

John D. Rockefeller IV
Governor



Sally Richardson,
Acting Director

State of West Virginia

DEPARTMENT OF HEALTH
CHARLESTON 25305

January 20, 1981

The Honorable A. James Manchin
Secretary of State
Building 1, Room W-157
State Capitol Building
Charleston, West Virginia 25305

Dear Mr. Manchin:

As required by law, notice is hereby given of a second public hearing to be held February 23, 1981, at 2:00 p.m. in the State Department of Health 5th Floor Conference Room, Building #3, 1800 Washington Street, East, Charleston, West Virginia. The purpose of this hearing is to allow more time for comments on the proposed revision of existing Chapter 2, Article 1, Rules and Regulations of the State Board of Health, regarding disease reporting. This hearing is being conducted in compliance with Senate Bill #507, which was effective July 1, 1980.

Attached is a copy of the proposed rules and regulations as required by Chapter 29A, Article 3, Rule Making.

Sincerely yours,

A handwritten signature in cursive script that reads "Sally Richardson".

Sally Richardson
Acting Director
State Department of Health

Attachment

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OFFICE
SECRETARY OF STATE

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***** N O T I C E *****

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***** P U B L I C H E A R I N G *****

A second Public Hearing will be held February 23, 1981, at 2:00 p.m., in the State Department of Health 5th Floor Conference Room, Building #3, 1800 Washington Street, East, Charleston, West Virginia. The purpose of this additional hearing is the proposed revision of existing Chapter 2, Article I, Rules and Regulations of the State Board of Health, regarding disease reporting.

Copies of the revised rules and regulations will be available for review at each of the 55 county health departments; state medical, osteopathic, pharmacy, nursing, hospital and nursing home associations; association of practitioners in infection control; all state hospitals; and the State Department of Education. If the county health departments are not conveniently located to your practice or facility, contact your respective state associations to review or obtain a copy of the revisions.

Written comments will be accepted up to and until a deadline of February 23, 1981, or should be presented in writing during the public hearing.

FILED IN THE OFFICE OF
SECRETARY OF STATE
THIS DATE 1-20-81

Regulations of the West Virginia

Board of Health

(As revised December 10, 1980)

CHAPTER 2

Reportable Diseases

ARTICLE 1

General Regulations

Rules and Regulations for Disease Reporting

Sec. 1. DEFINITIONS --

COMMUNICABLE DISEASE - An illness due to an infectious agent or its toxic products which is transmitted, directly or indirectly, to a susceptible host from an infected person, animal, or arthropod, or through the agency of an intermediate host or a vector or through the inanimate environment.

DEPARTMENT - The West Virginia Department of Health.

ISOLATION - The separation for the period of communicability of infected persons or animals from other persons or animals, in places and under conditions that shall prevent the direct or indirect transmission of the infectious agent from infected persons or animals to other persons or animals who are susceptible or who may spread the disease to others.

QUARANTINE - The limitation of freedom of movement of persons or animals who 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 exposed. A quarantine may be complete or one of the following types:

(i) SEGREGATION - The separation for special control or observation of one or more persons or animals from other persons or animals to facilitate the control of a communicable disease.

(ii) MODIFIED QUARANTINE - A selected, partial limitation of freedom of movement determined on the basis of differences in susceptibility or danger of disease transmission which is designed to meet particular situations. Modified quarantine includes, but is not limited to, the exclusion of children from school and the prohibition or the restriction of those exposed to a communicable disease from engaging in particular occupations.

(iii) SURVEILLANCE - The close supervision of persons and animals exposed to a communicable disease without restriction of movement.

PLACARDING - The posting on any home or other building of a sign or notice warning of the presence of communicable disease within and the danger of infection therefrom.

REPORTABLE DISEASE - Any communicable disease declared reportable by regulations; any unusual prevalence or clusters of illness which, in the opinion of the State Board of Health, may be a public health emergency; noncommunicable diseases and conditions for which the State Health Director may authorize reporting to provide data and information which are needed to effectively carry out those programs of the Department designed to protect and promote the health of the people of West Virginia, or in order to determine the need for the establishment of such programs.

Sec.-1- 2. DISEASES OR CONDITIONS DECLARED TO BE COMMUNICABLE REPORTABLE AND REQUIRED TO BE REPORTED TO THE STATE DEPARTMENT OF HEALTH. -- When used in the public health law and in the regulations of the State Board of Health, the term infectious;-contagious or-communicable reportable disease shall be held to include the following diseases or conditions plus any other diseases or conditions requested by the Director of Health for each-of which is-declared-to-be-dangerous-to-the-public-health-and-according to-law-is-required a report is required by the State Board of Health and in the manner specified by the State Health Director to be reported to the health department.

