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Lydia Benson

Regulations Governing the Control of Communicable Diseases in North Carolina

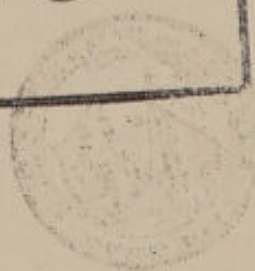
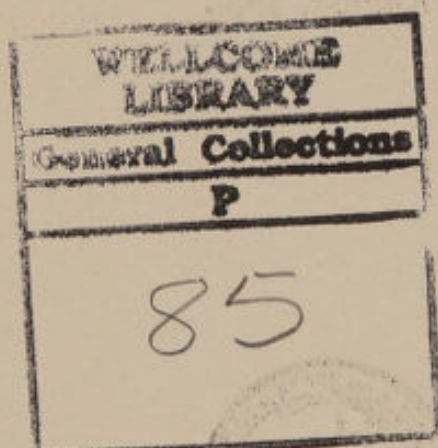
Adopted by the State Board of Health
August, 1933



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Regulations Governing the Control
of Communicable Diseases in
North Carolina

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LEGISLATION PERTAINING TO THE CONTROL OF COMMUNICABLE DISEASES

Authority for State Board of Health to Make and Publish Rules and Regulations Governing Communicable Diseases

ARTICLE 9, SECTION 7154. RULES OF STATE BOARD OF HEALTH: *Rules of Local Authorities.* The North Carolina State Board of Health shall adopt what in their judgment seems to be the necessary rules and regulations governing the management, supervision, or control of the diseases coming within the meaning of this article, and shall cause the rules and regulations adopted to be published in the North Carolina State Board of Health Bulletin and to be supplied in suitable quantities to all concerned with the execution of this article, and the North Carolina State Board of Health shall revise such rules and regulations from time to time to adjust their requirements to new discoveries and improved methods for dealing with the sources and modes of infection of the diseases specified. The rules and regulations so adopted shall be regarded as the minimum requirements, and the authorities of any county, town, or city may adopt such additional rules and regulations for the control of the diseases mentioned in this article, and pay such additional fees and salaries as in their judgment seem necessary.

Penalty for Violating Rules and Regulations Adopted by State Board of Health

ARTICLE 9, SECTION 7155. VIOLATION OF ARTICLE OR RULES MISDEMEANOR. Any person wilfully violating any of the provisions of this article, and any person violating any of the rules and regulations adopted by the North Carolina State Board of Health, as provided in the preceding section, shall, in the absence of specific provisions in other sections of this article, be guilty of a misdemeanor and fined not exceeding fifty dollars, or imprisoned not more than thirty days, at the discretion of the court. In case the offender be stricken with the disease for which he is quarantinable, he shall be subject to the penalty on recovery, unless in the opinion of the secretary of the North Carolina State Board of Health the penalty should be omitted.

Authority for Requiring the Reporting of Infectious Diseases by Physicians, Householdors and Parents

ARTICLE 9, SECTION 7151. PHYSICIANS TO REPORT INFECTIOUS DISEASES. It shall be the duty of every physician to notify the county quarantine officer of the name, address, including the name of the school district, of any person living or residing, permanently or temporarily, in the county about whom such physician is consulted professionally and whom he has reason to suspect of being afflicted with whooping cough, measles, diphtheria, scarlet fever, smallpox, infantile paralysis, typhoid fever, typhus fever, Asiatic cholera, bubonic plague, yellow fever, or other diseases declared by the North Carolina State Board of Health to be preventable, within twenty-four hours after obtaining reasonable evidence

for believing that such person is so afflicted. If the afflicted person is a minor, the physician consulted professionally about him shall notify the county quarantine officer of the name and address of the parent or guardian of the minor in addition to the name, address, and school district of the minor himself. (Consolidated Statutes.)

ARTICLE 9, SECTION 7152. PARENTS AND HOUSEHOLDERS TO REPORT. It shall be the duty of every parent, guardian, or householder in the order named to notify the county quarantine officer of the name, address, including the name of the school district, of any person in their family or household about whom no physician has been consulted but whom they have reason to suspect of being afflicted with whooping cough, measles, diphtheria, scarlet fever, smallpox, infantile paralysis, typhoid fever, typhus fever, Asiatic cholera, bubonic plague, yellow fever, or other disease declared by the North Carolina State Board of Health to be preventable.

County Quarantine Officer to Gather Morbidity Reports

ARTICLE 9, SECTION 7153. QUARANTINE OFFICERS TO REPORT CASES TO STATE BOARD OF HEALTH. It shall be the duty of the county quarantine officer to report all cases of whooping cough, measles, diphtheria, scarlet fever, smallpox, infantile paralysis, typhoid fever, Asiatic cholera, typhus fever, bubonic plague, yellow fever, or other diseases declared by the North Carolina State Board of Health to be preventable, reported to him by physicians and parents, guardians, or householders, within twenty-four hours of the receipt of such report to the secretary of the North Carolina State Board of Health at Raleigh, and to make this report on forms supplied him by the secretary and in accordance with the rules and regulations adopted by the North Carolina State Board of Health.

Authority for County Boards of Health to Make Additional Rules and Regulations

ARTICLE 9, SECTION 7065. DUTIES OF COUNTY BOARD OF HEALTH; MEETINGS; EXPENSES. The county board of health shall have the immediate care and responsibility of the health interests of their county. They shall meet annually in the county town, and three members of the board are authorized to call a meeting of the board whenever in their opinion the public health interest of the county requires it. They shall make such rules and regulations, pay such fees and salaries, and impose such penalties as in their judgment may be necessary to protect and advance the public health. All expenditures shall be approved by the board of county commissioners before being paid.

Penalty for Violating Rules and Regulations Adopted by County Boards of Health

ARTICLE 9, SECTION 7066. VIOLATION OF RULES OF COUNTY BOARD MISDEMEANOR. If any person shall violate the rules and regulations made by the county board of health, he shall be guilty of a misdemeanor, and fined not exceeding fifty dollars or imprisoned not exceeding thirty days.

