REGULATIONS FOR COMMUNICABLE DISEASE REPORTING

Admissions and Infection Control in Hospitals and Healthcare Organizations

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Diphtheria▲
Encephalitis, arboviral⊕
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Gonorrhea
Hepatitis A, acute infection, by IgM antibody test or positive viral antigen test⊕
Hepatitis B, acute infection, by IgM anti-HBc antibody test
Hepatitis B surface antigen positivity (specify gender)
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NON-COMMUNICABLE DISEASES OR CONDITIONS
Alzheimer's Disease and Related Conditions
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▲ Report immediately by telephone.
⊕ Report by mailing, telephoning or electronically transmitting a report within one (1) working day of identification of the case or suspected case.
● When two (2) or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness, they should be reported immediately by telephone.
No symbols: Report within seven (7) calendar days from the time of identification by mail, telephone, or electronic report.
* Reportable to Los Angeles County Department of Health Services.
✚ Bacterial isolates and malarial slides must be forwarded to the DHS Public Health Laboratory for confirmation. Health-care providers must still report all such cases separately.

A. WHO SHOULD REPORT

Medical doctors, osteopaths, veterinarians, podiatrists, nurse practitioners, physician assistants, registered nurses, nurse midwives, infection control practitioners, medical examiners, coroners, dentists, and administrators of health facilities and clinics knowing of a case or suspected case of a communicable disease are required to report it to the local health department (Section 2500). In addition, anyone in charge of a public or private school, kindergarten, boarding school, or preschool also is required to report these diseases (Section 2508).

B. DISEASES REQUIRED TO BE REPORTED BY LABORATORIES (*California Code of Regulations,* Title 17, Section 2505, Public Health, 1996)

Chlamydial infections
Cryptosporidiosis
Diphtheria
Encephalitis, arboviral
Escherichia coli O157:H7 or Shiga toxin-producing *E. coli* O157:NM
Gonorrhea
Hepatitis A, acute infection, by IgM antibody test or positive viral antigen test
Hepatitis B, acute infection, by IgM anti-HBc antibody test
Hepatitis B surface antigen positivity (specify gender)
Listeriosis
Malaria
Measles (Rubeola), acute infection, by IgM antibody test or positive viral antigen test
Plague, animal or human
Rabies, animal or human
Syphilis
Tuberculosis
Typhoid
Vibrio species infections

C. TELEPHONE REPORTING

The following diseases require immediate telephone report to the local health officer during working hours. After working hours, on weekends, or holidays, the medical Administrative Officer of the Day (AOD) may be reached through the County Operator at (213) 974-1234. Follow with a written report of the confirmed diagnosis on the Confidential Morbidity Report (CMR) form within 24 hours.

Anthrax
Botulism
Cholera
Dengue
Diarrhea of the newborn, outbreaks
Diphtheria
Escherichia coli O157:H7 infection
Foodborne illness*
Hantavirus infections
Hemolytic uremic syndrome
Meningococcal infection
Plague, human or animal
Rabies, human or animal
Scabies (atypical or crusted)
Viral Hemorrhagic Fevers (e.g.,Crimean-Congo, Ebola, Lassa, Marburg viruses)
Yellow Fever
Occurrence of Any Unusual Disease
Outbreaks of Any Disease

*Two or more cases from separate households suspected to have the same source; individual cases of fish-associated foodborne illness, such as domoic acid poisoning, Fugu poisoning, Haff's disease, paralytic shellfish poisoning, and scombroid poisoning.