- | | |
|-----------------------------------|---------------------------------------|
| Actinomycesis | Mumps |
| Ancylostomiasis-(hookworm) | Paratyphoid-Fever |
| Anthrax | Plague |
| Chaneroid | Pneumonia |
| Chickenpox | Poliomyelitis-(Infantile-Paralysis) |
| Cholera | Psittacosis |
| Conjunctivitis,-acute-infectious | Q-Fever |
| (Ophthalmia-Neonatorum) | Rabies |
| Dengue | Rat-bite-Fever |
| Diarrhea-in-the-newborn | Relapsing-Fever |
| Diphtheria | Rheumatic-Fever |
| Dysentery,-Amebic | Rocky-Mountain-Spotted-Fever |
| Dysentery,-Bacillary(Shigellosis) | Smallpox |
| Encephalitis,-infectious | Streptococcal-infection---Respiratory |
| (Lethargic-Encephalitis) | a,--Scarlet-Fever |
| Favus | b,--Septic-Sore-Throat |

| | |
|-----------------------------------|---------------------------------------|
| Food-Infections-(Salmonellosis) | Streptococcal-infection----other-than |
| Food-Poisoning | Respiratory |
| Bacterial-intoxications | a:--Erysipelas |
| a:--Staphylococcus- | b:--Puerperal-infections-(Puerperal |
| b:--Botulinus-(Botulism) | Septicemia) |
| German-Measles | Syphilis |
| Glanders | Tetanus |
| Gonorrhoea | Trachoma |
| Granuloma-Inguinale- | Trichinosis |
| Hepatitis,-infectious-(Acute | Tuberculosis-(pulmonary) |
| catarrhal-jaundice) | Tuberculosis-(all-forms) |
| Influenza | Tularemia |
| Impetigo-in-the-newborn | Typhoid-Fever |
| Kerato-conjunctivitis,-Infectious | Typhus-Fever |
| Leprosy | a:--endemic-or-murine |
| Lymphogranuloma-venereum | b:--epidemic-or-European |
| Malaria | Undulant-Fever-(Malta-Fever) |
| Measles- | Weil's-Disease-(Hemorrhagic |
| Meningococcus-Meningitis,-Menin- | Jaundice) |
| gococciemia-(Cerebrospinal- | Whooping-Cough-(Pertussis) |
| Meningitis) | Yellow-Fever |

REPORTABLE DISEASES IN WEST VIRGINIA

Category I. DISEASES OR CONDITIONS TO BE REPORTED BY TELEPHONE

Immediate reporting is required to initiate appropriate response to prevent further morbidity.

A. Call the County Health Department and the State Disease Control

Office within 24 hours to report:

| | |
|-----------------|-----------------------|
| <u>Botulism</u> | <u>Rabies (Human)</u> |
| <u>Cholera</u> | <u>Smallpox</u> |
| <u>Plague</u> | <u>Yellow Fever</u> |

B. Call the County Health Department within 24 hours to report:

(Most cases will be followed by an investigator from the State

Immunization Unit.

| | |
|-------------------|----------------------|
| <u>Diphtheria</u> | <u>Pertussis</u> |
| <u>Rubella</u> | <u>Poliomyelitis</u> |
| <u>Rubeola</u> | <u>Tetanus</u> |
| | <u>Typhoid Fever</u> |

Category II. DISEASES OR CONDITIONS REPORTABLE WITHIN 24 HOURS TO THE COUNTY HEALTH

DEPARTMENT BY NAME, ADDRESS, SEX, AGE, AND SPECIFIC DISEASE INFORMATION AS REQUESTED:

- | | |
|--------------------------------|--|
| <u>Amebiasis</u> | <u>Meningitis</u> |
| <u>Animal Bites</u> | <u>Viral</u> |
| <u>Anthrax</u> | <u>Bacterial</u> |
| <u>Brucellosis</u> | <u>Mumps</u> |
| <u>Chancroid*</u> | <u>Non-gonococcal urethritis*</u> |
| <u>Conjunctivitis, acute</u> | <u>Psittacosis</u> |
| <u>infectious (Ophthalmia</u> | <u>Rabies in Animals</u> |
| <u>Neonatorum)</u> | <u>Rheumatic Fever</u> |
| <u>Dengue</u> | <u>Rubella, Congenital Syndrome</u> |
| <u>Encephalitis</u> | <u>Salmonellosis (excluding typhoid)</u> |
| <u>Primary and Unspecified</u> | <u>Scarlet Fever</u> |
| <u>Post-infectious</u> | <u>Shigellosis</u> |
| <u>Foodborne Disease</u> | <u>Syphilis*</u> |
| <u>Giardiasis</u> | <u>Trichinosis</u> |
| <u>Gonorrhea*</u> | <u>Tuberculosis (All forms)**</u> |
| <u>Hepatitis (Viral)</u> | <u>Tularemia</u> |
| <u>Type A</u> | <u>Typhus Fever</u> |
| <u>Type B</u> | <u>Tick-Borne, Rocky Mountain</u> |
| <u>Unspecified</u> | <u>Spotted Fever</u> |
| <u>Herpes Simplex II*</u> | <u>Flea-Borne, Murine</u> |
| <u>Leprosy</u> | <u>Waterborne Diseases</u> |
| <u>Leptospirosis</u> | |
| <u>Malaria</u> | |

* Use appropriate Venereal Disease Report Form - VD-91.
** Use appropriate Tuberculosis Report Form - TB-34.