**Authority for Restricting Transportation of Persons Dying
of Infectious Diseases**

ARTICLE 9, SECTION 7161. TRANSPORTATION OF BODIES OF PERSONS DYING OF INFECTIOUS DISEASES. No railroad corporation or other common carrier of persons shall convey or cause to be conveyed through or from any city, town, or county in this State the remains of any person who has died of smallpox, measles, scarlet fever, diphtheria, typhus fever, yellow fever, or cholera until such body has been disinfected and encased in such manner and shall be directed by the State Board of Health, so as to preclude any danger of communicating the disease to others by its transportation; and no local registrar, clerk, or health officer or any other person shall give a permit for the removal of such body until he has received from the local board of health or other proper health authorities of the city, town, or county where the death occurred a certificate stating the cause of death and that the said body has been prepared in the manner set forth in this section; which certificate shall be delivered in duplicate to the agent or person who receives the body, and one copy shall be pasted on the box containing the corpse; said certificate shall be furnished in blank by the transportation company when no local board of health exists.

**RULES AND REGULATIONS OF THE STATE BOARD OF HEALTH
GOVERNING THE NOTIFICATION, PREVENTION AND CONTROL
OF COMMUNICABLE DISEASES IN NORTH CAROLINA:**

Whereas, certain statutes of the State of North Carolina authorize and direct the State Board of Health to formulate, adopt, and revise rules and regulations governing the management, supervision, or control of diseases declared to be dangerous to public health and preventable,

Now, Therefore, the following regulations are hereby adopted as necessary and proper for the preservation and improvement of public health and the prevention of disease.

Any regulation or part of regulations in violation of these regulations are hereby repealed.

Under authority of Section 7066, Article 9, of the Consolidated Statutes, a violation of these regulations is a misdemeanor and may be punishable by a fine or imprisonment at the discretion of the court.

Definition of Terms

REGULATION 1. For the purpose of these regulations the words and terms used herein are defined as follows:

a. *Infectious Agent*. An infectious agent is a micro organism or an ultra microscopic organism capable, under favorable conditions, of causing an infectious disease.

b. *Cultures*. Cultures are growths of micro organisms in or upon artificial media; such cultures being obtained from secretions, excretions and exudates as well as blood, spinal fluid or other body fluids for the purpose of detecting disease-producing organisms.

c. *Incubation Period.* The incubation period of a disease is the time that elapses between the introduction of the infectious material into the body and the manifestation of clinical signs or symptoms of the disease.

d. *Period of Communicability.* The period of communicability of a disease is the time during which the infectious agent may be transmitted to others.

e. *Carriers.* A carrier is one who harbors in his body the infectious agent of a communicable disease, but who is apparently in good health.

f. *Contacts.* A contact is a person or animal who has been sufficiently near to an infected person, animal or thing to make possible the transmission of the infectious agent to him.

g. *Immune.* An immune person is one who is insusceptible to the influence of a particular infectious agent. Insusceptibility to infections may be due to recovery from an attack of the disease or successful vaccination or serum treatment.

h. *Susceptible.* A susceptible person is one who is not known to be immune to a communicable disease.

i. *Quarantine.* The term quarantine refers to the detention of persons or animals that have been exposed to a communicable disease, for a time sufficient to prevent the spread of disease-producing organisms from such persons or animals.

j. *Isolation.* The term isolation means the segregating of a person suffering with a communicable disease, or who is a carrier of the infectious agent of a communicable disease, in such a manner as to prevent, if possible, the conveyance of the infectious agent to other susceptible individuals.

k. *Placards.* The term placard means an official notice with the name of the disease thereon, which is posted in accordance with law as a warning of the presence of a communicable disease.

l. *Disinfection.* Disinfection is the process of destroying by physical or chemical means the vitality of those minute forms of life which cause disease.

(1). *Concurrent* disinfection signifies the immediate disinfection and disposal of all infected material during the course of illness and implies the prompt disinfection or destruction of all infected discharges and of all articles soiled by this material. Furthermore, it includes the purification and cleanliness of the immediate environment of the patient so as to check the spread of infection.

(2). *Terminal* disinfection signifies the measures taken to destroy and purify infectious material after the recovery or removal of the patient or the termination of isolation or quarantine. Terminal fumigation finds its chief usefulness in fighting the insect-borne diseases.

m. *Local Health Officer or Quarantine Officer.* The term local health officer or quarantine officer means the health authority having jurisdiction

over a given area or unit and includes city and county boards of health and any person or persons legally authorized to act for the health officer or quarantine officer.

Notifiable Diseases

REGULATION 2. The following named diseases are declared to be dangerous to the public health and preventable in accordance with Sections 7151, 7152, and 7153 of the Consolidated Statutes, and are hereby made reportable:

CLASS I

Anthrax	Psittacosis
Chicken Pox	Rabies
Cholera, Asiatic	Rocky Mountain Spotted Fever
Diphtheria	Scarlet Fever
Dysentery, bacillary	Septic Sore Throat
Endemic Typhus	Smallpox
German Measles	Trachoma
Infantile Paralysis	Tuberculosis*
Influenza	Tularaemia
Measles	Typhoid Fever
Meningococcus Meningitis	Typhus Fever
Ophthalmia Neonatorum	Undulant Fever
Para-typhoid Fever	Whooping Cough
Pellagra	Yellow Fever
Plague	

CLASS II

Venereal Diseases:

Chancroid
Gonorrhea
Syphilis

Physicians Must Notify Cases

REGULATION 3. Whenever any physician is consulted professionally by any person known or suspected by him to be suffering from or infected with any of the diseases declared to be notifiable by these regulations, he shall report such diseases as follows:

a. For the diseases listed in Class I, Regulation 2, notification shall be made to the local quarantine or health officer within 24 hours after obtaining reasonable evidence that such person is so afflicted, on forms prepared by the State Board of Health. If the afflicted person is a minor, the physician consulted professionally shall notify the quarantine or health officer of the name and address of the parent or guardian of the minor in addition to the name, address and school district of the minor himself.

b. For the diseases listed in Class II, Regulation 2, notification shall be made within 48 hours after diagnosis on special blanks prepared by and obtainable from the North Carolina State Board of Health. The reports shall be made direct to the State Board of Health, unless reports made

*Reportable to the State Sanatorium, Sanatorium, N. C.

on approved forms to county or municipal health authorities in accordance with local ordinances are promptly forwarded to the State Board of Health. In this instance, duplicate reports will not be required. When a legally qualified physician is willing to assume such responsibility for a venereal disease patient as will protect others from infection on that patient's part, such physician shall have the privilege of reporting such case by number without disclosure of name. Any physician who elects to report a case of venereal disease by number, shall keep in his office a record of the case under the same number. All others reporting venereal diseases must give the name and address of the patient.