D. REPORTING OF OUTBREAKS (*California Code of Regulations,* Title 17, Section 2501)

Any healthcare provider having knowledge of any outbreak or unusual incidence of infectious or parasitic disease or infestation, whether or not listed in Section 2500, shall immediately report the facts by telephone to the local health department. "Outbreak" means the occurrence of cases of a disease (illness) above the expected or baseline level, usually over a given period of time, in a geographic area or facility, or in a specific population group. The number of cases indicating the presence of an outbreak will vary according to the disease agent, size and type of population exposed, previous exposure to the agent, and the time and place of occurrence. Thus, the designation of an outbreak is relative to the usual frequency of the disease in the same facility or community, among the specified population, over a comparable period of time. **A single case** of a communicable disease long absent from a population or the first occurrence of a disease not previously recognized requires immediate reporting and epidemiologic investigation.

E. OCCURRENCE OF UNUSUAL DISEASES

Any healthcare provider having knowledge of a case of an unusual disease not listed in Section 2500 shall **immediately report** the facts of the case to the local health department. "Unusual disease" means a rare disease or a newly apparent or emerging disease or syndrome of uncertain etiology which a healthcare provider has reason to believe is caused by a transmissible infectious agent or microbial toxin.

F. SPECIAL INVESTIGATIONS

The Department of Health Services is responsible for conducting special investigations of the sources of morbidity/mortality and the effects of localities, employments, conditions and circumstances on the public health (HS 100325). All records of interviews, written reports, and statements procured by the department in connection with special morbidity and mortality studies will be kept confidential insofar as the identity of the individual patient and will be used solely for the purposes of the study. The furnishing of this information to the department/authorized representative shall not subject any person/institution furnishing this information to any action for damages (HS 100330).

G. WHY REPORT

The timely reporting of communicable disease is an essential component of disease surveillance, prevention and control; delay and failure to report has contributed to secondary transmission. The Medical Board of California has made failure to report a citable offense. Failure to report includes (1) no report received, (2) incomplete reporting where all requested information is not provided in the required time frame, and (3) delayed reports not adhering to the required time frame.

Failure of healthcare organizations to comply with communicable disease reporting requirements will result in notification of the Department's Health Facilities Division, Licensing and Certification.

The confidentiality of patient information is always protected.

H. DISEASE REPORTING

AIDS

AIDS cases are to be reported to the **HIV Epidemiology Program.** To request reporting forms or report by telephone, call **(213) 351-8516**.

PEDIATRIC AIDS

Pediatric AIDS cases are to be reported to the **Pediatric HIV/AIDS Reporting Program**. To request reporting forms or report by telephone, call **(213)250-8666**.

SEXUALLY TRANSMITTED DISEASES

The following sexually transmitted diseases and syndromes are to be reported to the **Sexually Transmitted Disease Program:** chancroid, chlamydial infections, gonorrhea, non-gonococcal urethritis (NGU), pelvic inflammatory disease (PID), and syphilis.

To request reporting forms, call **(213) 744-3251**.

TUBERCULOSIS

Tuberculosis cases and suspected cases are to be reported to the **TB Control Program** within 24 hours of identification. To request reporting forms or to report by telephone, call **(213) 744-6271**. Fax reports to **(213) 749-0926**.

ALL OTHER DISEASES

All other diseases are to be reported to the Morbidity Central Reporting Unit by calling the CDRS hotline at **(888) 397-3993** or faxing the Confidential Morbidity Report (CMR) form to **(888) 397-3778**.

CMR forms may be obtained by fax from any local health center registrar, from the Morbidity Central Reporting Unit at **(213) 240-7821**, or from the Department of Health Services' Website at http://phps.dhs.co.la.ca.us/acd/reports/acdcmr.pdf

NOTE: Separate City Health Departments within Los Angeles County

LONG BEACH CITY HEALTH DEPARTMENT
2525 Grand Avenue
Long Beach, CA 90815
(562) 570-4000

PASADENA CITY HEALTH DEPARTMENT
845 N. Fair Oaks Avenue
Pasadena, CA 91103
(626) 744-6000

PART II: COMMUNICABLE DISEASE CONTROL REGULATIONS FOR HEALTHCARE ORGANIZATIONS

INTRODUCTION

The *California Health and Safety Code* Sections 101025, 101375, and 120175 provide local health officers with the authority and responsibility to control communicable diseases and to take whatever steps may be necessary to prevent the spread of communicable diseases or the occurrence of additional cases.

