

**CHAPTER 27. COMMUNICABLE AND
NONCOMMUNICABLE DISEASES**

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Authority

The provisions of this Chapter 27 issued and amended under the Disease Prevention and Control Law of 1955 (35 P.S. §§ 521.1—521.21), unless otherwise noted.

Source

The provisions of this Chapter 27 adopted October 30, 1959, amended January 12, 1979, effective January 13, 1979, 9 Pa.B. 147, unless otherwise noted.

Cross References

This chapter cited in 28 Pa. Code § 137.21 (relating to policies and procedures); 28 Pa. Code § 501.4 (relating to regulations); 28 Pa. Code § 601.3 (relating to requirements for home health care agencies); 55 Pa. Code § 3270.4 (relating to definitions); 55 Pa. Code § 3270.136 (relating to reporting diseases); 55 Pa. Code § 3270.137 (relating to children with symptoms of disease); 55 Pa. Code § 3270.153 (relating to facility persons with symptoms of disease); 55 Pa. Code § 3280.4 (relating to definitions); 55 Pa. Code § 3280.11 (relating to application for and issuance of a certificate of compliance); 55 Pa. Code § 3280.136 (relating to reporting diseases); 55 Pa. Code § 3280.137 (relating to children with symptoms of disease); 55 Pa. Code § 3280.153 (relating to facility persons with symptoms of disease); 55 Pa. Code § 3290.4 (relating to definitions); 55 Pa. Code § 3290.136 (relating to reporting diseases); 55 Pa. Code § 3290.137 (relating to children with symptoms of disease); 55 Pa. Code § 3290.153 (relating to facility persons with symptoms of disease); and 67 Pa. Code § 71.3 (relating to physical examination).

Subchapter A. GENERAL PROVISIONS

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

§ 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.

AIDS (Acquired Immune Deficiency Syndrome)—As defined by the CDC case definition published in the CDC *Morbidity and Mortality Weekly Report* (MMWR). (The Department will publish in the *Pennsylvania Bulletin* a reference to a CDC update of the case definition within 30 days of its publication in the MMWR).

Act—The Disease Prevention and Control Law of 1955 (35 P. S. §§ 521.1—521.21).

Anonymous HIV Testing—HIV testing performed at a State-designated HIV testing site for an individual who chooses not to provide his name in giving consent for the testing.

Board—The Advisory Health Board of the Department.

CDC—Centers for Disease Control and Prevention.

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

Carrier—A person who, without any apparent symptoms of a communicable disease, harbors a specific infectious agent and may serve as a source of infection.

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.

Confidential HIV testing—HIV testing performed for an individual who, in giving his consent for the testing, provides his name and other personal or demographic identifiers.

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.

County morbidity reporting area—A county so designated by the Board wherein initial reports for communicable and noncommunicable diseases are to be reported to the State health center of the Department.

Department—The Department of Health of the Commonwealth.

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

Electronic Disease Surveillance System—Any of the electronic, web-based platforms that the Department uses to collect and manage information reportable under § 27.2 (relating to specific identified reportable diseases, infections and conditions). For purposes of this chapter, the term includes an electronic laboratory reporting system.

Electronic Laboratory Reporting System—The electronic platform that the Department uses to receive and process information electronically generated by clinical laboratories to fulfill their reporting responsibilities under § 27.22 (relating to reporting of cases by clinical laboratories). Information submitted to the electronic laboratory reporting system will be routed to the Department's electronic disease surveillance system when appropriate.

FDA—Food and Drug Administration.

HIV services—The range of services, including prevention, counseling, testing, treatment, case management, support and referral services, which are provided to persons infected with or affected by HIV or AIDS, and are intended to alleviate physical and psychosocial problems created by these diseases and conditions.

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.

Municipality—A city, borough, incorporated town or township.

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).

Perinatal exposure of a newborn to HIV—The potential perinatal transmission of HIV to a newborn indicated by a positive HIV test result for the pregnant woman or mother of a newborn.

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 therefrom.

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.

Secretary—The Secretary of the Department.

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.

State-designated anonymous HIV testing site—An HIV testing site supported by the Department either through direct funding or payment for testing, which provides anonymous and confidential testing and which agrees to adhere to the CDC's counseling and testing standards and guidelines issued by the Department.

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.

Authority

The provisions of this § 27.1 amended under section 16(a) and (b) of the Disease Prevention and Control Law of 1955 (35 P.S. § 521.16(a) and (b)); sections 2102(g), 2106(a) and 2111(b) of The Administrative Code of 1929 (71 P.S. §§ 532(g), 536(a) and 541(b)); and section 803 of the Health Care Facilities Act (35 P.S. § 448.803).

Source

The provisions of this § 27.1 amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491; amended July 19, 2002, effective July 20, 2002, 32 Pa.B. 3597; amended October 30, 2020, effective October 31, 2020, 50 Pa.B. 5981. Immediately preceding text appears at serial pages (290006) to (290008) and (399347) to (399348).

Cross References

This section cited in 28 Pa. Code § 23.82 (relating to definitions).

§ 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.

Authority

The provisions of this § 27.2 amended under sections 4 and 16 of the Disease Prevention and Control Law of 1955 (35 P.S. §§ 521.4 and 521.16); and sections 2102(g) and 2111(b) of The Administrative Code of 1929 (71 P.S. §§ 532(g) and 541(b)).

Source

The provisions of this § 27.2 amended November 26, 1982, effective November 27, 1982, 12 Pa.B. 4057; amended January 16, 1987, effective January 17, 1987, 17 Pa.B. 250; amended August 2, 1991, effective October 2, 1991, 21 Pa.B. 3416; amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial pages (243655) to (243656) and (256555).

Cross References

This section cited in 6 Pa. Code § 11.3 (relating to definitions); 28 Pa. Code § 5.52 (relating to contents of records); 28 Pa. Code § 27.1 (relating to definitions); 28 Pa. Code § 567.3 (relating to policies and procedures); 55 Pa. Code § 2380.111 (relating to individual physical examination); 55 Pa. Code § 2380.113 (relating to staff physical examination); 55 Pa. Code § 2380.114 (relating to communicable diseases); 55 Pa. Code § 2600.16 (relating to reportable incidents and conditions); 55 Pa. Code § 2800.16 (relating to reportable incidents and conditions); 55 Pa. Code § 3800.16 (relating to reportable incidents); 55 Pa. Code § 6400.152 (relating to communicable diseases); and 55 Pa. Code § 6500.126 (relating to communicable diseases).

§ 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.

Source

The provisions of this § 27.3 amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (256555).

Cross References

This section cited in 28 Pa. Code § 5.52 (relating to contents of records); and 28 Pa. Code § 27.35 (relating to reporting cases of diseases in animals).

§ 27.4. Reporting cases.

(a) Except where otherwise noted in this chapter, a case shall be reported to the Department through the appropriate electronic disease surveillance system.

(b) A reporter may make a preliminary report of a case by telephone. The preliminary report must be followed by a formal report made through the appropriate electronic disease surveillance system.

(c) A case shall be reported using the appropriate case report format. The requested information shall be provided by the reporter, irrespective of the manner in which the report is submitted. Access to the appropriate electronic disease surveillance system may be obtained from the Department upon request.

Authority

The provisions of this § 27.4 issued under sections 2101—2111 of The Administrative Code of 1929 (71 P.S. §§ 531—561); amended under section 16 of the Disease Prevention and Control Law of 1955 (35 P.S. § 521.16); sections 3 and 5 of the Newborn Child Testing Act (35 P.S. §§ 623 and 625); section 16(a) of the Disease Prevention and Control Law of 1955 (35 P.S. § 521.16(a)); sections 2102(g), 2106(a) and 2111(b) of The Administrative Code of 1929 (71 P.S. §§ 532(g), 536(a) and 541(b)); and section 803 of the Health Care Facilities Act (35 P.S. § 448.803).

Source

The provisions of this § 27.4 amended October 24, 1980, effective October 25, 1980, 10 Pa.B. 4212; amended August 19, 1988, effective August 20, 1988, 18 Pa.B. 3697; amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491; amended May 17, 2002, effective May 18, 2002, 32 Pa.B. 2435; amended October 30, 2020, effective October 31, 2020, 50 Pa.B. 5981. Immediately preceding text appears at serial pages (290011) to (290012).

Cross References

This section cited in 28 Pa. Code § 5.52 (relating to contents of records); 28 Pa. Code § 27.3 (relating to reporting outbreaks and unusual diseases, infections and conditions); 28 Pa. Code § 27.21a (relating to reporting of cases by health care practitioners and health care facilities); 28 Pa. Code § 27.24a (relating to reporting of cases by veterinarians); 28 Pa. Code § 27.30 (relating to reporting cases of certain diseases in the newborn child); and 28 Pa. Code § 27.35 (relating to reporting cases of disease in animals).

§ 27.5. [Reserved].**Source**

The provisions of this § 27.5 adopted November 26, 1982, effective November 27, 1982, 12 Pa.B. 4057; reserved January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (256556).

§ 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.

Source

The provisions of this § 27.5a adopted January 25, 2002, effective January 26, 2002, 32 Pa.B. 491.

§ 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.

Source

The provisions of this § 27.6 adopted January 25, 2002, effective January 26, 2002, 32 Pa.B. 491.

§ 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.

Source

The provisions of this § 27.7 adopted January 25, 2002, effective January 26, 2002, 32 Pa.B. 491.

§ 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.

Source

The provisions of this § 27.8 adopted January 25, 2002, effective January 26, 2002, 32 Pa.B. 491.

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

- Sec.
 27.21. [Reserved].
 27.21a. Reporting of cases by health care practitioners and health care facilities.
 27.22. Reporting of cases by clinical laboratories.
 27.23. Reporting of cases by persons other than health care practitioners, health care facilities, veterinarians or laboratories.
 27.24. [Reserved].
 27.24a. Reporting of cases by veterinarians.
 27.25. [Reserved].
 27.26. [Reserved].
 27.27. [Reserved].
 27.28. [Reserved].
 27.29. Reporting for special research projects.

DISEASES AND CONDITIONS REQUIRING SPECIAL REPORTING

- 27.30. Reporting cases of certain diseases in the newborn.
 27.31. Reporting cases of cancer.

- 27.32. [Reserved].
- 27.32a. Reporting AIDS, HIV, CD4 T-lymphocyte counts and percentages, HIV viral load test results, including detectable and undetectable viral load results and HIV genotype test results, and perinatal exposure of newborns to HIV.
- 27.32b. Confidential and anonymous testing.
- 27.32c. Partner services relating to HIV and AIDS.
- 27.32d. Department authority to require complete reporting.
- 27.32e. Record audits.
- 27.33. Reporting cases of sexually transmitted disease.
- 27.34. Reporting cases of lead poisoning.
- 27.35. Reporting cases of disease in animals.

REPORTING BY LOCAL MORBIDITY REPORTING OFFICES

- 27.41. [Reserved].
- 27.41a. Reporting by local morbidity reporting offices of case reports received.
- 27.42. [Reserved].
- 27.42a. Reporting by local morbidity reporting offices of completed case investigations.
- 27.43. [Reserved].
- 27.43a. Reporting by local morbidity reporting offices of outbreaks and selected diseases.
- 27.44—27.47. [Reserved].
- 27.51. [Reserved].

Cross References

This subchapter cited in 28 Pa. Code § 27.2 (relating to specific identified reportable diseases, infections and conditions); 28 Pa. Code § 27.3 (relating to reporting outbreaks and unusual diseases, infections and conditions); and 28 Pa. Code § 101.4 (relating to definitions).

GENERAL

§ 27.21. [Reserved].

Source

The provisions of this § 27.21 amended November 26, 1982, effective November 27, 1982, 12 Pa.B. 4057; amended January 16, 1987, effective January 17, 1987, 17 Pa.B. 250; amended August 2, 1991, effective October 2, 1991, 21 Pa.B. 3416; amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491; reserved July 19, 2002, effective July 20, 2002, 32 Pa.B. 3597. Immediately preceding text appears at serial page (288385).

§ 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 or health care facility 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:

AIDS.
Amebiasis.
Brucellosis.
CD4 T-lymphocyte counts and percentages.
Campylobacteriosis.
Cancer.
Chancroid.
Chickenpox (varicella) (effective January 26, 2005).
Chlamydia trachomatis infections.
Congenital adrenal hyperplasia (CAH) in children under 5 years of age.
Creutzfeldt-Jakob Disease.
Cryptosporidiosis.
Encephalitis.
Galactosemia in children under 5 years of age.
Giardiasis.
Gonococcal infections.
Granuloma inguinale.
Guillain-Barre syndrome.
HIV (Human Immunodeficiency Virus).
HIV viral load test results, including detectable and undetectable viral load results, and all HIV genotyping results.
Hepatitis, viral, acute and 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 influenzae or Neisseria meningitidis).
Mumps.
Perinatal exposure of a newborn to HIV (effective October 18, 2002).
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 disease 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.

(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).

Authority

The provisions of this 27.21a amended under section 16(a) and (b) of the Disease Control and Prevention Act of 1955 (35 P.S. § 521.16(a) and (b)); sections 2102(g), 2106(a) and 2111(b) of The Administrative Code of 1929 (71 P.S. §§ 532(g), 536(a) and 541(b)); section 803 of the Health Care Facilities Act (35 P.S. § 448.803); and sections 3 and 5 of the Newborn Child Testing Act (35 P.S. §§ 623 and 625).