**Other Persons Must Report Diseases Listed in Classes I and II,
Regulation 2**

REGULATION 4. Whenever no physician is in attendance, it shall be the duty of the following named persons to notify immediately the local quarantine or health officer the existence of any disease coming under their observation declared by the North Carolina State Board of Health to be reportable.

a. When a superintendent or teacher of any private or public school has reason to suspect that any disease herein declared to be reportable exists in his or her school district, he or she shall make a report within 24 hours to the local quarantine or health officer, giving the name of the person or child, name and address of the householder with whom the person or child lives and the name of his or her school district, and shall prohibit return of person or child to school until a permit is granted by the health officer.

b. Parents, guardians, and heads of households must notify the health officer or quarantine officer in the absence of an attending physician of all cases occurring in their household.

c. Nurses must notify all cases coming under their observation in the absence of attending physicians.

d. Owners or managers of dairies and food establishments must notify immediately, in the absence of an attending physician, the quarantine or health officer of all cases of reportable diseases among their employees.

e. Officers of all public and private institutions and jails must notify all cases at such institutions and jails.

f. Keepers of hotels and lodging houses must notify all cases at such hotels and lodging houses.

Health Officers Report to State Board of Health

REGULATION 4-a. All local health officers and quarantine officers who are assistant collaborating epidemiologists shall forward within 24 hours all reports of reportable diseases received by them from physicians, parents, guardians, householders and teachers on forms supplied by the State Board of Health in accordance with these rules and regulations.

a. Whenever any of the diseases named in Class I, Regulation 2, become unduly prevalent or epidemic, special reports by telegram or telephone shall be made by the local quarantine or health officer to the State Board of Health of the facts and circumstances surrounding such diseases.

b. The local quarantine or health officer shall report all typhoid fever carriers to the State Board of Health as soon as discovered, giving the name, age, sex, color and occupation of such carrier and a further report shall be made whenever the address of such carrier is changed.

Duties of Health Officers and Quarantine Officers with Reference to Communicable Diseases

REGULATION 5. The health officer shall have the immediate care and responsibility of the health interests of his county. He shall devote his entire time to county health work and shall perform only such other duties as are required by law. The health officer or quarantine officer, whenever notified or has reason to believe that there is a case of reportable disease within his jurisdiction, shall:

a. Either in person or through a duly authorized agent, immediately inquire into the circumstances surrounding the occurrence of such diseases to determine the facts and, if possible, the contacts and source of infection.

b. Establish and maintain quarantine, isolation, or other methods of control as stated in these regulations.

c. When notified that a communicable disease exists in any pupil or teacher at school, immediately visit such school, advise the school authorities, consult with them regarding the source or sources of the infection, mode or modes of transmission, outline and institute necessary methods for control.

d. Supply the school authorities and householder with such literature and information as may be helpful in preventing the spread of said disease.

e. Give such publicity to the existence of said disease as may be necessary to aid in curtailing or preventing its spread. He shall, through the county press, public addresses, and by every other available means, endeavor to educate the people of his county to set a higher value on health and ways and means looking to the prevention of communicable diseases and to adopt such public and private measures as will tend to a greater conservation of life.

Duties of Attending Physicians with Reference to Communicable Diseases

REGULATION 6. Immediately upon making a diagnosis of a communicable disease, it shall be the duty of the attending physician not only to report said disease, but to order such isolation, quarantine and disinfection as may be necessary or as is provided for in these regulations. It shall be the duty of the person so instructed to comply with such instructions until otherwise notified by the local health officer or quarantine officer.

Duties of Hospital Authorities With Reference to Communicable Diseases

REGULATION 7. Superintendents or other persons in charge of hospitals and sanatoriums shall notify the health officer or quarantine officer as soon as any person suffering with a reportable disease is admitted,

treated, or examined in their institution. Such superintendents or persons in charge shall:

a. Enforce the provisions of these regulations relating to isolation or observation of cases, carriers, and contacts of communicable diseases.

b. Prohibit the removal of any patient with a communicable disease for which placarding is required without the approval of the health officer.

Observance of Isolation and Quarantine

REGULATION 8. Every person who is infected or who is a carrier or who has come in contact either directly or indirectly with a communicable disease, shall strictly observe and comply with all orders, isolations and restrictions given or imposed by the attending physician, local health officer or State Board of Health pursuant to these regulations.

a. No person other than the attending physician or attendants shall enter the room of a person isolated with a communicable disease.

b. No person other than the local health officer or quarantine officer or their duly authorized agent, shall remove or deface any placard or quarantine notice.

Incubation Periods With Reference to Communicable Diseases

REGULATION 9. The accepted incubation period of certain communicable diseases are hereby declared to be as follows, and shall be observed by physicians and health officers in controlling cases and contacts, except where otherwise specified:

Chicken Pox	2 to 3 weeks
Diphtheria	2 to 7 days
German Measles	14 to 21 days
Measles	6 to 18 days
Para-typhoid	4 to 21 days
Scarlet Fever	2 to 7 days
Septic Sore Throat	1 to 3 days
Smallpox	8 to 16 days
Typhoid Fever	7 to 23 days
Whooping Cough	5 to 14 days

Periods of Communicability Declared

REGULATION 10. The periods of communicability for clinical cases of the diseases named in these regulations are hereby declared to extend from the onset of the earliest symptoms to the time specified for each disease and shall be observed by physicians and health officers in controlling same:

Chicken Pox: Until the disappearance of primary scabs.

Diphtheria: Until two successive negative nose and throat cultures have been obtained at least 24 hours apart, and twelve days after onset; or in the absence of laboratory facilities, quarantine for 21 days.

German Measles: Until 7 days after onset.

Gonorrhea: Until discharges show the absence of the gonococci.

Infantile Paralysis: Until 21 days after onset.

Measles: From catarrhal symptoms until 14 days after eruption appears.

Meningococcus Meningitis: Until 14 days after onset, or until recovery.

Scarlet Fever: From earliest symptoms to three weeks after eruption and all abnormal discharges have ceased.

Septic Sore Throat: During clinical course and until all abnormal discharges have ceased.

Smallpox: Until 16 days after eruption appears and until all primary crusts are off and all lesions healed.

Syphilis: Untreated syphilis may be considered as communicable on a gradually diminishing scale during a period of two years from date of onset; and always when accompanied by open lesions of skin or mucous membranes.

Trachoma: During the existence of active lesions.

Tuberculosis: As long as tubercule bacilli are found in sputum.

Typhoid and Para-typhoid: From the prodromal symptoms until the temperature is normal for a week and two successive examinations of urine and feces, taken at least 5 days apart, show the absence of the infecting organisms.

Whooping Cough: From onset until three weeks after development of characteristic whoop.

