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STATE OF ILLINOIS
DWIGHT H. GREEN, Governor



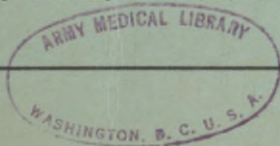
RULES AND REGULATIONS
for the
**CONTROL OF COMMUNICABLE
DISEASES**

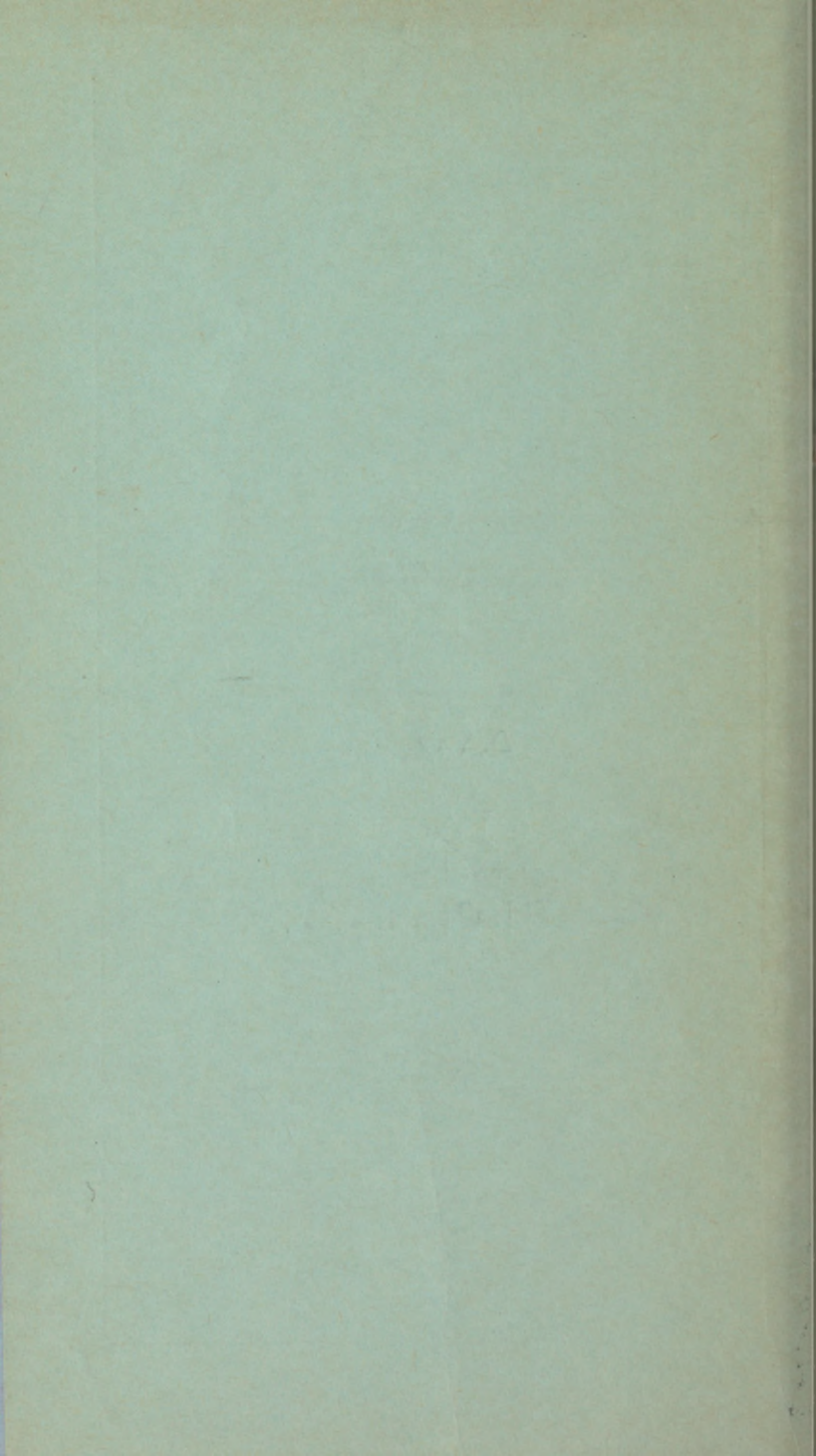
Revised and in Force Through Illinois
SEPTEMBER 1, 1945

Issued by
THE DEPARTMENT OF PUBLIC HEALTH
ROLAND R. CROSS, M.D., Director

Compiled by the Division of Communicable Diseases

(Printed by Authority of the State of Illinois)





Illinois. Dept. of public health,
Division of communicable diseases

STATE OF ILLINOIS

DWIGHT H. GREEN, Governor

AN ACT IN RELATION TO PUBLIC HEALTH

(Act No. 234, Chapter 114, Revised Statutes 1943)



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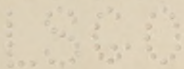
THE DEPARTMENT OF PUBLIC HEALTH

ROLAND R. CROSS, M.D., Director

Compiled by the Division of Communicable Diseases

JEROME J. SIEVERS, M.D., M.S.P.H., Chief

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Acknowledged CAT. BY I. C. D.

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DWIGHT H. GREEN, Governor



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for the
(84283)

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AN ACT IN RELATION TO PUBLIC HEALTH

(Par. 22-24, Chapter 111½, Illinois Revised Statutes 1943.)

Par. 22. POWER OF DEPARTMENT.] Sec. 2. The State Department of Public Health has general supervision of the interests of the health and lives of the people of the State. It has supreme authority in matters of quarantine, and may declare and enforce quarantine when none exists, and may modify or relax quarantine when it has been established. The Department may make such rules and regulations and such sanitary investigations as it may from time to time deem necessary for the preservation and improvement of the public health, and may regulate the transportation of the remains of deceased persons. All local boards of health, health authorities and officers, police officers, sheriffs, constables and all other officers and employees of the state or any county, village, city or township thereof, shall enforce the rules and regulations so adopted.

The Department of Public Health shall investigate the causes of dangerously contagious or infectious diseases, especially when existing in epidemic form, and take means to restrict and suppress the same, and whenever such disease becomes, or threatens to become epidemic, in any village or city, and the local board of health or local authorities neglect or refuse to enforce efficient measures for its restriction or suppression or to act with sufficient promptness or efficiency, or whenever the local board of health or local authorities neglect or refuse to promptly enforce efficient measures for the restriction or suppression of dangerously contagious or infectious diseases, the Department of Public Health may enforce such measures as it deems necessary to protect the public health, and all necessary expenses so incurred shall be paid by the city or village for which services are rendered.

Par. 24. PENALTIES—HOW DISPOSED OF.] Sec. 7. Whoever violates or refuses to obey any rule or regulation of the Department of Public Health shall be liable to a fine not to exceed \$200 for each offense or imprisonment in the county jail not exceeding six months, or both, in the discretion of the court. All prosecutions and proceedings instituted by the Department of Public Health for violation of its rules and regulations shall be instituted by the Director thereof, and each State's Attorney shall prosecute all persons in his county violating or refusing to obey the rules and regulations of the Department of Public Health. All fines or judgments collected or received shall be paid to the State Treasurer.

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AN ACT IN RELATION TO PUBLIC HEALTH

(Par. 23-24, Chapter 111 1/2, Illinois Revised Statutes 1943)

Par. 23, Power of Department, Sec. 2, The State Department

RULES AND REGULATIONS FOR THE CONTROL OF COMMUNICABLE DISEASES

Authority in and enforcement and enforce quarantine which exact quarantine when it has been established. The Department may make such rules and regulations and investigations as it may deem necessary for the preservation and from time to time deem necessary for the government of the public health. All local health officers of the State shall be subject to the provisions of this Act.

OFFICIAL NOTICE

In accordance with authority vested by law in the State Department of Public Health, I, Roland R. Cross, Director of the Department of Public Health, do hereby promulgate these rules and regulations for the control of communicable diseases, and all previous rules and regulations in conflict with the following rules and regulations are hereby annulled. These rules shall be in force and effect on and after September 1, 1945.

IN WITNESS WHEREOF I have hereunto set my hand and caused the Seal of the Department of Public Health to be affixed.

DONE at the CITY OF SPRINGFIELD, this First Day of September in the Year of our Lord, Nineteen Hundred and Forty-five.



Roland R. Cross, M.D.

DIRECTOR OF PUBLIC HEALTH.

CHAPTER I
REPORTABLE DISEASES

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CHAPTER I

REPORTABLE DISEASES

For the purpose of these rules and regulations the following named diseases and disease carriers are declared to be contagious, infectious, communicable, and dangerous to the public health and shall be reportable in accordance with the provisions of these regulations.

1. Actinomycosis.
2. Amebiasis.
3. Ankylostomiasis (hookworm disease).
4. Anthrax.
5. Chancroid.
6. Chickenpox.
7. Cholera.
8. Conjunctivitis of the newborn, acute infectious (ophthalmia neonatorum).
9. Conjunctivitis, acute infectious (over one month of age).
10. Dengue.
11. Diarrhea of the newborn, epidemic.
12. Diphtheria.
13. Dog and other animal bites.
14. Dysentery, bacillary (shigellosis).
15. Encephalitis, acute—
 - a. Infectious.
 - b. Post-infectious.
16. Erysipelas.
17. Food infections.
 - a. Salmonellosis.
 - b. Other.
18. Food poisonings (bacterial intoxications).
 - a. Staphylococcus.
 - b. Botulinus.
 - c. Other.
19. German Measles (rubella).
20. Glanders.
21. Gonorrhoea.
22. Granuloma inguinale.
23. Hemorrhagic jaundice (ictero-hemorrhagic spirochetosis; Weil's disease).
24. Infectious hepatitis (acute catarrhal jaundice).
25. Impetigo contagiosa (in institutions).
26. Influenza.
27. Kerato-conjunctivitis, infectious (superficial punctate keratitis; nummular keratitis).
28. Leprosy.
29. Lymphogranuloma venereum (lymphogranuloma inguinale; lymphopatia venereum).
30. Malaria.
31. Measles.
32. Meningococcal meningitis and meningococemia.
33. Meningitis, other.
34. Mumps.
35. Paratyphoid fever.
36. Plague.
37. Pneumonia—
 - a. Pneumococcal.
 - b. Primary bacterial other than pneumococcal.
 - c. Primary atypical or "virus".
38. Poliomyelitis, acute anterior.
39. Psittacosis and ornithosis.
40. Rabies (hydrophobia).
41. Rheumatic fever, acute.
42. Ringworm of the scalp.
43. Rocky Mt. spotted fever.
44. Scarlet fever and other hemolytic streptococcal infections of the upper respiratory tract.
45. Smallpox.
46. Syphilis.
47. Tetanus.
48. Toxoplasmosis.
49. Trachoma.
50. Trichinosis.
51. Tuberculosis, pulmonary.
52. Tuberculosis, other than pulmonary.
53. Tularemia.
54. Typhoid fever.
55. Typhus fever.
56. Undulant fever (Brucellosis).
57. Vincent's infections (including Vincent's angina and ulcerative stomatitis).
58. Whooping cough (pertussis).
59. Yellow fever.

CHAPTER II

DEFINITION OF TERMS

For the purpose of these rules and regulations the following shall be the accepted definitions of the terms used herein.

1. **ADULT**—a person who is 16 years of age or over.
2. **AUTHENTIC RELEASE SPECIMEN**—a specimen is one collected in such a manner and under such conditions as are approved by the Illinois Department of Public Health. See each disease for details.
3. **CARRIER**—a person who, without symptoms of a communicable disease, harbors and disseminates the specific microorganisms.
 - a. *Incubationary carrier*—a person without clinical manifestations of a disease who is found to be harboring an infectious agent and who later comes down with the disease within the incubation period.
 - b. *Convalescent carrier*—a person who has recently recovered from the clinical manifestations of a disease and who is found to be harboring the infectious agent.
 - c. *Contact carrier*—a person who passively carries infectious organisms as a result of contact, direct or indirect, with a case or carrier.
 - d. *Chronic carrier*—a person who harbors within himself a focus of reproducing infectious organisms, and disseminates them either continuously or intermittently, and who is not ill with the disease. Chronicity is defined for each disease in which it is significant.
4. **CASE**—the single instance of a patient suffering from a given disease.
 - a. *Typical case*—one which shows the usual signs and symptoms and follows the usual course of the disease in question.
 - b. *Atypical case*—one in which not all of the usual signs and symptoms of the disease in question are present.
 - c. *Missed case*—one which had previously escaped recognition.
5. **CHILD**—a person under 16 years of age. If he is 16 years or over and attends school, he shall be considered a school child until after he has completed the twelfth grade.
6. **CLEANING**—the removal, by scrubbing and washing, as with hot water and washing soda, of organic material on which and in which bacteria may find favorable conditions for prolonging life and virulence; also the removal by the same means of bacteria adherent to surfaces.

7. CONTACT—any person known to have been sufficiently associated with an infected person as to have been presumably exposed to infection.
8. DELOUSING—the process by which a person and his personal apparel are treated so that neither the adults nor the eggs of *Pediculus humanus* survive.
9. DISINFECTION—the destruction of the vitality of pathogenic micro-organisms by chemical or physical means directly applied.
 - a. *Concurrent disinfection*—the application of disinfection immediately after the discharge of infectious material from the body of an infected person, or after the soiling of articles with such infectious discharges, all personal contacts with such discharges or articles being prevented prior to their disinfection.
 - b. *Terminal disinfection*—the process of rendering the personal clothing and immediate physical environment of the patient free from the possibility of conveying the infection to others at a time when the patient is no longer a source of infection.
10. DISINFESTING—any physical or chemical process by which insects (including ticks and mites) or rodents known to be capable of conveying or transmitting infection and living on the body or in and around human habitation may be destroyed upon the person or his clothing or in his environment.
11. FOOD HANDLER—a person who produces, prepares, packages or sells food which is not contained in a tightly closed container, and which is commonly or usually eaten without further cooking equivalent to boiling, or from which the outside peeling or covering is not usually or commonly removed. All persons handling milk, cream, cheese and similar dairy products or whose occupation is that of cook, waiter, or helper in a kitchen or dining room, shall be considered to be a food handler.
12. FUMIGATION—any process by which the destruction of insects, as mosquitoes, fleas, bed bugs and body lice, and animals, as rats, is accomplished by the employment of gaseous agents.
13. ISOLATION—the separation of a person suffering from a communicable disease, a carrier of the infecting organism, or a person suspected of having such a disease or of being a carrier, from other persons in such places and under such conditions as will prevent the direct or indirect transmission of the infectious agent.
14. LOCAL HEALTH AUTHORITY—the health authority having jurisdiction over a particular area, including city, village, township and county boards of health and health departments and the responsible executive officers of such boards, or any person legally authorized to act for such health authority.

15. **NON-IMMUNE**—see “susceptible” below.
16. **PATIENT**—a person suffering from an attack of a communicable disease.
17. **PREMISES**
- A *home* or building occupied by one family.
 - In an *apartment* building containing two or more apartments—only the immediate apartment in which the case and contacts live.
 - In a *hotel*—the room or suite of rooms occupied by the case, attendant and family contacts.
 - In an *institution*—the entire institution or that physical portion designated as “premises” by the Director of the Illinois Department of Public Health or his authorized representative.
18. **QUARANTINE**—the limitation of freedom of movement of any person who has been exposed to a communicable disease.
19. **SUSCEPTIBLE (non-immune)**—a person who is not known to have become immune to the particular communicable disease in question by natural or artificial processes.
20. **SUSPECT**—a person whose medical history or symptoms suggest that he may now have or be developing a communicable disease.

CHAPTER III

REPORTING

1. It shall be the duty of every physician, dentist, other practitioner, hospital, attendant, nurse, laboratory, parent, householder, school authority, or any other person having knowledge of a known or suspected case or carrier of communicable disease or communicable disease death*, to report promptly such case, suspected case, carrier or death in writing or by telephone to the local health authority in whose jurisdiction the patient resides.

If the identity of the local health authority is not known to the person reporting, the report is to be made to the mayor of the city, the village president, the township supervisor, or a county commissioner.

2. Upon receipt of such report the local health authority shall within 24 hours forward a written copy of the same to the Illinois Department of Public Health. In cities having a full-time health department the Director of the Illinois Department of Public Health may agree in writing to accept daily tabulated reports and monthly and annual statistical reports from such city; however, all epidemiological data requested by the Illinois Department of Public Health shall be furnished.

3. The written report to the Illinois Department of Public Health shall be made on the franked card* furnished for this purpose and shall include the following information:

- a. Place and date of report.
- b. Name, exact address, age, sex, color, marital status and occupation of the patient.
- c. Number of children and adults in the household.
- d. School attended or place of employment.
- e. Probable source of infection or origin of the disease.
- f. Date of onset of illness. If eruptive disease, date of eruption.
- g. If the disease is smallpox or adult chickenpox, give the type of disease and number of times successfully vaccinated and approximate dates.
- h. Whether patient or any member of the household is engaged in the production of milk.
- i. Name and address of the person making the report.
- j. Where the patient is confined.

* Except venereal diseases for which see special rules.

CHAPTER IV

GENERAL PROCEDURE FOR THE CONTROL OF COMMUNICABLE DISEASES

A. ISOLATION

1. *Establishment.* Upon being informed of the existence of a case, carrier or suspected case or carrier of a communicable disease, the local health authority having jurisdiction over the area in which the patient resides shall immediately establish isolation of the patient when such isolation is required for the specific disease by these rules and regulations.
2. *Duration.* Isolation shall be maintained for the minimum period of time required for the specific disease by these rules and regulations.
3. *Termination.* Isolation may be terminated only by the local health authority having jurisdiction over the area in which the patient resides.

B. QUARANTINE

1. *Establishment.* Quarantine of contacts to a case, carrier or suspected case or carrier of a communicable disease shall immediately be established by the local health authority having jurisdiction over the area in which the contacts reside when such quarantine is required for the specific disease by these rules and regulations.
2. *Duration.* Quarantine of contacts shall be maintained for the minimum period of time required for the specific disease by these rules and regulations.
3. *Termination.* Quarantine may be terminated only by the local health authority having jurisdiction over the area in which the contact resides.