The following are the Communicable Disease Control regulations for healthcare organizations in the County of Los Angeles; they supersede all previously issued regulations. For additional information, see Part II, Section 6 for a list of resources on this subject.

SECTION 1: DISEASES IN HEALTHCARE FACILITIES REQUIRING SPECIAL RESTRICTIONS

These regulations cover suspected or diagnosed communicable diseases that may not be admitted to nor remain in general acute care hospitals or other healthcare facilities without notification and/or prior approval. This requirement is due to the extreme public health importance of these diseases. The Department of Health Services recognizes that most of these diseases can be managed capably by experienced personnel at major medical centers after consultation and approval; however, the Department must be notified and must concur with the placement.

A. Restricted Diseases: Patients with any of the following diagnosed or suspected diseases shall not be admitted to nor treated in any healthcare facility without notification of and prior approval from the Chief of Acute Communicable Disease Control or the Director of Disease Control Programs (213) 240-7941. If after hours, contact the County Operator to reach the Administrative Officer of the Day (AOD), (213) 974-1234.

- Cholera
- Diphtheria
- Measles
- Plague
- Rabies
- Relapsing Fever (louse-borne)
- Typhus (louse-borne)
- Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa, Marburg viruses)

B. Patients with suspected or diagnosed chickenpox (varicella) or disseminated zoster shall not be admitted to nor treated in any healthcare facility that lacks an appropriate atmospheric isolation room (negative pressure isolation room), sufficient staff to monitor isolation procedures, and ongoing surveillance and quality control of airflow in isolation rooms. These patients shall be kept in atmospheric isolation until medically determined to be noninfectious. Atmospheric isolation rooms shall meet the current regulations specified in the *California Code of Regulations*, Titles 8 and 24.

C. Patients with suspected or confirmed communicable tuberculosis shall not be admitted to any healthcare facility that lacks the ability to comply with the current regulations for tuberculosis in the *California Code of Regulations,* Title 8*.*

D. Facilities that do not meet these requirements should refer suspected or diagnosed cases in need of hospitalization to either LAC+USC Medical Center, Harbor/UCLA Medical Center, Olive View Medical Center, or Martin Luther King, Jr./Drew Medical Center, using the Medical Alert Center (MAC) (323) 887-5310. Also consider the Department of Health Services' Transfer Policy Guide, which is provided to all hospitals, or refer patients to the most convenient private hospital in compliance with these requirements. Additionally, High Desert Hospital has atmospheric isolation rooms that meet current tuberculosis requirements. Acute Communicable Disease Control and TB Control Program staff are available for consultation on isolation requirements.

E. Any patient with a suspected or confirmed reportable communicable disease other than those listed above may be admitted to and remain in a general acute care hospital, provided that requirements in the *California Code of Regulations,* Title 22, Division 5, Chapter 1, are met for adequate isolation.

F. **BOTULISM:** Testing for botulinum toxin by the Public Health Laboratory and release of botulinum antitoxin must be arranged with a physician in the Acute Communicable Disease Control Unit (213) 240-7941, or, if after hours, the Administrative Officer of the Day (213) 974-1234.

SECTION 2: TRANSFER OR DISCHARGE OF PATIENTS WITH COMMUNICABLE DISEASES FROM HEALTHCARE FACILITIES

A. Patients who are culture-positive for *Salmonella* or *Shigella* species (including typhoid carriers) must not be discharged to a skilled nursing or intermediate care facility unless prior approval has been obtained from the Acute Communicable Disease Control Unit, (213) 240-7941.