Method of Isolation of Certain Communicable Diseases

REGULATION 11. When a health officer receives a report of a case of any disease listed in these regulations, he shall institute and maintain control in accordance with the regulations hereinafter stated.

a. When the disease is:

Anthrax
Plague
Psittacosis
Typhus Fever (European)
Yellow Fever

the premises should be placarded, the case isolated, and contact between the patient and all others except the necessary attendants prohibited. Special information should be requested from the State Board of Health by telegraph or telephone.

b. When the disease is:

German Measles
Measles
Whooping Cough

the house or premises where such diseases exist shall be placarded and patients quarantined therein. Contact between the patient and all except necessary attendants shall be prohibited. Patients shall be excluded from school and prohibited from associating with non-immunes for the period of communicability. Susceptible contacts in the home shall be excluded from school for the incubation period following last exposure.

c. When the disease is:

Diphtheria
Infantile Paralysis
Meningococcus Meningitis
Scarlet Fever
Septic Sore Throat

the house or premises where such diseases exist shall be placarded and all residents of such premises quarantined therein for the period of communicability, except those who are granted a written provisional permit by the county health officer. Patients shall be isolated in a separate room and no one shall be permitted to enter such room except the physician, nurse, or attendants. No child, teacher, janitor, or other person residing on such premises shall attend or frequent any public, private or parochial school, except as hereinafter provided.

d. When the disease is:

Bacillary Dysentery
Para-typhoid
Typhoid Fever

(1) The house or premises on which cases exist shall be placarded.

(2) The patient or patients afflicted with the disease shall be isolated as far as practicable until recovery, and contact between patient or patients with any but necessary attendants discouraged.

(3) The sale of milk, milk products, raw vegetables, etc., from the premises shall be prohibited; provided however, that persons other than the ones having the disease on such premises may take up residence elsewhere, and failing to develop symptoms of typhoid fever, para-typhoid, or bacillary dysentery within three weeks from date of last contact, may, with the written permission of the health officer or quarantine officer, resume occupations which involve the handling of food.

(4) Patients on recovery shall not engage in the handling of milk or milk products or other foods for public consumption until two successive specimens of feces and urine, collected at intervals of not less than five days, shall have been examined in an approved laboratory and found to be free from typhoid, para-typhoid, and dysentery bacilli.

(5) The health officer or quarantine officer shall make a sanitary survey of all premises on which or in which cases of typhoid, para-typhoid or bacillary dysentery exist or originate, and if he should find any condition insanitary or any conditions contrary to other public health regulations, he shall immediately order by written notice the correction of such conditions by the person or persons responsible for their existence, and shall, if necessary, enforce such order by filing of complaint and prosecution. The person or persons responsible for such insanitary condition or any conditions contrary to other public health regulations shall correct the condition or conditions mentioned in the written notice of the health officer or quarantine officer within the time limit prescribed.

(6) Health Officers and quarantine officers shall make an epidemiological investigation of all cases of typhoid, para-typhoid, and bacillary

dysentery upon forms supplied by the State Board of Health for this purpose, forwarding a copy of their investigations to the State Board of Health.

(7) In case a public or semi public water supply is shown to be a positive or probable source of infection, or when a public dairy is thought to be the source of infection, the health officer or quarantine officer shall prevent the public use of the water or milk until a thorough and exhaustive investigation is made, and if in the opinion of the health officer or quarantine officer, the sanitary conditions are beyond temporary remedies, he shall condemn such water and milk supplies and prohibit their further use until proven safe.

(8) Concurrent disinfection of all excreta from patients must be rigorously performed. The health officer or quarantine officer shall, after consulting the attending physician, charge the nurse and householder with the responsibility of performance of this disinfection.

(9) The health officer shall see that each householder is supplied with printed instructions distributed by the State Board of Health regarding the prevention of typhoid and para-typhoid.

(10) Terminal disinfection of room and contents and contaminated articles only is required.

(11) After convalescence the patient shall continue under the supervision of the health officer or quarantine officer until two successive specimens of feces and urine, collected at intervals of not less than five days, shall have been examined in an approved laboratory and found to be free from typhoid, para-typhoid, and dysentery bacilli.

(12) Wherever the premises are not provided with a safe water supply or with approved sewage disposal or sanitary privy of a type approved by the North Carolina State Board of Health, the health officer or quarantine officer shall notify, in writing, and require the owner of the said premises to provide approved water supply and sewage disposal or sanitary privy for the premises within a reasonable period which shall be designated in the notice issued. In case of insanitary disposal of excreta due to defective or careless maintenance of sewage or sanitary privy facilities, the health officer or quarantine officer shall notify the occupant, in writing, to correct same in accordance with rules of the State Board of Health approved for the sanitary maintenance of sewage and sanitary privies within a reasonable period of time which shall be designated in the notice. Owners of property on which typhoid, para-typhoid or bacillary dysentery patients or carriers reside, shall, when notified by the health officer or quarantine officer, provide a safe water supply and a sanitary toilet for such property.

e. When the disease is:

Chicken Pox
Smallpox

house or premises shall be placarded, unnecessary contacts between patient and others discouraged. Concurrent disinfection shall be practiced.

f. When the disease is:

Trachoma

(1) No child suffering from trachoma shall be permitted to attend any public, private or parochial school, provided however, if such child is being regularly treated by a physician or surgeon, he may, by a special permit from the local, county or state health officer, be allowed to attend school.

(2) Patients and parents of children having trachoma shall be given special instructions as to means of preventing infection of others and of the danger of the use of common towels, wash basins, etc. Intimate contact by the patient with others must be prohibited and personal hygiene must be insisted upon.

g. When the disease is:

Chancroid
Gonorrhea
Syphilis

the premises shall be placarded and the patient isolated whenever the infected person fails or refuses to undergo treatment and to take other necessary measures to prevent the spread of the disease to others and as provided for in the statutes.

h. When the disease is:

Tuberculosis

(1) placarding or quarantine is not required except in instances provided for by paragraph (2).

(2) When, in the opinion of the local or county health officer, persons afflicted with tuberculosis endanger the public health by continuously and repeatedly ignoring or violating sanitary rules and restrictions imposed by this regulation, the local or county health officer shall placard the premises so that the public may be warned of the presence of the disease in such persons or households.

(3) All clinically diagnosed cases of tuberculosis shall be regarded as infectious until six consecutive specimens at 48-hour intervals properly collected and examined shall prove negative.

(4) In all known infectious cases of tuberculosis, the health officer shall, through the attending physician, and if no attending physician, then personally, see that patients and their attendants are supplied with instructions furnished by the State Board of Health or the State Sanatorium for the prevention of infection of others.