C. REMOVAL OF PERSONS UNDER ISOLATION OR QUARANTINE

1. Removal within the *same health jurisdiction* may be made only with the permission of the local health authority. However, when a case is discovered in a school or other public building the patient may be sent immediately to his home or hospital.
2. Removal *from one health jurisdiction to another within Illinois* may be made only with the permission of the local health authority of the areas from which and to which removal is desired. Notification of such removal, giving the name and address of the patient before and after removal, shall be sent immediately to the Illinois Department of Public Health.
3. *Inter-state removal* may be made only with the permission of the Illinois Department of Public Health and the

health authority of the state from which or to which removal is desired.

4. Removal of a person under isolation or quarantine shall be made by private conveyance or as otherwise ordered by local or state health authorities, due care being taken to prevent the spread of the disease.
5. The removed person shall be isolated or quarantined immediately upon arrival at point of destination for the period of time required for the specific disease by these rules and regulations.

D. CLOSURE OF PREMISES

1. Whenever a case, carrier or suspected case or carrier of a communicable disease resides on premises connected with any store or place of business, such store or place of business shall be closed, *unless* isolation of the patient and quarantine of the contacts can be established in a manner satisfactory to the Illinois Department of Public Health or its duly authorized representatives.
2. Whenever required by these rules and regulations closure of premises shall be enforced by the local health authority having jurisdiction over the area where such premises are located.

E. PLACARDING

1. Whenever these rules and regulations require that a case, carrier or suspected case or carrier of a communicable disease be placarded, the health authority having jurisdiction over the area in which said case, carrier or suspected case or carrier is isolated shall post a placard in a conspicuous place at each outside entrance of the premises wherein the patient is isolated: However, if the patient is isolated in a general hospital in the manner prescribed by these rules and regulations, the placard need only be posted at the door of the particular room or ward wherein the patient is isolated and need not bear the name of the disease.
2. Whenever these rules and regulations require that contacts to a case, carrier or suspected case or carrier of a communicable disease be quarantined, the premises wherein the contacts reside for the duration of the quarantine period shall be placarded by the local health authority having jurisdiction over the area where the contact is under quarantine.
3. Whenever the premises wherein a case, carrier or suspected case or carrier of a communicable disease is under isolation are placarded, the placard shall be not less than six by ten inches in size, and shall have printed thereon in black with bold-face type not less than 1½" in height, the name of the disease and the words, "KEEP OUT", in similar type not less than 1" in height. At the bottom of the card shall appear these words in small type: "All persons who violate these rules subject themselves to a fine of not to exceed \$200.00 for

each offense, or imprisonment in the county jail not to exceed six months, or both."

4. Whenever the premises wherein contacts are under quarantine are placarded, the placard shall be as described above except the name of the disease need not be stated.
5. Placards shall not be concealed from public view, shall not be mutilated or defaced, and shall remain posted until the requirements of these rules and regulations relative to the duration of the period of isolation or quarantine for the specific disease have been fulfilled.
6. Placards may be removed only by the health authority having jurisdiction over the area where the case, carrier or contact is isolated or quarantined.

F. DISINFECTION

1. *Concurrent disinfection.* Whenever required by these rules and regulations, concurrent disinfection shall be carried out as follows:
 - a. Normal and abnormal discharges from the eyes, ears, nose, throat, skin lesions and glands shall be disinfected by being collected in pieces of cloth, cotton, or paper and burned at once.
 - b. In handling body discharges and other infected materials the attendant shall avoid touching or allowing any object, which is not to be immediately disinfected, to touch the infected surfaces.
 - c. The water after being used to bathe the patient shall be boiled or disinfected by adding a sufficient quantity of carbolic acid or cresol solution or other equally effective disinfectant. However, if the bath water is disposed of in a drain connected with a sanitary sewer, such water need not be disinfected.
 - d. Bedclothes, pillow slips, sheets, nightgowns, towels, washcloths or any other cloth or clothing of similar kind shall be disinfected by being boiled with soap and water for at least fifteen minutes.
 - e. Dishes, glassware, knives, forks, spoons or any other utensils used in feeding the patient shall be washed and boiled and shall not be used by any other member of the family but shall be set aside for the use of the patient only.
 - f. Food from the sick room shall not be used by anyone except the patient and shall be collected and burned at once.
 - g. Thermometers, rectal tubes, douche nozzles, etc., shall be washed with soap and water after each use and when not in use shall be kept immersed in 70% alcohol or some other equally effective disinfectant.
 - h. Bowel and bladder discharges shall be disinfected by adding carbolic acid or cresol or other equally effective disinfectant and stirring the mixture until all parts have been thoroughly mixed with the disin-

fecting agent. This mixture shall be allowed to stand, protected from flies, for thirty minutes before being discharged into a sewer or privy vault. Solid stool shall have one pint of water added and then treated as previously described in this paragraph.

- i. Bed pans and urinals shall be thoroughly cleaned after each use and left containing a small amount of dry chloride of lime. These receptacles shall also be screened from flies.
 - j. All persons on leaving the room shall scrub their hands thoroughly with soap and water.
 - k. Washable gowns shall be worn by the attendants and shall be removed just prior to leaving the room.
2. *Terminal disinfection.* Whenever terminal disinfection is required by these rules and regulations, the following procedure shall be carried out at the termination of the period of isolation:
- a. Bedsteads, chairs, tables, floors, doors, woodwork, windows, etc., shall be scrubbed with soap and hot water.
 - b. All bedclothes, sheets, towels and other washable articles shall be thoroughly boiled.
 - c. Clothing, which cannot be boiled, and mattresses and pillows shall be placed out of doors in the sunlight and air for at least twenty-four hours.
 - d. Milk bottles or food containers shall be boiled for fifteen minutes before they are returned to the dairyman or grocer.
 - e. Very badly soiled library and school books shall be destroyed. Others may be cleaned and sunned for one day and shall not be used or handled for a period of one week, after which time they may be returned to use.
 - f. Sick room and contents shall be thoroughly sunned and aired for at least one day.

G. CONTROL OF MILK, MILK PRODUCTS AND OTHER FOOD STUFFS

1. Whenever a case, carrier or suspected case or carrier of

Amebiasis	Poliomyelitis
Diphtheria	Scarlet fever or other
Dysentery, bacillary (shigellosis)	hemolytic streptococcal infections of the upper respiratory tract
Food infection (salmonellosis)	Smallpox
Meningitis, meningococcal	Tuberculosis
Paratyphoid fever	Typhoid fever

exists in the home of a distributor or on any farm or dairy producing milk, cream, butter, cheese or other foods likely to be consumed raw, no such foods shall be sold, exchanged, removed or distributed from such

home, farm or dairy during the period of isolation or quarantine except under the following conditions:

- a. A neighbor or tenant farmer, who has not been in contact with the patient and who continues to reside off the premises, or a home contact who has been released from quarantine in accordance with these rules and regulations for the specific disease, may take care of the milk or food production provided he observes the following restrictions:
 1. All milk and cream produced on the farm shall be sent to a pasteurizing plant—otherwise it cannot be shipped.
 2. The herd, the workers, the food produced, the utensils, etc., must have no contact, direct or indirect, with the patient, the premises, those residing on the premises, or articles or utensils on the premises.
 3. A food handler's permit, furnished by the Illinois Department of Public Health shall be signed by the person or persons who will handle production during the illness. The permit shall be counter-signed by the health authority having jurisdiction, stating that he will make weekly inspections of the premises in question to see that regulations are observed.
 4. Pasteurization shall be continued for one week following the termination of isolation or quarantine.
2. The patient, after recovery, shall not assist in any dairy or food production until he has been released from isolation.

H. SCHOOLS

1. When a case of communicable disease occurs in a school, the school should not be closed except in the event of a great emergency and then only after the approval of the Illinois Department of Public Health or its duly authorized representative has been obtained.
2. Whenever a school is closed because of the presence of communicable disease in the school or in the community, the local health authority shall issue a supplementary order requiring all children attending the school to remain upon their own premises.
3. Children infected with a communicable disease shall not be permitted to attend school, unless *specifically* excepted by the rules and regulations for the specific disease.
4. School children suspected of being infected with an infectious disease shall be refused admittance to school.

I. RELEASE SPECIMENS

1. Whenever these rules and regulations require the submission of laboratory specimens for release from isola-

tion or quarantine, such specimens will not be accepted unless they have been examined in a laboratory of the Illinois Department of Public Health or in another official health department laboratory approved by said Department for the specific tests required.

J. HOSPITALIZATION

1. If proper isolation of the patient cannot be accomplished in the home, hospitalization in a contagious disease hospital or in a general or children's hospital, as provided in paragraph 2 below, may be required by the Illinois Department of Public Health or the local health authority.
2. Cases of communicable disease may be hospitalized in a general hospital or a children's hospital provided that the patient is isolated in a private room or cubicle or in a ward where none but patients with the same disease are kept and further provided that strict isolation technique is observed. The requirements of these rules and regulations for the specific diseases relative to release from isolation must be fulfilled before the patient leaves the hospital. However, the removal of the patient may be permitted provided the requirements of Section C, pages 12 and 13 have been fulfilled.
3. Nurses and attendants caring for a communicable disease patient shall not come in contact with obstetrical or surgical patients until a period of time equal to the incubation period of the particular disease has elapsed since the last contact with the patient.

CHAPTER V

DETAILED PROCEDURE FOR THE CONTROL OF COMMUNICABLE DISEASES

ACTINOMYCOSIS

Control of Case:

- (1) Placarding of premises is *not* required.
- (2) Isolation is *not* required.
- (3) Concurrent disinfection is required.
- (4) Terminal disinfection is required.

Control of Contacts:

- (1) No restrictions are required.

General Measures:

- (1) Observance of hygiene of oral cavity. (Do not chew straws, grains or grasses.)
- (2) Inspection of meat, with condemnation of carcasses or infected parts of carcasses of infected animals.
- (3) Destruction of known animal sources of infection.
- (4) Advising attendants and others that nasal and bowel discharges and uncooked meats may be source of infection.

AMEBIASIS

Control of Case and Carrier:

- (1) Placarding of premises is *not* required.
- (2) Isolation is *not* required, but case or carrier must submit specimens of feces until three consecutive specimens taken not less than one week apart are negative for trophozoites or cysts of *Endamoeba histolytica*. Food handling by a case or carrier is prohibited until the above requirements have been fulfilled. All specimens must be examined by a laboratory of the Illinois Department of Public Health or in one approved by it for the diagnosis of amebiasis.
- (3) Concurrent disinfection is required.
- (4) Terminal disinfection is required.

Control of Contacts:

- (1) Household or intimate contacts shall submit at least two specimens of feces taken not less than four days apart, for examination in a laboratory of the Illinois Department of Public Health or in one approved by it for the diagnosis of amebiasis.

Sale of Food, Milk, etc.:

- (1) See paragraph G, Chapter IV, pages 15, 16.

General Measures:

- (1) Sanitary disposal of human feces.
- (2) Protection of potable water supplies against fecal contamination, and boiling drinking water where necessary. Chlorination of water supplies as generally used has been found inadequate for the destruction of cysts.
- (3) Supervision of the general cleanliness and the personal health and sanitary practices of persons preparing and serving food in public eating places, especially moist foods eaten raw.
- (4) Education in personal cleanliness, particularly washing hands with soap and water after evacuation of the bowels.
- (5) Control of fly breeding and protection of foods against fly contamination by screening.
- (6) Avoidance of cross-connections between public and private auxiliary water supplies and of back-flow connections in plumbing systems.
- (7) Adequate treatment of patients, and of subclinical cases when discovered, with a view to eradication of the parasite. Effective amebicides for this purpose are now available.
- (8) Instruction of convalescent and chronic carriers in personal hygiene, particularly as to sanitary disposal of fecal waste, and hand washing after use of toilet.
- (9) In case of epidemics due to relatively massive doses of infectious material, active measures should be employed to discover the source of infection, and to advise the public and the medical profession of the early and characteristic symptoms, of the serious immediate and remote results of such infection, and of the good results of treatment if instituted early.

ANKYLOSTOMIASIS (HOOKWORM DISEASE)**Control of Case:**

- (1) Placarding of premises is *not* required.
- (2) Isolation is *not* required.
- (3) Concurrent disinfection of bowel discharges is required.
- (4) Terminal disinfection is *not* required.

Control of Contacts:

- (1) No restrictions are required.

General Measures:

- (1) Education as to dangers of soil pollution and methods of prevention.
- (2) Prevention of soil pollution by installation of sanitary disposal systems for human discharges, especially sanitary

privies in rural areas, and education of the public in the use of such facilities.

- (3) Personal prophylaxis by cleanliness and the wearing of shoes.

ANTHRAX

Control of Case:

- (1) Placarding of premises is required.
- (2) Isolation is required until lesions have healed.
- (3) Concurrent disinfection is required. (Spores can be killed only by special measures such as steam under pressure or boiling.)
- (4) Terminal disinfection is required.

Control of Contacts:

- (1) No restrictions are required if patient is properly isolated.

General Measures:

- (1) Animals ill with disease presumably anthrax should be isolated immediately in the care of a veterinarian. Animals proved to have the disease should be killed and promptly destroyed, preferably by incineration.
- (2) Immunization of exposed animals.
- (3) Post-mortem examination of animals should be made only by a veterinarian or in the presence of one.
- (4) Milk from an infected animal should not be used.
- (5) Control and disinfection of effluents and trade wastes and of areas of land polluted by such effluents and wastes from factories or premises, where spore-infected hides or other infected hide and hair products are known to have been worked up into manufactured articles.
- (6) Every shipment of raw hides, wool, hair, or bristles from sources which are not known to be free from anthrax infection should be examined by an expert bacteriologist.
- (7) A physician should be constantly employed by every company handling raw hides.
- (8) Every employee handling raw hides, hair, or bristles who has an abrasion of the skin should immediately report to a physician.
- (9) Special instruction should be given to all employees handling raw hides in regard to the necessity of personal cleanliness.
- (10) Tanneries and woolen mills should be provided with proper ventilating apparatus so that dust is promptly removed before reaching the respiratory tract of human beings.
- (11) Disinfection of hair, wool, and bristles from sources known to be or suspected to be infected, before they are used or sorted, should be obligatory.
- (12) The sale of hide from an animal infected with anthrax should be prohibited.

CHANCROID

(See special rules for venereal diseases, pages 55-79.)

CHICKENPOX**Control of Case:**

- (1) Placarding of premises is *not* required.
- (2) Isolation is required for not less than fourteen days and thereafter until all crusts have disappeared from the skin.
- (3) Concurrent disinfection is required.
- (4) Terminal disinfection is *not* required.

Control of Contacts:

- (1) No restrictions are required.

General Measures:

- (1) School authorities shall be notified regarding the case and instructed to observe all children carefully for three weeks after exposure for any sign of the disease and to exclude from school any children, with suggestive symptoms and to notify the local health authority.

CHOLERA**Control of Case:**

- (1) Placarding of premises is required.
- (2) Isolation in a screened room is required until three consecutive specimens of feces and urine taken not less than twenty-four hours apart are negative for *cholera vibrio*.
- (3) Concurrent disinfection is required.
- (4) Terminal disinfection is required.

Control of Contacts:

- (1) Quarantine of contacts is required for five days from last exposure or until two successive stool and urine cultures taken not less than twenty-four hours apart are negative for *cholera vibrio*.

**CONJUNCTIVITIS OF THE NEW BORN, ACUTE INFECTIOUS
(OPHTHALMIA NEONATORUM)**

(Includes gonorrhoeal and pneumococcal ophthalmia.)

Control of Case:

- (1) Placarding of premises is *not* required.
- (2) Isolation is required until clinical recovery.
- (3) Concurrent disinfection is required.
- (4) Terminal disinfection is required.

Control of Contacts:

- (1) No restrictions are required.

General Measures:

- (1) The following is an extract of "An Act for the Prevention of Blindness from Ophthalmia Neonatorum; defining ophthalmia neonatorum; designating certain powers and duties and otherwise providing for the enforcement of this Act," approved June 24, 1915, (Sections 3 and 8 amended April 20, 1933.):

"It is the duty of all maternity homes and any and all hospitals or places, where women resort for purposes of childbirth, to post and keep posted in conspicuous places in their institution, copies of this Act and to instruct persons professionally employed in such homes, hospitals and places regarding their duties under this Act, and to maintain such records of cases of ophthalmia neonatorum in the manner and form prescribed by the Department of Public Health.

"It shall be the duty of any physician, midwife or nurse who attends or assists at the birth of a child, to instill or have instilled in each eye of the new born baby, as soon as possible and not later than one hour after birth, a one per cent (1%) solution of silver nitrate or some other equally effective prophylactic for the prevention of ophthalmia neonatorum approved by the State Department of Public Health."

- (2) The Illinois Department of Public Health approves and furnishes only 1% silver nitrate solution as a prophylactic for ophthalmia neonatorum, free to all physicians and midwives authorized by law to attend at the birth of any child, upon their application for same.
- (3) Antepartum treatment of the mother if gonorrhoea is suspected.

CONJUNCTIVITIS, ACUTE INFECTIOUS (OVER ONE MONTH OF AGE)

Control of Case:

- (1) Placarding of premises is *not* required.
- (2) Isolation is required until clinical recovery.
- (3) Concurrent disinfection is required.
- (4) Terminal disinfection is required.

Control of Contacts:

- (1) No restrictions are required.

DENGUE

Control of Case:

- (1) Placarding of premises is *not* required.
- (2) Isolation in a screened room is required until complete recovery.
- (3) Concurrent disinfection is *not* required.
- (4) Terminal disinfection is *not* required.

Control of Contacts:

- (1) No restrictions are required.

General Measures:

- (1) Measures directed toward elimination of the vector mosquitoes and their breeding places.
- (2) Screening of rooms.
- (3) Use of repellents.

DIARRHEA OF THE NEWBORN, EPIDEMIC**Control of Case:**

- (1) Placarding of premises is required.
- (2) Isolation is required. The infected baby shall immediately be removed from the nursery to isolation quarters where the baby shall be cared for by a separate nursing staff, skilled in isolation technique and who do not come in contact with other infants or children.
- (3) Concurrent disinfection is required.
- (4) Terminal disinfection is required.

Control of Contacts:

- (1) The contaminated nursery shall immediately be closed to new admissions.
- (2) Admissions to the maternity service shall immediately be suspended.
- (3) All exposed babies in the contaminated nursery shall be cared for by a separate nursing staff, skilled in isolation technique.
- (4) Maternity service may be renewed only after discharge of all contact babies and mothers, and after thoroughly cleansing nursery, maternity wards, and equipment.
- (5) Investigation shall be made of all infants discharged from the hospital in the period two weeks prior to the onset of the initially reported case.
- (6) Bacteriologic examination of stools is required of all sick and exposed babies, mothers, and maternity service personnel.