Source

The provisions of this § 27.21a adopted January 25, 2002, effective January 26, 2002, 32 Pa.B. 491; amended May 17, 2002, effective May 18, 2002, 32 Pa.B. 2435; amended July 19, 2002, effective July 20, 2002, 32 Pa.B. 3597; amended October 30, 2020, effective October 31, 2020, 50 Pa.B. 5981. Immediately preceding text appears at serial pages (290015) to (290019).

Cross References

This section cited in 28 Pa. Code § 27.23 (relating to reporting of cases by persons other than health care practitioners, health care facilities, veterinarians or laboratories); and 28 Pa. Code § 211.1 (relating to reportable diseases).

§ 27.22. Reporting of cases by clinical laboratories.

(a) A person who is in charge of a clinical laboratory in which a laboratory test of a specimen derived from a human body yields microscopical, cultural,

immunological, serological, chemical, virologic, nucleic acid (DNA or RNA) or other 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 test was completed, except as otherwise noted in this chapter.

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

- Amebiasis.
- Anthrax.
- An unusual cluster of isolates.
- Arboviruses.
- Botulism—all forms.
- Brucellosis.
- CD4 T-lymphocyte counts and percentages.
- Campylobacteriosis.
- Cancer.
- Chancroid.
- Chickenpox (varicella).
- Chlamydia trachomatis infections.
- Cholera.
- Congenital adrenal hyperplasia (CAH) in children under 5 years of age.
- Creutzfeldt-Jakob disease.
- Cryptosporidiosis.
- Diphtheria infections.
- Enterohemorrhagic E. coli 0157 infections, or infections caused by other subtypes producing shiga-like toxin.
- Galactosemia in children under 5 years of age.
- Giardiasis.
- Gonococcal infections.
- Granuloma inguinale.
- HIV (Human Immunodeficiency Virus).
- HIV viral load results, including detectable and undetectable viral load results, and HIV genotype test results.
- 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.
Maple syrup urine disease (MSUD) in children under 5 years of age.
Measles (rubeola).
Meningococcal infections—invasive 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 disease 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.

(c) The report shall include the following, except as provided in subsection (d):

- (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) Laboratory test results shall be reported by the person in charge of a laboratory through the appropriate electronic disease surveillance system. Reports of CAH, galactosemia maple syrup urine disease, phenylketonuria, primary congenital hypothyroidism, sickle cell disease and cancer, shall be made in the manner specifically designated in this subchapter. See §§ 27.30 and 27.31 (relating to reporting cases of certain diseases in the newborn; and reporting cases of cancer).
- (e) 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.
- (f) 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.
- (g) 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.
- (h) 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.
- (i) 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 such 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.

Authority

The provisions of this § 27.22 issued under sections 2101—2111 of The Administrative Code of 1929 (71 P.S. §§ 531—561); amended under sections 4 and 16 of the Disease Prevention and Control Law of 1955 (35 P.S. §§ 521.4 and 521.16); sections 2102(g), 2106(a) and 2111(b) of The Administrative Code of 1929 (71 P.S. §§ 532(g), 536(a) and 541(b)); section 803 of the Health Care Facilities Act (35 P.S. § 448.803); and sections 3 and 5 of the Newborn Child Testing Act (35 P.S. §§ 623 and 625).

Source

The provisions of this § 27.22 amended March 28, 1980, effective March 29, 1980, 10 Pa.B. 1387; amended January 16, 1987, effective January 17, 1987, 17 Pa.B. 250; amended August 19, 1988, effective August 20, 1988, 18 Pa.B. 3697; amended August 2, 1991, effective October 2, 1991, 21 Pa.B. 3416; amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491; amended May 17, 2002, effective May 18, 2002, 32 Pa.B. 2435; amended July 19, 2002, effective July 20, 2002, 32 Pa.B. 3597; amended October 30, 2020, effective October 31, 2020, 50 Pa.B. 5981. Immediately preceding text appears at serial pages (290019) to (290022).

Cross References

This section cited in 28 Pa. Code § 5.49 (relating to reportable diseases); and 28 Pa. Code § 27.1 (relating to definitions).

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

Except with respect to reporting cancer, AIDS, CD4 T-lymphocyte counts and percentages, HIV test results or perinatal exposure of a newborn to HIV, HIV viral load results, including detectable and undetectable viral load results, and HIV genotype test results, 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 timeframes required in § 27.21a:

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

Authority

The provisions of this § 27.23 amended under section 16(a) and (b) of the Disease Prevention and Control Law of 1955 (35 P.S. § 521.16(a) and (b)); sections 2102(g), 2106(a) and 2111(b) of The Administrative Code of 1929 (71 P.S. §§ 532(g), 536(a) and 541(b)); and section 803 of the Health Care Facilities Act (35 P.S. § 448.803).

Source

The provisions of this § 27.23 amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491; amended July 19, 2002, effective July 20, 2002, 32 Pa.B. 3597; amended October 30, 2020, effective October 31, 2020, 50 Pa.B. 5981. Immediately preceding text appears at serial page (290022).

§ 27.24. [Reserved].**Source**

The provisions of this § 27.24 amended January 16, 1987, effective January 17, 1987, 17 Pa.B. 250; reserved January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial pages (243662) to (243663).

§ 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).

Source

The provisions of this § 27.24a adopted January 25, 2002, effective January 26, 2002, 32 Pa.B. 491.

§ 27.25. [Reserved].**Source**

The provisions of this § 27.25 amended November 26, 1982, effective November 27, 1982, 12 Pa.B. 4057; amended January 16, 1987, effective January 17, 1987, 17 Pa.B. 250; reserved January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243663).

§ 27.26. [Reserved].**Source**

The provisions of this § 27.26 amended November 26, 1982, effective November 27, 1982, 12 Pa.B. 4057; amended January 16, 1987, effective January 17, 1987, 17 Pa.B. 250; reserved January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial pages (243663) to (243664).

§ 27.27. [Reserved].**Source**

The provisions of this § 27.27 reserved January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243664).

§ 27.28. [Reserved].**Source**

The provisions of this § 27.28 reserved January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243664).

§ 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.

Source

The provisions of this § 27.29 amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243664).

DISEASES AND CONDITIONS REQUIRING SPECIAL REPORTING

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

Reports of congenital adrenal hyperplasia (CAH), galactosemia, maple syrup urine disease, phenylketonuria, primary congenital hypothyroidism and sickle cell disease shall be made to the Division of Newborn Disease Prevention and Identification, Bureau of Family Health, as specified in Chapter 28 (relating to screening and follow-up for diseases of the newborn) and those provisions of § 27.4 (relating to reporting cases) consistent with Chapter 28 and this section.

Authority

The provisions of this § 27.30 amended under section 16(a) of the Disease Control and Prevention Act of 1955 (35 P. S. § 521.16(a)); sections 2102(g) and 2111(b) of The Administrative Code of 1929 (71 P. S. §§ 532(g) and 541(b)); and sections 3 and 5 of the Newborn Child Testing Act (35 P. S. §§ 623 and 625).

Source

The provisions of this § 27.30 adopted January 27, 1978, effective January 28, 1978, 8 Pa.B. 248; amended March 28, 1980, effective March 29, 1980, 10 Pa.B. 1387; amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491; amended May 17, 2002, effective May 18, 2002, 32 Pa.B. 2435. Immediately preceding text appears at serial pages (287142) to (287143).

Cross References

This section cited in 28 Pa. Code § 27.22 (relating to reporting of cases by clinical laboratories).

§ 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.

Authority

The provisions of this § 27.31 issued under The Administrative Code of 1929 (71 P.S. §§ 531—545); the Disease Prevention and Control Law of 1955 (35 P.S. §§ 521.1—521.21); and the Pennsylvania Cancer Control, Prevention and Research Act (35 P.S. §§ 5631—5637).

Source

The provisions of this § 27.31 adopted November 26, 1982, effective November 27, 1982, 12 Pa.B. 4057; amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial pages (243664) to (243665).

Cross References

This section cited in 28 Pa. Code § 27.21a (relating to reporting of cases by health care practitioners and health care facilities); and 28 Pa. Code § 27.22 (relating to reporting of cases by clinical laboratories).

§ 27.32. [Reserved].

Source

The provisions of this § 27.32 adopted January 16, 1987, effective January 17, 1987, 17 Pa.B. 250; reserved January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243665).

§ 27.32a. Reporting AIDS, HIV, CD4 T-lymphocyte counts and percentages, HIV viral load test results, including detectable and undetectable viral load results and HIV genotype test results, and perinatal exposure of newborns to HIV.

(a) *Reporting by clinical laboratories.*

(1) A person in charge of a clinical laboratory shall report CD4 T-lymphocyte counts and percentages electronically to the Department through the appropriate electronic disease surveillance system within 5 work days of obtaining the test results.

(2) A person in charge of a clinical laboratory shall report positive test results of any test approved by the FDA to establish the presence of HIV, including a serologic, virologic, nucleic acid (DNA or RNA) or any other type of test the FDA approves to establish the presence of HIV. The report shall be made to the appropriate electronic disease surveillance system within 5 work days of obtaining the test results.

(3) A person in charge of a clinical laboratory shall report HIV viral load test results, including detectable and undetectable viral load results, and HIV genotyping results, to the Department through the appropriate electronic disease surveillance system, within 5 work days of obtaining the test results.

(4) The report shall include the following information:

(i) The individual's name and the address, city, county and zip code of the individual's residence.

(ii) The patient identifying number assigned to the individual by the physician or at the facility requesting the laboratory test.

(iii) The individual's date of birth (month, day, year).

(iv) The individual's sex.

(v) The individual's race/ethnicity.

(vi) The date of each test performed.

(vii) The type of tests performed.

(viii) The results of the tests.

(ix) The name of the person or entity submitting the specimen for testing.

(x) The address of the person or entity submitting the specimen for testing, including the zip code, physical address and telephone number of the submitter.

(5) To enable the laboratory to complete the report it is required to file with the Department, a person or entity that requests a laboratory test for HIV, a CD4 T-lymphocyte count or percentage, or HIV viral load test results, including detectable or undetectable test results, and HIV genotype test results shall provide to the laboratory the information in subsection (a)(4), with the exception of subparagraphs (vi)—(ix). In addition to the information included in subsection (a)(4), a person or entity that requests a laboratory test for HIV, a CD4 T-lymphocyte count or percentage, an HIV viral load test result, including detectable or undetectable test results, and HIV genotype test results shall provide to the laboratory the date each test was requested and the type of test or tests requested.

(b) *Reporting by health care practitioners, hospitals, and other persons or entities, who diagnose AIDS or who receive or provide HIV test results, CD4*

T-lymphocyte counts and percentages, or HIV viral load test results, including detectable and undetectable results, and HIV genotype test results.

(1) A health care practitioner, hospital, person providing HIV services or person in charge of an entity providing HIV services, who makes a diagnosis of AIDS or who receives HIV test results, CD4 T-lymphocyte counts and percentages, HIV viral load test results, including detectable and undetectable results, or HIV genotype test results, or who provides an AIDS diagnosis, HIV test results, CD4 T-lymphocyte counts and percentages, HIV viral load test results, including detectable and undetectable test results, and HIV genotype test results to patients, shall report the following to the Department through the appropriate electronic disease surveillance system within 5 work days of the diagnosis of AIDS or the receipt of the results of the test:

- (i) A diagnosis of AIDS.
- (ii) A positive result of any test approved by the FDA to establish the presence of HIV, including a serologic, virologic, nucleic acid (DNA or RNA) or any other type of test the FDA approves to establish the presence of HIV.
- (iii) CD4 T-lymphocyte counts and percentages.
- (iv) A perinatal exposure of a newborn to HIV.
- (v) HIV viral load results, including detectable and undetectable viral load results, and HIV genotype test results.

(2) A report of an HIV test result, CD4 T-lymphocyte count and percentage, HIV viral load test result, including detectable and undetectable test results, and HIV genotype test result, AIDS case based on the CDC case definition, or perinatal exposure of a newborn to HIV shall include the following information:

- (i) The individual's name and the address, city, county and zip code of the individual's residence.
- (ii) The patient identifying number assigned to the individual by the physician or at the facility requesting the laboratory test.
- (iii) The individual's date of birth.
- (iv) The individual's sex.
- (v) The individual's race or ethnicity.
- (vi) The date of each test performed.
- (vii) The type of tests performed.
- (viii) The test results.
- (ix) The patient's history on probable modes of transmission.
- (x) The treatment provided.
- (xi) The name, address and telephone number of the health care practitioner, hospital, or other person or entity that secured a specimen from the individual and submitted it for laboratory testing.
- (xii) The name, address and telephone number of the entity in which the AIDS diagnosis was made or that received the HIV test result, CD4

T-lymphocyte count and percentage, HIV viral load test results, including detectable and undetectable test results, or HIV genotype test results.

(3) In addition to reporting the AIDS diagnosis or the receipt of test results, the reporter shall maintain the data required in paragraph (2) in the patient file on the Department's HIV/AIDS report form.

(4) A local health department receiving reports of diagnoses of AIDS, positive HIV test results, CD4 T-lymphocyte counts and percentages, HIV viral load test results, including detectable and undetectable test results, and HIV genotype test results, and perinatal exposures to HIV shall forward completed case reports containing the information included in paragraph (2) to the Department through the Department's electronic disease surveillance system.

Authority

The provisions of this § 27.32a adopted under section 16(b) of the Disease Prevention and Control Law of 1955 (35 P.S. § 521.16(b)); sections 2102(g), 2106(a) and 2111(b) of The Administrative Code of 1929 (71 P.S. §§ 532(g), 536(a) and 541(b)); and section 803 of the Health Care Facilities Act (35 P.S. § 448.803); amended under section 16(a) and (b) of the Disease Prevention and Control Law of 1955 (35 P.S. § 521.16(a) and (b)); sections 2102(g), 2106(a) and 2111(b) of The Administrative Code of 1929 (71 P.S. §§ 532(g), 536(a) and 541(b)); and section 803 of the Health Care Facilities Act (35 P.S. § 448.803).