(5) All sputum of such cases must be received in a sputum cup, or cloth, or paper napkin and burned. All surgical dressings removed from a tuberculous lesion must be burned.

(6) All hospitals accepting for treatment or care any person suffering from tuberculosis shall provide separate quarters, rooms or wards for such cases, and such quarters, rooms or wards shall be thoroughly cleansed and disinfected before being used by persons not afflicted with tuberculosis.

Where tuberculosis patients are committed to any county or city hospital or county home or farm, provisions for their care must be provided as required for hospitals.

In all such hospitals or other institutions of a public character where persons suffering from tuberculosis are received for care or treatment, separate bedding, towels, dishes and napery must be provided for such persons, and must at all times be kept entirely separate from those provided for other patients.

(7) No child, janitor, teacher or other person suffering from tuberculosis in a communicable or infectious form shall attend, frequent or be employed in any public, private, or parochial school.

(8) No person afflicted with infectious tuberculosis shall frequent any establishment or engage in any occupation involving the manufacture, preparation, sale or distribution of food products.

Upon receipt of information or belief that any person so frequenting or so employed is afflicted with tuberculosis, the local or county health officer in whose jurisdiction the case exists, shall require such person to cease such frequenting or employment until by personal examination or by written certification from a legally qualified physician, the health officer is satisfied such person is non-infectious.

(9) When any dwelling, or any room or compartment in any hotel, lodging house or apartment house is vacated after having been occupied by any person suffering from tuberculosis, such dwelling, room or compartment shall be thoroughly cleansed and disinfected.

i. When the disease is:

Rabies

(1) When an animal suspected of having rabies has bitten a person, the person so bitten, or their legal representative, shall secure or cause to be secured, such animal alive and without injury if possible. The animal shall be securely confined in a safe, quiet, roomy and comfortable place, and a report giving full particulars concerning the action taken, sent to the county health officer or State Health Officer. This report shall include the name of the locality in which the biting occurred, the date the bite was inflicted, the name, residence and address of the owner of the animal; the full name or names of the person or persons bitten, together with their residence, age, sex, race and information as to the location and extent of the bites; the names, addresses and residences of all owners of animals which have been bitten by the animal in question, together with a list and description of the animals bitten and disposition made of the same. Such supposedly rabid animal must be kept under careful observation for at least 14 days, when, if rabid, clinical evidence of rabies will manifest itself.

(2) The animal should not be killed immediately after biting its victim. It should be held under observation for 14 days, and if it remains well during that time, it is certain that it was not suffering with rabies at the time of biting.

(3) Do not kill the animal by a blow, or a shot in the head, for this often destroys the brain so completely that examination is impossible. When the animal dies or is killed, the head and several inches of the neck

should be cut off, packed in ice and sawdust and enclosed in a water-tight container, and sent to the State Laboratory of Hygiene of the State Board of Health for microscopical examination. Report will be made immediately after the diagnosis is made.

(4) All persons bitten by an animal suspected of having rabies or declared upon microscopical examination by the State Board of Health to have been so infected should immediately have the Pasteur treatment administered for the prevention of rabies.

j. When the disease is:

Ophthalmia Neonatorum

(1) It shall be the duty of every physician or midwife to instill one or two drops of a one per cent solution of silver nitrate into each eye of every infant immediately after birth.

(2) Should one or both eyes of an infant become inflamed or swollen or reddened, or should any pus or secretion form in the eyes or upon the edge of the lids at any time, it shall be the duty of the midwife, nurse or other person having charge of such infant, to report, immediately, to the local health officer, or to some legally qualified practitioner of medicine in the community in which such case shall occur the fact that such inflammation, swelling or redness or accumulation in the eyes exists.

It is recommended that the obstetrical silver nitrate ampules be used as they are convenient and reliable.

(3) It shall be the duty of said health officer or physician, immediately upon receipt of the report, to notify the parents or person having charge of said infant of the danger to the eyes of said infant and by reason of any neglect of proper treatment, he shall give directions to others for the proper treatment thereof.

Authorization For Additional Restrictions

REGULATION 12. When a health officer finds the methods designated in these regulations are ineffective in the control of any individual case of communicable disease, he may obtain authorization from the county board of health in accordance with Chapter 7065, Consolidated Statutes, to employ such additional restrictions as are proper for the protection of the public health.

Methods of Isolation of Carriers

REGULATION 13.

a. Carriers of the infectious agent of
Typhoid Fever
Para-typhoid Fever

(1) The health officer or quarantine officer shall give complete instructions to all such carriers concerning the regulations and precautions necessary to protect others.

(2) Such carriers shall not engage in any occupation requiring the handling of milk or food or drink intended for consumption by others.

(3) No known typhoid carrier shall be permitted to live on a watershed from which a public water supply is derived when in the opinion of the State Health Officer such residence is a menace to the public health.

(4) The State Board of Health shall be notified when carriers are discovered, giving the name, age, sex, color, occupation and address of each.

(5) The local health officer or quarantine officer should visit all known carriers in his jurisdiction at least once quarterly in order to determine whether these regulations are carried out.

(6) A carrier shall not change his or her address without notifying the health officer or quarantine officer.

(7) The health officer or quarantine officer shall notify the State Board of Health immediately in case said carrier changes his or her address.

(8) No carrier shall be released from under public health supervision until the accepted methods of examination indicate that the carrier state no longer exists.

b. Carriers of the infectious agent of

Diphtheria

shall be isolated until two successive negative cultures, taken at least 24 hours apart, are secured, or until the health officer or quarantine officer has satisfied himself by proper examinations that the infection is non-virulent. (See also Reg. 4a (6)).

**Duties of Physician and Health Officer Regarding
Concurrent Disinfection**

REGULATION 14. It shall be the duty of all attending physicians and health officers to give detailed instructions to nurses, householders and others in attendance on a case of communicable disease in regard to proper disinfection and disposal of all discharges from the patient and all articles contaminated either directly or indirectly by the patient, and it shall be the duty of those in attendance to carry out faithfully such disinfection throughout the period of communicability of the disease.

**Duties of Physician and Health Officer Regarding
Terminal Disinfection**

REGULATION 15. It shall be the duty of the local health officer or quarantine officer just prior to the release of a case of communicable disease to institute such terminal disinfection as in his opinion may be necessary in order to lessen the likelihood of the disease spreading. In no case shall terminal disinfection take the place of concurrent disinfection.