DIPHTHERIA**Control of Case or Carrier:**

- (1) Placarding of premises is required.
- (2) Isolation is required for at least seven days after the onset of illness or the diagnosis of the carrier state and thereafter until two successive cultures from both nose and throat, taken not less than twenty-four hours apart, are negative for diphtheria bacilli, or when a virulence test proves the bacilli to be avirulent. Cultures shall not be submitted for virulence tests until at least twenty-one days after the onset of the disease.
- (3) Concurrent disinfection is required.
- (4) Terminal disinfection is required.

Control of Contacts:

- (1) All contacts living on the placarded premises shall remain under quarantine as long as the case or carrier is in isolation and thereafter until a culture from both nose and throat is negative for diphtheria bacilli; *except*

that the wage earner, who has submitted a nose and throat culture negative for diphtheria bacilli, may be permitted to continue his work provided he is over 16 years of age, has no direct contact with the patient and is not a food handler, school teacher or employed around a school or other place where there are children, and provided also that permission is granted in writing by the local health authority. In consideration of this modification of quarantine, the local health authority shall agree to visit and inspect the placarded premises at least twice weekly in order to be assured that adequate isolation is being practiced. It should be understood that this is not a blanket privilege for a wage earner and that permission for this type of modified quarantine will be rescinded by the Illinois Department of Public Health if the local health authority does not enforce proper isolation of the patient.

- (2) Immune persons, who have submitted a nose and throat culture negative for diphtheria bacilli, may be removed from the placarded premises to remain away for the duration of the isolation period.
- (3) Non-immune persons may be removed from the placarded premises to other premises where they shall be quarantined for seven days from date of removal and thereafter until a nose and throat culture, negative for diphtheria bacilli, is obtained.
(Definition of immunity—a person may be regarded as immune from diphtheria under the following conditions:
 - a. For three weeks after early prophylactic inoculation with at least one thousand units of diphtheria antitoxin.
 - b. If a Schick test performed by a physician is found to be negative.)
- (4) Contacts outside of the home who have had intimate and long continued exposure to the case shall be handled in the same manner as home contacts.

Sale of Food, Milk, etc.:

- (1) See paragraph G, Chapter IV, pages 15, 16.

General Measures:

- (1) All non-immune persons in the same household should be passively immunized with diphtheria antitoxin.
- (2) All non-immune children in the same household should be actively immunized with diphtheria toxoid but not until three weeks after the administration of antitoxin.
- (3) Active immunization is recommended for all children before the end of the first year of life without prior Schick testing and active immunization of school children with or without prior use of the Schick test. The board of health, the board of education or the school board is advised and urged to have all unprotected pupils actively immunized against diphtheria.

- (4) Children immunized during infancy should be given a stimulating dose of diphtheria toxoid on entrance to school.
- (5) Pasteurization of milk supply.

DOG AND OTHER ANIMAL BITES

Reports:

Every instance, in which a person is bitten, scratched or otherwise injured by a dog or other animal, or every instance, in which a person has handled a known or suspected rabid animal, shall be reported promptly to the local health authority. Dog bites are to be reported on franked cards as employed for reporting communicable diseases.

Investigations:

All instances of animal bites shall be investigated promptly by the local health authority, to determine, if possible, whether or not the animal in question had rabies and if the person bitten is in need of prophylactic vaccine.

Control of Dogs:

Any dog or other animal known to have bitten a human being shall be captured alive, if possible, and shall be detained and observed for a period of fourteen days. If the animal is killed, the head should be detached without mutilation and forwarded to a laboratory where examination for rabies can be made.

DYSENTERY, BACILLARY (SHIGELLOSIS)

Control of Case:

- (1) Placarding of premises is *not* required except in the presence of an epidemic.
- (2) Isolation in a screened room is required of all clinically active cases until two consecutive specimens of feces, taken not less than seventy-two hours apart, are negative for dysentery organisms. All specimens for release purposes must reach an approved laboratory within twenty-four hours after passage. (Clinically recovered cases, whose specimens are still positive, may be granted the same modified quarantine privileges as described on page 26 for carriers.)
- (3) Concurrent disinfection is required.
- (4) Terminal disinfection is required.

Control of Carrier:

Definition of carrier. A bacillary dysentery carrier is a person who is discharging dysentery bacilli in his excreta but who shows no symptoms of the disease; or a person who continues to discharge dysentery bacilli at the end of three months after the date of onset of the disease.

- (1) Carriers of bacillary dysentery shall be isolated and the premises placarded until they have submitted three successive specimens of feces at intervals of one week apart which are negative for dysentery bacilli. However, carriers of bacillary dysentery may be granted a modified form of quarantine upon signing in quadruplicate the modified quarantine agreement shown below. One signed copy is to be filed with the local health authority, two signed copies forwarded to the Illinois Department of Public Health and the fourth copy given to the carrier. The local health authority shall visit, or cause to be visited, such carrier as often as is necessary to insure compliance with the agreement.

....., Ill.
 Dated.....
 Illinois Department of Public Health,
 Springfield, Illinois.
 Gentlemen:

I,, agree to observe the precautions which are required by the Illinois Department of Public Health relative to dysentery (cases or carriers) and request that I be permitted to remain in free communication with other persons as long as I comply with these requirements. I agree not to handle food for my family or for other people and to use the utmost care in my personal hygiene. I will wash my hands with soap and water after every visit to the toilet and will not bathe in any pool of water frequented by any other person. I agree to submit specimens as requested by the local or state health department, until I am properly released according to the rules for the control of dysentery.

I will inform the local health department and the Illinois Department of Public Health at Springfield or any other health jurisdiction, where I may go to live, of any contemplated change from my present address.

I understand that if I violate any of the above restrictions or endanger the public health in any way that I shall lose the privileges granted me under this permit and I shall be quarantined and the premises placarded.

Signed,
 (Case or Carrier)

Permission is, hereby, granted to.....
 (a case or carrier) of dysentery bacilli, to mingle with the public at large and to resume his usual occupation as.....
 (NOT AS A FOOD HANDLER), as long as he complies with the restrictions listed above.

Signed,
 Title,
 Health Jurisdiction,
 Dated,

{ Approved, M. D.
 Illinois Department of Public Health
 Dated,

Release of Carrier:

- (1) A chronic bacillary dysentery carrier shall not be released from observation and the rules of modified quarantine until three successive specimens taken at intervals of not less than one week are negative for bacillary dysentery bacilli. No negative reports will be considered if the specimen has been delayed in transit and in no instance if more than twenty-four hours have elapsed between collection of the specimen and its examination; however, the Illinois Department of Public Health reserves to itself the right of passing finally upon all evidence which may be obtained thereby.

Control of Contacts to a Case:

- (1) All household contacts shall submit two successive specimens of feces taken not less than twenty-four hours apart.
- (2) No other restrictions are required of home contacts unless they are food handlers, in which case they may not engage in their usual occupation as long as they reside on the premises where the patient is in isolation.

Sale of Food, Milk, etc.:

- (1) See paragraph G, Chapter IV, pages 15, 16.

General Measures:

- (1) Protection and purification of public water supplies.
- (2) Pasteurization of public milk supplies.
- (3) Supervision of other food supplies and of food handlers.
- (4) Prevention of fly breeding.
- (5) Sanitary disposal of human excreta.

ENCEPHALITIS, ACUTE INFECTIOUS, (INCLUDING VON ECONOMO'S AND ST. LOUIS ENCEPHALITIS AND EQUINE ENCEPHALOMYELITIS)**Control of Case:**

- (1) Placarding of premises is *not* required.
- (2) Isolation in a screened room is required during the febrile period.
- (3) Concurrent disinfection is required.
- (4) Terminal disinfection is *not* required.

Control of Contacts:

- (1) No restrictions are required.

ERYSIPELAS**Control of Case:**

- (1) Placarding of premises is *not* required.
- (2) Isolation is required until inflammation has subsided and all purulent discharges have ceased.
- (3) Concurrent disinfection is required.
- (4) Terminal disinfection is required.

Control of Contacts:

- (1) No restrictions are required.

FOOD INFECTIONS**A. Salmonellosis****B. Other****Control of Case or Carrier:**

- (1) Placarding of premises is *not* required.
- (2) Isolation is *not* required, but case or carrier must submit specimens of feces until two consecutive specimens

taken not less than twenty-four hours apart are negative for salmonella organisms. Food handling or occupations involving the care of children by a case or carrier are prohibited until above requirements have been fulfilled. If case or carrier refuses to submit specimens as required above he shall be placed in isolation and the premises placarded.

(3) Concurrent disinfection is required.

(4) Terminal disinfection is required.

Control of Contacts:

(1) No restrictions are required.

Suspected Food:

(1) Samples of food suspected of being the source of food infections shall be obtained by the local health authority and sent for examination to a laboratory approved by the Department of Public Health.

Sale of Food, Milk, etc.:

(1) See Paragraph G, Chapter IV, pages 15, 16.

General Measures:

(1) Strictest possible attention to refrigeration and to the cleanliness of food handling premises and practices. Stress should be put on cleanliness of hands of food-handlers and on protection of foods from vermin during processing and storage.

(2) Food-handlers shall not be permitted to work while suffering from diarrhea.

(3) Elimination of rodents and other vermin from food handling premises.

FOOD POISONING

(Bacterial intoxications)

A. Staphylococcus

Control of Case:

(1) Placarding of premises is *not* required.

(2) Isolation is *not* required.

(3) Concurrent disinfection is *not* required.

(4) Terminal disinfection is *not* required.

Suspected Food:

(1) Samples of food suspected of being the source of food infection shall be obtained by the local health authority and sent for examination to a laboratory approved by the Department of Public Health.

General Measures:

(1) Temporary exclusion from food handling of persons suffering from pyogenic skin infections, especially of the hands.

- (2) Prompt refrigeration of sliced and chopped meats and of custards and cream fillings, to avoid multiplication of staphylococci accidentally introduced; filling of pastries with custard immediately before sale; or adequate heat treatment of the finished product.

B. Botulinus (Botulism)

Control of Case:

- (1) Placarding of premises is *not* required.
- (2) Isolation is *not* required.
- (3) Concurrent disinfection is *not* required.
- (4) Terminal disinfection is *not* required.

Suspected Food:

- (1) Samples of food suspected of being the source of food infection shall be obtained by the local health authority and sent for examination to a laboratory approved by the Department of Public Health.

General Measures:

- (1) Regulation and inspection of commercial processing of canned and preserved foods.
- (2) Education of housewives and others concerned with home canning of foods in the essentials of safe processing, as to time, pressure, and temperature factors.
- (3) Education in the value of boiling home-canned non-acid foods, and the thorough cooking of sausage and other meats and fish products held for later consumption.

GERMAN MEASLES (RUBELLA)

Control of Case:

- (1) Placarding of premises is *not* required.
- (2) Isolation is required from onset of catarrhal symptoms until seven days after the appearance of the rash.
- (3) Concurrent disinfection is *not* required.
- (4) Terminal disinfection is *not* required.

Control of Contacts:

- (1) No restrictions are required.

General Measures:

- (1) School authorities shall be notified and instructed to observe all children carefully for twenty-one days after exposure for any sign of the disease and to exclude from school any children with suggestive symptoms and to notify the local health authorities.
- (2) Great care should be exercised to prevent the exposure of susceptible pregnant women to German measles.

GLANDERS

Control of Case:

- (1) Placarding of premises is *not* required.
- (2) Isolation is required until all lesions have healed.

- (3) Concurrent disinfection is required. *Skin contact with the lesions in the living or dead body is to be scrupulously avoided.*
- (4) Terminal disinfection is required.

Control of Contacts:

- (1) No restrictions are required.

General Measures:

- (1) Stable and contents, where infected horses are found, shall be disinfected.
- (2) Destruction of all infected horses.
- (3) All horses in an infected stable should be tested by specific reaction.

GONORRHEA

(See special rules for venereal diseases, pages 55-79.)

GRANULOMA INGUINALE

(See special rules for venereal diseases, pages 55-79.)

HEMORRHAGIC JAUNDICE

(Icterohemorrhagic Spirochetosis; Weil's Disease)

Control of Case:

- (1) Placarding of premises is *not* required.
- (2) Isolation is *not* required.
- (3) Concurrent disinfection is required.
- (4) Terminal disinfection is required.

Control of Contacts:

- (1) No restrictions are required.

General Measures:

- (1) Rat control by ratproofing, trapping, and poisoning.
- (2) Sanitary disposal of human wastes in civil and military environments.
- (3) Destruction of leptospira in nature by drainage of mines and soil, and disinfection of water in fish-cleaning establishments, with 1:60 hypochlorite solution.
- (4) Education in the value of proper disposal of garbage, storing and keeping of foods, and other general sanitary measures.
- (5) Protection of workers exposed to infection by preventing organisms from entering through the skin and mouth, by the use of boots and gloves, and the avoidance of skin abrasions, etc.

HEPATITIS, INFECTIOUS (ACUTE CATARRHAL JAUNDICE)**Control of Case:**

- (1) Placarding of premises is *not* required.
- (2) Isolation is required during the first week of illness.
- (3) Concurrent disinfection is required.
- (4) Terminal disinfection is required.

Control of Contacts:

- (1) No restrictions are required.

IMPETIGO CONTAGIOSA

(In institutions)

Control of Case:

- (1) Placarding of premises is *not* required.
- (2) Isolation from other children is required until all pustules are healed.
- (3) Concurrent disinfection is required.
- (4) Terminal disinfection is required.

Control of Contacts:

- (1) No restrictions are required.

General Measures:

- (1) Examination of attendants for skin infections.
- (2) All persons with skin lesions should be kept from direct or indirect contact with new born babies.
- (3) Personal cleanliness, particularly the avoidance of common use of toilet articles among children.
- (4) Prompt treatment of the first case in a group of children will abbreviate the period of communicability and prevent extension of lesions to new sites as well as to other children.

INFLUENZA**Control of Case:**

- (1) Placarding of premises is *not* required, but visiting should be discouraged.
- (2) Isolation is required during the acute stage of the illness.
- (3) Concurrent disinfection is required.
- (4) Terminal disinfection is *not* required.

Control of Contacts:

- (1) No restrictions are required.

General Measures:

- (1) During epidemics efforts should be made to reduce opportunities for direct contact infection, as in crowded halls, stores, and street cars. The closing of the public, parochial, and private schools has not been effective in checking the spread of infection. In isolated popula-

tion groups and institutions, infections have been delayed and sometimes avoided by strict exclusion of all visitors.

- (2) The common use of towels, glasses, eating utensils, or toilet articles should be avoided.
- (3) Crowding of beds in hospitals and institutions to accommodate increased numbers of patients and other inmates is to be especially avoided. Increased spacing between beds in wards and dormitories should be carried out to reduce the risk of attack, and of the occurrence of pneumonia.

KERATO-CONJUNCTIVITIS, INFECTIOUS (SUPERFICIAL PUNCTATE KERATITIS; NUMMULAR KERATITIS)

Control of Case:

- (1) Placarding of premises is *not* required.
- (2) Isolation is *not* required.
- (3) Concurrent disinfection is required.
- (4) Terminal disinfection is *not* required.

Control of Contacts:

- (1) No restrictions are required.

General Measures:

- (1) Education as to personal cleanliness and to the danger of the common use of towels and toilet articles.
- (2) Avoidance of contact of hands with conjunctival or nasal discharges.
- (3) Aseptic technic in all professional care of patients with eye diseases and injuries.

LEPROSY

Control of Case:

- (1) Placarding of premises is *not* required.
- (2) Isolation is required until transfer to the Federal Leprosarium or until clinical or laboratory examination demonstrates non-infectivity.
- (3) Concurrent disinfection is required.
- (4) Terminal disinfection is required.

Control of Contacts:

- (1) No restrictions are required.

LYMPHOGRANULOMA VENEREUM (LYMPHOGRANULOMA INGUINALE, LYMPHOPATHIA VENEREUM)

(See special rules for venereal diseases, pages 55-79.)

MALARIA (INCLUDING ARTIFICIALLY INDUCED)**Control of Case:**

- (1) Placarding of premises is *not* required.
- (2) Isolation is *not* required, but the patient must be properly protected from the bites of mosquitoes and shall be treated continuously until the blood is free of malarial parasites. No patient, who has been inoculated with malarial parasites for the purpose of treatment, shall be discharged from a hospital or from the care of a physician until he has been rendered free of parasites by adequate anti-malarial treatment.
- (3) Concurrent disinfection is *not* required.
- (4) Terminal disinfection is *not* required.

Control of Contacts:

- (1) No restrictions are required.

General Measures:

- (1) Employment of known measures for the destruction of the larvae of anophelines and the eradication of breeding places of such mosquitoes.
- (2) Screening of sleeping and living quarters; use of mosquito nets and repellents.
- (3) Education of the public as to the mode of spread and methods of prevention of malaria.

MEASLES**Control of Case:**

- (1) Placarding of premises is *not* required.
- (2) Isolation is required from the onset of catarrhal symptoms until five days after the appearance of the rash and thereafter until the catarrhal symptoms and the abnormal secretions of the mucous membranes have ceased.
- (3) Concurrent disinfection is required.
- (4) Terminal disinfection is *not* required.

Control of Contacts:

- (1) Susceptible children living on the premises with the case shall be quarantined for fourteen days from date of first exposure.

General Measures:

- (1) All children under three years of age who have been exposed to measles should be treated with convalescent serum or immune globulin in a dosage sufficient to prevent or modify the disease.
- (2) Daily examination of exposed children. This examination should include record of the body temperature. A non-immune exposed person, exhibiting a rise of 1°F. or more, should be promptly isolated pending diagnosis.

MENINGOCOCCAL MENINGITIS AND MENINGOCOCCEMIA**Control of Case:**

- (1) Placarding of premises is required.
- (2) Isolation is required for one week from date of onset and thereafter until clinical recovery.
- (3) Concurrent disinfection is required.
- (4) Terminal disinfection is required.