Source

The provisions of this § 27.32a adopted July 19, 2002, effective July 20, 2002, 32 Pa.B. 3597; amended October 30, 2020, effective October 31, 2020, 50 Pa.B. 5981. Immediately preceding text appears at serial pages (290026) to (290028).

Cross References

This section cited in 28 Pa. Code § 27.32b (relating to confidential and anonymous testing).

§ 27.32b. Confidential and anonymous testing.

(a) Anonymous testing for HIV, except for blinded HIV testing authorized under section 5(f) of the Confidentiality of HIV-Related Information Act (35 P. S. § 7605(f)), may only be provided at State-designated anonymous testing sites. All other HIV testing shall be conducted confidentially with the name of the tested individual collected, and the name of the individual reported when the result of the test is reportable. A person or entity reporting as required in this section shall offer all HIV and AIDS-related services confidentially and may not provide anonymous testing, or consider any test or its results to be anonymous, unless it is a State-designated anonymous HIV testing site.

(b) Anonymous test results shall be reported in accordance with § 27.32a(b)(2) (relating to reporting AIDS, HIV, CD4 T-lymphocyte counts and percentages, HIV viral load test results, including detectable and undetectable test results, and HIV genotype test results and perinatal exposure of newborns to HIV). In lieu of the information required in § 27.32a(b)(2)(i), the report of an anonymous test shall include an assigned number preprinted on the HIV counseling and testing report form. The report shall also include the individual's county of residence.

(c) The Department may create and fund an additional anonymous HIV-testing site in a particular area when it finds, based on demographic information

reported to it under this chapter, that there is a lack of access to anonymous HIV testing in that particular area.

(1) The Department may begin the process of designating an anonymous HIV testing site either by contacting a provider or by responding to a request from a provider to increase the number of sites in the geographic area specified by the request.

(2) If a provider is designated as an anonymous HIV-testing site, the provider shall adhere to the CDC's *Guidelines for Counseling, Testing, Referral and Partner Notification* and to the terms set out by the Department in any grant agreement.

Authority

The provisions of this § 27.32b adopted under section 16(b) of the Disease Prevention and Control Law of 1955 (35 P.S. §§ 521.16(b)); sections 2102(g), 2106(a) and 2111(b) of The Administrative Code of 1929 (71 P.S. §§ 532(g), 536(a) and 541(b)); and section 803 of the Health Care Facilities Act (35 P.S. § 448.803); amended under section 16(a) and (b) of the Disease Prevention and Control Law of 1955 (35 P.S. § 521.16(a) and (b)); sections 2102(g), 2106(a) and 2111(b) of The Administrative Code of 1929 (71 P.S. §§ 532(g), 536(a) and 541(b)); and section 803 of the Health Care Facilities Act (35 P.S. § 448.803).

Source

The provisions of this § 27.32b adopted July 19, 2002, effective July 20, 2002, 32 Pa.B. 3597; amended October 30, 2020, effective October 31, 2020, 50 Pa.B. 5981. Immediately preceding text appears at serial pages (290028) to (290029).

§ 27.32c. Partner services relating to HIV and AIDS.

(a) A person providing an AIDS diagnosis, HIV test results, CD4 T-lymphocyte counts and percentages, HIV viral load test results including detectable and undetectable viral load test results, or HIV genotype test results to an individual may ask for the Department's assistance with counseling if the person chooses to do so.

(b) A person providing an AIDS diagnosis, HIV test results, CD4 T-lymphocyte counts and percentages, HIV viral load test results, including detectable and undetectable viral load test results, or HIV genotype test results to an individual shall inform the individual that the Department or a local health department may contact the individual for a voluntary confidential interview to discuss partner services, including counseling, testing, referral and partner notification.

(c) Counseling, testing referral and partner notification services shall be performed in accordance with the Confidentiality of HIV-Related Information Act (35 P.S. §§ 7601—7612).

Authority

The provisions of this § 27.32c adopted under section 16(b) of the Disease Prevention and Control Law of 1955 (35 P.S. §§ 521.1—521.21); sections 2102(g), 2106(a) and 2111(b) of The Administrative Code of 1929 (71 P.S. §§ 532(g), 536(a) and 541(b)); and section 803 of the Health Care Facilities Act (35 P.S. § 448.803); amended under section 16(a) and (b) of the Disease Prevention and Control Law of 1955 (35 P.S. § 521.16(a) and (b)); sections 2102(g), 2106(a) and 2111(b) of The

Administrative Code of 1929 (71 P.S. §§ 532(g), 536(a) and 541(b)); and section 803 of the Health Care Facilities Act (35 P.S. § 448.803).

Source

The provisions of this § 27.32c adopted July 19, 2002, effective July 20, 2002, 32 Pa.B. 3597; amended October 30, 2020, effective October 31, 2020, 50 Pa.B. 5981. Immediately preceding text appears at serial page (290029).

§ 27.32d. Department authority to require complete reporting.

The Department will have access to and may review the patient records of health care practitioners, hospitals, persons providing HIV services and persons in charge of entities providing HIV services, who make diagnoses of AIDS, or who receive or provide HIV test results, CD4 T-lymphocyte counts or percentages, HIV viral load test results including detectable and undetectable test results, or HIV genotype test results. Access and review will enable the Department to conduct case investigations, to determine whether under-reporting is occurring, to investigate reporting delays and to investigate other reporting problems.

Authority

The provisions of this § 27.32d adopted under section 16(b) of the Disease Prevention and Control Law of 1955 (35 P.S. § 521.16(b)); sections 2102(g), 2106(a) and 2111(b) of The Administrative Code of 1929 (71 P.S. §§ 532(g), 536(a) and 541(b)); and section 803 of the Health Care Facilities Act (35 P.S. § 448.803); amended under section 16(a) and (b) of the Disease Prevention and Control Law of 1955 (35 P.S. § 521.16(a) and (b)); sections 2102(g), 2106(a) and 2111(b) of The Administrative Code of 1929 (71 P.S. §§ 532(g), 536(a) and 541(b)); and section 803 of the Health Care Facilities Act (35 P.S. § 448.803).

Source

The provisions of this § 27.32d adopted July 19, 2002, effective July 20, 2002, 32 Pa.B. 3597; amended October 30, 2020, effective October 31, 2020, 50 Pa.B. 5981. Immediately preceding text appears at serial pages (290029) to (290030).

§ 27.32e. Record audits.

(a) The Department may conduct record audits of the records of health care practitioners, hospitals, persons providing HIV services and persons in charge of entities providing HIV services, who make diagnoses of AIDS or who receive or provide HIV test results, CD4 T-lymphocyte counts and percentages, HIV viral load test results including detectable and undetectable test results, or HIV genotype test results for the purpose of obtaining information allowing the Department to complete HIV, CD4 T-lymphocyte case reports, and viral load and HIV genotyping case reports to aid it in tracking trends in disease and obtaining additional funding for prevention and treatment programs. The Department may audit records going back to January 1, 2000, for this purpose.

(b) The Department may require special reports of persons or entities required to report under this chapter to ensure compliance with this chapter.

Authority

The provisions of this § 27.32e adopted under section 16(b) of the Disease Prevention and Control Law of 1955 (35 P.S. §§ 521.1—521.21); sections 2102(g), 2106(a) and 2111(b) of The Administrative Code of 1929 (71 P.S. §§ 532(g), 536(a) and 541(b)); and section 803 of the Health Care Facilities Act (35 P.S. § 448.803).

ties Act (35 P.S. § 448.803); amended under section 16(a) and (b) of the Disease Prevention and Control Law of 1955 (35 P.S. § 521.16(a) and (b)); sections 2102(g), 2106(a) and 2111(b) of The Administrative Code of 1929 (71 P.S. §§ 532(g), 536(a) and 541(b)); and section 803 of the Health Care Facilities Act (35 P.S. § 448.803).

Source

The provisions of this § 27.32e adopted July 19, 2002, effective July 20, 2002, 32 Pa.B. 3597; amended October 30, 2020, effective October 31, 2020, 50 Pa.B. 5981. Immediately preceding text appears at serial page (290030).

§ 27.33. Reporting cases of sexually transmitted disease.

(a) Reportable sexually transmitted diseases and infections are as follows:

- (1) Chancroid.
- (2) Chlamydia trachomatis infections.
- (3) Gonococcal infections.
- (4) Granuloma inguinale.
- (5) Lymphogranuloma venereum.
- (6) Syphilis.

(b) Health care practitioners and health care facilities shall make case reports of these diseases to the LMRO where the case is diagnosed or identified.

(c) A clinical laboratory making a case report by paper shall make the report to the LMRO where the case is diagnosed or identified. A clinical laboratory making a case report electronically shall make the report to the Division of Infectious Disease Epidemiology, Bureau of Epidemiology.

Source

The provisions of this § 27.33 adopted January 25, 2002, effective January 26, 2002, 32 Pa.B. 491.

§ 27.34. Reporting cases of lead poisoning.

(a) *Reporting by clinical laboratories.*

(1) A clinical laboratory shall report all blood lead test results on both venous and capillary specimens for persons under 16 years of age to the Childhood Lead Poisoning Prevention Program, Division of Maternal and Child Health, Bureau of Family Health.

(2) A clinical laboratory shall report an elevated blood lead level in a person 16 years of age or older to the Division of Environmental Health Epidemiology, Bureau of Epidemiology or to other locations as designated by the Department. An elevated blood lead level is defined by the National Institute For Occupational Safety And Health (NIOSH). As of January 26, 2002, NIOSH defines an elevated blood lead level as a venous blood lead level of 25 micrograms per deciliter ($\mu\text{g}/\text{dL}$) or higher. The Department will publish in the *Pennsylvania Bulletin* any NIOSH update of the definition within 30 days of NIOSH's notification to the Department.

(3) A clinical laboratory which conducts blood lead tests of 100 or more specimens per month shall submit results electronically in a format specified by the Department.

(4) A clinical laboratory which conducts blood lead tests of less than 100 blood lead specimens per month shall submit results either electronically or by hard copy in the format specified by the Department.

(5) A laboratory which performs blood lead tests on blood specimens collected in this Commonwealth shall be licensed as a clinical laboratory and shall be specifically approved by the Department to conduct those tests.

(6) Blood lead analyses requested for occupational health purposes on blood specimens collected in this Commonwealth shall be performed only by laboratories which are licensed and approved as specified in paragraph (5), and which are also approved by the Occupational Safety and Health Administration of the United States Department of Labor under 29 CFR 1910.1025(j)(2)(iii) (relating to lead).

(7) A clinical laboratory shall complete a blood lead test within 5 work days of the receipt of the blood specimen and shall submit the case report to the Department by the close of business of the next work day after the day on which the test was performed. The clinical laboratory shall submit a report of lead poisoning using either the hard-copy form or electronic transmission format specified by the Department.

(8) When a clinical laboratory receives a blood specimen without all of the information required for reporting purposes, the clinical laboratory shall test the specimen and shall submit the incomplete report to the Department

(b) *Reporting by health care practitioners or health care facilities.* A health care practitioner or health care facility shall report all cases of lead poisoning for persons under 16 years of age and pregnant women to the Lead Poisoning Prevention Program, Child and Adult Health Services Division, Bureau of Family Health. A case of lead poisoning shall be a lead level of 20 µg/dL or greater or a persistent elevated blood lead level (2 or more venous blood lead levels of 15 to 19 µg/dL (inclusive) at least three months apart).

Source

The provisions of this § 27.34 adopted January 25, 2002, effective January 26, 2002, 32 Pa.B. 491.

§ 27.35. Reporting cases of disease in animals.

(a) The following diseases, infections and conditions in animals are reportable to the Division of Infectious Disease Epidemiology, Bureau of Epidemiology, as specified in § 27.4 (relating to reporting cases) within 5 work days after being identified:

- Anthrax.
- Arboviruses.
- Brucellosis.
- Plague.
- Psittacosis.
- Rabies.
- Transmissible Spongiform Encephalopathies.
- Tuberculosis.
- Tularemia.

Any disease, infection or condition covered by § 27.3(b) (relating to reporting outbreaks and unusual diseases, infections and conditions).

(b) This chapter applies only to animals having or suspected of having one of the diseases, infections or conditions listed in subsection (a).

Source

The provisions of this § 27.35 adopted January 25, 2002, effective January 26, 2002, 32 Pa.B. 491.

Cross References

This section cited in 28 Pa. Code § 27.24a (relating to reporting of cases by veterinarians).

REPORTING BY LOCAL MORBIDITY OFFICES

§ 27.41. [Reserved].

Source

The provisions of this § 27.41 reserved January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243666).

§ 27.41a. Reporting by local morbidity reporting offices of case reports received.

An LMRO that is not one of the Department's district offices shall report a case that has been reported to it to the district office for the State health district in which it is located, or to the central office when this chapter directs that reports are to be filed with that office.

Source

The provisions of this § 27.41a adopted January 25, 2002, effective January 26, 2002, 32 Pa.B. 491.

§ 27.42. [Reserved].**Source**

The provisions of this § 27.42 reserved January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243666).

§ 27.42a. Reporting by local morbidity reporting offices of completed case investigations.