Category III. ILLNESSES OF UNUSUAL PREVALENCE OR CLUSTERS OF UNEXPLAINED HEALTH

OCCURRENCES TO BE REPORTED BY NAME, ADDRESS, AGE, SEX, AND SPECIFIC DISEASE INFORMATION WEEKLY TO THE STATE DISEASE CONTROL OFFICE:

- Birth Defects
 - Anencephaly
 - Spina Bifida W/Out Anencephaly
 - Hydrocephalus W/Out Spina Bifida
 - Cleft Palate W/Out Cleft Lip
 - Cleft Lip With or W/Out Cleft Palate
 - Clubfoot W/Out CNS Defects
 - Reduction Deformity
 - Tracheo-Esophageal Fistula
 - Rectal Atresia and Stenosis
 - Renal Agenesis
 - Hypospadias
 - Down Syndrome
- Cancer
 - Bladder
 - Cervix
 - Lung

Guillain-Barre Syndrome
Lead Poisoning
Occupational Related Illnesses (Clusters)
Reyes Syndrome
Toxic Shock Syndrome
Unusual or Ill-Defined Conditions
e.g. Legionnaires (trial through 1981)

Category IV. DISEASES TO BE REPORTED WEEKLY TO THE COUNTY HEALTH DEPARTMENT BY

NUMERICAL TOTALS:

Chickenpox
Influenza
Epidemic or Streptococcal Sore Throat

Sec. 3. HOSPITALS, HOSPITAL EMERGENCY ROOMS, NURSING HOMES, AND OTHER INSTITUTIONS WHO TREAT PATIENTS WITH REPORTABLE DISEASES OR CONDITIONS. -- It shall be the duty of every public and private clinical laboratory, hospital laboratory, infection control officer, and administrator of nursing homes or other institutions to report immediately the reportable diseases as listed in Article 1, Section 2, Categories I, II, III, and IV, to the county health department and/or the Department.

Sec.-2- 4. REPORTING-CASES-OF-COMMUNICABLE-DISEASES-BY-PHYSICIANS PHYSICIANS WHO TREAT PATIENTS WITH REPORTABLE DISEASES OR CONDITIONS.-- It shall be the duty of every practicing physician or other person engaged in the treatment of the sick to follow a protocol as specified by the State Health Director for reporting to the local county health officer department within whose jurisdiction they practice such-patient-is, or the Department, the-full-name,-age,-sex-and-address-of-every-person-affected-with-a communicable-disease,-together-with-the-name-of-the-disease,-within-twenty-four-hours from-the-time-the-case-is-first-seen-by-him-or-her, as designated in Article 1, Section 2, Categories I, II, III, and IV, unless the case is admitted to a hospital or nursing home at which time the regulation in Article 1, Section 3 shall be followed. Such-report shall,-in-case-of-diphtheria,-dysentery,-paratyphoid-fever,-typhoid-fever,-epidemic-streptococcus-sore-throat-and-scarlet-fever,-also-state-whether-the-patient-or-any member-of-the-patient's-household-is-engaged-in-the-handling-or-sale-of-milk-or-other

foodstuff for public consumption. -- Such report shall be by telephone or telegram when practicable, and shall also be made in writing to the local or State Department of Health on weekly reporting cards. -- When reporting cases of any of the following diseases only the number of cases seen by the physician during the preceding week need to be reported, unless the local health officer requests more detailed information:

| | |
|-----------------------------|-----------|
| Chickenpox (under 15 years) | Mumps |
| German Measles | Pneumonia |
| Influenza | |

Sec.-14 5. PHYSICIANS TO ASSIST IN CONTROL OF COMMUNICABLE REPORTABLE DISEASES. -- It shall be the duty of the attending physician, immediately upon discovering suspecting a case of communicable a reportable disease to cause the patient to be isolated, pending official action by the health officer follow a method of control as specified by the State Health Director (using caution where Venereal Disease is involved). If the reported case should be communicable, such physician shall also advise other members of the household regarding the precautions to be taken to prevent further spread of the disease, and shall cooperate with the local health officer in seeing that the regulations methods of the State Department Director of Health concerning the control of such communicable reportable disease are carried out by the patient and other members of the household.

Sec.-13- 6. PHYSICIANS TO SUBMIT SPECIMENS FOR LABORATORY EXAMINATION IN CERTAIN COMMUNICABLE REPORTABLE DISEASES. -- It shall be the duty of each and every physician who shall be in attendance on any person suspected of suffering from any of the diseases or conditions specified in this regulation to submit to an approved laboratory for examination suitable specimens as delineated in the protocol to accurately establish the diagnosis of such reportable disease. The following are included under this regulation:

| | |
|--|---------------------------|
| Acute infectious conjunctivitis (Ophthalmia Neonatorum) | Lead Poisoning Malaria |
|--|---------------------------|

Amebiasis
 Anthrax
 Aseptic Meningitis
 Botulism
 Brucellosis
 Cancer
 Bladder
 Cervix
 Lung
 Chancroid
 Cholera
 Diphtheria
 Epidemic or streptococcal
 sore throat
 Gonorrhoea

Meningococcus Meningitis
 Newborn, - Congenital malformations
 Paratyphoid-Fever
 Plague
 Rocky Mountain Spotted Fever
 Salmonellosis
 Shigellosis
 Syphilis
 Tuberculosis
 Tularemia
 Typhoid Fever
 Typhus Fever

Sec. -15- 7. DUTIES OF PHYSICIANS AND OTHERS IN REFERENCE TO THE PREVENTION OF ACUTE INFECTIOUS CONJUNCTIVITIS (Ophthalmia Neonatorum). -- (See Chapter 16, Article 3, Sections 7, 8, 9, 10, 11, 12, Code of West Virginia, 1931, and Section 12, Article 3, Chapter 101, Acts, West Virginia Legislature, 1949.)