I. Known or suspected cases of TB cannot be discharged, released or transferred from a healthcare facility until the TB Controller has approved a written treatment plan. Correctional institutions must provide the TB Controller with a written treatment plan prior to or within 24 hours of release or interjurisdictional transfer. Healthcare facilities are required to obtain approval of a written treatment plan from the TB Controller prior to discharging a TB suspect or case; discharge cannot proceed without approval of the discharge plan. The Tuberculosis Control staff will review the discharge plan and notify the provider of plan approval within 24 hours or inform the provider of additional information or action that is required for approval prior to discharge. If a patient requires transfer to an acute care facility for a higher level of care, notification of the TB Controller via a written plan is required no more than 24 hours following the transfer; prior approval is not required (*Health and Safety Code,* Division 105, Part 5, Chapter 1, Section 121361).

SECTION 3: REGULATIONS REGARDING COMMUNICABLE DISEASES IN SKILLED NURSING FACILITIES

Patients with infectious diseases shall not be admitted to nor be cared for in a skilled nursing facility unless the following requirements are met:

A. Any patient diagnosed as having a communicable disease or being in a carrier state, and who the attending physician has determined is a potential danger to other patients or personnel, shall be accommodated in a room vented to the outside and provided with a separate toilet, handwashing facility, soap dispenser and individual towels (*California Code of Regulations,* Title 22, Section 72321).

B. The facility shall adopt, implement and observe written infection control policies and procedures that are reviewed annually and revised as necessary. Such policies and procedures, along with the name, address and telephone number of local health officers, shall be made available in each nurses' station or other appropriate location. The procedures shall outline the technique to be used in the care of patients with a communicable disease (*California Code of Regulations,* Title 22, Section 72321).

C. Each facility shall establish an infection control committee, whose functions shall include, but not be limited to:

- Establishing, reviewing, monitoring and approving policies and procedures for investigating, controlling and preventing infections in the facility;
- Maintaining, reviewing and reporting statistics of the number, types, sources and locations of infections within the facility (*California Code of Regulations,* Title 22, Section 72525).

D. Patients who are culture-positive for *Salmonella* or *Shigella* species (including typhoid carriers) are not to be admitted to nor remain in these facilities unless prior approval has been obtained from the Acute Communicable Disease Control Unit, (213) 240-7941.

SECTION 4: REGULATIONS REGARDING COMMUNICABLE DISEASES IN INTERMEDIATE CARE FACILITIES (*California Code of Regulations,* Title 22, Section 73531)

A. Patients acquiring a communicable disease, or identified as being in a carrier state, while in an intermediate care facility, and who the attending physician determines is a potential danger to other patients or personnel, shall be transferred to an appropriate facility as soon as possible, unless approval to remain in the facility has been obtained from the appropriate LACDHS Disease Control chief. While awaiting transfer, the patient shall be accommodated in a room with a separate toilet, handwashing facility, soap dispenser, and individual towels.

B. The intermediate care facility shall adopt and observe written infection control policies and procedures approved by the local district health officer. Such procedures shall be posted at the nurses' station or other appropriate location. The procedures shall outline the technique to be used in the care of patients with a communicable disease and shall include:

- Handwashing upon entering and leaving patient's room.
- Proper handling and disposal of contaminated materials.
- Procedures for medical and nursing personnel using proper isolation techniques.
- Health education provided to the patient.
- Proper handling of patient-care equipment.

SECTION 5: INFECTION CONTROL AND EMPLOYEE HEALTH POLICIES IN HEALTHCARE FACILITIES AND HOME HEALTH AGENCIES

A. Acute care and skilled nursing facilities shall have an Infection Control Committee that meets at least quarterly and is responsible for establishing the facility's infection control policies and procedures based on current guidelines (see references), approving all procedures, and enforcing their implementation. Policies and procedures should be reviewed annually and revised as necessary.

B. Personnel in healthcare facilities or home health agencies (salaried, voluntary and attending staff) who are TB skin test negative should receive a Mantoux TB skin test at least annually or more often if working in high-risk areas.