Control of Contacts:

- (1) Contacts, who continue to reside on the same premises with the case, shall be quarantined for the period of isolation of the case with the following exception:

The wage earner may be permitted to continue his work provided he is over sixteen years of age, has no direct contact with the patient and is not a food handler, or a school teacher, or employed around a school or other place where there are children, and provided also that permission is granted in writing by the local health authority. This privilege is granted solely for the purpose of permitting the wage earner to continue his occupation and he shall not enter any other premises not in line with his employment. It should be understood that this is not a blanket privilege for a wage earner, and that permission for this type of modified quarantine will be rescinded by the Illinois Department of Public Health if the local health authority does not insist upon proper isolation of the patient.

- (2) Household contacts may with permission of the local health authority, be removed from the premises to remain away for the duration of the isolation period. It is advised that all contacts be given prophylactic doses of a sulphonamide drug under medical supervision.

Sale of Food, Milk, etc.:

- (1) See Paragraph G, Chapter IV, pages 15, 16.

General Measures:

- (1) Prevention of overcrowding such as may occur in living quarters, transportation conveyances, working places, and especially in barracks, camps, and ships.
- (2) If a community—civil, industrial, or military—is suffering from an unusual risk of infection and the general administration of chemoprophylaxis to exposed persons under medical supervision is practicable, small doses of sulfadiazine will lower markedly the carrier rate and prevent the spread of the disease.

MENINGITIS, OTHER

(Influenzal, Pneumococcal, Streptococcal, Syphilitic
Tuberculous and Unspecified)

Control of Case:

- (1) Placarding of premises is *not* required.
- (2) Isolation is *not* required.
- (3) Concurrent disinfection is *not* required.
- (4) Terminal disinfection is *not* required.

Control of Contacts:

- (1) No restrictions are required.

MUMPS (INFECTIOUS PAROTITIS)**Control of Case:**

- (1) Placarding of premises is *not* required.
- (2) Isolation is required until the swelling of the salivary glands has disappeared.
- (3) Concurrent disinfection is required.
- (4) Terminal disinfection is *not* required.

Control of Contacts:

- (1) No restrictions are required.

PARATYPHOID FEVER

(See typhoid fever, pages 46-51.)

PLAGUE**Control of Case:**

- (1) Placarding of premises is required.
- (2) Isolation in a screened room free from vermin is required.
- (3) Concurrent disinfection is required.
- (4) Terminal disinfection, including fumigation, is required.

Control of Contacts:

- (1) All contacts shall be quarantined for seven days following last exposure to the case.

General Measures:

- (1) Extermination of rats and vermin by use of accepted methods for their destruction.
- (2) Ratproofing of buildings and elimination of breeding places and opportunities for the harboring and feeding of rats.

PNEUMONIA**A. Pneumococcal****B. Primary Bacterial, Other Than Pneumococcal****C. Primary Atypical or "Virus"****Control of Case:**

- (1) Placarding of premises is *not* required.
- (2) Isolation is required during the acute clinical stage of the disease.
- (3) Concurrent disinfection is required.
- (4) Terminal disinfection is required.

Control of Contacts:

- (1) No restrictions are required.

POLIOMYELITIS, ACUTE ANTERIOR**Control of Case:**

- (1) Placarding of premises is required.
- (2) Isolation is required for two weeks from date of onset.
- (3) Concurrent disinfection is required.
- (4) Terminal disinfection is required.

Control of Contacts:

- (1) All household contacts under sixteen years of age shall be quarantined for two weeks from date of last contact with patient.
- (2) Adult contacts who are food handlers or school teachers are prohibited from engaging in their usual occupation for two weeks from date of last contact with patient, otherwise, there are no restrictions on their movements or activities.

Sale of Food, Milk, etc.:

- (1) See paragraph G, Chapter IV, pages 15, 16.

General Measures during Epidemics:

- (1) General warning to physicians and the laity of the prevalence or increase of incidence of the disease, description of usual characteristics of onset, and necessity for early diagnosis and medical care.
- (2) All children with fever should be isolated in bed pending diagnosis.
- (3) Protection of children so far as practicable against unnecessary contact with other persons, especially those outside their own homes, during epidemic prevalence of the disease.
- (4) Postponement of nose and throat operations on children during the poliomyelitis season.
- (5) Avoidance of physical strain in children during an epidemic or in case of known exposure.
- (6) Avoidance of unnecessary travel and visiting during high prevalence of the infection.

PSITTACOSIS AND ORNITHOSIS**Control of Case:**

- (1) Placarding of premises is required.
- (2) Isolation is required during the febrile and acute clinical stage of the disease.
- (3) Concurrent disinfection is required.
- (4) Terminal disinfection is required.

Control of Contacts:

- (1) No restrictions are required.

Control of Infected Birds and Premises:

- (1) All premises, where any bird known to be infected with psittacosis or ornithosis is or has been located, shall be closed and placarded for one week and shall not be re-opened until thoroughly cleaned and disinfected.
- (2) Incriminated birds shall be killed and the body immersed in 2% cresol. The carcasses shall be burned before the feathers have dried. When shipment of the carcass to a laboratory for examination is desired, permission must be obtained from the Illinois Department of Public Health or its duly authorized representative.

Sale of Birds within State:

- (1) No restrictions on the sale of birds within State of Illinois if free from psittacosis.

Interstate Shipment of Birds:

- (1) Following are the U. S. Interstate Quarantine Regulations which pertain to the shipment and transportation of birds of the Psittacine family:

"15½. No person, firm or corporation shall offer for shipment in interstate traffic, and no common carrier shall accept for shipment or transport in interstate traffic, any parrot, parrakeet, love bird, macaw, cockatoo, lory, lorikeet, or any other bird of the parrot or Psittacine family, unless an accompanying certificate has been obtained from the state health authority to the effect that to the best of the knowledge and belief of such authority, such bird as may be offered for shipment has originated from an aviary, or other distributing establishment, free from psittacosis infection, as determined by inspection of birds and the environment in which they have been reared and housed, the history of such establishment as regards psittacosis infection, supplemented by such laboratory examination of birds, selected by a representative of the certifying authority, as may be deemed necessary to enable the certifying authority to determine that the birds offered for shipment are free from psittacosis infection; provided, that no bird of the species above mentioned that is under eight months of age shall be offered or accepted for shipment or transport in interstate traffic.

"Certificates accompanying shipment of Psittacine birds transported under provisions of this Section shall be surrendered by the common carriers to the health authorities at the destination of the shipment."

Procedure for Obtaining Interstate Certificate:

- (1) Copies of "Interstate Certificate", which are to be filled out and notarized by the shipper, are provided by the Illinois Department of Public Health, Springfield, upon request. An affidavit filled out by a local veterinarian, certifying that the bird or birds is/are free from any evidence of disease, must accompany the certificate.

Two copies of the certificate are then returned to the shipper, one copy to be retained by him and one copy to accompany the shipment. One copy is forwarded by the Illinois Department of Public Health to the State Health Department into which state the birds are shipped.

RABIES (HYDROPHOBIA)

Control of Case:

- (1) Placarding of premises is *not* required.
- (2) Isolation is *not* required.
- (3) Concurrent disinfection is required.
- (4) Terminal disinfection is required.

Control of Contacts:

- (1) No restrictions are required.

General Measures:

- (1) Detention and examination for fourteen days of dogs or other animals suspected of having rabies or those that have bitten a person.
- (2) Immediate antirabic treatment of persons bitten by dogs or by other animals suspected or known to have rabies, unless the animal is proved not to be rabid by subsequent observation or by microscopic examination of the brain and cord. The wound caused by any bite of a rabid animal or of an animal suspected of having rabies should immediately be treated to the depths with fuming nitric acid or with a 30% solution of green soap, with complete protection of the eyes in the case of face bites.
- (3) Education in the care of dogs, especially directed to dog owners and the police, including advice against shooting of rabid or suspected animals in the head lest the laboratory examination of the brain be rendered difficult or impossible. Dogs suspected of being rabid or that have bitten a person should not be killed until observed for a period of two weeks or until a clinical diagnosis of rabies has been made.
- (4) It should be required that all owned dogs in congested areas be kept on leash at all times when not within the homes of their owners. Ownerless dogs should be destroyed by public authority.
- (5) Preventive vaccination of dogs is encouraged.
- (6) No one measure can be relied upon as the sole means of controlling the disease.

Control of Dogs:

- (1) By an Act of the General Assembly, the Illinois Department of Agriculture has been given certain powers to prevent the spread of rabies among dogs by restraint or prophylactic measures. Therefore, when an outbreak of rabies occurs, communication should be sent

immediately to the Department of Agriculture, Springfield, so that they may investigate and take the necessary action.

Following is a copy of the law mentioned on page 38:

An Act to Prevent the Spread of Rabies**

- "23a. Definitions. 1. For the purpose of this Act:
 "Animal" means all animals of the canine species, both male and female, and any other animals which may be affected by rabies:
 "Department" means the Department of Agriculture.
- "23b. Preventive Measures by Department of Agriculture. 2. Whenever a case of rabies has occurred in a locality the Department shall prevent its spread among dogs and other animals. The Department may order:
 a. That all dogs or other animals in the locality be:
 1. Kept confined within an enclosure, or
 2. Kept muzzled and restrained by a leash composed of chain or other indestructible material.
 b. That all owners or keepers of dogs or other animals take such prophylactic measures as it deems necessary to prevent the spread of rabies.
 The Department may determine the area of the locality in which and the period of time during which such orders shall be effective.
- "23c. Enforcement of Departmental Orders. 3. All orders authorized by Section 23b shall be carried out at the expense of the owner or keeper of such dog or other animal, and if the owner or keeper fails or refuses to comply with any such order or orders of the Department, he is guilty of a misdemeanor, and, upon conviction, shall be fined not less than twenty-five dollars (\$25.00) nor more than one hundred dollars (\$100.00) and the police officers, sheriffs, constables or marshals may kill such dog or other animal.
- "23d. Failure to Enforce Act, Penalty. 4. Any officers failing, refusing or neglecting to carry out the provisions of this Act shall, upon conviction, be fined not less than ten dollars nor more than fifty dollars."

ACUTE RHEUMATIC FEVER

Control of Case:

- (1) Placarding of premises is *not* required.
- (2) Isolation is *not* required.
- (3) Concurrent disinfection is *not* required.
- (4) Terminal disinfection is *not* required.

Control of Contacts:

- (1) No restrictions are required.

General Measures:

- (1) Careful medical examination of children with vague symptoms, e.g., malaise, pallor, failure to gain weight, epistaxis and transient aches and pains; appropriate laboratory tests should be included.
- (2) Emphasis on the fact that rheumatic activity may begin insidiously and may cause incapacitating heart disease.
- (3) Sulfonamide prophylaxis: Individuals who are known to have had prior attacks of rheumatic fever and who are free from active disease are less likely to develop streptococcal throat infections during the winter and spring

** See Chapter 8, Section 23, Page 119—Illinois Revised Statutes, 1943.

months if treated during this time of the year with a sulfonamide drug administered under continuing medical supervision in the appropriate prophylactic dosage.

RINGWORM OF THE SCALP

Control of Case:

- (1) Placarding of premises is *not* required.
- (2) Isolation is *not* required, but infected children shall be excluded from schools, theaters, and other public places until all lesions have healed. However, the local health authority may grant permission to infected children to attend school provided such children are receiving adequate treatment and further provided that a tight fitting, washable, or disposable skull cap, covering all the hair, is worn at all times. Such cap shall be changed once daily and boiled in a 5% cresol solution for ten minutes after each use or if disposable shall be burned after use.
- (3) Concurrent disinfection of all towels, washcloths, head coverings and all toilet articles is required.
- (4) Terminal disinfection is *not* required.

Control of Contacts:

- (1) All contacts under fifteen years of age, either at home or in school, shall be inspected for evidence of infection. The use of a suitably filtered ultra-violet light is recommended for this purpose.

General Measures:

When ringworm of the scalp is prevalent in the community:

- (1) All children should receive a careful examination of the scalp. The use of suitably filtered ultra-violet light simplifies the examination and increases its accuracy.
- (2) Barber shops should be informed that infected combs and brushes will spread the infection and these should be washed in soap and water after each use.
- (3) Parents should be instructed always to wash the child's scalp immediately after each hair cut.
- (4) Pets, particularly kittens, should be inspected under filtered ultra-violet light as they may be carriers of ringworm.
- (5) Adequate facilities for proper treatment should be provided for each case discovered.

ROCKY MOUNTAIN SPOTTED FEVER

Control of Case:

- (1) Placarding of premises is *not* required.
- (2) Isolation is *not* required.
- (3) Concurrent disinfection, consisting of the careful removal and destruction, without crushing, of all ticks on the patient, is required.
- (4) Terminal disinfection is *not* required.

Control of Contacts:

- (1) No restrictions are required.

General Measures:

- (1) Personal prophylaxis by avoidance of tick-infested areas when feasible; by careful removal of ticks from the person as promptly as possible, without crushing; and by the protection of the hands when removing ticks from animals.
- (2) Rendering domestic animals tick-free by the use of an arsenical dip, by spraying, or by careful removal by hand.

SCARLET FEVER AND OTHER HEMOLYTIC STREPTOCOCCAL INFECTIONS OF THE UPPER RESPIRATORY TRACT**Control of Case:**

- (1) Placarding of premises is required.
- (2) Isolation is required for a minimum period of fourteen days after onset and thereafter until the nose, throat, glands, and ears are normal on inspection or until the physician reports complete clinical recovery. However, if complications have not disappeared at the end of forty-five days, the patient may be released from quarantine provided that two cultures of throat and of any other abnormal discharge, taken not less than twenty-four hours apart, are negative for hemolytic streptococci.
- (3) Concurrent disinfection is required.
- (4) Terminal disinfection is required.

Control of Contacts:

- (1) All home contacts who continue to reside on the premises shall be quarantined for the duration of the isolation period of the patient, with the following exception:

The wage earner may be permitted to continue his work provided he is over sixteen years of age, has no direct contact with the patient and is not a food handler, or a school teacher, or employed around a school or other place where there are children, and provided also that permission is granted in writing by the local health authority. This privilege is granted solely for the purpose of permitting the wage earner to continue his occupation and he shall not enter any other premises not in line with his employment. It should be understood that this is not a blanket privilege for a wage earner, and that permission for this type of modified quarantine will be rescinded by the Illinois Department of Public Health if the local health authority does not insist upon proper isolation of the patient.

- (2) Household contacts may, with permission of the local health authority, be removed from the premises to remain away for the duration of the isolation period and after removal may go about their usual business.
- (3) When a case occurs in school, the health officer shall notify the school authorities and all children in the room shall

be placed under daily medical or nursing observation for seven days for any signs of illness. Any child with suggestive symptoms shall be excluded from school and the health officer notified.

Sale of Food, Milk, etc.:

- (1) See paragraph G, Chapter IV, pages 15, 16.

General Measures:

- (1) Pasteurization of public milk supplies.
- (2) Prompt investigation of any group of cases as to the possibility of milk-borne infection with exclusion of the suspected milk supply from sale or use.

SMALLPOX

Control of Case:

- (1) Placarding of premises is required.
- (2) Isolation is required for a minimum period of twenty-one days and thereafter until all lesions have healed and the scabs have fallen off.
- (3) Concurrent disinfection is required.
- (4) Terminal disinfection is required.

Control of Contacts:

- (1) *Household contacts* shall be quarantined for a minimum period of sixteen days from date of last exposure to the case; however, such contacts who demonstrate immunity to smallpox by virtue of having passed the height of an immune, accelerated, or primary reaction to a vaccination administered within twenty-four hours after initial contact with the case, may leave the placarded premises provided they do not again enter these premises.
- (2) *Intimate contacts*, who do not reside on the placarded premises, shall be quarantined for sixteen days from last exposure to the case or until they have demonstrated immunity to smallpox by virtue of having passed the height of an immune, accelerated, or primary reaction to a vaccination administered within twenty-four hours after initial contact with the case.
- (3) *Casual contacts* shall be quarantined for sixteen days following last exposure to the case unless they submit to vaccination.

Sale of Food, Milk, etc.:

- (1) See paragraph G, Chapter IV, pages 15, 16.

General Measures:

- (1) General vaccination in early infancy, re-vaccination of children on entering school, and vaccination of the entire population when the disease appears in a severe form.
- (2) Use of the multiple pressure method of vaccination.

- (3) Preservation of smallpox vaccine *below freezing* up to the hour of vaccination.
- (4) Whenever smallpox exists in a community, an order of the local board of health, board of education, or board of directors of a school district should be issued requiring exclusion from school of all non-vaccinated children. The Supreme Court of Illinois has held that such action is legal and enforceable.

SYPHILIS

(See special rules for venereal diseases, pages 55-79.)

TETANUS

Control of Case:

- (1) Placarding of premises is *not* required.
- (2) Isolation is *not* required.
- (3) Concurrent disinfection is *not* required.
- (4) Terminal disinfection is *not* required.

Control of Contacts:

- (1) No restrictions are required.

General Measures:

- (1) Immunization: Active immunization with tetanus toxoid is desirable for those likely to be exposed to infection with tetanus. In the absence of adequate previous immunization with tetanus toxoid reinforced by another injection of toxoid at the time of injury, a person who has been wounded in such a way that there is danger from tetanus should receive a subcutaneous injection of at least 1,500 units of tetanus antitoxin on the day of the wound. A second injection within ten days may be desirable in certain instances.

TOXOPLASMOSIS

Control of Case:

- (1) Placarding of premises is *not* required.
- (2) Isolation is *not* required.
- (3) Concurrent disinfection is *not* required.
- (4) Terminal disinfection is *not* required.

Control of Contacts:

- (1) No restrictions are required.

TRACHOMA

Control of Case:

- (1) Placarding of premises is *not* required.
- (2) Isolation is required during the period of persistence of lesions of the conjunctiva or of the discharges therefrom unless the patient is under adequate treatment and is

observing precautions against the spread of the secretions of the eye to others; however, exclusion from school until there is no longer any discharge from the eyes is required.

(3) Concurrent disinfection is required.

(4) Terminal disinfection is *not* required.

Control of Contacts:

(1) No restrictions are required.

General Measures:

(1) Careful examination of persons intimately related and exposed to the patient, particularly members of the household, playmates, and schoolmates.

(2) Elimination of the common use of towels and toilet articles and education in the principles of personal cleanliness.

TRICHINOSIS

Control of Case:

(1) Placarding of premises is *not* required.

(2) Isolation is *not* required.

(3) Concurrent disinfection is *not* required.