Sec.-4- 8. REPORTING-BY-OTHER-THAN-PHYSICIANS-OF-DISEASES-COMMUNICABLE-OR-PRESUMABLY-COMMUNICABLE -- OTHERS WHO TREAT OR COME IN CONTACT WITH PERSONS PATIENTS WITH REPORTABLE OR SUSPECTED REPORTABLE DISEASES OR CONDITIONS. -- When no physician is in attendance, it shall be the duty of any midwife, -visiting-nurse, -school-nurse, public-health-nurse, -private-duty-nurse, -the-head-of-a-private-household, primary care or public health provider, or the-person-in-charge administrator of any state institution, hospital, -nursing-home, sanitarium, hotel, -boarding-house, school, camp or vessel to report immediately the name-and-address-of-any-person-under-his-charge affected-with-any-disease-which-presumably-may-be-communicable reportable diseases as listed in Article 1, Section 2, Categories I, II, III, and IV, or to the local county health officer department or the Department. Until-the-health-officer-investigates-such-case-and-takes-official-action-regarding-it, -strict-isolation-shall-be maintained.

Sec.-10 9. REPORTING OF RABID ANIMALS AND OF PERSONS BITTEN BY SUCH ANIMALS.-- It shall be the duty of every physician or other attending licensed health practi-

tioner to report immediately to the local county health officer the full name, age, and address of any person under his care or observation who has been bitten by an animal having or suspected of having rabies. If no physician is in attendance and the person is a child, it shall be the duty of the parent or guardian to make such report immediately. If the person bitten be an adult, such person shall make the report, or if incapacitated, it shall be made by whoever is caring for the person bitten. It shall also be the duty of every person having knowledge of the existence of an animal apparently afflicted with rabies to report immediately to the local county health officer the existence of such animal, the place where seen, the owner's name, if known, and the symptoms suggesting rabies. The local county health officer shall forthwith report to the State Department of Health the name, age and address of every person bitten by an animal having or suspected of having rabies, together with the action taken in each individual case. Every attempt should be made by the county health officer to determine the owner of the animal, if said animal is domestic, and shall direct the owner to confine the animal (dog or cat) for a period of ten (10) days. It shall be the duty of the humane officer, when requested by the county health officer, to pick up any dog or cat that has bitten a person and confine same in isolation for a period of ten (10) days. He shall notify the Department immediately should said animal show symptoms of illness or die and arrange for appropriate examination of the brain. Should the identity of the owner of said animal be known, the actual expense of pickup, feeding and care shall be charged against the owner and a lien placed upon the animal or the owner thereof's property.

Sec. 9.--CASES-OF-COMMUNICABLE-DISEASE-ON-DAIRY-FARMS.--

(a)--When-a-case-of-typhoid-fever,-paratyphoid-fever,-diphtheria,-scarlet-fever,-streptococcus-sore-throat,-acute-anterior-poliomyelitis,-amebic-or-bacillary dysentery-occurs-on-any-farm-or-dairy-producing-any-milk,-cream,-butter-or-other dairy-products-for-sale,-it-shall-be-the-duty-of-the-physician-in-attendance-to-

report-immediately-to-the-local-health-officer-the-existence-of-such-case-of communicable-disease.--If-no-physician-is-in-attendance-it-shall-be-the-duty-of the-owner-or-the-person-in-charge-of-the-farm-or-dairy-to-report-immediately-to the-local-health-officer-the-name-and-address-of-any-person-who-is-affected-with-a-disease-presumably-communicable;-and-who-is-employed-or-resides-on-or-in-such farm-or-dairy;-or-who-comes-in-contact-in-any-way-with-such-farm-or-dairy-or with-its-products.

(b)--It-shall-be-the-duty-of-the-local-health-officer;-as-soon-as-he-receives such-report;-to-immediately-notify-the--State--Director-of-Health-of-the-existence of-such-farm-or-dairy-of-a-case-of-communicable-disease-as-mentioned-in-this-reg-ulation;-together-with-all-the-facts-as-to-the-isolation-of-such-case-and-to-give the-name-of-the-localities-to-which-such-dairy-products-are-delivered-or-distributed.

Sec.-12 10. REGISTRAR OF VITAL STATISTICS TO NOTIFY COUNTY HEALTH OFFICERS WHEN BIRTHS AND DEATHS FROM COMMUNICABLE REPORTABLE DISEASES ARE REPORTED.--

(a) It shall be the duty of the state registrar of vital statistics whenever a certificate of birth has been filed with him or her, to send a copy of birth cer-tificates which indicate a birth defect to Maternal and Child Health's Birth Registrar, who immediately will send a copy of such birth certificate to the county health officer.

(b) It shall be the duty of every county health officer, upon receiving such birth certificate to immediately ascertain whether the hospital or physician who made the delivery has reported such birth defect. If the health officer shall ascertain that a physician has failed to report the case of reportable disease for which the birth certificate has been issued, he shall notify the physician signing the birth certificate of his failure to conform with the State law and require a satisfactory reason in writing for such failure. The health officer shall report the name and address of the physician who has failed to so report, together with

a copy of his reason for failure to comply with the state requirements in such case to the State Director of Health.