Employees with newly positive Mantoux skin test results require screening for active disease with a chest radiograph. If abnormal, active disease must be ruled out before returning to work. If no active disease is detected, preventive treatment should be recommended.

All positive Mantoux skin test reactors (non-converters with positive TB skin tests) should have an annual TB symptom assessment followed with a chest radiograph if symptoms of active disease are present. If there are high-risk medical or social factors (e.g., immunocompromise, abnormal baseline chest radiograph), the employee should have an annual chest radiograph unless an adequate course of treatment or preventive therapy has been completed (adapted from *Screening DHS Health Care Facility Workers for Tuberculosis,* Policy No. 212.1, Tuberculosis Control Program, Los Angeles County Department of Health Services).

C. Healthcare organizations should have an employee health program that includes routine immunizations. Susceptible personnel (salaried, voluntary and attending staff) should have access to vaccines against the following diseases:

Diphtheria	Polio
Hepatitis B	Rubella
Influenza	Tetanus
Measles	Varicella

All employees, both male and female, who are considered to be at risk of contact with patients with rubella or who are likely to have contact with pregnant patients should be immune to rubella. Rubella-susceptible individuals should not be employed or allowed to volunteer in high-risk areas until immunized.

D. Personnel who have regular or potential contact with patients' blood, tissue, or blood-contaminated body fluids, but who are not known to have been previously infected with or to be immune to hepatitis B, should be immunized with hepatitis B vaccine.

E. All healthcare workers should be familiar with the Centers for Disease Control and Prevention's standard precautions for prevention of transmission of infectious organisms. The organization should have a written protocol for managing exposure to human immunodeficiency virus (HIV) that includes a mechanism for implementation of the U.S. Public Health Service's recommendations for chemoprophylaxis after occupational exposure to HIV.

F. Foodhandlers working in hospital settings should receive education stressing proper food handling techniques and personal hygiene; preemployment or periodic examinations to detect asymptomatic carriers of enteric pathogens are unnecessary. Removal of employees from work when ill with gastrointestinal symptoms, however, should be strictly enforced.

G. Personnel with cutaneous lesions, especially herpetic whitlow, or other overt infections should not be allowed to care for patients, especially those in nurseries, on the burn unit, or in areas where there are patients with decreased host resistance, nor should such personnel be allowed to prepare or serve food.

H. Home health agencies should develop and implement written policies and procedures designed to prevent, identify, and control infections. These policies and procedures shall be reviewed and revised as necessary and shall be made available upon request to patients or their representatives and to Health Department representatives.

SECTION 6: REFERENCES

1. Association for Professionals in Infection Control. APIC guidelines for hand washing and hand antisepsis in health care settings. *Am J Infect Control* 1995;23:251-269.

2. Association for Professionals in Infection Control. APIC guideline for selection and use of disinfectants. *Am J Infect Control* 1996;24:313-42.

3. Barrett T. Infection Control Guidelines for Home Health Care. In: Abrutyn, Goldmann, & Scheckler, eds. *Saunders Infection Control Reference Service*. Philadelphia, PA: WB Saunders Company; 1988: 81-85.

4. Benenson, AS (ed.): Control of Communicable Disease in Man, American Public Health Association.

5. California Building Code and California Mechanical & Plumbing Code. *California Code of Regulations*, Title 24, Parts 2, 4, 5.

6. California Department of Health Services. Recommended Immunizations for Hospital and Medical Outpatient Facility Personnel. May 1997.

7. California Department of Health Services. Using ultraviolet radiation and ventilation to

control tuberculosis. California Indoor Air Quality Program, Air and Industrial Hygiene Laboratory, and the Tuberculosis Control and Refugee Health Programs Unit, Infectious Disease Branch, Department of Health Services, 1990.

8. California Department of Health Services, Licensing and Certification Division. Guideline for Prevention and Control of Antibiotic Resistant Microorganisms in California Long-Term Care Facilities, 17 Jan 96. Memo to All Skilled Nursing and Intermediate Care Facility Administrators and Infection Control Coordinators.

