

#### **64D-3.040 Procedures for Control of Specific Communicable Diseases.**

##### **(1) Psittacosis (Ornithosis).**

(a) All cases and suspected cases of psittacosis in people or birds shall be reported to the county health department director or administrator or their designee.

(b) Birds suspected of being infected or having been associated with infected birds shall not be removed from any premises until the State Health Officer or the county health department director or administrator or their designee, has investigated the situation and issued orders which may include quarantine, laboratory examination or prescribed treatment according to recommendations of the National Association of State Public Health Veterinarians, Inc., published in the Compendium of Measures to Control *Chlamydophila psittaci* (formerly *Chlamydia psittaci*) Infection Among Humans (Psittacosis) and Pet Birds (Avian Chlamydiosis), 2006, incorporated by reference, available from the Department of Health, Division of Environmental Health, 4052 Bald Cypress Way, Bin A-08, Tallahassee, Florida 32399-1720.

##### **(2) Rabies Control in Humans.**

(a) Reporting of Suspected Human Exposure to Rabies – Any person having knowledge of an incident in which a person is bitten by or otherwise exposed to any known or suspected rabid animal shall notify the county health department director or administrator or their designee where the bite occurred immediately by telephone, facsimile, electronic data transfer or other confidential means.

(b) Prevention in Humans – Persons bitten or otherwise exposed to suspect rabid animals shall be evaluated for post-exposure treatment by the county health department director or medical director or their designee according to recommendations of Human Rabies Prevention- United States, 1999, Recommendations of the Advisory Committee on Immunization Practices (ACIP), published in the Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report, Vol. 48, No. RR-1, January 8, 1999, incorporated by reference, available online at: [www.cdc.gov/mmwr/PDF/rr/rr4801.pdf](http://www.cdc.gov/mmwr/PDF/rr/rr4801.pdf).

##### **(3) Rabies Control in Animals.**

(a) The county health department director or administrator or their designee shall promptly investigate reported bites or exposures by suspected rabid animals.

(b) The county health department director or administrator or their designee shall cause to be captured, confined or seized suspected rabid animals and isolate and quarantine or humanely euthanize and provide for laboratory examination, as outlined in the guidebook, Rabies Prevention and Control in Florida 2006, incorporated by reference, available at: [www.myfloridaeh.com/community/arboviral/Zoonoses/RabiesguideUpdated.pdf](http://www.myfloridaeh.com/community/arboviral/Zoonoses/RabiesguideUpdated.pdf). This includes animals involved in human exposure (bite and non-bite) and animals exposed to rabid or suspected rabid animals. Other methods of controlling rabies in domestic or wild animals shall be administered by order of the county health department director or administrator or their designee according to recommendations of the Florida Rabies Advisory Committee.

(c) Upon official request from the health agency of another state or country, the appropriate county health department designee shall provide assistance in locating and placing in quarantine the suspect animal as required for proper completion of investigation of a potential rabies exposure incident.

(d) Epizootic Rabies. The State Health Officer, or the county health department director or administrator or their designee shall declare an area wide quarantine when prevalence of rabies so indicates. The conditions of the quarantine shall control the movement, sale, impoundment or required euthanasia of animals in the quarantine area as specified by departmental policy and procedure guidelines as defined in paragraph 64D-3.040(3)(b), F.A.C.

(4) Shigella and salmonella infections other than enteric disease outbreaks in child care settings, for which see subsection 64D-3.040(5), F.A.C., and Typhoid Fever, for which see subsection 64D-3.040(6), F.A.C.

##### **(a) Sensitive Situations**

1. Persons with laboratory-confirmed or probable cases of Shigella and Salmonella infections (excluding typhoid fever) shall be prohibited from being present in sensitive situations until they are determined by the county health department director or administrator or their designee no longer to be a public health hazard. Release as no longer a public health hazard may be obtained by order of the director/administrator as provided for in subsections 64D-3.040(3) and (4), F.A.C., for Salmonella, or by the infected person's submitting a minimum of two (2) stool specimens in satisfactory condition to one of the Department's laboratories or other clinical laboratory acceptable to the Department and meeting the following conditions:

a. The specimens are negative for these organisms.

b. The first specimen shall not be obtained sooner than forty-eight (48) hours after the cessation of any antibiotic therapy for those cases receiving antibiotics.

c. The second and subsequent specimen shall not be obtained sooner than at 24-hour intervals.