(c) It shall be the duty of the local state registrar of vital statistics whenever a certificate of death from a communicable reportable disease has been filed with him or her, to report send a copy of the death certificate immediately to the county health officer having jurisdiction in the community in which the death occurred, ~~the name, age and address of the deceased person, the disease and the name of the physician who signed the death certificate.~~

(d) It shall be the duty of every local county health officer, upon receiving such ~~report~~ death certificate to immediately ascertain whether such person has been reported during life as suffering with such communicable reportable disease. If the health officer shall ascertain that a physician has failed to report the case of communicable reportable disease for which the death certificate has been issued, he shall notify the physician signing the death certificate of his failure to conform with the State law and require a satisfactory reason in writing for such failure. The health officer shall report the name and address of the physician who has failed to so report, together with a copy of his reason for failure to comply with the state requirements in such case to the State Director of Health.

~~Sec. 11, -----REPORT OF DISEASE OF UNUSUAL CHARACTER OR PREVALENCE.---It shall be the duty of any physician, visiting nurse, public health nurse, school nurse, every superintendent or other person in charge of any school, hospital, institution, dispensary, laboratory, labor camp or other camp, who shall have knowledge of the occurrence of any disease which is unusual in character or prevalence, to report the same to the local health officer and it shall be the duty of the health officer to investigate the same and endeavor to determine the cause or conditions responsible for it.---He shall make a report of his investigation and findings to the State Department of Health.~~

Sec.-3- 11. REPORTING CASES OF COMMUNICABLE DISEASES DIAGNOSED AFTER DEATH. --
 If a pathologist, coroner, medical examiner, physician or other persons determine from examination of a corpse or from history of the events leading to death, that at the time of death this individual apparently was affected with a communicable disease, he shall report the case promptly to the proper health authority according to the manner indicated in Article 1, Section 3, of this Chapter as if the diagnosis had been established prior to death.

Sec.-5- 12. REPORTING BY HEALTH OFFICERS TO THE STATE DEPARTMENT OF HEALTH. --
 All cases of ~~communicable~~ reportable diseases reported to or discovered by the ~~local~~ county health officer shall be made a matter of record by him or her, for a period of five years and he or she shall make a weekly report of in accordance with Article 1, Section 2, Categories I, II, and IV, all such ~~communicable~~ reportable diseases to the State-Department of Health on forms supplied ~~to him~~ for that purpose. The record of ~~communicable~~ reportable diseases is required to be kept by local health officers ~~shall-be-a-permanent-record-of~~ at the ~~local~~ county health department, and shall be turned over by every health officer to his or her successor when such health officer's official duties are terminated.

Sec.-17- 13. DUTIES OF HEALTH OFFICERS IN CONNECTION WITH PREVENTION AND CONTROL OF COMMUNICABLE DISEASES. -- It shall be the duty of the county health officer, either personally or through a qualified representative, within ~~twenty-four-hours~~ a reasonable period of time after receipt of report of a case of a communicable disease, ~~other-than-ebaneroïd,-generrhea-or-syphilis:~~

(a) To make such an investigation as the circumstances may require for the purpose of ascertaining the source of the infection and discovering contacts and unreported cases.

(b) To determine if required specimens have been collected and submitted, or cause to be collected and submitted, to the State Hygienic Laboratory

or other approved laboratory such specimens as may be required to supply necessary or desirable information in determining the source of the infection and the possible infection of contacts.

(c) To give to the patient, his attendants, members of the household and contacts with the infected person such instructions and advice as may be necessary to prevent the spread of the disease.

~~(d) -- To take such steps as may be necessary to see, in the case of these diseases for which reliable and approved means are available for immunization, that all contacts with persons suffering from such disease shall be afforded the opportunity of being immunized. -- The disease for which such approved immunization is available are: diphtheria, smallpox, paratyphoid and typhoid fever, and whooping cough.~~

(d) Make the appropriate report in accordance with Article 1, Section 2, Categories I, II, and IV.

~~(e) -- To post and maintain at the entrance of the premises where a communicable disease exists, which is subject to quarantine, a placard stating the existence therein of a communicable disease.~~

Sec. 19- 14. COUNTY HEALTH OFFICER TO ACT IN CASES OF SUSPECTED COMMUNICABLE REPORTABLE DISEASE. -- Whenever a county health officer shall know or suspect or be informed of the existence of any communicable reportable disease listed in Article 1, Section 2, of this Chapter, and no licensed physician is in attendance; or, should the attending physician fail or refuse to report such case to the county health ~~officer~~ health department, it shall be the duty of the county health officer or his or her designatee to investigate such case or cases of alleged communicable reportable diseases and to act in accordance with the regulations protocols established by the State Health Director governing cases of communicable reportable diseases if

his investigation establishes the existence of such ~~communicable~~ reportable disease.

