

APPENDIX B:
TITLE 28. HEALTH and SAFETY
PART III. PREVENTION of DISEASES
CHAPTER 27. COMMUNICABLE and
NONCOMMUNICABLE DISEASES

Annex A
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CHAPTER 27. COMMUNICABLE AND NONCOMMUNICABLE DISEASES

Subchapter A. GENERAL PROVISIONS

§ 27.1. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

ACIP--The Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, United States Department of Health and Human Services.

Caregiver--The entity or individual responsible for the safe and healthful care or education of a child in a child care group setting.

Case--A person or animal that is determined to have or suspected of having a disease, infection or condition.

Case report form--The form designated by the Department for reporting a case or a carrier.

Central office--Department headquarters located in Harrisburg.

Child--A person under 18 years of age.

Child care group setting--The premises in which care is provided at any one time to four or more children, unrelated to the operator.

Clinical laboratory--A laboratory for which a permit has been issued to operate as a clinical laboratory under the Clinical Laboratory Act (35 P. S. §§ 2151--2165).

Communicable disease--An illness which is capable of being spread to a susceptible host through the direct or indirect transmission of an infectious agent or its toxic product by an infected person, animal or arthropod, or through the inanimate environment.

Communicable period--The time during which an etiologic agent may be transferred directly or indirectly from an infected person to another person, or from an infected animal to a person.

Contact--A person or animal known to have had an association with an infected person or animal which presented an opportunity for acquiring the infection.

District office--One of the district headquarters of the Department located within this Commonwealth.

Health care facility--

- (i) A chronic disease, or other type of hospital, a home health care agency, a hospice, a long-term care nursing facility, a cancer treatment center using radiation therapy on an ambulatory basis, an ambulatory surgical facility, a birth center, and an inpatient drug and alcohol treatment facility, regardless of whether the health care facility is operated for profit, nonprofit or by an agency of the Commonwealth or local government.
- (ii) The term does not include:

- a) An office used primarily for the private practice of a health care practitioner.
- b) A facility providing treatment solely on the basis of prayer or spiritual means in accordance with the tenets of any church or religious denomination.
- c) A facility conducted by a religious organization for the purpose of providing health care services exclusively to clergy or other persons in a religious profession who are members of a religious denomination.

Health care practitioner--An individual who is authorized to practice some component of the healing arts by a license, permit, certificate or registration issued by a Commonwealth licensing agency or board.

Health care provider--An individual, a trust or estate, a partnership, a corporation (including associations, joint stock companies and insurance companies), the Commonwealth, or a political subdivision, or instrumentality (including a municipal corporation or authority) thereof, that operates a health care facility.

Household contact--A person living in the same residence as a case, including a spouse, child, parent, relation or other person, whether or not related to the case.

Infectious agent--Any organism, such as a virus, bacterium, fungus or parasite, that is capable of being communicated by invasion and multiplication in body tissues and capable of causing disease.

Isolation--The separation for the communicable period of an infected person or animal from other persons or animals, in such a manner as to prevent the direct or indirect transmission of the infectious agent from infected persons or animals to other persons or animals who are susceptible or who may spread the disease to others.

LMRO--Local morbidity reporting office--A district office of the Department or a local health department.

Local health authority--A county or municipal department of health, or board of health of a municipality that does not have a department of health. The term includes a sanitary board.

Local health department--Each county department of health under the Local Health Administration Law (16 P. S. §§ 12001--12028), and each department of health in a municipality approved for a Commonwealth grant to provide local health services under section 25 of the Local Health Administration Law (16 P. S. § 12025).

Local health officer--The person appointed by a local health authority to head the daily administration of duties imposed upon or permitted of local health authorities by State laws and regulations.

Medical record--An account compiled by physicians and other health professionals including a patient's medical history; present illness; findings on physical examination; details of treatment; reports of diagnostic tests; findings and conclusions from special examinations; findings and diagnoses of consultants; diagnoses of the responsible physician; notes on treatment, including medication, surgical operations, radiation, and physical therapy; and progress notes by physicians, nurses and other health professionals.