2. Persons who are contacts to probable or confirmed cases of shigella and salmonella infections (excluding typhoid fever);

a. Who have symptoms of an enteric illness or who have had such symptoms during the past two (2) weeks shall be presumed to be infected and shall be managed as a case as outlined in subparagraph 64D-3.040(4)(a)1., F.A.C.; or

b. Persons who are contacts to probable or confirmed cases of Shigella and Salmonella infections (excluding typhoid fever) and who do not have symptoms of an enteric illness or who have not had those symptoms during the past two (2) weeks may be permitted to continue in their sensitive situation at the discretion of the county health department director or administrator or their designee.

3. Persons infected with Salmonella (excluding typhoid fever) without symptoms may attend schools or child care settings at the discretion of the county health department director or administrator or their designee, provided adequate sanitary facilities and hygienic practices exist.

(b) Non-sensitive Situations.

Cases, Contacts, and Carriers of Salmonella or Shigella who are not in non-sensitive situations should be counseled regarding disease transmission, food preparation and hand washing practices. Follow-up or release based on stool culture results is not required.

(5) Enteric disease outbreaks in child care settings [for typhoid fever, see subsection 64D-3.040(6), F.A.C.]. In the event of an outbreak in a child care setting of one of these diseases, the county health department director or administrator or their designee shall implement control procedures as defined in "Guidelines for Control of Outbreaks of Enteric Disease in Child Care Settings," dated March 2000, incorporated by reference, available online at: [www.doh.state.fl.us/disease%5Fctrl/epi/surv/enteric.pdf](http://www.doh.state.fl.us/disease%5Fctrl/epi/surv/enteric.pdf).

(6) Typhoid Fever.

(a) Cases: Enteric isolation procedures are required for all cases during the acute stages of illness. The patient shall be under the supervision of the county health department director or administrator or their designee until bacteriologic cultures are obtained from feces and are negative in no less than three consecutive specimens taken at least 24 hours apart and not earlier than 1 month after onset of illness, provided the patient has been off antibiotic therapy for a period of 1 week. If any one specimen of this series yields typhoid organisms, then at least an additional three negative consecutive specimens of feces taken at least 24 hours apart are required for release of the case.

(b) Household contacts of a typhoid case who may be excreting *S. typhi* as determined by the county health department director or administrator or their designee and who are involved in food processing, food preparation or food service for public consumption or in any occupation bringing them in contact with children, ill persons, or the elderly or are present in other sensitive situations, as defined in subsection 64D-3.028(21), F.A.C., are prohibited from returning to such occupation or situation until no less than three specimens of feces taken at least 24 hours apart are negative for typhoid organisms. In addition, other appropriate tests may be required at the discretion of the county health department director or administrator or their designee.

(7) Perinatal Hepatitis B.

(a) The following infants shall receive hepatitis B immune globulin and hepatitis B vaccine once they are physiologically stable, preferably within 12 hours of birth, and shall complete the hepatitis B vaccine series according to the recommended vaccine schedule. Testing infants for HBsAg and antibody to hepatitis B surface antigen (anti-HBs) six (6) months after the completion of the hepatitis B vaccine series is recommended to monitor the success or failure of therapy.

1. Infants born to HBsAg-positive mothers;

2. All infants of mothers born in areas of high endemicity for hepatitis B infection. These areas include China, Southeast Asia, Africa, Middle East, Pacific Islands and the Amazon Basin.

3. Alaskan Native infants.

(b) Household members, sexual and needle-sharing partners of HBsAg-positive prenatal/postpartum hepatitis B women should be tested to determine susceptibility to the hepatitis B virus, and, if susceptible should receive the hepatitis B vaccine series.

(8) Vibrio Infections. All food service establishments serving raw oysters shall display, either on menus or on table placards, the following notice: "Consumer Information: There is risk associated with consuming raw oysters. If you have chronic illness of the liver, stomach or blood or have immune disorders, you are at greater risk of serious illness from raw oysters, and should eat oysters fully cooked. If unsure of your risk, consult a physician."

*Specific Authority 381.0011(6), (13), 381.003(2), 381.006(16), 384.25(2), 384.33 FS. Law Implemented 381.0011(4), (6), (8), 381.003(1), 381.0031, 384.25, 384.27 FS. History—New 11-20-06.*

***Editorial Note:*** *Formerly 10D-3.91, 10D-3.091 and 64D-3.013.*