Sec.-20- 15. CASE OF DOUBT OR DISPUTED DIAGNOSIS. -- Where doubt exists as to the diagnosis of a suspected case of ~~communicable a~~ reportable disease, the county health officer shall enforce the methods of control measures and protocol for reporting provided for the suspected reportable disease and shall refer the matter to the State Director of Health, or his authorized representative, who, if he or she deems necessary, will have an investigation made for final decision. Whenever a case of unrecognized illness shall be reported to the health officer, which, upon investigation, presents symptoms of communicable disease but in which, in the judgment of the county health officer, sufficient time has not elapsed to render a positive diagnosis possible, the county health officer shall ~~establish~~ enforce control ~~measures~~ methods applicable in actual cases of communicable diseases until such time as a positive diagnosis can be established; and if the disease proves not to be communicable, the temporary methods of control measures shall be terminated at once.

Sec.-6- 16. FAILURE OF HEALTH OFFICER TO INVESTIGATE CASE OF-~~COMMUNICABLE~~ REPORTABLE DISEASES REPORTED TO HIM CONSTITUTES NEGLECT OF DUTY. -- Any county health officer who fails or neglects to investigate any appropriate cases of ~~communicable~~ reportable disease reported to him by any physician or other person within a reasonable period of time after the receipt of the report, shall be deemed guilty of neglect of duty and may, at the discretion of the State ~~Board-of-Health;~~ Health Director, be removed from office.

Sec.-7- 17. FAILURE OF LOCAL HEALTH OFFICER TO MAKE WEEKLY REPORTS TO STATE THE DEPARTMENT ~~OF-HEALTH-CONSTITUTES~~ NEGLECT OF DUTY. -- The failure on the part of the ~~municipal-or~~ any county health officer to make to the State Department ~~of-Health~~ the weekly report in the manner specified by the Director of Health of ~~communicable~~ reportable diseases occurring within his or her jurisdiction, as required by law, shall be deemed guilty of ~~neglect-of-duty-and-may-at-the-discretion-of-the-State~~ Board-of-Health;-be-removed-from-office a misdemeanor, and, upon conviction, shall

be fined not more than one hundred dollars.

Sec.-22- 18. PERMISSION OF HEALTH-OFFICER SCHOOL PRINCIPAL NECESSARY FOR RETURN TO SCHOOL. -- When a school teacher, or pupil or school employee in any school has suffered from a communicable disease and on account of such disease has been excluded from school, such teacher, or pupil or school employee, shall be permitted to return to school ~~only-on~~ by permission of the school principal, but may be required by such principal to present a certificate from a physician, health officer, or his (or her) authorized representative, stating that such teacher, or pupil, or school employee has entirely recovered from the disease and is no longer liable to communicate the disease to others.

~~Children;-teachers;-or-school-employees-suffering-from-impetigo;-pediculosis;-ring-worm;-or-seabies-shall-be-excluded-from-school-until-recovery-or-until-the-patient-is-under-adequate-continuous-medical-care.--Children-or-teachers-having-fever;-sore-throat;-inflamed-eyes;-discharge-from-the-nose-or-eyes;-or-skin-eruption-shall-be-excluded-from-school-by-the-teacher-or-principal-and-shall-be-permitted-to-return-only-after-termination-of-symptoms-or-examination-by-a-reputable-physician-has-indicated-that-the-condition-is-not-infectious.~~

Sec.-23 19. SCHOOLS NOT TO BE CLOSED ~~ON-ACCOUNT-OF-COMMUNICABLE-DISEASES~~ FOR MEDICAL REASONS. -- ~~When-a-communicable-disease-develops-among-the-children-attending-a-school;-such-school-shall-not-be-closed;-but-maintained-in-the-usual-manner-and-a-daily-inspection-made-of-all-pupils-and-teachers-excluding-those-showing-any-of-the-following-symptoms:--Fever;-sore-throat;-headache;-inflamed-eyes;-sneezing-or-coughing;-watery-discharge-from-the-eyes-or-nose;-nausea-or-vomiting;-or-skin-eruption-and-any-marked-change-from-normal-attitude-or-condition.~~ Schools should not be closed for medical reasons, however consultation with the county health officer is encouraged. Closing of a school due to lack of sufficient staff is an administrative decision.

~~Persons so excluded from school shall only be permitted to return on statement from physician or health officer that they are not suffering from any communicable disease.~~

Sec.-21 20. ~~RELEASE FROM ISOLATION OR QUARANTINE~~ ISOLATION, QUARANTINE, AND PLACARDING. -- When any person or persons are suffering from a communicable disease in which isolation or quarantine should be required for the control of such disease, such isolation or quarantine shall be terminated only ~~by order of the health officer,~~ at the discretion of the county health officer, or his (or her) authorized representative. ~~and only after the person or persons have entirely recovered from the disease and are no longer liable to communicate the disease to others and after the prescribed measures for terminal disinfection have been carried out.~~

Sec.-18,--~~UNLAWFUL TO REMOVE PLACARD.~~ No person shall interfere with or obstruct any health officer, or his authorized representative, in the posting of any placard stating the existence of a case of communicable disease in or on any place or premises; nor shall any person conceal, mutilate or remove any such placard except by permission of the health officer. In the event any such placard is concealed, mutilated or torn down it shall be the duty of the occupant of the premises whereon such placard was posted to notify the county health officer of such fact immediately.