An LMRO that is not one of the Department's district offices shall submit, on a weekly basis, a case investigation report of the information from each case investigation which has resulted in confirmation of the incidence of a reportable disease, infection or condition. The report shall be submitted to the appropriate Department office as follows in a format and within the length of time set forth in this chapter:

- (1) *AIDS*. To the HIV/AIDS Epidemiology Section, Division of Infectious Disease Epidemiology, Bureau of Epidemiology.
- (2) *Chickenpox, diphtheria, measles, mumps, pertussis, polio, rubella, and tetanus*. To the Division of Immunizations, Bureau of Communicable Diseases.
- (3) *Chancroid, chlamydia trachomatis infections, gonococcal infections, granuloma inguinale, lymphogranuloma venereum, syphilis and tuberculosis*. To the Division of Tuberculosis and Sexually Transmitted Diseases, Bureau of Communicable Diseases.
- (4) *Other reportable diseases and conditions*. To the Division of Infectious Disease Epidemiology, Bureau of Epidemiology.

Source

The provisions of this § 27.42a adopted January 25, 2002, effective January 26, 2002, 32 Pa.B. 491.

§ 27.43. [Reserved].**Source**

The provisions of this § 27.43 reserved January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243666).

§ 27.43a. Reporting by local morbidity reporting offices of outbreaks and selected diseases.

(a) An LMRO that is not one of the Department's district offices shall report an outbreak by telephone on the same day that the outbreak is reported or otherwise made known to it, as follows:

- (1) *AIDS*. To the HIV/AIDS Epidemiology Section, Division of Infectious Disease Epidemiology, Bureau of Epidemiology.

(2) *Chancroid, chlamydia trachomatis infections, gonococcal infections, granuloma inguinale, lymphogranuloma venereum, syphilis and tuberculosis.* To the Division of Tuberculosis and Sexually Transmitted Diseases, Bureau of Communicable Diseases.

(3) *Chickenpox, diphtheria, measles, mumps, pertussis, polio, rubella and tetanus.* To the Division of Immunizations, Bureau of Communicable Diseases.

(4) *Other reportable diseases and conditions.* To the Division of Infectious Disease Epidemiology, Bureau of Epidemiology.

(b) An LMRO that is not one of the Department's district offices shall report by telephone on the same day any of the following diseases is reported or otherwise made known to it, as follows:

(1) *Diphtheria, measles, pertussis and polio.* To the Division of Immunizations, Bureau of Communicable Diseases.

(2) *Anthrax, arbovirus disease, cholera, enterohemorrhagic Escherichia coli, hantavirus pulmonary syndrome, food borne botulism, Haemophilus influenzae invasive disease in a child under 15 years of age, hemorrhagic fever, hepatitis E, human rabies, Legionellosis, plague, smallpox, typhoid fever and yellow fever.* To the Division of Infectious Disease Epidemiology, Bureau of Epidemiology.

Source

The provisions of this § 27.43a adopted January 25, 2002, effective January 26, 2002, 32 Pa.B. 491.

§§ 27.44—27.47. [Reserved].

Source

The provisions of these §§ 27.44—27.47 reserved January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243667).

§ 27.51. [Reserved].

Source

The provisions of this § 27.51 reserved January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243667).

Subchapter C. QUARANTINE AND ISOLATION

GENERAL PROVISIONS

Sec.	
27.60.	Disease control measures.
27.61.	Isolation.
27.62—27.64.	[Reserved].
27.65.	Quarantine.
27.66.	Placarding.
27.67.	Movement of persons and animals subject to isolation or quarantine by action of a local health authority or the Department.
27.68.	Release from isolation or quarantine.
27.69.	Laboratory analysis.

COMMUNICABLE DISEASES IN CHILDREN AND STAFF ATTENDING SCHOOLS AND CHILD CARE GROUP SETTINGS

27.71.	Exclusion of children, and staff having contact with children for specified diseases and infectious conditions.
27.72.	Exclusion of children, and staff having contact with children, for showing symptoms.
27.73.	Readmission of excluded children, and staff having contact with children.
27.74.	Readmission of exposed or isolated children, and staff having contact with children.
27.75.	Exclusion of children, and staff having contact with children, during a measles outbreak.
27.76.	Exclusion and readmission of children, and staff having contact with children, in child care group settings.
27.77.	Immunization requirements for children in child care group settings.

Source

The provisions of this Subchapter C amended through January 12, 1979, effective January 13, 1979, 9 Pa.B. 149, unless otherwise noted.

Cross References

This subchapter cited in 28 Pa. Code § 27.101 (relating to general).

GENERAL PROVISIONS

§ 27.60. Disease control measures.

(a) The Department or local health authority shall direct isolation of a person or an animal with a communicable disease or infection; surveillance, segregation, quarantine or modified quarantine of contacts of a person or an animal with a communicable disease or infection; and any other disease control measure the Department or the local health authority considers to be appropriate for the surveillance of disease, when the disease control measure is necessary to protect the public from the spread of infectious agents.

(b) The Department and local health authority will determine the appropriate disease control measure based upon the disease or infection, the patient's circumstances, the type of facility available and any other available information relating to the patient and the disease or infection.

(c) If a local health authority is not an LMRO, it shall consult with and receive approval from the Department prior to taking any disease control measure.

Source

The provisions of this § 27.60 adopted January 25, 2002, effective January 26, 2002, 32 Pa.B. 491.

§ 27.61. Isolation.

When the isolation of a person or animal that is suspected of harboring an infectious agent is appropriate, the Department or local health authority shall cause the isolation to be done promptly following receipt of the case report.

(1) If the local health authority is not an LMRO, the local health officer shall consult with and receive approval from the Department prior to requiring isolation.

(2) If more than one jurisdiction is involved, the local health officer shall cause a person or animal to be isolated only after consulting with and receiving approval from the Department.

(3) The Department or local health authority shall ensure that instructions are given to the case or persons responsible for the care of the case and to members of the household or appropriate living quarters, defining the area within which the case is to be isolated and identifying the measures to be taken to prevent the spread of disease.

Source

The provisions of this § 27.61 amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial pages (243668).

§§ 27.62—27.64. [Reserved].

Source

The provisions of these § 27.62—27.64 reserved January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial pages (243668) to (243669).

§ 27.65. Quarantine.

If the disease is one which the Department, or a local health authority which is also an LMRO, determines to require the quarantine of contacts in addition to isolation of the case, the Department or local health officer of the LMRO shall determine which contacts shall be quarantined, specify the place to which they shall be quarantined, and issue appropriate instructions.

(1) When any other local health authority is involved, the local health officer shall quarantine contacts only after consulting with and receiving approval from the Department.

(2) The Department or local health officer shall ensure that provisions are made for the medical observation of the contacts as frequently as necessary during the quarantine period.

Source

The provisions of this § 27.65 amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243669).

§ 27.66. Placarding.

Whenever the Department or a local health officer has reason to believe that a case, a contact or others will not fully comply with the isolation or quarantine as required for the protection of the public health and the Department or local health officer deems it necessary to use placards, placards may be utilized. Placards may be utilized by a local health officer of a local health authority that is not an LMRO only if the specific use is approved by the Department.

Source

The provisions of this § 27.66 amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243669).

§ 27.67. Movement of persons and animals subject to isolation or quarantine by action of a local health authority or the Department.

(a) A person or animal subject to isolation or quarantine by action of a local health authority or the Department may be removed to another location only with permission of the local health authority or the Department. If the local health authority is not an LMRO, the local health authority shall consult with and receive approval from the Department prior to permitting removal. Permission for removal may be given by the Department if the local health officer is not available.

(b) Removal of a person or animal under isolation or quarantine by action of the Department or a local health authority, from the jurisdiction of the Department or a local health authority to the jurisdiction of the Department or another local health authority may occur only with permission of the Department, if it is involved, and with the permission of the local health authorities concerned. If both of the local health authorities involved are not LMROs, the local health authorities shall consult with and receive approval from the Department prior to permitting removal. Permission for removal may be given by the Department if a local health officer from whom permission would otherwise be required is not available.

(c) Interstate transportation to or from this Commonwealth of a person or animal under isolation or quarantine may be made only with permission of the Department.

(d) Transportation of a person or animal under isolation or quarantine shall be made by private conveyance or as otherwise ordered by the local health authority or the Department. If the local health authority is not an LMRO, it shall consult with the Department prior to issuing an order. The sender, the receiver and the transporter of the person or animal shall be responsible to take due care to prevent the spread of the disease.

(e) When a person or animal under isolation or quarantine is transported, isolation or quarantine shall be resumed for the period of time required for the specific disease immediately upon arrival of the person or animal at the point of destination.

Source

The provisions of this § 27.67 amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial pages (243669) to (243670).

Cross References

This section cited in 28 Pa. Code § 27.1 (relating to definitions).

§ 27.68. Release from isolation or quarantine.

The Department or a local health authority may order that a person or animal isolated or quarantined under the direction of the Department or to the appropriate health authority be released from isolation or quarantine when the Department or the local health authority determines that the person or animal no longer presents a public health threat. If the local health authority involved is not an LMRO, it shall consult with, and receive approval from, the Department prior to making the order.

Source

The provisions of this § 27.68 amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243670).

§ 27.69. Laboratory analysis.

Whenever a laboratory specimen is to be examined for the presence of etiologic organisms to determine the duration of isolation or quarantine or to determine the eligibility of a person or animal for release from isolation or quarantine, the specimen shall be examined in a laboratory approved by the Department to conduct that type of examination.

Source

The provisions of this § 27.69 amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243670).

**COMMUNICABLE DISEASES IN CHILDREN AND STAFF
ATTENDING SCHOOLS AND CHILD CARE GROUP SETTINGS**

§ 27.71. Exclusion of children, and staff having contact with children, for specified diseases and infectious conditions.

A person in charge of a public, private, parochial, Sunday or other school or college shall exclude from school a child, or a staff person, including a volunteer, who has contact with children, who is suspected by a physician or the school nurse of having any of the communicable diseases, infections or conditions. Readmission shall be contingent upon the school nurse or, in the absence of the school nurse, a physician, verifying that the criteria for readmission have been satisfied. The diseases, the periods of exclusion and the criteria for readmission are as follows:

- (1) *Diphtheria*. Two weeks from the onset or until appropriate negative culture tests.
- (2) *Measles*. Four days from the onset of rash. Exclusion may also be ordered by the Department as specified in § 27.160 (relating to special requirements for measles).
- (3) *Mumps*. Nine days from the onset or until subsidence of swelling.
- (4) *Pertussis*. Three weeks from the onset or 5 days from institution of appropriate antimicrobial therapy.
- (5) *Rubella*. Four days from the onset of rash.
- (6) *Chickenpox*. Five days from the appearance of the first crop of vesicles, or when all the lesions have dried and crusted, whichever is sooner.
- (7) *Respiratory streptococcal infections including scarlet fever*. At least 10 days from the onset if no physician is in attendance or 24 hours after institution of appropriate antimicrobial therapy.
- (8) *Infectious conjunctivitis (pink eye)*. Until judged not infective; that is, without a discharge.
- (9) *Ringworm*. The person shall be allowed to return to school, child care or other group setting immediately after the first treatment, if body lesions are covered. Neither scalp nor body lesions that are dried need to be covered.
- (10) *Impetigo contagiosa*. Twenty-four hours after the institution of appropriate treatment.
- (11) *Pediculosis capitis*. The person shall be allowed to return to either the school, child care or other group setting immediately after first treatment. The person shall be reexamined for infestation by the school nurse, or other health care practitioner, 7 days posttreatment.
- (12) *Pediculosis corpora*. After completion of appropriate treatment.
- (13) *Scabies*. After completion of appropriate treatment.
- (14) *Trachoma*. Twenty-four hours after institution of appropriate treatment.
- (15) *Tuberculosis*. Following a minimum of 2 weeks adequate chemotherapy and three consecutive negative morning sputum smears, if obtainable. In addition, a note from the attending physician that the person is noncommunicable shall be submitted prior to readmission.

(16) *Neisseria meningitidis*. Until judged noninfective after a course of rifampin or other drug which is effective against the nasopharyngeal carriage state of this disease, or until otherwise shown to be noninfective.

Source

The provisions of this § 27.71 amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial pages (243670) to (243671).

Notes of Decisions

Exclusion; Removal

A student who was excluded from school due to head lice was not “removed” for disciplinary reasons as contemplated by Federal regulations, was not denied free appropriate public education and was not entitled to compensatory education. *Souderton Area School District v. Elisabeth S.*, 820 A.2d 863 (Pa. Cmwlth. 2003).

Cross References

This section cited in 28 Pa. Code § 27.76 (relating to exclusion and readmission of children, and staff having contact with children, in child care group settings).

§ 27.72. Exclusion of children, and staff having contact with children, for showing symptoms.

(a) A person in charge of a public, private, parochial, Sunday or other school or college shall, following consultation with a physician or school nurse, exclude immediately a child, or staff person, including a volunteer, having contact with children, showing any of the following symptoms, unless that person is determined by the school nurse, or a physician, to be noncommunicable:

- (1) Mouth sores associated with inability to control saliva.
- (2) Rash with fever or behavioral change.
- (3) Purulent discharge from the eyes.
- (4) Productive cough with fever.
- (5) Oral or axillary temperature equal to or greater than 102° F.
- (6) Unusual lethargy, irritability, persistent crying, difficulty breathing or other signs of severe illness.
- (7) Persistent vomiting.
- (8) Persistent diarrhea.

(b) The school shall maintain a record of the exclusion and the reasons prompting the exclusion and shall review the record to determine when unusual rates of absenteeism occur.

Source

The provisions of this § 27.72 amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243671).

Cross References

This section cited in 28 Pa. Code § 27.73 (relating to the readmission of excluded children, and staff having contact with children); and 28 Pa. Code § 27.76 (relating to exclusion and readmission of children, and staff having contact with children, in child care group settings).