(4) Terminal disinfection is *not* required.

Control of Contacts:

(1) No restrictions are required.

General Measures:

(1) Cooking of all fresh pork and pork products by the consumer, at a temperature and for a time sufficient to allow all parts of the meat to reach a temperature of at least 65.6° C. (150° F.), unless it is known that these meat products have been processed under Federal or other official regulations adequate for the destruction of trichinae.

(2) Elimination of the current practice of feeding uncooked garbage and offal to swine.

(3) Encouragement of farmers and hog raisers in the use of standard swine sanitation practices which will reduce opportunity for trichina infection in swine, such as:

a. Control of rats, particularly on farms and around hog-raising establishments and stockyards.

b. Burial or other adequate disposal of rat and swine carcasses to prevent hogs from feeding on them.

TUBERCULOSIS

All cases or suspected cases of tuberculosis shall submit for laboratory examination such specimens of sputum, gastric contents, or of any other body discharge, as may be requested from time to time by the local health authority or the Illinois Department of Public Health. The following rules and regulations shall apply *only* to those cases or suspected cases of tuberculosis who have not demonstrated the *absence* of tubercle bacilli in at least three successive authenticated concentrated specimens of their sputum, taken at intervals of not less than one week, and examined in a laboratory approved by the Illinois Department of Public Health.

Control of Case:

- (1) Cases shall be hospitalized whenever hospital facilities for tuberculosis patients are available at public expense. Cases who refuse hospitalization or who leave a hospital against medical advice shall be *isolated*, the premises shall be *placarded* and *concurrent* and *terminal disinfection* shall be applied.
- (2) Whenever hospital facilities for tuberculosis patients are not available at public expense, the patient shall be *isolated* but the premises need not be placarded provided proper isolation and concurrent disinfection are in effect.

Control of Contacts:

- (1) Quarantine of contacts is not required, but intimate contacts shall not handle food or engage in occupations which bring them into close association with children.
- (2) All household and other intimate contacts should have a chest X-ray at least once every year.

Sale of Food, Milk, etc.:

- (1) See paragraph G, Chapter IV, pages 15, 16.

General Measures:

- (1) Education of the public in regard to the danger of tuberculosis, the mode of spread, and the methods of control, with especial stress upon the danger of exposure and infection in early childhood.
- (2) Provision of X-ray and clinical facilities for examination of contacts and suspects, public health nursing service for home supervision of patients and for ensuring examination of contacts, and dispensary service for continuation of collapse therapy in ambulant cases and for clinical supervision of patients not otherwise so supervised.
- (3) Provision of adequate sanatorium facilities for isolation and treatment of active cases of the disease. At least two beds should be provided per annual tuberculosis death in the community.

- (4) Routine X-ray examination of all in-patients and out-patients in general and mental hospitals, and of industrial workers and other adult population groups.
- (5) Elimination of the inhalation of silica dust in dangerous quantity in industrial establishments and trades.
- (6) Pasteurization of all milk supplies.
- (7) Improvement of habits of personal hygiene and betterment of living conditions among the underprivileged.
- (8) Separation of babies from tuberculous mothers at birth.
- (9) Eradication of tuberculosis from dairy cattle.

TULAREMIA

Control of Case:

- (1) Placarding of premises is *not* required.
- (2) Isolation is *not* required.
- (3) Concurrent disinfection is required.
- (4) Terminal disinfection is *not* required.

Control of Contacts:

- (1) No restrictions are required.

General Measures:

- (1) Avoidance of the bites of, or handling of, flies and ticks when working in infected zones during the seasonal incidence of bloodsucking flies and ticks.
- (2) The use of rubber gloves by persons engaged in dressing wild rabbits wherever taken, or when performing necropsies on infected laboratory animals. Employment of immune persons for dressing wild rabbits or conducting laboratory experiments. Thorough cooking of meat of wild rabbits.
- (3) Avoidance of raw drinking water in areas where the disease prevails among wild animals.

TYPHOID AND PARATYPHOID FEVER

Control of Case:

- (1) Placarding of premises is required.
- (2) Isolation in a fly-proof room is required until four successive specimens of feces and urine, negative for typhoid or paratyphoid bacilli, are obtained in the following manner:

The first release specimen shall not be taken until at least seven days after the temperature is normal and the second specimen not earlier than seventy-two hours following the first. The third specimen shall be taken one month after the second and the fourth taken one month after the third. (The first two specimens are advised to be non-cathartic.) The third and fourth specimens shall be authenticated and shall be taken from the second or third bowel movement after a saline cathartic has been given. No negative reports will be considered if the specimen has been in transit more than twenty-four hours.

However, when the first two negative specimens of feces and urine have been submitted and the patient has signed a convalescent case agreement in quadruplicate (see below), the placard may be removed. If either of the last two specimens for release are positive, then four additional successive negative authenticated specimens are required to be taken one month apart.

Convalescent Case Agreement

....., Ill.

Date.....

Illinois Department of Public Health,
Springfield, Illinois.

Gentlemen:

I....., have this day been informed that, unless special precautions are taken until I submit the required negative specimens of feces and urine, other persons may get typhoid or paratyphoid fever from me directly or indirectly. Realizing this danger, I agree to observe the precautions which are required by the Illinois Department of Public Health and request that I be permitted to remain in free communication with other persons as long as I comply with these requirements necessary for the protection of the public health, which have been made clear to me and which I fully understand.

(a) I agree not to have anything to do with the production or handling of food, milk, milk products or drinks of any kind, nor with the preparation or cooking of foods which are to be consumed by others, nor to serve as an attendant in any capacity that would require the same, (nurses, etc.). I agree to wash my hands thoroughly with soap and water before each meal and come as little as possible in contact at the table with food that is consumed by others. Likewise, I agree not to go to the icebox or refrigerator in which food is kept to be consumed by others. (This rule need not apply to the housewife, who is a carrier, thirty days after all members of her family have been immunized with three injections of typhoid vaccine. It shall be provided and agreed that the housewife will not cook or serve food to others than her immediate immunized family. The housewife agrees not to serve food to visitors.)

(b) I agree that all dejecta (feces and urine) not passed into a toilet flushed with water and connected with a city sewer will be disinfected by me with a good disinfectant solution such as chloride of lime. I also agree to have at convenient places an adequate supply of suitable disinfectant for disinfecting any dejecta when a flush closet is not accessible. I agree if I have an outdoor toilet, to make it leach-proof and fly-proof.

(c) I agree to take every precaution possible to avoid the soiling of my hands or anything else with my dejecta either directly or indirectly. I agree to disinfect my underclothing with a suitable liquid disinfectant before sending it to the laundry.

(d) Each time after using the toilet, I agree to wash my hands with plenty of soap and water, before touching directly taps, door knobs, spigots, handles or vessels, etc., and to dry my hands well and not permit others to use my soap and towels.

(e) I agree not to bathe in any pool or other body of water frequented by other persons.

(f) I agree to inform the local health department and the Illinois Department of Public Health at Springfield of any contemplated change from my present address, so that I may receive the required permission for such change in address.

(g) I understand if I violate any of the above restrictions or endanger the public health in any way, that I shall lose the privileges granted me under this modified quarantine and that I shall be isolated, the premises placarded, and I shall be subject to prosecution.

(h) I understand that I shall be subject to contact by a representative of the Illinois Department of Public Health to ascertain whether or not I have lived up to the restrictions imposed by the agreement, which I hereby sign.

Signed.....

(Convalescent Case)

Permission is hereby granted to.....
 convalescing from typhoid fever, to mingle with the public at large and
 to resume his usual occupation as.....
 (BUT NOT AS A FOOD HANDLER), as long as he complies with the
 foregoing restrictions.

Signed.....

(Title)

Health Jurisdiction.....

Dated.....

Approved.....M.D.

Illinois Department of Public Health

Dated.....

- (3) Convalescent cases of typhoid or paratyphoid fever, who continue to harbor typhoid or paratyphoid bacilli in their feces or urine for three months after onset of illness shall be classed as temporary typhoid or paratyphoid carriers. If they continue to harbor the typhoid or paratyphoid bacilli for twelve months after the onset of illness, then, automatically, temporary carriers become *chronic* carriers.
- (4) Concurrent disinfection is required.
- (5) Terminal disinfection is required.

Control of Contacts to Case:

- (1) All attendants and all persons residing upon the premises shall be immunized against typhoid or paratyphoid fever, if not so protected within the previous two years.
- (2) All contacts except food handlers, shall submit two post-cathartic specimens of feces and urine one week apart and need not be quarantined during that time if co-operative, and if they do not come in contact with the patient.
- (3) Contacts in the home who are engaged in the production or handling of milk, cream, milk products and other foods, including all beverages, and who have submitted four successive negative post-cathartic specimens of feces and urine taken not less than four days apart, may, with permission of the local health authority, be permitted to leave placarded premises to live at some other address so that they may resume their usual occupations, provided they do not again enter the placarded premises.

Sale of Food, Milk, Etc.:

- (1) See paragraph G, Chapter IV, pages 15, 16.

Control of Carriers:

- (1) Persons declared to be carriers of typhoid or paratyphoid fever are subject to the same regulations as are cases of typhoid or paratyphoid fever but may be granted a modified form of quarantine upon signing in quadruplicate a special form of agreement (see page 49) required by the Illinois Department of Public Health; one copy filed with the local board of health, two copies forwarded to and kept on record by the Illinois Department of Public Health, and the fourth copy to be given to the carrier. The local health authority shall visit

or cause to be visited such carrier as often as is necessary to insure compliance with the carrier agreement.

- (2) If a typhoid carrier becomes ill with any other disease and requires hospital care, the hospital shall be notified relative to his carrier status before being admitted as a patient, so that proper precautions may be taken. A nurse upon taking charge of the case at home also shall be informed for her protection.
- (3) When a chronic carrier desires to submit specimens of feces and urine for release HE SHALL GO TO A HOSPITAL, where a cathartic shall be given, and a specimen from the second or third bowel movement shall be sent to the laboratory of the Illinois Department of Public Health or to a laboratory approved by it. A chronic typhoid carrier shall not be released from observation and the rules of modified quarantine until he has submitted eight successive, negative, authentic, specimens of feces and urine taken not less than one month apart and two authentic negative bile specimens, obtained by direct tube drainage, one week apart. The first bile specimen shall be taken approximately one month following the eighth feces and urine specimen. NO SPECIMENS WILL BE CONSIDERED IF DELAYED IN TRANSIT AND IN NO INSTANCE IF MORE THAN TWENTY-FOUR HOURS HAVE ELAPSED BETWEEN THE COLLECTION OF THE SPECIMEN AND ITS EXAMINATION; HOWEVER, THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH RESERVES TO ITSELF THE RIGHT OF PASSING FINALLY UPON ALL EVIDENCE, WHICH MAY BE OBTAINED THEREBY.

Typhoid Carrier Agreement

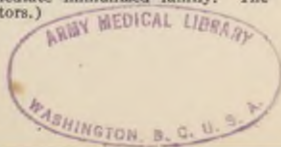
....., Ill.
Date.....

Illinois Department of Public Health,
Springfield, Illinois.

Gentlemen:

I,, have this day been informed that my feces and urine contains typhoid or paratyphoid bacilli and that, unless special precautions are taken, other persons may get typhoid or paratyphoid fever from me directly or indirectly. Realizing this danger, I agree to observe the precautions which are required by the Illinois Department of Public Health and request that I be permitted to remain in free communication with other persons as long as I comply with these requirements necessary for the protection of the public health, which have been made clear to me and which I fully understand.

(a) I agree not to have anything to do with the production or handling of food, milk, milk products or drinks of any kind, nor with the preparation or cooking of foods which are to be consumed by others, nor to serve as an attendant in any capacity that would require the same, (nurses, etc.). I agree to wash my hands thoroughly with soap and water before each meal and come as little as possible in contact at the table with food that is consumed by others. Likewise, I agree not to go to the icebox or refrigerator in which food is kept to be consumed by others. (This rule need not apply to the housewife, who is a carrier, thirty days after all members of her family have been immunized with three injections of typhoid vaccine. It shall be provided and agreed that the housewife will not cook or serve food to others than her immediate immunized family. The housewife agrees not to serve food to visitors.)



(b) I agree that all dejecta (feces and urine) not passed into a toilet flushed with water and connected with a city sewer will be disinfected by me with a good disinfectant solution such as chloride of lime. I also agree to have at convenient places an adequate supply of suitable disinfectant for disinfecting any dejecta when a flush closet is not accessible. I agree if I have an outdoor toilet, to make it leach-proof and fly-proof.

(c) I agree to take every precaution possible to avoid the soiling of my hands or anything else with my dejecta either directly or indirectly. I agree to disinfect my underclothing with a suitable liquid disinfectant before sending it to the laundry.

(d) Each time after using the toilet, I agree to wash my hands with plenty of soap and water, before touching directly taps, door knobs, spigots, handles or vessels, etc., and to dry my hands well and not permit others to use my soap and towels.

(e) I agree not to bathe in any pool or other body of water frequented by other persons.

(f) I agree to inform the local health department and the Illinois Department of Public Health at Springfield of any contemplated change from my present address, so that I may receive the required permission for such change in address.

(g) I understand if I violate any of the above restrictions or endanger the public health in any way, that I shall lose the privileges granted me under this modified quarantine and that I shall be isolated, the premises placarded, and I shall be subject to prosecution.

(h) I understand that at least every six months I shall be subject to contact by a representative of the Illinois Department of Public Health to ascertain whether or not I have lived up to the restrictions imposed by the typhoid carrier agreement, which I hereby sign.

Signed..... (Carrier)

Permission is hereby granted to.....
a carrier of typhoid bacilli, to mingle with the public at large and to
resume his usual occupation as.....
(BUT NOT AS A FOOD HANDLER), as long as he complies with the
foregoing restrictions.

Signed
Title

Health Jurisdiction

Dated

Approved..... M. D.
Illinois Department of Public Health

Dated.....

Control of Contacts to Carrier:

- (1) All persons residing on the premises with a carrier shall be immunized against typhoid or paratyphoid fever, if not so protected within the previous two years. Such immunization shall be repeated every two years thereafter unless an annual stimulating dose of $\frac{1}{2}$ cc. of typhoid or paratyphoid vaccine is given.
- (2) Food handlers, living on the premises with a carrier, shall not engage in their usual occupations until they have submitted four successive negative, post-cathartic, specimens of feces and urine taken not less than forty-eight hours apart.
- (3) Household contacts to a carrier, who has not been granted modified quarantine privileges, shall be subject to the same restrictions as contacts to a case.

General Measures:

- (1) Protection and purification of public water supplies; construction of safe private supplies.
- (2) Sanitary disposal of human excreta.
- (3) Pasteurization of milk and milk products and aging of cheese for not less than sixty days at 2° C. (35° F.).
- (4) Supervision of other food supplies and of food handling practices.
- (5) Prevention of fly breeding.
- (6) Immunization of persons subject to unusual exposure by reason of occupation or travel, those living in areas of high endemic incidence of typhoid fever and those for whom immunization can be systematically and economically applied, as in the military forces and institutional populations.

TYPHUS FEVER

Control of Case:

- (1) Placarding of premises is required.
- (2) Isolation is required until complete clinical recovery.
- (3) Concurrent disinfection is required. All vermin and vermin eggs on body of patient and on clothing and articles in the room shall be destroyed.
- (4) Terminal disinfection is required.

Control of Contacts:

- (1) In the presence of lice, exposed susceptibles should be quarantined until fifteen days after last exposure.

General Measures:

- (1) Promotion of better living conditions, more frequent bathing and laundering, reduction in louse infestation.
- (2) Epidemic measures: Organized and systematic delousing, and vaccination of population groups, centering about households of infected persons.

UNDULANT FEVER (BRUCELLOSIS)

Control of Case:

- (1) Placarding of premises is *not* required.
- (2) Isolation is *not* required.
- (3) Concurrent disinfection is *not* required.
- (4) Terminal disinfection is *not* required.

Control of Contacts:

- (1) No restrictions are required.

General Measures:

- (1) Pasteurization of milk whether from cows or goats.
- (2) Search for infection among livestock by agglutination reaction and elimination of infected animals from the herd.
- (3) Education of public and particularly workers in slaughter houses, packing houses, and butcher shops, as to the nature of the disease, the mode of transmission, and the danger of handling carcasses or products of infected animals.

VINCENT'S INFECTION (INCLUDING VINCENT'S ANGINA AND ULCERATIVE STOMATITIS)**Control of Case:**

- (1) Placarding of premises is *not* required.
- (2) Isolation is *not* required but patient shall be excluded from school until clinically recovered.
- (3) Concurrent disinfection is required.
- (4) Terminal disinfection is *not* required.

Control of Contacts:

- (1) No restrictions are required.

WHOOPIING COUGH**Control of Case:**

- (1) Placarding of premises is required.
- (2) Isolation is required until three weeks after the appearance of the paroxysmal cough, but patient may be granted the liberty of his own home and yard provided he does not come in contact with other children.
- (3) Concurrent disinfection is required.
- (4) Terminal disinfection is required.

Control of Contacts:

- (1) Susceptible children living on the placarded premises shall be quarantined until termination of the isolation period of the last case but may be permitted the freedom of the private yard provided they do not come in contact with other children.
- (2) Children living on the placarded premises, who have had whooping cough or who have been immunized against the disease, need not be quarantined nor excluded from school.
- (3) Susceptible children residing on the placarded premises, with the permission of the local health authority, may be removed to other premises where there are no children and there remain under quarantine for ten days after such removal.
- (4) No restrictions on adult contacts are required.

General Measures:

- (1) Immunization in infancy against whooping cough is urged. Periodic re-immunization may be indicated.

YELLOW FEVER**Control of Case:**

- (1) Placarding of premises is required.
- (2) Isolation in a screened room is required for the first four days of the fever.
- (3) Concurrent disinfection (destruction of mosquitoes) is required.
- (4) Terminal disinfection is *not* required.

Control of Contacts:

- (1) No restrictions are required.

General Measures:

- (1) Control of *Aedes aegypti* breeding is the most important factor in the prevention of urban outbreaks of yellow fever and should be undertaken in the towns and cities in countries in which the disease prevails endemically.