Sec.-16- 21. ~~REPORTS OF COMMUNICABLE~~ REPORTABLE DISEASES TO BE MADE ON FORMS SUPPLIED BY STATE DEPARTMENT ~~OF HEALTH.~~-- The reports required to be made by physicians, primary care or public health providers, public or private laboratories, hospital laboratories, or infection control officer, administrator of a nursing home, state or other institution, a sanitarium, school, camp or vessel, to local health officers and state health officials of ~~communicable~~ reportable diseases coming under their observation shall be made upon ~~blanks~~ forms supplied for that purpose through the local health officer by the State Department ~~of Health,~~ and such reports shall contain such information as may be required by the State Department ~~of Health.~~

Sec.-8- 22. PHYSICIAN-CONVICTED-OF FAILURE TO REPORT A CASE OF COMMUNICABLE REPORTABLE DISEASE GUILTY-OF-UNPROFESSIONAL-AND-DISHONORABLE-CONDUCT AS REQUIRED BY THE STATE BOARD OF HEALTH.-- Any physician; primary care or public health provider; private or public laboratory, hospital laboratory; hospital infection control officer; administrator of a nursing home, state institution or other institution, or a sanitarium; school; camp; or vessel who fails to report a case-of communicable reportable disease to-the-local-health-officer,-as-required-by-law, according to Article I, Section 2, Categories I, II, III, and IV, shall be deemed guilty of unprofessional-and-dishonorable-conduct a misdemeanor, and, upon conviction thereof, subject-to shall be fined not more than one hundred dollars. Violations of each such provision shall be considered a separate offence. and-the-State-Board-of-Health-may-at-its-discretion,-recommend-to-the-Medical-Licensing Board-of-West-Virginia-that-his-or-her-license-to-practice-medicine-in-the-State-be revoked.

Sec.-24,-----NOTIFICATION-OF-OUTBREAKS-OF-FOOD-POISONING,-DIARRHEA,-JAUNDICE,- EPIDEMIC-INFLUENZA,-GRANULAR-FEVER,-SORE-THROAT,-EPIDEMIC-KERATO-CONJUNCTIVITIS AND-UNDIAGNOSED-FEBRILE-DISEASE.--Whenever there shall occur an outbreak of botulism, or suspected food infection or poisoning, or an unusual prevalence of diarrhea, gastro-enteritis, enteritis, colitis, or other disease in which diarrhea is a prominent symptom, or whenever jaundice, epidemic influenza, granular fever, sore throat, epidemic kerato-conjunctivitis or any undiagnosed febrile disease is unusually prevalent, it shall be the duty of the health officer to report immediately to the State Department of Health by telephone or telegram,---Local Health officers shall exercise due diligence in ascertaining the existence of such outbreaks or the unusual prevalence of such diseases.

Sec.-25,-----TYPHOID-FEVER,-PARATYPHOID-FEVER,-AND-AMOEBIIC-AND-BACILLARY-DYSENTERY CARRIERS,-----When a person has been found to be a carrier of the disease germ of typhoid fever, paratyphoid fever, or dysentery, the name, address and occupation

of such person shall be immediately reported to the local health officer of the jurisdiction in which such person resides; such report shall also include the name and business address of the person; firm or corporation by whom such person is employed; if so employed; -- It shall be the duty of the health officer to report at once to the State Department of Health; on blanks supplied by it for that purpose; the name; address and occupation of all such carriers; -- It shall also be the duty of the local health officer to keep all such carriers under observation and make such provision as may be necessary to insure the concurrent disinfection of the urine and feces and all articles coming in contact therewith, and to prevent their employment as food handlers as long as they continue to be carriers; -- No such carriers shall be released from observation and permitted to engage in food handling occupation until the examination by an approved laboratory of four specimens of the intestinal discharge and urine of the person who is a carrier; taken at intervals of at least seven days apart shows them to be free from typhoid; para-typhoid or dysentery bacilli; -- Such release shall only be effective when approved by the State Department of Health and when persons so released shall agree to report to the local health officer at least once each month for the succeeding twelve months and submit specimens of feces and urine each time so reporting; to be examined in an approved laboratory; provided that specimens submitted for examination shall be accompanied by a statement in writing signed by the person who is or has been a carrier; or his parent or guardian; that the specimens submitted are from the person for whom the release is requested; or who has been released subject to the monthly return for examination; -- During the time such carrier is under observation and until released as described above; any change of address of such carrier shall be immediately reported to the local health officer and by him to the State Department of Health; -- Also; if such carrier should be admitted to a hospital or public

institution, the hospital or institutional authorities shall be notified that patient is a carrier.

Sec. 26. --- Provision for Release of Adult Wage Earner in Certain Cases, --- Adult wage earners in homes quarantined on account of diphtheria or scarlet fever may be permitted to engage in their usual occupation under the following conditions:

(a) -- If the occupation is such that it does not bring them in contact with children or with food to be sold or used by others, -- (b) -- If the isolation of the patient is satisfactory to the health officer and is such that the wage earner shall not come in contact with the patient or with articles soiled with the discharges from such patients, -- (c) -- The wage earner and other adult contacts whose occupation involves handling of food or close association with children may be released from quarantine when shown by bacteriologic examination not to be carriers, -- (d) -- The quarantined home where the adult wage earner resides shall be kept under constant supervision by the health officer and the wage earner shall report to the health officer at such times as he may require and shall observe such other restrictions as may be designated by the health officer, -- Any violation of the above restrictions or of any others imposed by the health officer shall be followed by the enforcement of absolute quarantine and for such violation the wage earner shall be guilty of violation of this regulation and subject to the penalty thereof.