§ 27.73. Readmission of excluded children, and staff having contact with children.

(a) A child or staff person, including a volunteer, having contact with children, excluded from a public, private, parochial or other school or college under § 27.72 (relating to exclusion of children, and staff having contact with children, for showing symptoms) may not be readmitted until the school nurse or, in the absence of a school nurse, a physician, is satisfied that the condition for which the person was excluded is not communicable or until the person presents a statement from a physician that the person has recovered or is noninfectious.

(b) A child, or staff person, including a volunteer, having contact with children, excluded for the following reasons shall be readmitted only when a physician has determined the illness to be either resolved, noncommunicable or in a noncommunicable stage:

- (1) Rash with fever or behavioral change.
- (2) Productive cough with fever.

Source

The provisions of this § 27.73 adopted January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243671).

Cross References

This section cited in 28 Pa. Code § 27.76 (relating to exclusion and readmission of children, and staff having contact with children, in child care group settings).

§ 27.74. Readmission of exposed or isolated children, and staff having contact with children.

A child, or staff person, including a volunteer, having contact with children, who has been absent from school by reason of having had or because of residing on premises where there has been a disease for which isolation is required, may not be readmitted to school without the permission of the LMRO.

Source

The provisions of this § 27.74 adopted January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243671).

Cross References

This section cited in 28 Pa. Code § 27.76 (relating to exclusion and readmission of children, and staff having contact with children, in child care group settings).

§ 27.75. Exclusion of children, and staff having contact with children, during a measles outbreak.

Children, and staff, including a volunteer, having contact with children, shall be excluded from school during a measles outbreak under the procedures described in § 27.160 (relating to special requirements for measles).

Source

The provisions of this § 27.75 adopted April 4, 1980, effective April 5, 1980, 10 Pa.B. 1434; amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243672).

Cross References

This section cited in 28 Pa. Code § 27.76 (relating to exclusion and readmission of children, and staff having contact with children, in child care group settings).

§ 27.76. Exclusion and readmission of children, and staff having contact with children, in child care group settings.

(a) Sections 27.71—27.75 apply to child care group settings, with the exception that readmission of excluded persons as provided in those sections, as well as provided in this subsection, shall be contingent upon a physician verifying that the criteria for readmission have been satisfied. The following conditions and circumstances also govern exclusion from and readmission to a child care group setting of a child, or a staff person, including a volunteer, who has contact with children attending the child care group setting:

(1) *Meningococcal meningitis or meningococemia*. Until made noninfective by a course of rifampin or other drug which is effective against the nasopharyngeal carriage stage of this disease, or otherwise shown to be noninfective.

(2) *Haemophilus influenzae (H. flu) meningitis or other invasive H. flu disease*. Until made noninfectious by a course of rifampin or other drug which is effective against the nasopharyngeal carriage stage of this disease, or otherwise shown to be noninfective.

(3) *Persistent diarrhea*. Until resolved or judged to be noninfective when associated with any of the following:

- (i) Inability to prevent contamination of the environment with feces.
- (ii) Fever.
- (iii) Identified bacterial or parasitic pathogen.

(4) *Fever in children younger than 4 months of greater than 101° F. rectally or 100° F. axillary; in children 4-24 months of greater than 102° F. rectally or 101° F. axillary*. Until resolved or judged to be noninfective.

(5) *Hepatitis A, viral hepatitis unspecified, or jaundice of unspecified etiology*. Until 1 week following the onset of jaundice, or 2 weeks following symptom onset or IgM antibody positivity if jaundice is not present.

(6) *Shigellosis*. Until the etiologic organism is eradicated. See § 27.158 (relating to special requirements for shigellosis).

(7) *Typhoid fever or paratyphoid fever*. Until the etiologic organism is eradicated. See § 27.159 (relating to special requirements for typhoid and paratyphoid fever).

(8) *Exposure to an individual with meningococcal disease*. Until the institution of treatment with appropriate antibiotic to eradicate the nasopharyngeal

carrier state, or until proven noninfectious with nasopharyngeal cultures, or until 30 days following the exposure. Exclusion shall be postponed, until the second day following notice that exclusion will be required, to give the individual sufficient time to arrange for institution of appropriate antibiotic treatment.

(b) To facilitate the proper exclusion of sick children and staff, the caregiver at a child care group setting shall arrange for the following:

(1) Instruction of staff, including volunteers, regarding exclusion and screening criteria that apply to themselves and attending children.

(2) Instruction of parents and guardians regarding exclusion criteria and that they are to notify the caregiver within 24 hours after it is determined or suspected that a child has an illness or condition for which exclusion is required.

(3) Followup after exclusion of a child by staff at the time the child is brought to the child care group setting to ensure that the condition which required exclusion has been resolved.

Source

The provisions of this § 27.76 adopted January 25, 2002, effective January 26, 2002, 32 Pa.B. 491.

Cross References

This section cited in 28 Pa. Code § 27.77 (relating to immunization requirements for children in child care group settings).

§ 27.77. Immunization requirements for children in child care group settings.

(a) *Caregiver responsibilities.*

(1) Except as exempted in subsection (d), effective March 27, 2002, the caregiver at a child care group setting may not accept or retain a child 2 months of age or older at the setting, for more than 60 days, unless the caregiver has received a written objection to a child being vaccinated on religious grounds from a parent or guardian, or one of the following:

(i) For all children not exempt under subsection (d)(1)(ii), an initial written verification from a physician, the Department or a local health department of the dates (month, day and year) the child was administered any vaccines recommended by ACIP. The verification must also specify any vaccination not given due to medical condition of the child and state whether the condition is temporary or permanent. The verification must show compliance with the vaccination requirements in subsection (b).

(ii) For all children for whom vaccinations remain outstanding following the caregiver's receipt of the initial written verification, subsequent written verifications from a physician, the Department or a local health department as additional vaccinations become due. These verifications shall be prepared in the same manner as set forth in subparagraph (i), but need not

repeat information contained in a previously submitted verification. The verifications must demonstrate continuing compliance with the vaccination requirements in subsection (b).

(2) If the caregiver receives a written verification under paragraph (1) explaining that timely vaccination did not occur due to a temporary medical condition, the caregiver shall exclude the child from the child care group setting after an additional 30 days unless the caregiver receives, within that 30-day period, written verification from a physician, the Department or a local health department that the child was vaccinated or that the temporary medical condition still exists. If the caregiver receives a written verification that vaccination has not occurred because the temporary condition persists, the caregiver shall require the presentation of a new verification at 30-day intervals. If a verification is not received as required, the caregiver shall exclude the child from the child care group setting and not readmit the child until the caregiver receives a verification that meets the requirements of this section.

(3) The caregiver shall retain the written verification or objection referenced in paragraphs (1) and (2) for 60 days following the termination of the child's attendance.

(4) The caregiver shall ensure that a certificate of immunization is completed and signed for each child enrolled in the child care group setting. The certificates shall be updated by the caregiver to include the information provided to the caregiver under subsection (a) when that additional information is received. The immunization status of each enrolled child shall be summarized and reported on an annual basis to the Department at the time prescribed by the Department and on the form provided by the Department.

(b) *Vaccination requirements.* Each child enrolled in a child care group setting shall be immunized in accordance with ACIP standards in effect on January 1, 1999, governing the issuance of ACIP recommendations for the immunization of children.

(1) The standards are as follows:

(i) The immunization practice is supported by both published and unpublished scientific literature as a means to address the morbidity and mortality of the disease.

(ii) The labeling and packaging inserts for the immunizing agent are considered.

(iii) The immunizing agent is safe and effective.

(iv) The schedule for use of the immunizing agent is administratively feasible.

(2) The Department will deem an ACIP recommendation pertaining to the immunization of children to satisfy the standards in this subsection unless ACIP alters its standards for recommending immunizations for children by eliminating a standard set forth in this subsection and the recommendation is issued under those changed standards.

(c) *Notice.* The Department will place a notice in the *Pennsylvania Bulletin* listing publications containing ACIP recommendations issued under the standards in subsection (b). The Department published the initial notice at 32 Pa.B. 539 (January 26, 2002), contemporaneously with the adoption of amendments to this chapter. The Department will update that list in a notice which it will publish in the *Pennsylvania Bulletin* within 30 days after ACIP issues a recommendation which satisfies the criteria of this section.

(d) *Exemptions.*

(1) This section does not apply to the following:

(i) Children attending kindergarten, elementary school or higher school who are 5 years of age or older. These caregivers shall comply with §§ 23.81—23.87 (relating to immunization).

(ii) A caregiver who does not serve as a caregiver for at least 40 hours during at least 1 month.

(2) The requirement imposed by subsection (a), to not accept a child into a child care group setting without receiving an initial written verification or objection specified in subsection (a), does not apply during a month the caregiver does not serve as a caregiver for at least 40 hours.

(e) *Exclusion when disease is present.* Whenever one of the diseases in § 27.76 (relating to exclusion and readmission of children, and staff having contact with children, in child care group settings) has been identified within a child care group setting, the Department or a local health department may order the exclusion from the child care group setting or any other child care group setting which is determined to be at high-risk of transmission of that disease, of an individual susceptible to that disease in accordance with public health standards as determined by the Department.

Authority

The provisions of this § 27.77 amended under section 1303 of the Public School Code of 1949 (24 P. S. § 13-1303); section 16(b) of the Disease Prevention and Control Law of 1955 (35 P. S. § 521.16(b)); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 27.77 adopted January 25, 2002, effective January 26, 2002, 32 Pa.B. 491; amended May 28, 2010, effective August 1, 2011, 40 Pa.B. 2747. Immediately preceding text appears at serial pages (287157) to (287158) and (334685).

Cross References

This section cited in 22 Pa. Code § 405.49 (relating to immunizations); 28 Pa. Code § 23.83 (relating to immunization requirements); 55 Pa. Code § 3270.131 (relating to health information); 55 Pa. Code § 3280.131 (relating to health information); and 55 Pa. Code § 3290.131 (relating to health information).

Subchapter D. SEXUALLY TRANSMITTED DISEASES, TUBERCULOSIS AND OTHER COMMUNICABLE DISEASES

Sec.	
27.81.	Examination of persons suspected of being infected.
27.82.	Refusal to submit to examination.
27.83.	Court ordered examinations.
27.84.	Examination for a sexually transmitted disease of persons detained by police authorities.
27.85.	Diagnosis and treatment of sexually transmitted disease.

- 27.86. [Reserved].
- 27.87. Refusal to submit to treatment for communicable diseases.
- 27.88. Isolation and quarantine in appropriate institutions.
- 27.89. Examinations for syphilis.
- 27.90—27.94. [Reserved].
- 27.95. Reporting syphilis examination information for births and fetal deaths.
- 27.96. Diagnostic tests for sexually transmitted diseases.
- 27.97. Treatment of minors.
- 27.98. Prophylactic treatment of newborns.
- 27.99. Prenatal examination for hepatitis B.

§ 27.81. Examination of persons suspected of being infected.

Whenever the Department or a local health authority has reasonable grounds to suspect a person of being infected with an organism causing a sexually transmitted disease, tuberculosis or other communicable disease, or of being a carrier, but lacks confirmatory medical or laboratory evidence, the Department or the local health authority may require the person to undergo a medical examination and any other approved diagnostic procedure to determine whether or not the person is infected or is a carrier. If the local health authority involved is not an LMRO, the local health authority shall consult with and receive approval from the Department prior to requiring any medical examination or other approved diagnostic procedure.

Source

The provisions of this § 27.81 amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243672).

Cross References

This section cited in 28 Pa. Code § 27.82 (relating to refusal to submit to examination).

§ 27.82. Refusal to submit to examination.

(a) If a person refuses to submit to the examination required in § 27.81 (relating to examination of persons suspected of being infected), the Department or the local health authority may direct the person to be quarantined until it is determined that the person does not pose a threat to the public health by reason of being infected with a disease causing organism or being a carrier.

(b) If the person refuses to abide by an order issued under subsection (a), the Department or local health authority may file a petition in the court of common pleas of the county in which the person is present. The petition shall have a statement attached, given under oath by a physician licensed to practice in this Commonwealth, that the person is suspected of being infected with an organism causing a sexually transmitted disease, tuberculosis or other communicable disease, or that the person is suspected of being a carrier.

(1) Upon the filing of the petition, the court shall, within 24 hours after service of a copy upon the respondent, hold a hearing without a jury to ascertain whether the person named in the petition has refused to submit to an examination to determine whether the person is infected with the suspected disease causing organism, or that the person is a carrier.

(2) Upon a finding that the person has refused to submit to an examination and that there is no valid reason for the person to do so, the court may forthwith order the person to submit to the examination.

(3) The certificate of the physician attached to the petition shall be received in evidence and shall constitute prima facie evidence that the person named is suspected of being infected with the disease causing organism, or that the person is a carrier.

(c) A person refusing to undergo an examination as required under subsections (a) and (b) may be committed by the court to an institution in this Commonwealth determined by the Department to be suitable for the care of persons infected with the suspected disease causing organism.

Source

The provisions of this § 27.82 amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial pages (243672) to (243673).

Cross References

This section cited in 28 Pa. Code § 27.83 (relating to court ordered examinations); and 28 Pa. Code § 27.161 (relating to special requirements for tuberculosis).

§ 27.83. Court ordered examinations.

The examination ordered by the court under § 27.82 (relating to refusal to submit to examination) may be performed by a physician chosen by the person at the person's own expense. The examination shall include an appropriate physical examination and laboratory tests performed in a clinical laboratory approved by the Department to conduct the tests, and shall be conducted in accordance with accepted professional practices. The results shall be reported to the local health authority or the Department on case report forms furnished by the Department.