THE DEPARTMENT OF PUBLIC HEALTH

BOLAND A. CROSS, M.D., Director

Compiled by the DIVISION OF VETERINARY DISEASE CONTROL

Printed by Authority of the State of Illinois

CHAPTER VI

CONDUCT OF FUNERALS WHEN DEATH OCCURS FROM COMMUNICABLE DISEASES

(1) *PREPARATION OF THE BODY*

The body of the deceased shall be embalmed with an approved disinfecting fluid by arterial and cavity injection, all orifices shall be closed with absorbent cotton, the body shall be washed with an approved disinfecting fluid and shall be placed at once in the casket. When death occurs from smallpox, psittacosis, plague, or cholera, the casket shall not be again opened but may be provided with a plate of glass of sufficient dimensions to disclose the face.

(2) *FLOWERS*

Flowers may be taken to the cemetery from quarantined premises but may not be distributed to hospitals, churches, etc., nor to other sick or well persons.

(3) *FUNERALS*

- a. When a death from communicable disease has occurred, a public funeral shall not be held from the residence of the deceased if, by virtue of the rules and regulations for the specific disease, home contacts are to remain under quarantine beyond the termination of the case. However, in such instance a private funeral from the premises may be held, provided it is attended only by the occupants of the premises and persons necessary for the conduct of the funeral.
- b. Contacts under quarantine may follow the remains to the grave in a closed car provided they do not leave the car nor come in contact with any person enroute or at the cemetery. Following the services they shall return immediately to their home.

STATE OF ILLINOIS
DWIGHT H. GREEN, Governor



**RULES, REGULATIONS AND
SUPPLEMENTARY INFORMATION FOR THE
CONTROL OF VENEREAL DISEASES**

Revised and In Force Throughout Illinois

September 1, 1945

Issued by
THE DEPARTMENT OF PUBLIC HEALTH
ROLAND R. CROSS, M.D., Director

Compiled by the DIVISION OF VENEREAL DISEASE CONTROL

(Printed by Authority of the State of Illinois)

CONDUCT OF FUNERALS WHEN DEATH OCCURS FROM COMMUNICABLE DISEASES

(1) PREPARATION OF THE BODY

The body of the deceased shall be embalmed... The body shall be washed... The body shall be placed in a casket... The casket shall be provided with a... The casket shall be closed in the presence of the family.



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September 1, 1942

Issued by

THE DEPARTMENT OF PUBLIC HEALTH

ROLAND R. CROSS, M.D., Director

Compiled by the DIVISION OF VENEREAL DISEASE CONTROL



**I. RULES AND REGULATIONS FOR THE CONTROL
OF VENEREAL DISEASES
OFFICIAL NOTICE**

In accordance with authority vested by law in the State Department of Public Health, I, Roland R. Cross, Director of the State Department of Public Health, do hereby promulgate the rules and regulations for the control of venereal diseases, and all previous rules and regulations in conflict with the following rules and regulations are hereby annulled. These rules shall be in force and effect on and after September 1, 1945.

IN WITNESS WHEREOF I have hereunto set my hand and caused the Seal of the Department of Public Health to be affixed.

DONE at the CITY OF SPRINGFIELD, this First Day of September, in the Year of our Lord, Nineteen Hundred and Forty-five.

Roland R. Cross, M.D.

ILLINOIS DIRECTOR OF PUBLIC HEALTH

RULE I—DEFINITION OF VENEREAL DISEASES**Definition:**

Syphilis, gonorrhoea, chancroid, lymphogranuloma venereum and granuloma inguinale, hereinafter designated venereal diseases, are hereby recognized and declared to be infectious, communicable and dangerous to the public and are declared reportable.

RULE II—REPORTING OF VENEREAL DISEASES**A. By Whom and To Whom****Reporting of Venereal Diseases:**

- (1) It shall be the duty of every physician, drugless healer, nurse, attendant, druggist or pharmacist, laboratory worker, dentist, police official, superintendent or principal directing officer of a hospital, jail, house of correction, asylum, home or similar institution, or other person having knowledge of a known or suspected case of venereal disease, to promptly report such case.
- (2) In counties and cities having a full-time health officer, such reports shall be made to that officer. In all other areas such reports shall be made directly to the Illinois Department of Public Health at Springfield.
- (3) Upon receipt of a report of venereal disease, the local health authority shall within twenty-four hours forward the same to the Illinois Department of Public Health, Springfield, except in cities having a population of 500,000 or over. The Director of the Illinois Department of Public Health may agree to accept daily tabulated reports and monthly and annual statistical reports from such cities.
- (4) Information identifying specific persons as infected with venereal diseases shall be confidential and shall be inaccessible to the public. No names, addresses or other information concerning a patient shall be divulged except upon order of a court of record in a legal proceeding pending therein, upon request from other official health agencies, or by authorization of the patient.
- (5) Cases of venereal disease shall be reported on special forms furnished by the Illinois Department of Public Health to the physicians, or in cities having a population of 500,000 or over, the reports will be made on similar forms furnished by the city health department.
- (6) All venereal disease reports shall state either the name or the key or code number, address, age, sex, color, marital status, number of children, and occupation of the patient, name and address of employer of the patient, as well as the diagnosis, laboratory findings, name and address of the contacts of the infected individual; also if solicitation occurred, the name and address of the person soliciting and place of solicitation whenever it is obtainable.

B. Reporting of Laboratory Results

Public and private diagnostic laboratories shall report within twenty-four hours to the Illinois Department of Public Health or its duly authorized agent all positive results obtained in the examination of specimens submitted from cases of syphilis, gonorrhea, chancroid, lymphogranuloma venereum and granuloma inguinale. These reports shall state the name, key, or code number of the person examined, the name and address of the physician or other person submitting the specimen, the laboratory result, the method employed and the date. They will also submit a monthly report on forms furnished by the Illinois Department of Public Health giving the following information:

- (1) Total number of tests done for the different venereal diseases.
- (2) The number found positive.
- (3) The names and addresses of the physicians who submitted the positive specimens.

In cities with a population of over 500,000 such reports will be sent directly to the City Health Department.

C. Reporting of Termination of Case

Upon termination of treatment of a case of venereal disease, which has been reported by name, code or key number, the attending physician shall report the fact to the Illinois Department of Public Health or to the health authority, to whom the original report was made, giving name, (code or key number), the date upon which the case was terminated and upon what grounds the case was terminated (i.e., "Cured", transferred to another physician, lapsed treatment, etc.). If the diseased person discontinues treatment and is still in an infectious or potentially infectious condition (Rule III), the physician shall advise such diseased person that further treatment is necessary. If no notification of transfer to another physician has been received by him after lapse of ten days, the name and address of such patient shall be reported to the Illinois Department of Public Health or to the health authority to whom the original report was made. The Illinois Department of Public Health or its representative will then take the necessary steps to bring the infectious patient again under control, making every effort to return the patient to the physician originally reporting the case.

RULE III—STANDARDS FOR THE DIAGNOSIS AND THE RELEASE OF VENEREAL DISEASE CASES

A. Acute and Chronic Gonorrhoea

Diagnostic Standards:

1. *Diagnosis*

A diagnosis of infectious gonorrhoea will be established when a person has either clinical signs, symptoms and history of acute gonorrhoea or is found to have positive laboratory findings, such as:

- a. Typical culture of gonococcus.
- b. A positive smear of gram negative intracellular diplococci typical of gonococcus in form and arrangement.

Period of Control (Males):**2. Minimum Period of Control (Males)**

The period of control after the completion of treatment in all cases of gonorrhea in *MALES* shall be based on the following minimum criteria:

- a. Freedom from discharge.
- b. Clear urine (two-glass test).
- c. Three successive negative gonorrheal cultures on urethral specimens taken at intervals of at least 24 hours,

or

Three negative urethral smears (stained by Gram method) on three examinations at intervals of not less than 24 hours.

- d. Sounds should not be used.

Period of Control (Females):**3. Minimum Period of Control (Females)**

The period of control after completion of treatment in all cases of gonorrhea in *FEMALES* shall be based on the following minimum criteria:

- a. Absence of any clinical findings of active gonorrheal infection.

- b. Three successive negative gonorrheal cultures on urethral and cervical specimens, and also from secretions of Skene's and Bartholin's glands, if any, taken at intervals of at least 48 hours,

or

Two successive negative gonorrheal smears on urethral and cervical specimens, and also from secretions of Skene's and Bartholin's glands, if any discharge, taken at intervals of at least 48 hours and repeated for two successive weeks.

The smears and cultures, as outlined above, shall be taken according to techniques recommended by the American Neisserian Medical Society.

B. Syphilis**Infectious Syphilis:****1. Diagnostic Classification**

- a. Primary syphilis (chancre present).

The diagnosis of primary syphilis will be established when *Treponema pallidum* can be demonstrated in a lesion or in an adjacent lymph node.

- b. Secondary syphilis.

The diagnosis of secondary syphilis will be established in the presence of characteristic lesions of skin or mucous membranes, with or without lymphadenopathy, and with a positive blood test for syphilis.

Potentially Infectious Syphilis:

- c. Asymptomatic syphilis of 4 years or less duration.

This diagnosis will be established in a person with a known history of syphilis of 4 years duration or less and

in whom no skin or mucous membrane lesions can be demonstrated.

- d. *Syphilis in pregnant women.

Probably Non-infectious Syphilis:

- e. Asymptomatic syphilis of more than 4 years duration.
Persons with a known history of syphilis of more than 4 years duration and with no evidence of other forms of late syphilis will be diagnosed as asymptomatic syphilis of more than 4 years duration. Other forms of late syphilis (see f, g, & h) will be established in conformance with appropriate clinical and laboratory findings.
- f. Cardiovascular syphilis (see under e).
Uncomplicated aortitis
Aortic regurgitation
Aneurysm
Other or undetermined
- g. Neurosyphilis (see under e).
Asymptomatic (spinal fluid changes only)
Tabes dorsalis
Paresis
Other or undetermined
- h. Late syphilis other than above (see under e).
Skin
Bone
Liver
Other visceral
- i. **Prenatal (congenital—infected before birth).
The diagnosis of prenatal syphilis will be established when:
1. There is a known diagnosis of syphilis in the mother,
and
 2. Characteristic clinical findings associated with a positive blood test are present in an infant under 8 weeks of age
- or
3. Repeatedly positive blood tests are found in an infant over eight weeks of age with or without clinical findings.
Interstitial keratitis
Other or undetermined

Period of Control:

2. *Minimum Period of Control*

To prevent the spread of infection all cases of infectious and potentially infectious syphilis shall remain under continuous medical care until all syphilitic lesions have healed and a minimum of 20 injections of an arsenical and 20 injections of a heavy metal or its equivalent has been administered. To insure maximum benefit from treatment and guard against the occurrence of complications which may later incapacitate the patient, additional treatment is advised.

* See under Minimum Period of Control.

** Syphilitic infants with florid eruptions are infectious and should be handled as such.

The object of treatment in syphilis in pregnancy is to protect the unborn child. Treatment beginning and ending with an arsenical should approximate as nearly as possible that for infectious syphilis, but will depend upon the condition of the patient and the time available.

C. Chancroid

1. *Diagnosis*

After the exclusion of early syphilis by repeated darkfield examinations and blood tests, the diagnosis of chancroid will be established in the presence of clinical findings associated with a positive specific skin test or a smear or culture in which the Ducrey bacilli can be demonstrated.

2. *Minimum Period of Control*

Cases of chancroid shall be kept under observation and treatment until all ulcers and discharging buboes are fully healed.

D. Lymphogranuloma Venereum

1. *Diagnosis*

After exclusion of early syphilis and chancroid, a diagnosis of lymphogranuloma venereum will be established in the presence of typical clinical findings associated with a positive specific skin test.

2. *Minimum Period of Control*

Cases of lymphogranuloma venereum shall be kept under observation and treatment until all acute inflammatory lesions have healed.

E. Granuloma Inguinale

1. *Diagnosis*

After the exclusion of early syphilis and chancroid, a diagnosis of granuloma inguinale will be established in the presence of clinical findings associated with the laboratory demonstration of Donovan bodies.

2. *Minimum Period of Control*

Cases of granuloma inguinale shall be kept under observation and treatment until all skin lesions are fully healed.

RULE IV—INFORMATION AND ADVICE

Information and Advice:

It shall be the duty of every physician who treats venereal diseases to give to the patient or to a responsible member of his family or to his guardian a circular of information and advice concerning venereal diseases. These may be obtained from the Illinois Department of Public Health.

RULE V—CHANGE OF PHYSICIAN

Change of Physician:

A physician, whenever visited by a person for the treatment of a venereal disease, shall ascertain the name and ad-

dress of any other doctor who previously may have diagnosed or treated the venereal infection. He shall then report the change of physician to the Department of Public Health, the former physician, or both.

RULE VI—CONTROL OF SUSPECTED CASES OF VENEREAL DISEASE

Examination of Suspected Cases:

All state, county, city and other health officers shall use every available means to ascertain the existence of, and to investigate all cases of syphilis, gonorrhoea, chancroid, lymphogranuloma venereum and granuloma inguinale within their several territorial jurisdictions for the purpose of obtaining the names of contacts of infectious cases and causing such contacts to be examined. Whenever a health officer shall have reasonable grounds to believe that any person within his jurisdiction is suffering from, or is infected with, any infectious venereal disease and is likely to infect any other person, said health officer shall cause a medical examination to be made of the suspected person in order to determine whether or not such person is in fact suffering from or is infected with an infectious venereal disease. Such persons may be detained in a hospital or other suitable place in accordance with Rule VII until the results of the necessary examinations are known, provided that the required examinations shall be made by the health officer, or at the option of the person to be examined by a licensed physician who, in the opinion of the health officer, is qualified for this work and is approved by him. Such examination shall be in accordance with standards set forth in Rule III and the results of the examinations, if performed by a licensed physician, shall be reported to the health officer. No certificate of freedom from venereal disease shall be issued to or for the person examined.

Persons Refusing Examination:

Whenever a person reasonably believed to be infected with an infectious venereal disease refuses to submit to clinical and laboratory examinations or refuses to permit such specimens of blood or bodily discharges to be taken for laboratory examinations as may be necessary to establish the presence or absence, of venereal disease, it shall be the duty of the health officer to place such person under quarantine in accordance with Rule VII until such time as the necessary examinations are made.

Suspected Persons Defined:

A suspected venereally infected person is a person who has been in direct or indirect intimate contact with a case of venereal disease or an infective carrier.

The existence of reasonable grounds to believe that a person may have a venereal disease and is thereby a suspected case includes cases where an infected person names or identifies another person as having been in intimate contact with him or her.

RULE VII—ISOLATION AND QUARANTINE**Isolation and Quarantine Defined:****Definition:**

By *isolation* is meant the separation of a person suffering from a communicable disease, a carrier of the infecting organism, or a person suspected of having such a disease or of being a carrier, from other persons to such places and under such conditions as will prevent the direct or indirect conveyance of the infectious agent to non-immune persons.

By *quarantine* is meant the limitation of freedom of movement of any person infected with a communicable disease, or who has been exposed to a communicable disease and is capable of spreading infection, for the definite period of time stated in these rules as they pertain to venereal diseases.

Quarantine being preventive, it is not necessary that persons quarantined or isolated be actually sick with the disease.

Cases and suspected cases of venereal diseases, if in an infective stage are, in the discretion of the Department of Public Health or its authorized agent, subject to the following regulations:

- (a) Isolation in the home or in a hospital for the period of control as given in Rule 3.
- (b) Placarding of the premises whenever patient is isolated.
- (c) Any person so isolated and detained may at the patient's request be cared for at the patient's expense by the patient's physician in any hospital or institution approved by the State Department of Public Health or its authorized agent, but may not be released from isolation until final examination is made by the State Department of Public Health or its authorized agent.
- (d) No patient under treatment by a physician, who has assumed responsibility that the patient will observe proper precaution to prevent the spread of the disease, shall be pronounced cured or released from control or quarantine until he has been pronounced non-infectious after applying standard clinical and laboratory tests and a terminal examination is made by the State Department of Public Health or its authorized agent.

RULE VIII—PERSONS AIDING IN VIOLATION OF QUARANTINE**Violation of Quarantine:**

It is unlawful for any person to aid or abet another person in violating quarantine or isolation after it has been established. It is a misdemeanor and subject to the penalties provided in Chapter 111½, Paragraph 24, Illinois Revised Statutes (Smith-Hurd).

RULE IX—EXPOSURE OF OTHERS TO INFECTION PROHIBITED**Exposure of Others to Infection Prohibited:**

- (1) No person knowing himself or herself to be venereally infected, shall inoculate any other person with any vene-

real disease, or perform or commit any act which exposes any other person to inoculation of, or infection with, any of said diseases.

Occupations:

- (2) Such persons as are found to be diseased whether confined in a given area or allowed to circulate at will, shall not engage in any occupation, the nature of which is such that there is likelihood that the disease may be imparted to others in the course of the occupation.

School Children:

- (3) Any school child who is suffering from infectious venereal disease shall be excluded from school; he shall be readmitted only after a statement, that he is no longer infectious, has been received from his physician by the authorized health authority and a terminal examination has been made by this authority.

RULE X—RESPONSIBILITY FOR MINORS**Responsibility for Minors:**

When any minor has acquired a venereal disease, his or her parents or guardians shall be responsible for the compliance of such minors with the requirements of the rules and regulations pertaining to venereal diseases.

RULE XI—PLACARDS**Placards:**

When a health department determines it necessary to protect the public health, premises shall be placarded in the following manner: A red card of dimensions not less than 6 by 10 inches, bearing at least the inscription, "Venereal Disease", printed in black with bold face type not less than 1½ inches in height and "Keep Out", printed in black with bold type not less than one inch in height, shall be affixed in a conspicuous place at each outside entrance of the building, house or flat as the case may be.

Removal:

Defacement or concealment of such placards or their removal by any person other than the local or State authorities is strictly prohibited. The local health authority shall remove the placard when the case or carrier has been removed or is cured or is no longer infectious. (See Rule III).

Premises to be Placarded:

The following premises may be placarded by or on order of the local health authority:

- (a) Premises used for immoral purposes, when such premises are known to harbor a person afflicted with an infective venereal disease, or a person reasonably believed to be infected with an infective venereal disease as described in Rule VI.