9. California General Acute-Care Hospital Regulations. *California Code of Regulations*, Title 22, Division 5, Chapter 1.

10. California *Health and Safety Code*, Title 17, Sections 121361, 121362 (commonly referred to as the Gotch Bill, 1993).

11. California Intermediate-Care Facility Regulations. *California Code of Regulations*, Title 22, Division 5, Chapter 4.

12. California Medical Waste Management Act.

13. California Skilled Nursing Facility Regulations. *California Code of Regulations*, Title 22, Division 5, Chapter 3.

14. Centers for Disease Control and Prevention. Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Facilities, 1994. MMWR 1994;43(RR-13):1-132.

15. Centers for Disease Control and Prevention. Recommendations for preventing the transmission of HIV and HBV to patients during exposure-prone invasive procedures. *MMWR* 1991;40(RR-8):1-9.

16. Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines. *MMWR* 1997;47(RR-1).

17. Centers for Disease Control and Prevention. Public Health Service guidelines for the management of health-care worker exposures to HIV and recommendations for postexposure prophylaxis. *MMWR* 1998;47(RR-7):1-33.

18. Centers for Disease Control and Prevention. Protection against viral hepatitis: recommendations of the immunization practices advisory committee (ACIP). *MMWR* 1990;39:522.

19. Centers for Disease Control and Prevention. Guidelines for prevention of transmission of human immunodeficiency virus and hepatitis B virus to health-care and public-safety workers. *MMWR* 1989;38(S-6):1-37.

20. Control of Hazardous Substances. *California Code of Regulations*, Title 8, Division 1, Chapter 4.

21. County of Los Angeles, Acute Communicable Disease Control Unit. Guidelines for management of methicillin-resistant *Staphylococcus aureus* (MRSA) and vancomycin-resistant *Enterococcus* (VRE) in long-term care facilities. January 1999.

22. Holmes KK (ed.). Sexually Transmitted Diseases. McGraw-Hill Press.

23. Hospital Infection Control Practices Advisory Committee. Guideline for isolation precautions in hospitals. *Infection Control Hospital Epidemiology* 1996;17:53-80.

24. Hospital Infection Control Practices Advisory Committee. Recommendations for preventing the spread of vancomycin resistance. *Infection Control Hospital Epidemiology* 1995;16:105-

113.

25. Los Angeles County, Department of Health Services, Public Health Programs and Services, Infection Control Manual. DHS PHP&S Policy No. 204 - Employee Rubeola (Measles) and Rubella Screening.

26. Los Angeles County, Department of Health Services, Sexually Transmitted Diseases Program. STD Procedural Manual.

27. Los Angeles County, Department of Health Services, Acute Communicable Disease Control Unit. Updated Guidelines for the Prevention and Control of Scabies Infestation in Health Care Facilities; 1998.

28. Los Angeles County, Department of Health Services, Tuberculosis Control Program. Screening DHS health care facility workers for tuberculosis, Policy No. 213.1, January 1995.

29. Los Angeles County, Department of Health Services, Tuberculosis Control Program. Guidelines for the Prevention of Tuberculosis Transmission Particularly in High-Risk Settings.

30. Occupational Exposure to HBV and HIV. U.S. Department of Labor, OSHA Instruction CPL 2 - 2.44B.

31. Occupational Safety & Health Standards, Personal Protective Equipment, Respiratory Protection. OSHA 29 Code of Federal Regulations, Section 1910.

32. Peter G. (ed.) Red Book: Report of the Committee on Infectious Diseases. American Academy of Pediatrics Press.

33. Society for Healthcare Epidemiology of America and Infectious Diseases Society of America Joint Committee on the Prevention of Antimicrobial Resistance. Guidelines for the prevention of antimicrobial resistance in hospitals. *Clinical Infectious Diseases* 1997;18:275-91.