Modified quarantine--A selected, partial limitation of freedom of movement determined on the basis of differences in susceptibility or danger of disease transmission which is designated to meet particular situations. The term includes the exclusion of children from school and the prohibition, or the restriction, of those exposed to a communicable disease from engaging in particular activities.

Monitoring of contacts--The close supervision of persons and animals exposed to a communicable disease without restricting their movement.

Operator--The legal entity that operates a child care group setting or a person designated by the legal entity to serve as the primary staff person at a child care group setting.

Outbreak--An unusual increase in the number of cases of a disease, infection or condition, whether reportable or not as a single case, above the number of cases that a person required to report would expect to see in a particular geographic area or among a subset of persons (defined by a specific

demographic or other features).

Physician--An individual licensed to practice medicine or osteopathic medicine within this Commonwealth.

Placarding--The posting on a home or other building of a sign or notice warning of the presence of communicable disease within the structure and the danger of infection there from.

Quarantine--

- (i) The limitation of freedom of movement of a person or an animal that has been exposed to a communicable disease, for a period of time equal to the longest usual incubation period of the disease, or until judged noninfectious by a physician, in a manner designed to prevent the direct or indirect transmission of the infectious agent from the infected person or animal to other persons or animals.
- (ii) The term does not exclude the movement of a person or animal from one location to another when approved by the Department or a local health authority under § 27.67 (relating to the movement of persons and animals subject to isolation or quarantine by action of a local health authority or the Department).

Reportable disease, infection, or condition--A disease, infection, or condition, made reportable by § 27.2 (relating to specific identified reportable diseases, infections and conditions)

SHC--State Health Center--The official headquarters of the Department in a county, other than a district office.

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

Sexually transmitted disease--A disease which, except when transmitted perinatally, is transmitted almost exclusively through sexual contact.

Surveillance of disease--The continuing scrutiny of all aspects of occurrence and spread of disease that are pertinent to effective control.

Volunteer--A person who provides services to a school or child care group setting without receiving remuneration.

§ 27.2. Specific identified reportable diseases, infections and conditions.

The diseases, infections and conditions in Subchapter B (relating to the reporting of diseases, infections and conditions) are reportable to the Department or the appropriate local health authority by the persons or entities in the manner and within the time frames set out in this chapter.

§ 27.3. Reporting outbreaks and unusual diseases, infections and conditions.

- a) A person required to report under this chapter shall report an outbreak within 24 hours, and in accordance with § 27.4 (relating to reporting cases)
- b) A person required to report under this chapter who suspects a public health emergency, shall report an unusual occurrence of a disease, infection or condition not listed as reportable in Subchapter B (relating to reporting of diseases, infections and conditions) or defined as an outbreak, within 24 hours, and in accordance with § 27.4.
- c) Any unusual or group expression of illness which the Department designates as a public health emergency shall be reported within 24 hours, and in accordance with § 27.4.

§ 27.4. Reporting cases.

- a) Except for reporting by a clinical laboratory, a case is to be reported to the LMRO serving the area in

which a case is diagnosed or identified unless another provision of this chapter directs that a particular type of case is to be reported elsewhere. A clinical laboratory shall make reports to the appropriate office of the Department.

- b) Upon the Department's implementation of its electronic disease surveillance system for certain types of case reports, persons who make those reports shall do so electronically using an application and reporting format provided by the Department. At least 6 months in advance of requiring a type of case report to be reported electronically, the Department will publish a notice in the *Pennsylvania Bulletin* announcing when electronic reporting is to begin.
- c) This section does not prohibit a reporter from making an initial report of a case to the Department or an LMRO by telephone. The reporter will be instructed on how to make a complete case report at the time of the telephone call.
- d) Department offices to which this chapter requires specified case reports to be filed are as follows:
 - 1) Cancer Registry, Division of Health Statistics, Bureau of Health Statistics and Research.
 - 2) Division of Infectious Disease Epidemiology, Bureau of Epidemiology.
 - 3) HIV/AIDS Epidemiology Section, Division of Infectious Disease Epidemiology, Bureau of Epidemiology
 - 4) Division of Maternal and Child Health, Bureau of Family Health.
- e) A case shall be reported using the appropriate case report format. Information solicited by the case report form shall be provided by the reporter, irrespective of whether the report is made by submitting the form directly in hard copy or by telecommunication or electronic submission. An appropriate case report form or format may be procured from the office to which the type of case is reportable.