Restriction of Food and Food Handlers

REGULATION 16. When a case of diphtheria, typhoid fever, paratyphoid, scarlet fever, septic sore throat (epidemic), tuberculosis, gonorrhea, or syphilis occurs on a premises where milk or food is kept, handled or sold, it shall be the duty of the health officer or quarantine officer to institute such measures as he may deem necessary to prevent the spread of the disease and the contamination of such foods.

Communicable Diseases on Dairy Farms

REGULATION 17. When any of the diseases listed in Regulation 16 occur, it shall be the duty of the local health officer or quarantine officer to

a. Prohibit the removal of milk and milk products from such farms unless the handling is done in such a manner as to preclude the possibility of contamination, and unless written approval is granted by the health officer or quarantine officer.

b. If the milk or milk products are sold outside of the local health officer's jurisdiction, he shall report immediately to the State Board of Health the place or places where such products are sold together with the name and address of producer.

Removal of Persons Suffering With Communicable Diseases From One Place of Residence to Another

REGULATION 18. No patient with a communicable disease shall be moved from a house, premises or hospital without the approval of the local quarantine or health officer; and no case of communicable disease shall be removed from one health jurisdiction to another without the approval of the health officer of each jurisdiction. In either case, necessary precautions shall be taken to prevent the spread of infection.

Measures for the Control of Communicable Diseases in Schools

REGULATION 19. It shall be the duty of the health officer or quarantine officer in the event of an outbreak of communicable disease in any public, private, or parochial school, to make a prompt and thorough investigation and where possible, to control such outbreak by individual examination of pupils and teachers and to employ such assistance as may be necessary.

Every child absent from school for five consecutive days, or longer, must on returning to school present to the teacher a signed certificate of a health officer or a practicing physician that such child has not been affected with any infectious or contagious disease.

No child who has or who is a carrier of a communicable disease, or who has been excluded from school because of having been in contact with a communicable disease, shall re-enter school without written permission of the health officer or quarantine officer. This certificate shall be issued only when the incubation period of the disease or the period of communicability of the disease has passed, or when the organism producing the disease can no longer be demonstrated by laboratory examination.

Children living in the same house in which chicken pox, measles, whooping cough or German measles exists, may return to school before the infected child recovers, provided the attending physician or health officer gives a certificate that, to his knowledge, they have had the disease.

When scarlet fever is present, the immune contacts may, with the written permission of the health officer or quarantine officer, change residence and return to school immediately thereafter, provided, they take a complete bath and change to clean uncontaminated clothing. Susceptible contacts may, with the written permission of the health officer or quarantine officer, return to school 7 days after they change residence to

a house where no susceptible children are residing, provided they have no symptoms of the disease at the end of the 7 day period. When the patient or patients are removed from the home for hospitalization, or when they die, the immune contacts may, with the written permission of the health officer or quarantine officer, return to school immediately thereafter, provided they take a complete bath and change to clean uncontaminated clothing. Susceptible contacts may, with the written permission of the health officer or quarantine officer, return to school 7 days after they change residence to a house where no susceptible children are residing, provided they have no symptoms of the disease at the end of the 7 day period.

When the disease is *diphtheria*, children, teachers, or school employees may, with the written permission of the health officer or quarantine officer, change residence to a house where no susceptible children are residing and return to school after two successive cultures from the throat and nose, taken not less than 24 hours apart, have been found to be free from diphtheria bacilli by an approved laboratory. When the patient or patients are removed from the home for hospitalization, or when they die, children, teachers, or school employees may, with the written permission of the health officer or quarantine officer, change residence to a house where no susceptible children are residing and return to school after two successive cultures from the throat and nose, taken not less than 24 hours apart, have been found to be free from diphtheria bacilli by an approved laboratory.

When the disease is *tuberculosis*, no child, janitor, teacher or other person suffering from this disease in a communicable or infectious form shall attend, frequent or be employed in any public, private, or parochial school. In the event that any person is believed to be suffering from pulmonary or laryngeal tuberculosis, the local or county health officer, upon receipt of information of such belief, shall make prompt and diligent investigation and satisfy himself either by personal examination or by a written certification from a legally qualified physician of the necessity of exclusion of such individual from school, and until such examination or certification shall be made, the individual shall be excluded from school.

Children having pediculosis (lice), scabies (itch), ringworm or impetigo contagiosa (contagious sores) upon any part of the body, shall be excluded from school. On applying for readmission, a certificate from the health officer or physician shall be presented to the teacher stating that the disease has been cured and the clothing worn by the child disinfected.

Disinfectants for Use in the Control of Communicable Diseases

REGULATION 20. For the purposes of these regulations, disinfectants are divided into the following general classes:

a. *Concurrent Disinfection.* If the spread of contagion is to be prevented from the patient ill with the disease, measures of disinfection must be persistently carried out from the onset of the first symptoms until the termination of the disease.

Concurrent disinfection, or disinfection during the course of the disease, should be carried out as follows:

Normal and abnormal discharges from the eyes, ears, nose, throat, skin lesions and glands should be disinfected by being collected on bits of cotton, paper or cloth and burned at once.

In handling these and other infected materials, the attendant should avoid touching, or allowing any object which is not to be immediately disinfected to touch the infected surfaces. For example, towels and bedclothes should be gathered up with the infected side in, and handled by the relatively non-infected corners and edges; they should not be put down until deposited in the boiler or other vessel in which they are to be disinfected.

The hair and skin of the patient or attendants may be cleansed by washing with soap and water, and the water used to bathe the patient, after use, should be boiled or disinfected by adding three tablespoonfuls of freshly opened chloride of lime or other disinfectant of equal strength.

Bedclothes, pillowcases, sheets, nightgowns, towels, wash cloths or any other cloth or clothing of any kind may be disinfected by being boiled with soap and water for fifteen minutes before leaving the premises or the quarantined area.

A wash boiler or tub one-third full of cold water should be kept in the sick room. All cloth or clothing used by the patient should immediately be placed in this tub. Once a day the tub should be taken to the stove and allowed to boil for fifteen minutes. Clothes so treated may be hung out to dry. Prompt moistening and boiling is much better than immersion in any disinfectant.

Dishes, glassware, knives, forks, spoons or any utensils used in feeding the patient, should be promptly disinfected by being washed and boiled.

Dishes used by the patient should not be used by other members of the family, but should be set aside for the use of the patient only.

Food from the sick room should never be eaten by anyone, but should be collected and burned at once.

Thermometers, rectal tubes, douche nozzles, etc., should not be removed from the sick room until the termination of the disease. They should be washed clean with soap and water after each use and should be kept immersed in denatured alcohol or other disinfectant when not in use.