Source

The provisions of this § 27.83 amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243673).

Cross References

This section cited in 28 Pa. Code § 27.161 (relating to special requirements for tuberculosis).

§ 27.84. Examination for a sexually transmitted disease of persons detained by police authorities.

(a) A person taken into custody and charged with a crime involving lewd conduct or a sex offense, or a person to whom the jurisdiction of a juvenile court attaches may be examined for a sexually transmitted disease by a qualified physician appointed by the Department, by the local health authority or by the court having jurisdiction over the person so charged. If the person refuses to permit an examination or provide a specimen for laboratory tests as requested by the phy-

sician designated by the Department, a local health authority or a court, judicial action may be pursued by the Department or local health authority to secure an appropriate remedy.

(b) A person convicted of a crime or pending trial, who is confined in or committed to a State or local penal institution, reformatory or other house of correction or detention, may be examined for a sexually transmitted disease by a qualified physician appointed by the Department or by the local health authority. If the person refuses to permit an examination or provide a specimen for laboratory tests as requested by the physician, judicial action may be pursued by the Department or local health authority to secure an appropriate remedy.

(c) A person described in subsection (a) or (b) found, upon examination, to be infected with a sexually transmitted disease shall be given appropriate treatment by the local health authority, the Department or the attending physician of the institution.

Source

The provisions of this § 27.84 amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial pages (243673) to (243674).

§ 27.85. Diagnosis and treatment of a sexually transmitted disease.

(a) The Department will provide or designate adequate facilities for the free diagnosis and, where necessary for the preservation of public health, free treatment of persons infected with sexually transmitted diseases.

(b) Upon approval of the Department, a local health authority shall undertake to share the expense of furnishing free diagnosis and free treatment of a sexually transmitted disease, or shall furnish free diagnosis and free treatment of the sexually transmitted disease without financial assistance from the Department.

Source

The provisions of this § 27.85 amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243674).

§ 27.86. [Reserved].

Source

The provisions of this § 27.86 reserved January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243674).

§ 27.87. Refusal to submit to treatment for communicable diseases.

(a) If the Department or a local health authority finds that a person who is infected with a sexually transmitted disease, tuberculosis or other communicable disease in a communicable stage refuses to submit to treatment approved by the Department or by a local health authority, the Department or the local health authority, if it determines the action advances public health interests, shall order the person to be isolated in an appropriate institution designated by the Depart-

ment or by the local health authority for safekeeping and treatment until the disease has been rendered noncommunicable.

(i) If the disease is one which may be significantly reduced in its communicability following short-term therapy, but is likely to significantly increase in its communicability if that therapy is not continued, such as tuberculosis, the Department or local health authority may order the person to complete therapy which is designed to prevent the disease from reverting to a communicable stage, including completion of an inpatient treatment regimen. See, also, § 27.161 (relating to special requirements for tuberculosis).

(ii) If the local health authority involved is not an LMRO, the local health authority shall consult with and receive approval from the Department prior to taking any action under this subsection.

(b) If a person refuses to comply with an order issued under subsection (a), the Department or local health authority may file a petition in the court of common pleas of the county in which the person is present to commit the person to an appropriate institution designated by the Department or by the local health authority for safekeeping and treatment as specified in subsection (a). Upon the filing of a petition, the court shall, within 24 hours after service of a copy upon the respondent, hold a hearing without a jury to ascertain whether the person named in the petition has refused to submit to treatment. Upon a finding that the person has refused to submit to treatment, the court shall issue an appropriate order.

(c) For the purpose of this section, treatment approved by the Department or by a local health authority may include treatment by an accredited practitioner of a well recognized church or religious denomination which relies on prayer or spiritual means alone for healing, if requirements relating to sanitation, isolation or quarantine are satisfied.

Source

The provisions of this § 27.87 amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial pages (243674) to (243675).

Cross References

This section cited in 28 Pa. Code § 27.161 (relating to special requirements for tuberculosis).

§ 27.88. Isolation and quarantine in appropriate institutions.

(a) When the Department or a local health authority orders a person with or suspected of having a sexually transmitted disease to be isolated or quarantined for the purpose of safekeeping and treatment, it may order that the isolation or quarantine take place in an institution where the person's movement is physically restricted.

(b) The Department or the local health authority shall reimburse an institution which accepts the person at the rate of maintenance that prevails in the institu-

tion, and shall furnish the necessary medical treatment to the person isolated or quarantined within the institution.

Source

The provisions of this § 27.88 amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243675).

§ 27.89. Examinations for syphilis.

(a) *Prenatal examination for syphilis.*

(1) *Blood sample.*

(i) A physician who attends, treats or examines a pregnant woman for conditions relating to pregnancy during the period of gestation or delivery shall inform the woman that he intends to take or cause to be taken, unless the woman objects, a sample of her blood at the time of the first examination (including the initial visit when a pregnancy test is positive), or within 15 days after the first examination, and shall submit the sample to a clinical laboratory for an approved test for syphilis.

(ii) A physician shall similarly collect and have tested a sample of the pregnant woman's blood during the third trimester of her pregnancy, in those counties of this Commonwealth where the annual rate of infectious syphilis is at a rate of syphilis occurring in a given population for which the CDC has determined it is cost-effective to require special precautions.

(iii) The Department will publish the list of those counties in which this rate is occurring in the *Pennsylvania Bulletin* as necessary.

(iv) Other persons permitted by law to attend pregnant women, but not permitted by law to take blood samples, shall, unless the woman objects, cause a blood sample to be taken and submitted to a clinical laboratory for an approved test for syphilis.

(v) If the pregnant woman objects, it shall be the duty of the person attending the pregnant woman and seeking to have the woman give a blood sample to explain to her the desirability of the test.

(2) *Charge for test.* The serological test required by paragraph (1) will be made without charge, by the Department, upon the request of the physician submitting the blood sample and the submission of a certificate by the physician that the patient is unable to pay.

(b) *Examination for syphilis in mother of newborn.* A test for syphilis shall be done, unless the mother objects, on the blood of the mother of every newborn delivered in those counties of this Commonwealth where the annual rate of infectious syphilis is at a rate of syphilis occurring in a given population for which the CDC has determined it is cost-effective to require special precautions.

(1) The Department will publish the list of counties in which this rate is occurring in the *Pennsylvania Bulletin* as necessary.

(2) The results of the test shall be recorded both in the mother's medical record and in the newborn's medical record prior to discharge.

(c) *Examination for syphilis in mother of stillborn.*

(i) A test for syphilis shall be done, unless the mother objects, on the blood of the mother of every stillborn child delivered in those counties of this Commonwealth where the annual rate of infectious syphilis is at a rate of syphilis occurring in a given population for which the CDC has determined it is cost-effective to require special precautions.

(ii) The Department will publish the list of counties in which this rate is occurring in the *Pennsylvania Bulletin* as necessary.

(iii) The Department will be responsible for alerting physicians about this standard.

(iv) The blood shall be collected within 2 hours after delivery and the result entered into the mother's medical record prior to discharge. See also, § 27.95 (relating to reporting syphilis examination information for births and fetal deaths).

Source

The provisions of this § 27.89 amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243675).

Cross References

This section cited in 28 Pa. Code § 27.95 (relating to reporting syphilis examination information for births and fetal deaths).

§§ 27.90—27.94. [Reserved].**Source**

The provisions of these §§ 27.90—27.94 reserved January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial pages (243676) to (243677).

§ 27.95. Reporting syphilis examination information for births and fetal deaths.

In reporting a birth or fetal death, physicians and others required to make the reports shall state in the medical record whether or not the blood tests required by § 27.89(b) (relating to examinations for syphilis) were made. If a test was made, the date of the test shall be given, and if a test was not made, the reason the test was not made shall be given.

Source

The provisions of this § 27.95 amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial pages (243677) to (243678).

Cross References

This section cited in 28 Pa. Code § 27.89 (relating to examination for syphilis).

§ 27.96. Diagnostic tests for sexually transmitted diseases.

(a) When testing for a sexually transmitted disease is required by the act or this chapter, the test used shall be a test approved by the Food and Drug Admin-

istration, and if a laboratory test is part of the approved procedure, it shall be conducted in a clinical laboratory approved by the Department to perform the test.

(b) The diagnostic tests that have been approved to test for each sexually transmitted disease may be ascertained by contacting the Division of Clinical Microbiology, Bureau of Laboratories.

Source

The provisions of this § 27.96 amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243678).

§ 27.97. Treatment of minors.

A person under 21 years of age may give consent for medical and other health services to determine the presence of or to treat a sexually transmitted disease and any other reportable disease, infection or condition. If the minor consents to undergo diagnosis or treatment, approval or consent of another person is not necessary. The physician may not be sued or held liable for implementing appropriate diagnostic measures or administering appropriate treatment to the minor if the minor has consented to the procedures or treatment.

Source

The provisions of this § 27.97 amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243678).

§ 27.98. Prophylactic treatment of newborns.

(a) Physicians and midwives attending women in childbirth shall instill in each eye of the newborn child, as soon as practicable after birth, either a 1% silver nitrate solution, or erythromycin ophthalmic ointment or solution as a single application in both conjunctival sacs, or appropriate medication approved by the Department.

(b) If the parent or guardian of the newborn child objects on the ground that the prophylactic treatment conflicts with the parent's or guardian's religious beliefs or practices, or if in the opinion of the attending physician treatment is not advisable, prophylactic treatment shall be withheld.

(c) An entry in the child's hospital record indicating the reason for withholding treatment shall be made and signed by the attending physician and the parent or guardian.

Authority

The provisions of this § 27.98 issued under section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)); section 16 of the Disease Prevention and Control Law of 1955 (35 P. S. § 521.16); and section 803 of the Health Care Facilities Act (35 P. S. § 448.803).

Source

The provisions of this § 27.98 amended May 4, 1984, effective May 5, 1984, 14 Pa.B. 1553; amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243678).

Cross References

This section cited in 28 Pa. Code § 137.24 (relating to delivery room procedures); 28 Pa. Code § 139.23 (relating to delivery suite services); and 28 Pa. Code § 501.49 (relating to newborn infant care policies and procedures).

§ 27.99. Prenatal examination for hepatitis B.

(a) A physician who attends, treats or examines a pregnant woman for conditions relating to pregnancy during the period of gestation or delivery, shall inform the woman that the physician intends to take or cause to be taken, unless the woman objects, a sample of her blood at the time of the first examination (including the initial visit when a pregnancy test is positive) or within 15 days thereafter, but no later than the time of delivery, and shall submit the sample to a clinical laboratory approved by the Department to conduct immunologic testing.

(b) When a pregnant woman tests positive for hepatitis B surface antigen, a physician shall provide the appropriate prophylactic treatment to the newborn within 12 hours after birth. If the parent or guardian of the newborn child objects on the ground that the prophylactic treatment conflicts with the parent's or guardian's religious beliefs or practices, prophylactic treatment shall be withheld, and an entry in the child's hospital record indicating the reason for withholding treatment shall be made and signed by the attending physician and the parent or guardian.

Source

The provisions of this § 27.99 adopted January 25, 2002, effective January 26, 2002, 32 Pa.B. 491.

**Subchapter E. SELECTED PROCEDURES FOR PREVENTING
DISEASE TRANSMISSION**

Sec.	
27.101.	[Reserved].
27.101a.	[Reserved].
27.102—27.106.	[Reserved].
27.106a.	[Reserved].
27.107—27.113.	[Reserved].
27.113a.	[Reserved].
27.114.	[Reserved].
27.115.	[Reserved].
27.115a.	[Reserved].
27.116.	[Reserved].
27.116a.	[Reserved].
27.117.	[Reserved].

- 27.117a. [Reserved].
 27.118. [Reserved].
 27.118a. [Reserved].
 27.119. [Reserved].
 27.120. [Reserved].
 27.121. [Reserved].
 27.121a. [Reserved].
 27.122—27.139. [Reserved].
 27.139a. [Reserved].
 27.140—27.144. [Reserved].
 27.146. [Reserved].
 27.151. Restrictions on the donation of blood, blood products, tissue, sperm and ova.
 27.152. Investigation of cases and outbreaks.
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 27.156. Special requirements for amebiasis.
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 27.164. Special requirements for close contacts of cases of plague, pharyngitis or pneumonia.

Cross References

This subchapter cited in 28 Pa. Code § 101.4 (relating to definitions); and 28 Pa. Code § 146.2 (relating to isolation procedures).

§ 27.101. [Reserved].

Source

The provisions of this § 27.101 reserved January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (251630).

§ 27.101a. [Reserved].

Source

The provisions of this § 27.101a adopted January 16, 1987, effective January 17, 1987, 17 Pa.B. 250; reserved January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial pages (251630) and (243681).

§§ 27.102—27.106. [Reserved].

Source

The provisions of these § 27.102—27.106 reserved January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial pages (243681) to (243682).

§ 27.106a. [Reserved].**Source**

The provisions of this § 27.106a adopted January 16, 1987, effective January 17, 1987, 17 Pa.B. 250; reserved January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial pages (243682) to (243683).

§§ 27.107—27.113. [Reserved].**Source**

The provisions of these §§ 27.107—27.113 reserved January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial pages (243683) to (243685).

§ 27.113a. [Reserved].**Source**

The provisions of this § 27.113a adopted January 16, 1987, effective January 17, 1987, 17 Pa.B. 250; reserved January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page to (243686).

§ 27.114. [Reserved].**Source**

The provisions of this § 27.114 reserved January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243686).

§ 27.115. [Reserved].**Source**

The provisions of this § 27.115 reserved January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243686).