§ 27.5a. Confidentiality of case reports.

Case reports submitted to the Department or to an LMRO are confidential. Neither the reports, nor any information contained in them which identifies or is perceived by the Department or the LMRO as capable of being used to identify a person named in a report, will be disclosed to any person who is not an authorized employe or agent of the Department or the LMRO, and who has a legitimate purpose to access case information, except for any of the following reasons:

- 1) When disclosure is necessary to carry out a purpose of the act, as determined by the Department or LMRO, and disclosure would not violate another act or regulation.
- 2) When disclosure is made for a research purpose for which access to the information has been granted by the Department or an LMRO. Access shall be granted only when disclosure would not violate another act or regulation. The research shall be subject to strict supervision by the LMRO to ensure that the use of information disclosed is limited to the specific research purpose and will not involve the further disclosure of information which identifies or is perceived as being able to be used to identify a person named in a report.

§ 27.6. Disciplinary consequences for violating reporting responsibilities

- a) Failure of a clinical laboratory to comply with the reporting provisions of this chapter may result in restrictions being placed upon or revocation of the laboratory's permit to operate as a clinical laboratory, as provided for in the Clinical Laboratory Act (35 P. S. §§ 2151--2165) unless failure to report is due to circumstances beyond the control of the clinical laboratory.
- b) Failure of a Department licensed health care facility to comply with the reporting provisions of this chapter may result in restrictions being placed upon or revocation of the health care facility's license, as provided for in the Health Care Facilities Act (35 P. S. §§ 448.101--448.904b)
- c) Failure of a health care practitioner to comply with the reporting provisions of this chapter may result in referral of that matter to the appropriate licensure board for disciplinary action.
- d) Failure of a child care group setting to comply with the reporting provisions of this chapter may result in referral of that matter to the appropriate licensing agency for appropriate action.

§ 27.7. Cooperation between clinical laboratories and persons who order laboratory tests.

To facilitate the reporting of cases by clinical laboratories, the following is required:

- 1) When a clinical laboratory is requested to conduct a test which, depending upon the results, would impose a reporting duty upon the clinical laboratory, the clinical laboratory shall provide to the person who orders the testing, a form that solicits all information which is required for completion of the applicable case report form.
- 2) A person who orders testing subject to paragraph (1) shall, at the time of ordering the test, provide the clinical laboratory with the information solicited by the form which that person either possesses or may readily obtain.

§27.8. Criminal penalties for violating the act or this chapter.

- a) A person who violates any provision of the act or this chapter shall, for each offense, upon conviction thereof in a summary proceeding before a district justice in the county wherein the offense was committed, be sentenced to pay a fine of not less than \$25 and not more than \$300, together with costs, and in default of payment of the fine and costs, shall be imprisoned in the county jail for a period not to exceed 30 days.
- b) A person afflicted with communicable tuberculosis, ordered to be quarantined or isolated in an institution, who leaves without consent of the medical director of the institution, is guilty of a misdemeanor, and upon conviction thereof, shall be sentenced to pay a fine of not less than \$100 nor more than \$500, or undergo imprisonment for not less than 30 days nor more than 6 months, or both.
- c) Prosecutions may be instituted by the Department, by a local health authority, or by any person having knowledge of a violation of the act or this chapter.

**Subchapter B. REPORTING OF DISEASES, INFECTIONS AND CONDITIONS
GENERAL**

§ 27.21. Reporting of AIDS cases by physicians and hospitals.

A physician or a hospital is required to report a case of AIDS within 5 workdays after it is identified to the local health department if the case resides within the jurisdiction of that local health department. In all other cases, the physician or hospital shall report the case to the HIV/AIDS Epidemiology Section, Division of Infectious Disease Epidemiology, Bureau of Epidemiology.