BOWEL DISCHARGES. Disinfection of the bowel discharges shall be carried out by adding three tablespoonfuls of freshly opened chloride of lime to a liquid stool and stirring the mixture until all parts of the stool have been thoroughly mixed with the disinfecting agent. This mixture should be allowed to stand, protected from flies for thirty minutes before being discharged into a sewer or privy vault.

Solid stools should have one pint of water added and be thoroughly stirred until the stool assumes a liquid character and all lumps broken and then treated as described above.

BLADDER DISCHARGES. Disinfection of bladder discharges should be carried out by stirring three tablespoonfuls of freshly opened chloride of lime into each passage and allowing this mixture to stand 30 minutes before being discharged into a sewer or privy vault.

Bed pans and urinals must be thoroughly cleaned after each time used, and rinsed out and left containing a small amount of dry chloride of lime.

Sufficient chloride of lime should be left in the receptacles so that the chloride will be repugnant to flies. These receptacles should also be kept screened away from flies.

All persons on leaving the room should wash their hands thoroughly with soap and water and if possible rinse their hands with a disinfecting solution.

Washable gowns should be worn by the nurse and should be removed just prior to leaving the room.

b. *Terminal Disinfection.* Smallpox, Scarlet fever, diphtheria, epidemic meningococcus meningitis, acute anterior poliomyelitis and tuberculosis are the diseases that require terminal disinfection under the regulations passed by the North Carolina State Board of Health.

It is the duty of the health officer, just prior to the release of a case of communicable disease requiring terminal disinfection, to instruct the householder how the premises must be disinfected.

For Disinfection of House and Contents Occupied by Patient

At the termination of the quarantine, the room occupied by the patient should be thoroughly disinfected in accordance with the following directions: The disinfection should not be attempted unless the day is clear and sunny. All bed linen, night garments and other fabrics that will not be injured by boiling should be boiled. All other articles, such as mattresses, rugs, bed and other furniture should be placed out of doors in direct sunlight. This should be done early in the morning. The next day they should be turned over or moved so that all surfaces may be exposed to the sun for at least one day.

After the room has been cleared, the floor and all woodwork should be thoroughly scrubbed with soap and water. They should then be mopped with a solution of ten ounces (twenty tablespoonfuls) of formalin to one gallon of water. The room should then be closed and allowed to remain closed until late in the afternoon, when it may be opened up, aired out, and the furniture replaced. The furniture should be mopped off with the above solution before being replaced.

Gaseous fumigation is not required or recommended, and if fumigation is used at the request of the people, it should in no instance replace the measures required by the above regulation, as the disinfection must be carried out in all cases of the communicable diseases listed as requiring terminal disinfection.

Governing the Funerals of Those Dead by Certain Communicable Diseases

REGULATION 21. Funerals of those dead of:

Cholera	Scarlet Fever
Diphtheria	Septic Sore Throat
Infantile Paralysis	Tularaemia
Meningococcus Meningitis	Typhus Fever
Plague	

when conducted on the premises where such deceased person died, shall be attended only by the immediate family, relatives, clergyman, undertaker and necessary attendants. When held from a place other than where the person died, the health officer or quarantine officer may, if the body has been embalmed and enclosed to his satisfaction, permit a public funeral, provided persons as may be carriers of the infection by reason of contact with the deceased are not permitted to attend. Bodies dead of the disease mentioned in Regulation 21, if not embalmed, must be buried within 24 hours.

Transportation of Persons Having or Thought to be Suffering With a Communicable Disease

REGULATION 22. SECTION 1. *Persons not allowed to travel.* No person knowing or suspecting himself to be afflicted with plague, cholera, small-pox, typhus fever, meningococcus meningitis, infantile paralysis, whooping cough, measles, scarlet fever, or yellow fever, shall apply for, procure, or accept transportation in any railway train, car, or other conveyance of a common carrier, nor shall any person apply for, procure, or accept such transportation for any minor, ward, patient, or other person under his charge if known or suspected to be so afflicted.

SECTION 2. *Persons not accepted for travel.* Common carriers shall not accept for transportation in any railway train, car, or other conveyance any person known by them to be afflicted with any of the diseases enumerated in Section 1.

SECTION 3. *Restricted travel.* Common carriers shall not accept for transportation on any railway train, car, or other conveyance any person known by them to be afflicted with chicken pox, influenza, septic sore throat, German measles, or any person known to be a carrier of these diseases, unless such person is placed in a compartment separate from other passengers, is accompanied by a properly qualified nurse or other attendant, and unless such nurse or attendant shall agree to comply and does so comply with the following regulations:

a. Communication with the compartment within which the patient is traveling shall be restricted to the minimum consistent with the proper care and safety of the patient.

b. All dishes and utensils used by the patient should be placed in a five per cent solution of carbolic acid or other fluid of equivalent disinfecting value for at least one hour after they have been used and before being allowed to leave the compartment.

c. All sputum and nasal discharges from the patient should be received in gauze or paper, which shall be deposited in a paper bag or in a closed vessel, and shall be destroyed by burning.

d. The nurse or attendant shall, after performing any service to the patient, at once cleanse the hands by washing them in a two per cent solution of carbolic acid or other fluid of equivalent disinfecting value.

SECTION 4. *Typhoid and dysentery.* Common carriers shall not accept for transportation on any railway train, car, or other conveyance any person known by them to be afflicted with typhoid fever, para-typhoid, or dysentery, unless said person is placed in a compartment separate from

other passengers, is accompanied by a properly qualified nurse or other attendant, and unless said nurse or attendant shall agree to comply and does so comply with the following regulations:

a. Communication with the compartment in which the patient is traveling shall be limited to the minimum consistent with the proper care and safety of the patient.

b. All dishes and utensils used by the patient shall be placed in a five per cent solution of carbolic acid or other fluid of equivalent disinfecting value for at least one hour after they have been used and before being allowed to leave the compartment.

c. All urine and feces of the patient shall be received into a five per cent solution of carbolic acid or other fluid of equivalent disinfecting value, placed in a covered vessel, thoroughly mixed, and allowed to stand for at least two hours after the last addition thereto before being emptied.

d. A sheet of rubber or other impervious material shall be spread between the sheet and the mattress of any bed that may be used by the patient while in transit.

e. Said nurse or attendant shall use all necessary precautions to prevent the access of flies to the patient or his discharges, and after performing any service to the patient, shall at once cleanse the hands by washing them in a two per cent solution of carbolic acid or other fluid of equivalent disinfecting value.

f. Provided, that if a person with typhoid or dysentery is presented at a railway station in ignorance of these regulations and his transportation is necessary as a life-saving or safeguarding measure, an emergency may be declared and the patient may be carried a reasonable distance in a baggage car if accompanied by an attendant responsible for his care and removal: Provided also, that regulations a, b, c, d, and e of this section shall be complied with insofar as the circumstances will allow, and that all bedding, clothing, rags, or clothes used by the patient shall be removed with him; and provided further, that any parts of the car which have become contaminated by any discharges of the patient shall be disinfected as soon as practicable, but not later than the end of the run, by washing with a five per cent solution of carbolic acid or other fluid of equivalent disinfecting value.