- (b) Premises in which the person infected with a venereal disease cannot be isolated or controlled otherwise.
- (c) Premises which infected persons are known to frequent for making contacts for immoral purposes.
- (d) Premises that have been placarded shall be regarded as under quarantine and no person shall enter such quarantined premises except attending physicians, ministers of the gospel, local and state health authorities and their authorized representatives and visiting nurses properly trained in the control of communicable diseases. Wage earners, under special restrictions, may enter and leave quarantined premises in the performance of their duties.

RULE XII—CERTIFICATE OF FREEDOM FROM VENEREAL DISEASE

Health Certificates:

No physician, local health authority or other person shall issue certificates of freedom from venereal diseases to or for any person, except as designated by law or by these rules and regulations.

RULE XIII—REMOVAL FROM ONE HEALTH JURISDICTION TO ANOTHER

Removal from One Health Jurisdiction To Another:

No person having or suspected of having a venereal disease in an infectious stage shall move or be removed from one health jurisdiction to another, without first securing permission to do so from the local authority of the place from which removal is to be made, or from the Illinois Department of Public Health. Such permission may be granted under the following conditions:

- (a) That the object of the proposed removal shall be deemed by the issuing health officer as urgent and legitimate and not for the purpose of relieving one community of an undesirable burden at the expense of another; or
- (b) That removal is necessitated in order to utilize the facilities of a medical institution for treatment, isolation and quarantine; and
- (c) That removal will be made without endangering the health of others, either in transit or at destination; and
- (d) That the patient, requesting permission to move, agrees to report in person to the local health authority immediately upon arrival at destination, or agrees to place himself or herself under the care of a reputable physician (to be named in the removal permit) on arrival at destination, and attending physician assumes responsibility for fulfillment of this agreement; that address of patient or his new place of employment after removal shall be known and stated; and removal shall not be made within twenty-four hours after notice of removal has been forwarded by first-class mail to the health officer at proposed destination of the venereally infected person, which

notice shall be made out and signed by the health authority granting permission for removal.

If a patient fails to report to the local health officer or to the physician named in the removal permit, the local health officer shall make a determined effort to locate said patient at the new address or place of employment and take necessary control measures.

RULE XIV—EXAMINATION OF INMATES OF JAILS, MEDICAL INSTITUTIONS, ETC.

Examination of Inmates of Jails, Medical Institutions, etc.:

Any person apprehended and/or committed to or confined in any lock-up jail, house of correction or other penal or correctional institution, detention hospital, or any State, county or city charitable institution, shall be given a thorough medical examination at the time of admission to determine the existence of any venereal disease. If a person is found to be infected with any venereal disease in an infectious stage, he shall be removed promptly to quarters where proper treatment and control can be maintained and there held in quarantine for such time as is necessary to render the patient non-infectious.

A report of any such case found shall be made by the superintendent or other administrator of the institution or by the attending physician to the local health authority within twenty-four hours after the facts are known. All institutions of the kind named shall keep proper records readily available in which are shown the dates, diagnosis, name, date of report, number of the case and the signature of the reporting person.

No superintendent or other administrative officer shall discharge any prisoner, who is suffering from a venereal disease in an infectious or potentially infectious stage or who is a carrier of a venereal disease, without first reporting to the state or local health authorities at the point of destination, the name and street address of such person, the disease and the date of intended discharge. Such person shall be referred to the local health authority at the point of destination where appropriate plans for isolation and quarantine shall be made. If he does not report within three days from the date of discharge, the health authority shall notify the Illinois Department of Public Health.

RULE XV—GIVING FALSE INFORMATION

False Information:

It is a violation of these rules for any diseased person or for any physician, drugless healer, pharmacist, dentist, hospital superintendent, laboratory worker, attendant, nurse, or other person of whom information is required by these rules, knowingly to give an incorrect name and address or to impart false information regarding a venereally infected person.

RULE XVI—PROSTITUTION AS IT PERTAINS TO VENEREAL DISEASE CONTROL

Prostitution as it Pertains to Venereal Disease:

The repression of prostitution is hereby declared to be a legal and police measure. In view of the fact that venereal diseases are spread substantially by prostitutes and promiscuous girls, all local health officers shall give full support to the police department in its efforts to repress prostitution.

Whenever local health authorities have reason to believe that certain locations are breeding places of venereal disease, they should immediately report the addresses to the police authorities for their appropriate investigation and action on their findings.

RULE XV—GIVING FALSE INFORMATION

False information given to a health officer or other authorized person for any purpose connected with the control of venereal diseases is hereby prohibited. It is a violation of these rules for any diseased person or for any physician, dispenser, druggist, pharmacist, hospital, superintendent, laborator, worker, attendant, nurse, or other person of whom information is required by these rules, knowingly to give an incorrect name and address or to impart false information regarding a venereally infected person.

II. STATUTES DIRECTLY OR INDIRECTLY AFFECTING VENEREAL DISEASE CONTROL

Power of State Department of Health:

AN ACT in relation to public health. (Par. 22-24, Chapter 111½, Illinois Revised Statutes 1943.)

22. POWER OF DEPARTMENT.] Sec. 2. The State Department of Public Health has general supervision of the interests of the health and lives of the people of the State. It has supreme authority in matters of quarantine, and may declare and enforce quarantine when none exists, and may modify or relax quarantine when it has been established. The Department may make such rules and regulations and such sanitary investigations as it may from time to time deem necessary for the preservation and improvement of the public health, and may regulate the transportation of the remains of deceased persons. All local boards of health, health authorities and officers, police officers, sheriffs, constables and all other officers and employees of the state or any county, village, city or township thereof, shall enforce the rules and regulations so adopted.

The Department of Public Health shall investigate the causes of dangerously contagious or infectious diseases, especially when existing in epidemic form, and take means to restrict and suppress the same, and whenever such disease becomes, or threatens to become epidemic, in any village or city, and the local board of health or local authorities neglect or refuse to enforce efficient measures for its restriction or suppression or to act with sufficient promptness or efficiency, or whenever the local board of health or local authorities neglect or refuse to promptly enforce efficient measures for the restriction or suppression of dangerously contagious or infectious diseases, the Department of Public Health may enforce such measures as it deems necessary to protect the public health, and all necessary expenses so incurred shall be paid by the city or village for which services are rendered.

The Department of Public Health may establish and maintain a chemical and bacteriologic laboratory for the examination of public water supplies, and for the diagnosis of diphtheria, typhoid fever, tuberculosis, malarial fever and such other diseases as it deems necessary for the protection of the public health.

Penalties for Violations:

24. PENALTIES—HOW DISPOSED OF.] Sec. 7. Whoever violates or refuses to obey any rule or regulation of the Department of Public Health shall be liable to a fine not to exceed \$200 for each offense or imprisonment in the county jail not exceeding six months, or both, in the discretion of the court. All prosecutions and proceedings instituted by the Department of Public Health for violation of its rules and regulations shall be instituted by the Director thereof, and each State's Attorney

shall prosecute all persons in his county violating or refusing to obey the rules and regulations of the Department of Public Health. All fines or judgments collected or received shall be paid to the State Treasurer.

* * * * *

Prenatal Health Law:

AN ACT concerning blood tests for pregnant women for the purpose of preventing prenatal syphilis. Par. 113a-113c, Chapter 91, Illinois Revised Statutes 1943.

113a. BLOOD TESTS FOR PREGNANT WOMEN, AS TO SYPHILIS.] Sec. 1. Every physician, or other person, attending in a professional capacity a pregnant woman in Illinois, shall take or cause to be taken a sample of blood of such woman at the time of the first examination. Said blood specimen shall be submitted to a laboratory approved by the State Department of Public Health for a serological test for syphilis approved by the State Department of Public Health. In the event that any such blood test shall show a positive or doubtful result a second test shall be made. Such serological test or tests shall, upon request of any physician in the State, be made free of charge by the State Department of Public Health or the Health Department of cities, villages and incorporated towns maintaining Health Departments.

113b. BIRTH CERTIFICATES, STATEMENTS AS TO SUCH BLOOD TESTS.] Sec. 2. In reporting every birth or stillbirth, physicians and others required to make such reports shall state on the birth certificate or stillbirth certificate, as the case may be, whether a blood test for syphilis has been made upon a specimen of blood taken from the woman who bore the child for which a birth or stillbirth certificate is filed, together with the date when the blood specimen was taken and the name of the laboratory making the test. In no event shall the birth or stillbirth certificate state the result of the test.

113c. STATE DEPARTMENT OF HEALTH TO ADMINISTER ACT CONCERNING BLOOD TESTS FOR PREGNANT WOMEN.] Sec. 3. This act shall be administered by the State Department of Public Health.

* * * * *

AN ACT to revise the law in relation to marriages, Par. 6a, Chapter 89, Illinois Revised Statutes 1943.

Premarital Health Law:

EXAMINATION FOR VENEREAL DISEASE—CERTIFICATE OF NEGATIVE FINDINGS—FILING—LABORATORY TESTS—ISSUANCE OF MARRIAGE LICENSES IRRESPECTIVE OF LABORATORY TESTS AND CLINICAL EXAMINATION—PENALTIES—LICENSE VOID AFTER 30 DAYS.] Sec. 6a. All persons making application for a license to marry shall at any time within fifteen (15) days prior to such application be examined by a duly licensed physician as to the existence of or freedom from any venereal disease, and, except as otherwise herein provided, it shall be unlawful for the county clerk of any county to issue a license to marry to any person who fails to present for filing with such county clerk a certificate signed by such physician setting forth that such person to the pro-

posed marriage is free from venereal diseases as nearly as can be determined by a thorough physical examination and such standard microscopic and serological tests as are necessary for the discovery of venereal diseases. If, on the basis of negative laboratory and clinical findings the physician in attendance finds no evidence of venereal diseases, he shall issue a certificate to that effect to the examinee, which certificate shall read as follows, to-wit:

Examination of Applicants for License to Marry:

I, (Name of Physician).....being a physician, legally licensed to practice in the State of.....(my credentials being filed in the office of.....in the City ofCounty of.....State of.....) do certify that I did on the.....day of.....19.... make a thorough examination of.....and considered the result of a microscopical examination for gonococci and an approved serological test for syphilis, which was made at my request, and believe.....to be free from all venereal diseases.

Signature of Physician.

.....
Signature of Person Examined.

Such certificate of negative findings as to each of the parties to a proposed marriage to which laboratory reports of microscopical examinations of smears from the genitalia for the gonococcus of gonorrhoea and serologic tests for syphilis are attached, shall be filed with the county clerk of the county wherein the marriage is to be solemnized at the time application is made for a license to marry. Laboratory tests for venereal diseases required hereunder shall be tests approved by the State Department of Public Health and shall be made by laboratories of said Department or by such other laboratories as are approved by said Department. Such tests as may be made by the health departments of cities, villages and incorporated towns maintaining laboratories shall be free of charge. The results of all laboratory tests shall be reported on standard forms prescribed by the State Department of Public Health.

Whenever any such physician's certificate is required by the provisions of this section, the person whose name is set forth therein as the person who was examined by such physician shall sign such certificate in the presence of such physician before such certificate is filed in the office of the county clerk.

Pregnancy:

Irrespective of the results of laboratory tests and clinical examination, the clerks of the respective counties shall issue a marriage license to parties to a proposed marriage (a) when the woman is pregnant at the time of such application, and (b) when the woman has, prior to the time of application, given birth to an illegitimate child which is living at the time of such application and the man making such application makes affidavit that he is the father of such illegitimate child. The county clerk shall, in lieu of the health certificate required hereunder, accept, as the case may be, either an affidavit on a

form prescribed by the State Department of Public Health, signed by a physician duly licensed in this State, stating that the woman is pregnant, or a copy of the birth record of the illegitimate child, if one is available in this State, or if such birth record is not available, an affidavit signed by the woman that she is the mother of such child.

Special Certificate:

Also irrespective of the results of laboratory tests and clinical examination, the clerks of the respective counties shall issue a marriage license to parties to a proposed marriage when, after investigation, the Director of the State Department of Public Health, or his duly authorized representative, issues or causes to be issued a certificate that such marriage may be consummated without serious danger to the health of either party to the proposed marriage, or to any issue of such marriage.

Any county clerk who unlawfully issues a license to marry to any person who fails to present for filing the certificate provided for in this Act or who refuses to issue a license to marry to any person legally entitled thereto under this Act, or any physician who knowingly and willfully makes any false statement in the certificate or permits any person to sign such certificate as the person examined other than the person named by the physician in such certificate as the person examined, or any party or parties having knowledge of any matter relating or pertaining to the examination of any applicant for license to marry, who discloses the same, or any portion thereof, except as may be required by law, shall upon proof thereof, be punished by a fine of not less than \$100.00 nor more than \$500.00 for each and every offense.

Any person who obtains any license to marry contrary to the provisions of this section shall, upon conviction thereof, be punished by a fine of not less than \$100.00 or by imprisonment in the county jail for not less than three (3) months or by both such fine and imprisonment.

Any license to marry issued hereunder, is void thirty (30) days after the date thereof.

* * * * *

Segregation and Treatment of Diseased Persons:

AN ACT to enable counties or cities to segregate and treat persons suffering from certain communicable diseases. Par. 389-392, Chapter 23, Illinois Revised Statutes 1943.

389. COUNTY OR CITY AUTHORIZED TO SEGREGATE AND TREAT DISEASED PERSONS.] Sec. 1. Be it enacted by the People of the State of Illinois, represented in the General Assembly: That any county or city may by ordinance or order provide for the segregation and treatment of persons suffering from communicable venereal diseases.

390. HOSPITALS.] Sec. 2. Such counties or cities may provide for the procurement and maintenance of hospitals, sanitariums or clinics or for the segregation or treatment in hospitals,

sanitaria or clinics already established and pay the cost and expenses thereof from the public funds of such county or city.

391. WHO TO ADMIT.] Sec. 3. Any person suffering from any communicable venereal disease may apply to the county or city clerk, the clerk of any County or City Court or to any peace officer for admission to treatment in such county or city hospital, sanitarium or clinic and it shall be the duty of such officer to refer such applicants to the director or person in charge of such institution to treat such applicant as the case may require.

392. PERSONS CHARGED WITH CRIME TO BE TREATED.] Sec. 4. When it appears to any judge or justice of the peace from the evidence or otherwise that any person coming before him on any criminal charge may be suffering from any communicable venereal disease, it shall be the duty of such judge or justice of the peace to refer such person to the director of such hospital, sanitarium or clinic, or to such other officer as shall be selected or appointed for the purpose of examining the accused person, and if such person be found to be suffering from any communicable venereal disease, he or she may by order of the court be sent for treatment to a hospital, sanitarium or clinic if any be available and if necessary to be segregated for such term as the court may impose at such hospital, sanitarium or clinic.

III. DECISIONS OF THE SUPREME COURT AND OPINIONS OF THE ATTORNEY GENERAL

Power to Detain Suspected Cases:

Excerpts from—*People v. Strautz*, 386 Illinois 360:

"The power to detain a person who is suspected of having a contagious disease rests in the police power of the State. When a state employs its police power to safeguard the public health it may act in a summary manner even though the result is to deprive a citizen of his liberty. Such powers were recognized and approved in *People ex rel. Barmore v. Robertson*, 302 Ill. 422, at page 427, where we hold: 'Among all the objects sought to be secured by governmental laws none is more important than the preservation of public health. The duty to preserve the public health finds ample support in the police power, which is inherent in the State and which the State cannot surrender. Every state has acknowledged power to pass and enforce quarantine health and inspection laws to prevent the introduction of disease, pestilence and unwholesome food, and such laws must be submitted to by individuals for the good of the public. The constitutional guarantees that no person shall be deprived of life, liberty or property without due process of law, and that no state shall deny to any person within its jurisdiction the equal protection of the laws, were not intended to limit the subjects upon which the police power of a state may lawfully be asserted in this any more than in any other connection'."

* * * * *

"It may be pointed out that a venereal disease most often exists within the veil of secrecy. Certainly one who is charged with soliciting to prostitution and one of lewd and lascivious character is one who may first be suspected of carrying such dreadful affliction. It is most reasonable to suspect that both of the petitioners, if carrying on the practice of prostitution, are indiscriminate and promiscuous in their bodily contacts and are natural subjects and carriers of venereal disease. In the instant case it was therefore logical and natural that suspicion immediately be cast upon them and necessity dictate a physical examination of their persons. The citizens of East St. Louis, the war workers and soldiers in its vicinity are entitled to protection against social diseases. Petitioners furthermore have agreed, for the purpose of this suit, that their arrest was legal and proper, that the complaints later filed and the warrants issued likewise are legal and proper. Such being the case, their detention for examination by the clinic as suspects carrying venereal diseases is likewise reasonable and proper. . . ."

* * * * *

"Section 4 violates no part of the Criminal Code since it is based upon the police power of the State and does not fall within the provisions of the Criminal Code. This likewise an-

swers the contention that the petitioners were held without bail, since quarantine under the police provisions naturally implies such a detention and demands it."

* * * * *

Rules and Regulations Have the Force of Law:

The Supreme Court, in the case of *People vs. Robertson*, 302 Illinois 427, held that the State Department of Public Health has authority to determine what is a contagious or infectious disease and to isolate persons infected therewith or who are carriers thereof.

It was further held that the State Department of Public Health has authority to make and promulgate Rules and Regulations necessary to the exercise of its powers and that such Rules and Regulations have the force of law.

ILLINOIS ATTORNEY GENERAL'S REPORT AND OPINIONS

Opinion No. 120 (March 16, 1942) (Excerpts)

Regarding the Power of Quarantine:

HEALTH—QUARANTINE.

"The Department of Public Health has the power to make and enforce reasonable rules and regulations to prevent the spread of contagious and infectious diseases; this includes the power to impose quarantine restrictions.

"Typhoid fever carriers may be quarantined.

"If the Department of Public Health has reasonable grounds to believe that an individual is a typhoid carrier, he may be quarantined.

"In a proper exercise of its powers the Department of Public Health may require an examination of a person who it has reasonable grounds to believe is a typhoid carrier, and if he refuses to submit to such examination for the purpose of determining whether he is a typhoid carrier, he may be quarantined.

"Quarantine is not the only alternative if a person suspected of being a typhoid carrier refuses to submit to an examination; in a proper case such person may be subjected to a fine or imprisonment under Section 24, Chapter 111½, Illinois Revised Statutes 1941."

Quarantine in Relation to Venereal Disease Control:

APPLICATION OF OPINION NO. 120 TO VENEREAL DISEASE CONTROL (Excerpt from letter from Attorney General to Director of Department of Public Health).