§ 27.115a. [Reserved].**Source**

The provisions of this § 27.115a adopted January 16, 1987, effective January 17, 1987, 17 Pa.B. 250; reserved January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial pages (243686) to (243687).

§ 27.116. [Reserved].**Source**

The provisions of this § 27.116 reserved January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243687).

§ 27.116a. [Reserved].**Source**

The provisions of this § 27.116a reserved January 16, 1987, effective January 17, 1987, 17 Pa.B. 250; reserved January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243687).

§ 27.117. [Reserved].**Source**

The provisions of this § 27.117 amended October 24, 1980, effective October 25, 1980, 10 Pa.B. 4212; amended August 19, 1988, effective August 20, 1988, 18 Pa.B. 3697; reserved January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial pages (243687) to (243688).

§ 27.117a. [Reserved].**Source**

The provisions of this § 27.117a reserved January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243688).

§ 27.118. [Reserved].**Source**

The provisions of this § 27.118 reserved January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243688).

§ 27.118a. [Reserved].**Source**

The provisions of this § 27.118a adopted January 16, 1987, effective January 17, 1987, 17 Pa.B. 250; reserved January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial pages (243688) to (243689).

§ 27.119. [Reserved].**Source**

The provisions of this § 27.119 reserved January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243689).

§ 27.120. [Reserved].**Source**

The provisions of this § 27.120 reserved January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243689).

§ 27.121. [Reserved].**Source**

The provisions of this § 27.121 amended April 4, 1980, effective April 5, 1980, 10 Pa.B. 1434; reserved January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial pages (243689) to (243690).

§ 27.121a. [Reserved].**Source**

The provisions of this § 27.121a adopted October 4, 1991, effective November 4, 1991, 21 Pa.B. 4639; reserved January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial pages (243690) to (243692).

§§ 27.122—27.139. [Reserved].**Source**

The provisions of these §§ 27.122—27.139 reserved January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial pages (243692) to (243698).

§ 27.139a. [Reserved].**Source**

The provisions of this § 27.139a adopted January 16, 1987, effective January 17, 1987, 17 Pa.B. 250; reserved January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243698).

§§ 27.140—27.144. [Reserved].**Source**

The provisions of these §§ 27.140—27.144 reserved January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial pages (243699) to (243701).

§ 27.146. [Reserved].**Source**

The provisions of this § 27.146 reserved January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial pages (243701) to (243702).

§ 27.151. Restrictions on the donation of blood, blood products, tissue, sperm and ova.

(a) A person known to be, or suspected of being, infected with the causative agent of a reportable disease is not allowed to donate blood, blood products, tissue, sperm or ova for use in other human beings.

(1) In addition, a person or entity may not accept any of these materials from a person known to be, or suspected of being, infected with the causative agent of a reportable disease for donation without obtaining laboratory evidence showing the absence of hepatitis B, hepatitis C, HIV or other diseases and infections, which the Department may specify by placing a notice in the *Pennsylvania Bulletin*.

(2) The list of additional diseases and conditions will not remain in effect for more than 90 days after publication unless the Board acts to affirm it within that 90-day period.

(b) The only exception to a person or entity accepting donations without obtaining laboratory evidence showing the absence of diseases and infections designated by the Department is when the delay that would be necessary to properly test the blood of the donor would threaten the recipient's survival.

Source

The provisions of this § 27.151 adopted January 25, 2002, effective January 26, 2002, 32 Pa.B. 491.

§ 27.152. Investigation of cases and outbreaks.

(a) The Department or a local health authority may investigate any case or outbreak of disease judged by the Department or local health authority to be a potential threat to the public health.

(b) A person may not interfere with or obstruct a representative of the Department or a local health authority who seeks to enter a house, health care facility, building or other premises to carry out an investigation of a case or outbreak, if the representative presents documentation to establish that he is an authorized representative of the Department or the local health authority.

(c) In the course of conducting an investigation of a case or outbreak, the authorized representative of the Department or local health authority may conduct a confidential review of medical records. A person may not interfere with or obstruct this review.

Source

The provisions of this § 27.152 adopted January 25, 2002, effective January 26, 2002, 32 Pa.B. 491.

§ 27.153. Restrictions on food handlers.

A person with the following diseases or conditions may not work as a food handler, see, also, 3 Pa.C.S. Chapter 65 (relating to the Food Employee Certification Act) and 7 Pa. Code §§ 78.41—78.43 (Reserved), except as follows:

(1) *Amebiasis*. Until the etiologic organism is eradicated as proven by two consecutive negative stool specimens, obtained at least 24 hours apart, as verified by a physician. If antiparasitic treatment has been given, the specimens may not be collected sooner than 48 hours after treatment was completed. See § 27.156 (relating to the special requirements for amebiasis).

(2) *Enterohemorrhagic E. coli*. Until the etiologic organism is eradicated as proven by two consecutive negative stool specimens, obtained at least 24 hours apart, as verified by a physician. If antibacterial treatment has been given, the

specimens may not be collected sooner than 48 hours after treatment was completed. See § 27.157 (relating to the special requirements for enterohemorrhagic *E. coli*).

(3) *Shigellosis*. Until the etiologic organism is eradicated as proven by two consecutive negative stool specimens, obtained at least 24 hours apart, as verified by a physician. If antibacterial treatment has been given, the specimens may not be collected sooner than 48 hours after treatment was completed. See § 27.158 (relating to the special requirements for shigellosis).

(4) *Typhoid fever or paratyphoid fever*. Until the etiologic organism has been eradicated as proven by three negative successive stool specimens collected at intervals of at least 24 hours nor earlier than 48 hours after receiving the last dose of a chemotherapeutic drug effective against *Salmonella typhi* or *paratyphi*, and no earlier than 1 month after onset. See § 27.159 (relating to the special requirements for typhoid and paratyphoid fever).

(5) *Hepatitis A, viral hepatitis, or jaundice of unspecified etiology*. Until 1 week following the onset of jaundice, or 2 weeks following symptom onset or IgM antibody positivity if jaundice is not present, as verified by a physician.

(6) *Persistent diarrhea*. Until resolved or judged to be noninfective by a physician.

Source

The provisions of this § 27.153 adopted January 25, 2002, effective January 26, 2002, 32 Pa.B. 491.

Cross References

This section cited in 28 Pa. Code § 1151.33 (relating to sanitation and safety in a facility); and 28 Pa. Code § 1161.34 (relating to sanitation and safety in a facility).

§ 27.154. Restrictions on caregivers in a child care group setting.

A person with the following diseases or conditions may not work as a care giver in a child care group setting if the caregiver attends or works in a capacity which requires direct contact with children except as follows:

(1) *Amebiasis*. Until the etiologic organism is eradicated as proven by two consecutive negative stool specimens, obtained at least 24 hours apart, as verified by a physician. If antibacterial treatment has been given the specimens may not be collected sooner than 48 hours after treatment was completed. See § 27.156 (relating to the special requirements for amebiasis).

(2) *Enterohemorrhagic E. coli*. Until the etiologic organism is eradicated as proven by two consecutive negative stool specimens, obtained at least 24 hours apart, as verified by a physician. If antibacterial treatment has been given, the specimens may not be collected sooner than 48 hours after treatment was completed. See § 27.157 (relating to the special requirements for enterohemorrhagic *E. coli*).

(3) *Shigellosis*. Until the etiologic organism is eradicated as proven by two consecutive negative stool specimens, obtained at least 24 hours apart, as verified by a physician. If antibacterial treatment has been given the specimens may not be collected sooner than 48 hours after treatment was completed. See § 27.158 (relating to the special requirements for shigellosis).

(4) *Typhoid fever or paratyphoid fever.* Until the etiologic organism is eradicated as proven by three negative successive stool specimens collected at intervals of no less than 24 hours nor earlier than 48 hours after receiving the last dose of a chemotherapeutic drug effective against *Salmonella typhi* or *paratyphi*, and no earlier than 1 month after onset. See § 27.159 (relating to the special requirements for typhoid and paratyphoid fever).

(5) *Hepatitis A, viral hepatitis or jaundice of unspecified etiology.* Until 1 week following the onset of jaundice, or 2 weeks following symptom onset or IgM antibody positivity if jaundice is not present, as verified by a physician.

(6) *Persistent diarrhea.* Until resolved or judged to be noninfective by a physician.

Source

The provisions of this § 27.154 adopted January 25, 2002, effective January 26, 2002, 32 Pa.B. 491.

§ 27.155. Restrictions on health care practitioners.

Persons with the following diseases or conditions may not work as health care practitioners who provide direct patient care:

(1) *Amebiasis.* Until the etiologic organism is eradicated as proven by two consecutive negative stool specimens, obtained at least 24 hours apart, as verified by a physician. If antiparasitic treatment has been given, the specimens may not be collected sooner than 48 hours after treatment was completed. See § 27.156 (relating to the special requirements for amebiasis).

(2) *Enterohemorrhagic E. coli.* Until the etiologic organism is eradicated as proven by two consecutive negative stool specimens, obtained at least 24 hours apart, as verified by a physician. If antibacterial treatment has been given, the specimens may not be collected sooner than 48 hours after treatment was completed. See § 27.157 (relating to the special requirements for enterohemorrhagic *E. coli*).

(3) *Shigellosis.* Until the etiologic organism is eradicated as proven by two consecutive negative stool specimens, obtained at least 24 hours apart, as verified by a physician. If antibacterial treatment has been given the specimens may not be collected sooner than 48 hours after treatment was completed. See § 27.158 (relating to the special requirements for shigellosis).

(4) *Typhoid fever or paratyphoid fever.* Until the etiologic organism is eradicated as proven by three negative successive stool specimens collected at intervals of no less than 24 hours nor earlier than 48 hours after receiving the last dose of a chemotherapeutic drug effective against *Salmonella typhi* or *paratyphi*, and no earlier than 1 month after onset. See § 27.159 (relating to the special requirements for typhoid or paratyphoid fever).

(5) *Hepatitis A, viral hepatitis or jaundice of unspecified etiology.* Until 1 week following the onset of jaundice, or 2 weeks following symptom onset or IgM antibody positivity if jaundice is not present, as verified by a physician.

(6) *Persistent diarrhea*. Until resolved or judged to be noninfective by a physician.

Source

The provisions of this § 27.155 adopted January 25, 2002, effective January 26, 2002, 32 Pa.B. 491.

§ 27.156. Special requirements for amebiasis.

A household contact of a case of amebiasis who prepares or serves food for public consumption, who attends or works in a child care group setting in a capacity which requires contact with children, or who provides direct patient care shall be required to cease work until the contact has submitted two consecutive stool specimens, taken at least 24 hours apart and at least 48 hours after the last dose of any antiparasitic therapy, to an appropriate clinical laboratory for bacteriologic examination and those specimens are determined by the laboratory to be negative for *Entamoeba histolytica*.

Source

The provisions of this § 27.156 adopted January 25, 2002, effective January 26, 2002, 32 Pa.B. 491.

Cross References

This section cited in 28 Pa. Code § 27.153 (relating to restrictions on food handlers); 28 Pa. Code § 27.154 (relating to restrictions on caregivers in a child care group setting); and 28 Pa. Code § 27.155 (relating to restrictions on health care practitioners).

§ 27.157. Special requirements for enterohemorrhagic *E. coli*.

A household contact of a case of enterohemorrhagic *E. coli*, who prepares or serves food for public consumption, who attends or works in a child care group setting in a capacity which requires contact with children, or who provides direct patient care shall be required to cease work until the contact has submitted two consecutive stool specimens, taken at least 24 hours apart and at least 48 hours after the last dose of any antimicrobial therapy, to an appropriate clinical laboratory for bacteriologic examination and those specimens are determined by the laboratory to be negative for enterohemorrhagic *E. coli*.

Source

The provisions of this § 27.157 adopted January 25, 2002, effective January 26, 2002, 32 Pa.B. 491.

Cross References

This section cited in 28 Pa. Code § 27.153 (relating to restrictions on food handlers); 28 Pa. Code § 27.154 (relating to caregivers in a child care group setting); and 28 Pa. Code § 27.155 (relating to restrictions on health care practitioners).

§ 27.158. Special requirements for shigellosis.

A household contact of a case of shigellosis, who prepares or serves food for public consumption, who attends or works in a child care group setting in a capacity which requires contact with children, or who provides direct patient care shall be required to cease work until the contact has submitted two consecutive stool specimens, taken at least 24 hours apart and at least 48 hours after the last dose of any antimicrobial therapy, to an appropriate clinical laboratory for bacteriologic examination and the specimens are determined by the laboratory to be negative for shigella.

Source

The provisions of this § 27.158 adopted January 25, 2002, effective January 26, 2002, 32 Pa.B. 491.

Cross References

This section cited in 28 Pa. Code § 27.76 (relating to exclusion and readmission of children, and staff having contact with children, in child care group settings); 28 Pa. Code § 27.153 (relating to restrictions on food handlers); 28 Pa. Code § 27.154 (relating to restrictions on caregivers in child care group settings); and 28 Pa. Code § 27.155 (relating to restrictions on health care practitioners).

§ 27.159. Special requirements for typhoid and paratyphoid fever.

(a) An asymptomatic household contact of a case of typhoid fever or paratyphoid fever who prepares or serves food for public consumption, who attends or works in a child care group setting in a capacity which requires contact with children, or who provides direct patient care shall be required to cease work until the contact has submitted two stool specimens, taken at least 24 hours apart, to an appropriate clinical laboratory for bacteriologic examination and those specimens are determined by the laboratory to be negative for *Salmonella typhi* or *Salmonella paratyphi*.