Sec. 27. -- Handling of Feed -- Forbidden in Certain Cases, --- No person who is suffering from cholera, diphtheria, epidemic or streptococcal sore throat, amebic or bacillary dysentery, paratyphoid fever, acute anterior poliomyelitis, scarlet fever, tuberculosis, or typhoid fever, or who resides in a household with a case of any of these diseases, or who is a carrier of the organisms causing any of them, shall serve or handle in any manner whatsoever, any milk products or other food intended for sale.

Sec. 28. -- SALE OF FOOD FORBIDDEN IN CERTAIN CASES --- When a case of diphtheria,

epidemic-or-streptococci-sore-throat,-amoebic-or-bacillary-dysentery,-paratyphoid fever,-scarlet-fever,-acute-anterior-poliomyelitis-or-typhoid-fever-exists-on-any farm-or-dairy-producing-milk,-cream,-butter,-cheese-or-other-foods-likely-to-be consumed-raw,-no-such-foods-shall-be-sold-or-delivered-from-such-farm-or-dairy, except-under-the-following-conditions:

a.--That-such-foods-are-not-brought-into-the-house-where-such-case exists,

b.--That-all-persons-coming-in-contact-with-such-foods-shall-eat, sleep,-and-work-wholly-outside-such-house,

c.--That-such-persons-do-not-come-in-contact-in-any-way-with-such house-or-its-inmates-or-contents,

d.--That-said-inmates-of-such-house-are-properly-isolated-and-separated from-all-other-parts-of-said-farm-or-dairy-and-efficiently-cared for,

e.--That-a-permit-be-issued-by-the-health-officer-after-investigation and-being-satisfied-that-the-first-four-conditions-of-this-regulation-are-being-complied-with,-such-permit-may-be-revoked-at-any time-if-any-of-these-conditions-are-not-fully-carried-out,

Sec.-29.--COMMON-TOWELS-FORBIDDEN.----The-use-of-common-towels-in-any-school,-public private,-parochial-or-Sunday-School-or-in-any-wash-room-or-lavatory-operated-and maintained-for-use-by-the-public-or-for-the-employees-of-any-store,-factory-or other-place-of-business-is-forbidden.--Individual-linen,-cotton,-or-paper-towels must-be-supplied-by-those-in-charge-of-such-wash-room-or-lavatory.

Sec.-30.--EXAMINATION-OF-FOOD-HANDLERS.--

(a)--No-person,-who-is-affected-with-any-communicable-disease-which-is-in-a-form that,-or-stage-when,-transmission-in-the-course-of-food-handling-is-possible,-or who-is-a-carrier-of-such-disease,-shall-be-a-food-handler-and-no-proprietor-of-a food-handling-establishment-shall-employ-such-person,-firm-or-corporation-engaged

in conducting a hotel or restaurant shall have in his or her employment any individual known to have a communicable disease.

(b) -- If at any time; for the protection of the public; the health officer considers an examination advisable; the food handler must be examined by a physician approved by the health officer; who may require that the examination include a blood test x-ray examination and such laboratory examinations as are necessary to detect any conditions in the food handler which might constitute a public health hazard.

(c) -- Each food handler is required to have in his possession a permit signed by the health officer showing that within the past year the food handler has had at least two hours of approved instruction in food sanitation; or, if the food handler has not had an opportunity to receive such instruction; he must have in his possession a permit from the health officer; valid only until instruction is available; -- The food handler's permit may be cancelled at any time the health officer has reason to deem cancellation necessary for the protection of the public health.

(d) -- Any violation of the provisions of this regulation by such food handler; owner; manager; or other person in charge of such food handling establishment shall constitute a misdemeanor and render such person liable to the penalty provided for violation of the provision of these regulations.

Sec. 31. -- SPITTING IN PUBLIC PLACES FORBIDDEN. --- Spitting upon the floor of public buildings or buildings used for public assemblage; or upon the floors or platforms or any part of any railroad; airplane; trolley car; ferry boat; bus or other public conveyance is forbidden.

Sec. 32. -- REMOVAL OF CASES OF COMMUNICABLE DISEASES FROM ONE HEALTH JURISDICTION TO ANOTHER RESTRICTED. --- No person suffering from any communicable disease subject to isolation or quarantine shall be removed from one health jurisdiction to another except with the written permission of the health officer from whose jurisdiction such person is to be removed and with written permission of the health officer into whose jurisdiction such person is to be moved; and such removal shall

be-by-means-of-private-conveyance;-in-charge-of-a-responsible-person-and-conducted
 in-such-manner-as-to-prevent-the-exposure-of-other-persons-to-the-patient-while
 making-the-transfer;

Sec. 33. -- Public -- Funerals -- Forbidden in -- Certain Cases; ----- A Public or church
 funeral shall not be held of any person who has died of Asiatic cholera; plague;
 smallpox; or epidemic typhus fever (louse-borne); -- The prohibition of such public
 funerals is to prevent the spread of the disease by any members of the deceased's --
 family or household who may be recovering from the disease; or who may have the
 disease in a mild or unrecognized form; or who may be a carrier of the disease
 germ.



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