§ 27.21a. Reporting of cases by health care practitioners and health care facilities.

- a) Except as set forth in this section or as otherwise set forth in this chapter, a health care practitioner or health care facility is required to report a case of a disease, infection or condition in subsection (b) as specified in § 27.4 (relating to reporting cases), if the health care practitioner or health care facility treats or examines a person who is suffering from, or who the health care practitioner suspects, because of symptoms or the appearance of the individual, of having a reportable disease, infection or condition:
 - 1) A health care practitioner or health care facility is not required to report a case if that health care practitioner or health care facility has reported the case previously.
 - 2) A health care practitioner or health care facility is not required to report a case of influenza unless the disease is confirmed by laboratory evidence of the causative agent.
 - 3) A health care practitioner or health care facility is not required to report a case of chlamydia trachomatis infection unless the disease is confirmed by laboratory evidence of the infectious agent.
 - 4) A health care practitioner or health care facility is not required to report a case of cancer unless the health care practitioner or health care facility provides screening, therapy or diagnostic services to cancer patients.
 - 5) Only physicians and hospitals are required to report cases of AIDS.
- b) The following diseases, infections and conditions in humans are reportable by health care practitioners and health care facilities within the specified time periods and as otherwise required by this chapter:

- 1) The following diseases, infections and conditions are reportable within 24 hours after being identified by symptoms, appearance or diagnosis:

Animal bite.
 Anthrax.
 Arboviruses.
 Botulism.
 Cholera.
 Diphtheria.
 Enterohemorrhagic E. coli.
 Food poisoning outbreak.
 Haemophilus influenzae invasive disease.
 Hantavirus pulmonary syndrome.
 Hemorrhagic fever.
 Lead poisoning.
 Legionellosis.
 Measles (rubeola).
 Meningococcal invasive disease.
 Plague.
 Poliomyelitis.
 Rabies.
 Smallpox
 Typhoid fever

- 2) The following diseases, infections and conditions are reportable within 5 work days after being identified by symptoms, appearance or diagnosis:

<p>AIDS Amebiasis. Brucellosis. Campylobacteriosis. Cancer. Chancroid. Chickenpox (varicella) Chlamydia trachomatis infections. Creutzfeldt-Jakob Disease. Cryptosporidiosis. Encephalitis. Giardiasis. Gonococcal infections. Granuloma inguinale. Guillain-Barre syndrome. Hepatitis, viral, acute & chronic cases. Histoplasmosis. Influenza. Leprosy (Hansen's disease). Leptospirosis. Listeriosis. Lyme disease. Lymphogranuloma venereum. Malaria. Maple syrup urine disease (MSUD) in children under 5 years of age. Meningitis (All types not caused by invasive Haemophilus influenza or Neisseria meningitis). Mumps.</p>	<p>Pertussis (whooping cough). Phenylketonuria (PKU) in children under 5 years of age. Primary congenital hypothyroidism in children under 5 years of age. Psittacosis (ornithosis). Rickettsial diseases. Rubella (German measles) and congenital rubella syndrome. Salmonellosis. Shigellosis. Sickle cell hemoglobinopathies in children under 5 years of age. Staphylococcus aureus, Vancomycin-resistant (or intermediate) invasive disease. Streptococcal invasive disease (group A). Streptococcus pneumoniae, drug-resistant invasive disease. Syphilis (all stages). Tetanus. Toxic shock syndrome. Toxoplasmosis. Trichinosis. Tuberculosis, suspected or confirmed active disease (all sites). Tularemia.</p>
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- c) A school nurse shall report to the LMRO any unusual increase in the number of absentees among school children. A caregiver at a child care group setting shall report to the LMRO any unusual increase in the number of absentees among children attending the child care group setting.

- d) A health care facility or health care practitioner providing screening, diagnostic or therapeutic services to patients with respect to cancer shall also report cases of cancer as specified in § 27.31 (relating to reporting cases of cancer).

§ 27.22. Reporting of cases by clinical laboratories.