SECTION 5. *Restricted application for transportation.* No person knowing or suspecting himself to be afflicted with any of the disease mentioned in Sections 3 and 4 shall apply for, procure, or accept transportation in any railway train, car, or other conveyance of a common carrier, nor shall any person apply for, procure, or accept such transportation for any minor, ward, patient, or other person under his charge if known or suspected to be so afflicted unless he shall have agreed to and made all necessary arrangements for complying, and does so comply, with the regulations set forth in said Sections 3 and 4.

SECTION 6. *Suspected cases.* If a conductor or other person in charge of a railway train, car, or other conveyance of a common carrier, or an agent or other person in charge of a railway station, shall have any reason to suspect that a passenger or a person contemplating passage is afflicted with any of the diseases enumerated in Sections 1, 3 and 4, he shall notify

the nearest health officer, or company physician, if the health officer is not available, by the quickest and most practicable means possible, of his suspicion; and said health officer or physician shall immediately proceed to the train, car or other conveyance at the nearest possible point, or to the railway station, to determine whether such disease exists.

SECTION 7. *Disposition.* If the health officer or physician, as provided for in Section 6, shall find any such person to be afflicted with any of the diseases enumerated in Sections 1, 3 and 4, he shall remove such person from the station or conveyance, or shall isolate him and arrange for his removal at the nearest convenient point; shall treat the car or other conveyance as infected premises, allowing it to proceed to a convenient place for proper treatment if in his judgment consistent with the public welfare, in such case notifying the health officer in whose jurisdiction the place is located; and shall take such other measures as will protect the public health: Provided, that if not prohibited in Sections 1 and 2 of these regulations the afflicted person so found may be allowed to continue his travel if arrangements are made to comply, and he does so comply, with the requirements of the section of these regulations pertaining to the disease with which he is afflicted.

SECTION 8. *Pulmonary Tuberculosis.* Common carriers shall not accept for transportation any person known by them to be afflicted with pulmonary tuberculosis in a communicable stage unless said person is provided with (a) a sputum cup made of impervious material and so constructed as to admit of being tightly closed when not in use, (b) a sufficient supply of gauze, papers, or similar articles of the proper size to cover the mouth and nose while coughing or sneezing, (c) a heavy paper bag or other tight container for receiving the soiled gauze, paper, or similar articles; and unless such person shall obligate himself to use the articles provided for in the manner intended, and to destroy said articles by burning or to disinfect them by immersing for at least one hour in a five per cent solution of carbolic acid or other solution of equivalent disinfecting value; nor shall any person knowing himself to be so afflicted apply for, procure, or accept transportation unless he shall have agreed to and made all necessary arrangements for complying and does so comply with the regulations as set forth in this section.

SECTION 9. *Conveyances vacated by infected persons.* Immediately after vacation by a person having any of the diseases mentioned in Sections 1, 3, 4 and 8, any berth, compartment, or stateroom should be closed and not again occupied until properly cleaned and disinfected, and all bedding, blankets, and linen in any such space should be laundered or otherwise thoroughly cleaned and disinfected before being again used.

Obstructing Health Officers

REGULATION 23. No person shall interfere with or obstruct the entrance to any house or premises, or the inspection or examination of any occupant thereof by any local health officer, his duly authorized agent or a representative of the State Board of Health in the proper discharge of his official duties.

Enforcement

REGULATION 24. It shall be the duty of all local (municipal and county) boards of health, health departments and health officers to obey and enforce the provisions of these regulations, and whenever any local board of health wilfully neglects or refuses to comply with the provisions of these regulations, and it is apparent that an epidemic of a communicable disease threatens to invade other municipalities or counties, it then becomes the duty of the State Board of Health to carry out the provisions of the law in such municipality or county, and the necessary expense incurred shall be paid by the respective municipality or county.

Penalty for Violation

REGULATION 25. Any person mentioned in these regulations who shall wilfully neglect or refuse to comply with any of the provisions of these regulations shall be guilty of a misdemeanor and shall be punished in a manner prescribed by law, and it is the duty of the district solicitor to prosecute any violation of these regulations.

Local Boards of Health May Make Additional Rules and Regulations

REGULATION 26. These regulations shall be considered by all quarantine and health officers as minimum requirements for the prevention and control of communicable diseases and municipal and county boards of health shall have authority to make and enforce such additional rules and regulations as may be necessary for the protection of the public health, provided such rules and regulations do not conflict with the provisions of these regulations.

REGULATION 27. For the purpose of recapitulation, the following are declared to be minimum requirements applicable to certain diseases:

When the disease is:

ANTHRAX

1. Notification is required within twenty-four hours.
2. Investigation of cases must be made to confirm diagnosis and to determine sources of infection.
3. Placarding, isolation, and quarantine of attendants are required pending.
4. Special instructions from the State Board of Health should be requested by wire.

MENINGOCOCCUS MENINGITIS

THE CASE

1. Notification is required within twenty-four hours.
2. Investigation of cases must be made by local health officer to determine source of infection and contacts.
3. Placarding the room occupied by the patient is required.
4. Isolation of the patient in a separate room is required and none except nurse or attendant should come in contact with the patient.

5. Concurrent disinfection must be practiced for all discharges and all articles contaminated therewith.
6. Terminal disinfection is required.
7. Release: Fourteen days after onset.

Contacts

8. The nurse or attendant must remain on the premises.
9. Other adults in the household, if not in contact with the patient and if their occupation does not bring them in contact with children or with the handling of food, may be granted a provisional permit by the health officer to enter and leave the premises.
10. Adults and children in the household may be removed to another household and released after quarantine for ten days.
11. Contacts in school should be observed frequently for early symptoms.

General Measures

12. Sale of milk or food from infected premises should be prohibited unless precautions satisfactory to health officer are taken and written permit given. If milk or milk products are being sold in another health jurisdiction, the health officer must immediately inform the State Board of Health.
13. Milk containers are not to be removed from premises.
14. Unusual prevalence should be reported immediately to the State Board of Health.