(b) A symptomatic household contact of a case of typhoid or paratyphoid fever who prepares or serves food for public consumption, who attends or works in a child care group setting in a capacity which involves contact with children, or who provides direct patient care shall be required to cease work until bacteriologic examination of three consecutive stool specimens, taken at least 24 hours apart and no sooner than 48 hours after any microbial therapy, and no earlier than 1 month after onset, are reported as negative.

(c) A chronic carrier of typhoid or paratyphoid fever shall be excluded from preparing or serving food for public consumption, attending or working in a child care group setting in a capacity which involves contact with children, and providing direct patient care, until three consecutive negative fecal cultures are obtained from specimens taken at least 1 month apart and at least 48 hours after antibiotic therapy has stopped.

Source

The provisions of this § 27.159 adopted January 25, 2002, effective January 26, 2002, 32 Pa.B. 491.

Cross References

This section cited in 28 Pa. Code § 27.76 (relating to exclusion and readmission of children, and staff having contact with children, in child care group settings); 28 Pa. Code § 27.153 (relating to restrictions on food handlers); 28 Pa. Code § 27.154 (relating to restrictions on caregivers in child care group settings); and 28 Pa. Code § 27.155 (relating to restrictions on health care practitioners).

§ 27.160. Special requirements for measles.

(a) *Isolation.* An infected person shall be restricted to the premises for 4 days after the appearance of the rash.

(b) *Quarantine.* Whenever measles is determined to be present in a school or child care group setting population, the Department or a local health department may do the following:

(1) Ascertain which children and staff persons are presumed susceptibles.

A presumed susceptible is a person who fits into all of the following categories:

(i) Presents no history of two doses of measles vaccination, separated by at least 1 month, while 12 months of age or older.

(ii) Does not demonstrate serological evidence of measles immunity. The serological evidence is the presence of antibody to measles determined by the hemagglutination inhibition test or a comparable test.

(iii) Was born after December 31, 1956.

(2) Order exclusion from the school or child care group setting of presumed susceptible children and staff persons who do not present evidence of having received measles vaccination within 30 days prior to the outbreak. Exclusion shall continue until the excluded persons prove they do not meet the exclusion criteria in paragraph (1), they receive a measles vaccination, or no case of measles has occurred for a 14-day period.

Source

The provisions of this § 27.160 adopted January 25, 2002, effective January 26, 2002, 32 Pa.B. 491.

Cross References

This section cited in 28 Pa. Code § 27.71 (relating to exclusion of children, and staff having contact with children, for specified diseases and infectious conditions); and 28 Pa. Code § 27.75 (relating to exclusion of children, and staff having contact with children, during a measles outbreak).

§ 27.161. Special requirements for tuberculosis.

(a) *Isolation.* A person suspected of having tuberculosis in its communicable stage shall be isolated in the following manner:

(1) Isolation for tuberculosis shall be established at the usual residence of the person suffering from tuberculosis whenever facilities for adequate isola-

tion of the infectious person are available at the residence, if the person will accept the isolation. Isolation of a person treated at a residence shall include instruction in the need to cover the mouth and nose when coughing and sneezing, and careful handling and disposal of sputum.

(2) If isolation for tuberculosis cannot be accomplished or maintained at the usual residence of the person and whenever, in the opinion of the Department or local health authority, the person is a health threat to others, by reason of the person's habits, neglect of treatment or noncompliance with the measures designed to protect others from infection, the isolation shall be enforced by following the procedures in § 27.87 (relating to refusal to submit to treatment for communicable diseases).

(i) Isolation of a person treated in an appropriate institution shall be in accordance with *CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Facilities* and any updates thereto as approved by the Board.

(ii) The Department will publish notice in the *Pennsylvania Bulletin* of updates of this publication within 30 days after Board approval is obtained.

(b) *Handling of contacts.* A human household contact or other close human contact shall be required to have a Mantoux tuberculin test or chest X-ray, or both. A close human contact means a person who spends a substantial amount of time with a person who has infectious tuberculosis. If the person refuses, enforcement shall be accomplished as designated in §§ 27.82 and 27.83 (relating to request to submit to examination; and court ordered examinations). If evidence of tuberculosis in contacts is found on chest X-rays or by symptoms, laboratory studies shall be conducted to determine if the contacts represent a public health threat.

Source

The provisions of this § 27.161 adopted January 25, 2002, effective January 26, 2002, 32 Pa.B. 491.

Cross References

This section cited in 28 Pa. Code § 27.87 (relating to refusal to submit to treatment for communicable diseases).

§ 27.162. Special requirements for animal bites.

Except as may be otherwise required by the Dog Law (3 P. S. §§ 459-101—459-1205) and regulations promulgated by the Department of Agriculture in 7 Pa. Code Chapters 21, 23, 25 and 27 quarantine of a biting animal shall conform to the following:

(1) When an animal bites or otherwise potentially exposes a human to rabies, the Department or local health authority shall, after the case of an animal bite is reported, determine whether the animal shall be immediately

destroyed and its head submitted to one of the State or county diagnostic laboratories for a rabies examination or whether some other action shall be pursued.

(2) Notwithstanding paragraph (1), when a healthy dog or cat bites or otherwise potentially exposes a human to rabies, the dog or cat shall be quarantined in a place and manner approved by the Department or the local health officer for 10 days after the date of the bite, unless the Department or local health officer directs otherwise.

(3) If a quarantine is imposed, the Department or the local health officer may order the owner or custodian of a biting animal to have the animal examined for symptoms of rabies during the quarantine period by a veterinarian licensed by the State Board of Veterinary Medicine. The cost of the examinations and other associated costs shall be borne by the owner or custodian of the biting animal.

Source

The provisions of this § 27.162 adopted January 25, 2002, effective January 26, 2002, 32 Pa.B. 491.

Notes of Decisions

Limitation on Liability

The unexercised authority of the Department or a local health board, to take possession of an animal or order its destruction, does not expose the health board to liability. *Sweeney v. Merrymead Farm, Inc.*, 799 A.2d 972 (Pa. Cmwlth. 2002).

§ 27.163. Special requirements for psittacosis.

A quarantine is not required for household contacts of a bird that is a carrier of psittacosis. However, parts of any buildings that housed birds infected with psittacosis may not be used by human beings until thoroughly cleaned and disinfected.

Source

The provisions of this § 27.163 adopted January 25, 2002, effective January 26, 2002, 32 Pa.B. 491.

§ 27.164. Special requirements for close contacts of cases of plague, pharyngitis or pneumonia.

A close contact of any person or animal that is diagnosed as having plague (*Yersinia pestis*) pharyngitis, or pneumonia shall be provided chemoprophylaxis and placed under surveillance for 7 days.

Source

The provisions of this § 27.164 adopted January 25, 2002, effective January 26, 2002, 32 Pa.B. 491.

Subchapter F. MISCELLANEOUS PROVISIONS**PSITTACOSIS**

- 27.181. Records of the sale, purchase or exchange of psittacine birds.
- 27.182. Procurement of birds where psittacosis exists.
- 27.183. Occurrence of psittacosis.
- 27.184. [Reserved].

IMPORTATION OF ANIMALS AND ANIMAL PRODUCTS

- 27.191. Importation of animals and animal products during a public health emergency.
- 27.192. Importation and sale of live turtles.

DISPOSITION OF EFFECTS AND REMAINS OF INFECTED PERSONS

- 27.201. Disposition of articles exposed to contamination.
- 27.202. Lease of premises occupied by a person with a communicable disease.
- 27.203. Preparation for burial or transportation of deceased human bodies..
- 27.204. Funeral services.
- 27.205. [Reserved].

Cross References

This subchapter cited in 28 Pa. Code § 101.4 (relating to definitions).

PSITTACOSIS**§ 27.181. Records of the sale, purchase or exchange of psittacine birds.**

A dealer who purchases, sells, exchanges or gives away a bird of the psittacine family shall keep a record for 2 years of each transaction. This record shall include the number of birds purchased, sold, exchanged or given away, the date of the transaction, and the name and address of the person from whom purchased, to whom sold or given away, or with whom exchanged. Records shall be available for official inspection.

Source

The provisions of this § 27.181 amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial pages (243702) to (243703).

§ 27.182. Procurement of birds where psittacosis exists.

No person who sells, exchanges, gives away or otherwise disposes of psittacine birds may procure the birds from a source where psittacosis is known to exist.

§ 27.183. Occurrence of psittacosis.

(a) The occurrence of a case of psittacosis in the human or avian family shall be cause for the LMRO to make an epidemiologic investigation to determine the source of infection.

(b) Psittacine birds or other birds found on the same premises with a case of human or avian psittacosis shall be quarantined and treated, or destroyed, as pre-

scribed by the Department or local health authority. Aviaries, pet shops or other sources from which the birds were procured shall be quarantined until the quarantine is terminated by the Department or local health authority. If quarantine is not maintained, the Department or local health authority may seize and destroy the birds for which quarantine was ordered. The Department or local health authority shall destroy the bodies of the birds in a manner which will preclude, insofar as possible, the dissemination of the suspected infecting organism.

(c) A bird with psittacosis that has been placed under quarantine may not be sold or removed from isolation until it has been treated for at least 7 days. After 7 days, the bird may be sold, but the seller shall make the buyer aware in writing of the significance of psittacosis and the signs and symptoms for which to look. The signed receipt shall include a copy of any documents provided to the new owner, and shall be maintained at the place of sale for 6 months after the sale of the quarantined bird. The duration of additional treatment necessary shall be established at the time of sale and the seller shall inform the new owner of the duration of the additional treatment. The seller shall supply the new owner with a supply of medicated feed sufficient for the duration of the treatment.

Source

The provisions of this § 27.183 amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243703).

§ 27.184. [Reserved].

Source

The provisions of this § 27.184 reserved January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243703).

IMPORTATION OF ANIMALS AND ANIMAL PRODUCTS

§ 27.191. Importation of animals and animal products during a public health emergency.

In the event of a public health emergency, the Department may direct the following procedures for the importation of animals or animal products:

(1) *Permit required.* The Department may designate a specific type of animal or animal product which may not be brought or transported into this Commonwealth unless that animal or animal product is accompanied by a permit issued by the Department or other agency authorized by the Department to issue permits.

(2) *Issuance of permits.* A permit will be issued upon request if the source of the animal or animal product is established to the satisfaction of the Department or its agent and that source is known to be free of infection.

(3) *Destruction of animals and animal products.* If the animal or animal product is not accompanied by a permit or if the source is not the same as that set forth in the permit, the animal or animal product shall be immediately seized and destroyed and the means of conveyance disinfected at the expense of the owner.

Source

The provisions of this § 27.191 amended November 2, 1979, effective November 3, 1979, 9 Pa.B. 3643; amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243704).

§ 27.192. Importation and sale of live turtles.

A live turtle may not be sold or distributed or offered for sale or distribution within this Commonwealth except when the seller or distributor of the turtles shall warrant to the satisfaction of the Department that the shipment of turtles is free from salmonella contamination. The Department may waive the requirements of this section for live turtles sold or distributed within this Commonwealth for the purposes of research, other zoological purposes or for food.

Authority

The provisions of this § 27.192 amended under the Disease Prevention and Control Law of 1955 (35 P. S. §§ 521.1—521.21); and the act of March 3, 1972 (P. L. 102, No. 37) (35 P. S. §§ 1071—1077).

Source

The provisions of this § 27.192 amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243704).

**DISPOSITION OF EFFECTS AND REMAINS OF
INFECTED PERSONS****§ 27.201. Disposition of articles exposed to contamination.**

A person may not give, lend, sell, transmit or expose, without previous cleaning and a certificate from the Department or local health authority attesting to the cleaning of bedding, clothing, rags or other articles which have been exposed to contamination from bubonic plague, smallpox (variola, varioloid) or anthrax, except when the transmission of the articles is made with proper precaution and with the permission of the Department or local health authority for the purpose of having them cleaned.

Source

The provisions of this § 27.201 amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial pages (243704) to (243705).

§ 27.202. Lease of premises occupied by a person with a communicable disease.

A person may not rent a room, house or part of a house in which there has been a person suffering from a communicable disease to another person without having the room, house or part of a house and articles therein previously cleaned to the satisfaction of the Department or local health authority prior to occupancy. The keeping of a hotel, boarding house or an apartment house shall be deemed as renting part of a house to a person who shall be admitted as a guest into the hotel, boarding house or apartment house.

Source

The provisions of this § 27.202 amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243705).

§ 27.203. Preparation for burial or transportation of deceased human bodies.

In the preparation for burial of a body of a person who had died of amebiasis, anthrax, cholera, diphtheria, plague, poliomyelitis, scarlet fever, shigellosis, smallpox, typhoid fever, paratyphoid fever, salmonellosis or other known or suspected communicable diseases, it shall be the duty of the undertaker or person acting as such to disinfect thoroughly by arterial and cavity injection with approved disinfectant fluid and to wash the surface of the body with an efficient germicidal solution and to effectually plug the body orifices.

Cross References

This section cited in 28 Pa. Code § 125.14 (relating to removal of dead body from patient unit to morgue).

§ 27.204. Funeral services.

Services held in connection with the funeral of a person who has died with a disease for which isolation or quarantine is required, shall be private when so ordered by the Department or local health authority having jurisdiction in the area in which the services shall be held. When the local health authority is not an LMRO, the local health authority shall consult with and receive the approval of the Department prior to making the order. The attendance at private funerals shall include only the immediate relatives of the deceased and the necessary number of pallbearers.

Source

The provisions of this § 27.204 amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243705).

§ 27.205. [Reserved].**Source**

The provisions of this § 27.205 reserved January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial page (243705).

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