- a) A person who is in charge of a clinical laboratory in which a laboratory examination of a specimen derived from a human body yields evidence significant from a public health standpoint of the presence of a disease, infection or condition listed in subsection (b) shall promptly report the findings, no later than the next work day after the close of business on the day on which the examination was completed, except as otherwise noted in this chapter.

- b) The diseases, infections and conditions to be reported include the following:

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| <p>Amebiasis.
 Anthrax.
 An unusual cluster of isolates.
 Arboviruses
 Botulism--all forms.
 Brucellosis.
 Campylobacteriosis.
 Cancer.
 Chancroid.
 Chickenpox (varicella).
 Chlamydia trachomatis infections.
 Cholera.
 Creutzfeldt-Jakob disease.
 Cryptosporidiosis.
 Diphtheria infections.
 Enterohemorrhagic E. coli 0157
 infections, or infections caused by
 other sub-types producing shiga-like
 toxin.
 Giardiasis.
 Gonococcal infections.
 Granuloma inguinale.
 Haemophilus influenzae infections--
 invasive from sterile sites.
 Hantavirus.
 Hepatitis, viral, acute and chronic
 cases.
 Histoplasmosis.
 Influenza.
 Lead poisoning.
 Legionellosis.
 Leprosy (Hansen's disease).
 Leptospirosis.
 Listeriosis.
 Lyme disease.
 Lymphogranuloma venereum.
 Malaria.</p> | <p>from sterile sites.
 Mumps.
 Pertussis.
 Phenylketonuria (PKU) in children
 under 5 years of age.
 Primary congenital hypothyroidism in
 children under 5 years of age.
 Plague.
 Poliomyelitis.
 Psittacosis (ornithosis).
 Rabies.
 Respiratory syncytial virus.
 Rickettsial infections.
 Rubella.
 Salmonella.
 Shigella.
 Sickle cell hemoglobinopathies in
 children under 5 years of age.
 Staphylococcus Aureus Vancomycin-
 resistant (or intermediate) invasive
 disease.
 Streptococcus pneumoniae, drug-
 resistant invasive disease.
 Syphilis.
 Tetanus.
 Toxoplasmosis.
 Trichinosis.
 Tuberculosis, confirmation of positive
 smears or cultures, including results of
 drug susceptibility testing.
 Tularemia.
 Typhoid.</p> |
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- Maple syrup urine disease (MSUD) in
 children under 5 years of age.
 Measles (rubeola).
 Meningococcal infections--invasive

- c) The report shall include the following:
- 1) The name, age, address and telephone number of the person from whom the specimen was obtained.
 - 2) The date the specimen was collected.
 - 3) The source of the specimen (such as, serum, stool, CSF, wound).
 - 4) The name of the test or examination performed and the date it was performed.
 - 5) The results of the test.
 - 6) The range of normal values for the specific test performed.
 - 7) The name, address, and telephone number of the physician for whom the examination or test was performed.
 - 8) Other information requested in case reports or formats specified by the Department.
- d) The report shall be submitted by the person in charge of a laboratory, in either a hard copy format or an electronic transmission format specified by the Department.
- e) Reports made on paper shall be made to the LMRO where the case is diagnosed or identified. Reports made electronically shall be submitted to the Division of Infectious Disease Epidemiology, Bureau of Epidemiology. Reports of maple syrup urine disease, phenylketonuria, primary congenital hypothyroidism, sickle cell hemoglobinopathies, cancer and lead poisoning shall be reported to the location specifically designated in this subchapter. See §§ 27.30, 27.31 and 27.34 (relating to reporting cases of certain diseases in the newborn child; reporting cases of cancer; and reporting cases of lead poisoning).
- f) A clinical laboratory shall submit isolates of salmonella and shigella to the Department's Bureau of laboratories for serotyping within 5 work days of isolation.
- g) A clinical laboratory shall submit isolates of *Neisseria meningitidis* obtained from a normally sterile site to the Department's Bureau of Laboratories for serogrouping within 5 work days of isolation.
- h) A clinical laboratory shall send isolates of enterohemorrhagic *E. coli* to the Department's Bureau of Laboratories for appropriate further testing within 5 work days of isolation.
- i) A clinical laboratory shall send isolates of *Haemophilus influenzae* obtained from a normally sterile site to the Department's Bureau of Laboratories for serotyping within 5 work days of isolation.
- j) The Department, upon publication of a notice in the *Pennsylvania Bulletin*, may authorize changes in the requirements for submission of isolates based upon medical or public health developments when the departure is determined by the Department to be necessary to protect the health of the people of this Commonwealth. The change will not remain in effect for more than 90 days after publication unless the Board acts to affirm the change within that 90-day period.

