when application for the release is submitted.