"In reply to your communication of December 29, 1943, your attention is directed to Opinion No. 120, addressed to you under date of March 16, 1942, concerning the examination or isolation of typhoid contacts. What was said in that opinion with respect to typhoid is, in my opinion, equally applicable to venereal disease."

IV. DIVISION OF VENEREAL DISEASE CONTROL— ADMINISTRATION

Administration:

The Division of Venereal Disease Control is one of the fifteen divisions set up by the Director of the Department of Public Health. It is administered by the Chief of this Division, who also serves as venereal disease control officer for the State of Illinois. The administrative responsibility for all local venereal disease activities, including venereal disease clinic management is assumed by the full time city, county, or district health officers. They perform the duties of the venereal disease control officer in the localities under their jurisdiction. All venereal disease control programs are carried on with the approval and cooperation of the local county medical societies.

Objectives:

The venereal disease control program of the State of Illinois is based on the well-known public health principles. The objectives of this program are:

1. To diagnose as early as possible every case of venereal disease. (Case Finding)
2. To institute competent medical care as soon as diagnosis is made. (Treatment Provision)
Isolation of suspected sources and quarantine of infectious cases. (Prevention of Spread)
3. To keep infectious cases under medical care until they are no longer a menace to society or to themselves. (Case Holding)
4. To prevent new infections by medical, educational and legal measures. (Prevention)

Laboratory Services:

Free laboratory services for all physicians in the State of Illinois include smears and cultures for gonorrhoea, blood serology, darkfield and spinal fluid examinations for syphilis. Kahn verification tests are done only at the Chicago Branch Laboratory at 1800 West Fillmore Street.

Drug Distribution:

Free drugs are furnished for all reported cases of gonorrhoea and syphilis. These include sulfathiazole, neoarsphenamine, arsenoxide, sulpharsphenamine, tryparsamide, acetarsone, bismuth, mercury, sodium thiosulphate and calcium gluconate.

Venereal Disease Clinics:

The establishment of venereal disease clinics is recommended only in those communities where little or no provision is made for the treatment of indigent syphilis and gonorrhoea patients. The policy is to establish these clinics with the co-

operation of the local county medical society, which recommends the clinician in charge, as well as the public health clinic nurse. The full-time city, county or district health officer is responsible for the administrative control of the venereal disease clinic in his jurisdiction. The township or county supervisors are responsible for the provision and maintenance of suitable quarters. The State Department of Public Health furnishes all the necessary equipment, drugs, and laboratory services, and provides for the salary of the clinician in charge and of the public health clinic nurse. There are thirty-five clinics located in downstate Illinois.

City and County	Address
Alton, Madison	Krug Building
Aurora, Kane	Lincoln Building
Berwyn, Cook	6600 West 26th Street
Belleville, St. Clair	Commercial Building
Bloomington, McLean	Eddy Building
Cairo, Alexander	Marine Hospital
Calumet City, Cook	138 Pulaski Road
Canton, Fulton	First State Bank and Trust Building
Centralia, Marion	122 E. Broadway
Champaign-Urbana, Champaign	505 S. Fifth Street
Chicago Heights, Cook	St. James Hospital
Decatur, Macon	Decatur-Macon County Hospital
East St. Louis, St. Clair	112 North Fifth Street
Evanston, Cook	1806 Maple Avenue
Galesburg, Knox	Bank of Galesburg Building
Granite City, Madison	Darner Building
Harvey, Cook	15430 Parle Avenue
Herrin, Williamson	110 Cherry Street
Jacksonville, Morgan	Passavant Hospital
Joliet, Will.	21 East Van Buren Street
La Salle, La Salle	Hygienic Institute
Macomb, McDonough	124½ N. Lafayette Street
Marion, Williamson	City Hall
Mattoon, Coles	1632½ Broadway
Maywood-Melrose Park, Cook	154 Broadway, Melrose Park
Metropolis, Massac	County Court House—2nd Floor
Moline, Rock Island	1530 Second Avenue
Peoria, Peoria	508 Main Street
Quincy, Adams	Majestic Building
Rockford, Winnebago	Mead Building
Robbins, Cook	3421 West 137th Street
Salem, Marion	James Building
Shawneetown, Gallatin	Court House
Springfield, Sangamon	St. John's Hospital
Waukegan, Lake	20 S. Utica Street

Consultation Services:

Consultation services are furnished free of charge, at the request of the attending physician, by the venereal disease control officer or consultant syphilologist, as well as by all state clinicians in charge of the venereal disease clinics.

Professional educational materials available to physicians include publications on various phases of gonorrhea and syphi-

lis; motion pictures; and pre-scheduled treatment outlines based upon the principles of treatment recommended by the Co-operative Clinical Group. Refresher or post graduate courses are given periodically at the Chicago Municipal Social Hygiene Clinic. All physicians are invited to attend, without charge.

Epidemiology:

The success of the control of syphilis and gonorrhoea depends very largely upon the careful tracing of every infection to its original source and the investigation of every person whom the patient might have exposed. All venereal disease investigations must be made with the permission and cooperation of the physician reporting and treating the case. Routine epidemiological investigations are made in all cases of primary and secondary syphilis, gonorrhoea and certain other types of venereal diseases needing special investigation; and in all cases when there are reasonable grounds to believe a person may be suffering from a venereal disease or may have been exposed to a venereal disease.

Investigation Staff:

Epidemiological investigations are made by city, county or district health officers, communicable disease investigators, nurses, deputized quarantine officers and other staff investigators.

Follow-Up Procedure:

Follow-up services for patients who have discontinued or interrupted their courses of treatment with private physicians are undertaken by the above-mentioned investigators. Every effort is made to return infectious cases for further treatment to the physician who originally reported the case.

HOSPITAL FACILITIES IN DOWNSTATE ILLINOIS

In accordance with authority vested by law (Section 55, Paragraph 1, of the Civil Administrative Code and Section 22, Paragraph 2, State Board of Health Act), in the State Department of Public Health, the Director of the State Department of Public Health has designated and declared the Alton, Chicago, East Moline, Kankakee and Peoria State Hospitals as quarantine detention hospitals for the purpose of accepting and retaining under quarantine, until such time as he may be released without danger of spreading infection to others, any patient suffering from any communicable venereal disease who may be brought to such hospital or institution by State or local health officials for the purpose of quarantine and treatment.

Quarantine Hospitals:

Under the same authority cited above, the Director appointed the Managing Officers of the above mentioned state hospitals as Quarantine Officers of the State Department of Public Health in said hospitals.

The quarantine detention hospitals are:

- Alton State Hospital
- Chicago State Hospital

East Moline State Hospital
Kankakee State Hospital
Peoria State Hospital

Method of Admission:

Arrangements should be made through the city, county or district health officers.

Fever Therapy:

Through the cooperation of the Department of Public Welfare facilities have been provided in the state hospitals listed below for the administration of fever therapy to cases diagnosed as asymptomatic cerebrospinal syphilis, based upon a positive spinal fluid examination. These patients are regarded as voluntary or guest admissions.

Alton State Hospital
Anna State Hospital
East Moline State Hospital
Peoria State Hospital
Jacksonville State Hospital
Kankakee State Hospital
Chicago State Hospital
Elgin State Hospital
Manteno State Hospital

Method of Admission:

Arrangements should be made through the city, county or district health officers.

Treatment of Indigents by Private Physicians:

The Department of Public Health will pay private physicians at an established fee rate for the treatment of indigent cases of infectious venereal diseases in those cities where no venereal disease clinic exists and also in areas which are too far distant from any established venereal disease clinic. Authorization for treatment by private physicians is issued only by the Chief of the Division of Venereal Disease Control.

Method of Authorization:

Arrangements should be made by the city, county and district health officers.

REGULATIONS FOR THE
TRANSPORTATION OF THE DEAD

RULES AND REGULATIONS

for the

TRANSPORTATION OF THE DEAD

OFFICIAL NOTICE

In accordance with authority vested by law in the State Department of Public Health, I, Roland R. Cross, Director of the State Department of Public Health, do hereby promulgate the rules and regulations for the transportation of the dead, and all previous rules and regulations in conflict with the following rules and regulations are hereby annulled. These rules shall be in force and effect on and after September 1, 1945.

IN WITNESS WHEREOF I have hereunto set my hand and caused the Seal of the Department of Public Health to be affixed.

DONE at the CITY OF SPRINGFIELD, this First Day of September in the Year of our Lord, Nineteen Hundred and Forty-five.



Roland R. Cross, M.D.

DIRECTOR OF PUBLIC HEALTH

RULES AND REGULATIONS FOR THE TRANSPORTATION OF THE DEAD

A. BY COMMON CARRIER

By sections 9 and 11 of the Vital Statistics Act, an Illinois Burial or Removal Permit, Form V S No. 9, is always required.

RULE 1.—No dead human body shall be transported by common carrier in Illinois unless accompanied by a Transit Permit issued by the proper registration official (a local registrar), and every dead body so transported also shall be accompanied by a person in charge (an escort who shall be provided with a passage ticket for self and a full first-class ticket marked "corpse" for transportation of the body).

The Illinois Transit Permit shall set forth at least the following data: (a) A certified copy of the following data from the death certificate: name of deceased, sex, age, color, place of death, date of death, cause of death, name of medical attendant or coroner, address of attendant or coroner; same to be certified by the Local Registrar with whom the original certificate of death has been filed. (b) A permit for removal setting forth at least the following: name of person to whom permit is granted, residence of said person, number of embalmer's license held by said person, name of decedent, place from which body is to be moved, place to which body is to be moved, name of cemetery or other place in which body is to be buried or otherwise disposed of, whether disease causing death is a communicable or non-communicable disease; all of which shall be over the signature of the Local Registrar with whom the original certificate of death has been filed. It is further required that when the disease causing death is a communicable disease, the permit shall be approved (countersigned) by the local health official at the place where the death occurred. The name of the person (escort) who will accompany the body to its destination shall also be stated in this section.

Attached to the Illinois Transit Permit, there shall be a Transit Label which shall set forth at least the following: (a) the undertaker's certificate certifying on oath that the body of the decedent therein named has been prepared by the certifying undertaker in strict accordance with the Rules Governing the Transportation of Dead Human Bodies in Illinois and giving the name of persons to whom the body is consigned, the address of the consignee, the cause of death, whether the disease causing death is a communicable or non-communicable disease, date of death, place of death, number of the license held by the certifying undertaker, the signature and address of the undertaker, all of which shall be duly sworn to before a Notary Public; (b) the route and description of ticket, all of the data therein called for to be inserted by the station baggageman to whom the body accompanied by the transit permit is presented for transportation.

The baggageman shall then detach the Transit Permit from the Transit Label, turning the former over to the person who will accompany the corpse to its destination and attaching the latter (the Transit Label) securely to the end of the coffin box.

Provided, that when a body is to be transported by common carrier from any city in Illinois to a cemetery within or immediately adjacent to such city, a transit permit will not be required, but in any such case a body shall not be accepted for transportation by common carriers unless accompanied by a burial permit issued by the Local Registrar of the place where the death occurred or the body was found.

When a body is shipped in Illinois by express and without escort, the Transit Label shall be securely attached to the end of the coffin box and the Transit Permit shall be attached to and accompany the express way-bill covering the remains and upon arrival at destination of the body the Transit Permit shall be delivered with the body to the person to whom the body is consigned.

RULE 2.—The transportation in Illinois of the dead from smallpox, plague, cholera, and psittacosis shall be permitted only under the following conditions:

The body shall be thoroughly embalmed with an approved disinfecting fluid by arterial and cavity injection; all orifices shall be closed with absorbent cotton, the body shall be washed with an approved disinfecting fluid and placed at once in the coffin or casket, which shall be immediately closed. Embalming and other preparation must be done by a licensed embalmer holding a license as such issued by the Illinois State Board of Health, or, if issued subsequent to June 30, 1917, by the State Department of Registration and Education.

If the body is prepared as above provided, the coffin or casket may be provided with a plate of glass of sufficient dimensions to disclose the face, but the coffin or casket shall not be opened under any pretext whatsoever.

In all cases where bodies are forwarded under Rule 2, notice must be sent by telegraph by the shipping embalmer to the health officer, or when there is no health officer to other competent authorities, at destination, advising the date and train, if shipped by common carrier, on which the body may be expected. The coffin or casket shall not be opened after reaching its destination.

RULE 3.—The transportation in Illinois of bodies dead of any disease other than those mentioned in Rule 2 shall be permitted under the following conditions:

(a) When the destination can be reached within twenty-four hours after death, the coffin or casket shall be encased in a strong outer box made of good sound lumber not less than seven-eighths of an inch thick, all joints must be tongued and grooved, top and bottom, put on with cleats or cross pieces, all put securely together.

(b) When the destination cannot be reached within twenty-four hours after death, the body shall be thoroughly embalmed by a licensed embalmer holding a license as such issued by the State Board of Health or, if issued subsequent to June 30, 1917, by the State Department of Registration and Education, and the coffin or casket placed in an outside case constructed as provided in paragraph (a) Rule 3.

(c) All bodies of persons dead in Illinois from disease not enumerated in Rule 2, and which are to be transported by railroad from the State and County Institutions at Dunning or Oak Forest to Chicago, shall be accepted for transportation when such bodies are wrapped in sheets saturated with a solution of bichloride of mercury in the strength of an ounce of bichloride of mercury to the gallon of water, and enclosed in strong cases of air-tight and water-tight construction. There shall be no transfer of the dead body from such case to a casket or coffin or other container, while in transit, in any railway car, station, baggage or express room, or in any place where there may be exposure to the public. The case referred to in this paragraph, after the body has been removed therefrom, shall be thoroughly washed or disinfected with a solution of bichloride of mercury in the strength of one ounce of bichloride of mercury to the gallon of water, and shall not be used again for any purpose other than as an outer case for interment in a Chicago cemetery. Railways shall not receive the box referred to in this paragraph unless the requirements herein set forth have been strictly complied with.

RULE 4.—Shipping of disinterred bodies in Illinois shall, so far as possible, conform to the rules on the transportation of the dead.

The casket or other container must be sufficiently tight to prevent the escape of fluids or offensive odors.

Disinterment permits and re-interment permits must first be obtained from the Local Registrar at the place of disinterment.

RULE 5.—The outside case may be omitted in all instances when the coffin or casket is transported in hearse or undertaker's wagon in Illinois.

RULE 6.—Every outside case shall bear at least four handles, and when over 5 feet 6 inches in length, shall have six handles.

RULE 7.—In the transportation in or through Illinois of bodies shipped from points outside of Illinois, transportation officials will be governed by the Official Rules of the State Department of Public Health which are based on rules adopted by the Conference of State and Provincial Boards of Health of North America.

Before selling tickets, railroad agents shall carefully examine the transit permit and note the name of the passenger in charge, and of any other person proposing to accompany the body and shall see that all requirements have been complied with. The transit permit in such cases shall specifically state who is authorized by the registration official to accompany the remains. In all cases where bodies are forwarded in accordance with Rule 2, notice must be sent by telegraph by the shipping embalmer to the health officer, or when there is no health officer, to other competent authority at destination, advising the date and train on which the body may be expected.

RULE 8.—An approved disinfectant fluid for embalming purposes in Illinois shall contain not less than five per cent of formaldehyde gas. The term "embalming" as employed in these rules shall require the injection, by licensed embalmers, of not less than ten per cent of the body weight, injected arterially in addition to cavity injection and twelve hours shall elapse between the time of embalming and the shipment of the body.

B. BY PRIVATE CONVEYANCE

Every dead body transported by other than common carrier must be accompanied by a properly executed Burial or Removal Permit, Form V.S. No. 9. In case death is caused by a communicable disease mentioned in Rule 2, of Section A, or if body is transported beyond the boundary line of the county, where death occurred and into any other county in Illinois, the Burial or Removal Permit must be countersigned by the local health authority as provided for. Such permit when issued by any Illinois local deputy or sub-registrar, is sufficient for transportation (except by common carrier) and for burial, etc., in any part of Illinois.

NOTE TO UNDERTAKERS: If shipment is to be made outside of state, undertakers must observe rules and regulations of states through which and to which shipment is made.

C. DISINTERMENT AND REINTERMENT OF BODIES

When a body is to be disinterred and reinterred in the same cemetery, or when a body is to be reinterred within the same Registration District or in another Registration District within the State or out of the State, the casket or other container shall be sufficiently tight to prevent the escape of fluids and offensive odors, and disinterment permits and reinterment permits shall first be obtained from the Local Registrar at the place of disinterment. Where disinterred bodies are shipped, they shall conform to the rules for the transportation of the dead.

Article 1. - Disinterment of disinterred bodies of persons shall be made only in the presence of the Local Registrar or his deputy, and the disinterment shall be made in accordance with the provisions of this article. The disinterment shall be made in the presence of the Local Registrar or his deputy, and the disinterment shall be made in accordance with the provisions of this article. The disinterment shall be made in the presence of the Local Registrar or his deputy, and the disinterment shall be made in accordance with the provisions of this article.

Article 2. - The disinterment of a body shall be made only in the presence of the Local Registrar or his deputy, and the disinterment shall be made in accordance with the provisions of this article. The disinterment shall be made in the presence of the Local Registrar or his deputy, and the disinterment shall be made in accordance with the provisions of this article.

Article 3. - The disinterment of a body shall be made only in the presence of the Local Registrar or his deputy, and the disinterment shall be made in accordance with the provisions of this article. The disinterment shall be made in the presence of the Local Registrar or his deputy, and the disinterment shall be made in accordance with the provisions of this article.

Article 4. - The disinterment of a body shall be made only in the presence of the Local Registrar or his deputy, and the disinterment shall be made in accordance with the provisions of this article. The disinterment shall be made in the presence of the Local Registrar or his deputy, and the disinterment shall be made in accordance with the provisions of this article.

Article 5. - The disinterment of a body shall be made only in the presence of the Local Registrar or his deputy, and the disinterment shall be made in accordance with the provisions of this article. The disinterment shall be made in the presence of the Local Registrar or his deputy, and the disinterment shall be made in accordance with the provisions of this article.

BY PRIVATE CARRIAGE

Article 6. - The disinterment of a body shall be made only in the presence of the Local Registrar or his deputy, and the disinterment shall be made in accordance with the provisions of this article. The disinterment shall be made in the presence of the Local Registrar or his deputy, and the disinterment shall be made in accordance with the provisions of this article.

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