§ 27.23. Reporting of cases by persons other than health care practitioners, health care facilities, veterinarians or laboratories.

Except with respect to reporting cancer, individuals in charge of the following types of group facilities identifying a disease, infection or condition listed in § 27.21a (relating to reporting of cases by health care practitioners and health care facilities) by symptom, appearance or diagnosis shall make a report within the time frames required in § 27.21a.

- 1) Institutions maintaining dormitories and living rooms.
- 2) Orphanages.
- 3) Child care group settings.

§ 27.24. (Reserved).

§ 27.24a. Reporting of cases by veterinarians.

A veterinarian is required to report a case, as specified in § 27.4 (relating to reporting cases), only if the veterinarian treats or examines an animal which the veterinarian suspects of having a disease set forth in § 27.35(a) (relating to reporting cases of disease in animals).

§§ 27.25--27.28. (Reserved).

§ 27.29. Reporting for special research projects.

A person in charge of a hospital or other institution for the treatment of disease shall, upon request of the Department, make reports of a disease or condition for which the Board has approved a specific study to enable the Department to determine and employ the most efficient and practical means to protect and to promote the health of the people by the prevention and control of the disease or condition. The reports shall be made on forms prescribed by the Department and shall be transmitted to the Department or to local health authorities as directed by the Department.

DISEASES AND CONDITIONS REQUIRING SPECIAL REPORTING

§ 27.30. Reporting cases of certain diseases in the newborn child.

Reports of maple syrup urine disease, phenylketonuria, primary congenital hypothyroidism and sickle cell hemoglobinopathies shall be made to the Division of Maternal and Child Health, Bureau of Family Health, as specified in Chapter 28 (relating to metabolic diseases of the newborn) and those provisions of § 27.4 (relating to reporting cases) consistent with Chapter 28 and this section.

§ 27.31. Reporting cases of cancer.

- a) A hospital, clinical laboratory, or other health care facility providing screening, diagnostic or therapeutic services for cancer to cancer patients shall report each case of cancer to the Department in a format prescribed by the Cancer Registry, Bureau of Health Statistics and Research, within 180 days of the patient's discharge, if an inpatient or, if an outpatient, within 180 days following diagnosis or initiation of treatment.
- b) A health care practitioner providing screening, diagnostic or therapeutic services to cancer patients for cancer shall report each cancer case to the Department in a format prescribed by the Cancer Registry, Bureau of Health Statistics and Research, within 5 work days of diagnosis. Cases directly referred to or previously admitted to a hospital or other health care facility providing screening, diagnostic or therapeutic services to cancer patients in this Commonwealth, and reported by those facilities, are exceptions and do not need to be reported by the health care practitioner.
- c) The Department or its authorized representative shall be afforded physical access to all records of physicians and surgeons, hospitals, outpatient clinics, nursing homes and all other facilities, individuals or agencies providing services to patients which would identify cases of cancer or would establish characteristics of the cancer, treatment of the cancer or medical status of any identified cancer patient.
- d) Reports submitted under this section are confidential and may not be open to public inspection or dissemination. Information for specific research purposes may be released in accordance with procedures established by the Department with the advice of the Pennsylvania Cancer Control, Prevention and Research Advisory Board.
- e) Case reports of cancer shall be sent to the Cancer Registry, Division of Health Statistics, Bureau of Health Statistics and Research, unless otherwise directed by the Department.

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