

## 19a-36-A1. Definitions

**Reportable Diseases and Laboratory Findings****19a-36-A1. Definitions**

As used in Sections 19a-36-A1 to 19a-36-A55:

- (a) "Authorized agent" means an individual designated by a local director of health to act for him or her in the performance of any of his or her duties.
- (b) "Carrier" means an infected person or animal who, without any apparent symptoms of communicable disease, harbors a specific infectious agent and may serve as a source of infection for humans. The state of harboring a specific infectious agent may occur in an individual with an infection that is inapparent throughout its course (asymptomatic carrier), or in an individual during the incubation period, convalescence, and post-convalescence of a clinically recognizable disease (incubatory carrier and convalescent carrier). The carrier state may be of short duration (transient carrier) or long duration (chronic carrier).
- (c) "Case" means a person or animal who exhibits evidence of disease.
- (d) "Cleaning" means the process of removal of organic matter conducive to growth or maintenance of infectivity of infectious agents by scrubbing and washing as with hot water and soap.
- (e) "Commissioner" means the state commissioner of health services.
- (f) "Communicable disease" means a disease or condition, the infectious agent of which may pass or be carried directly or indirectly, from the body of one person or animal to the body of another person or animal.
- (g) "Communicable period" means any time period during which a specific infectious agent may be transferred directly or indirectly from an infected person or animal to another human or animal.
- (h) "Contact" means a person or animal known to have had association with an infected person or animal in such a manner as to have been exposed to a particular communicable disease.
- (i) "Contamination" means the presence of undesirable substance or material which may contain an infectious agent on external body surfaces (e.g., skin), articles of apparel, inanimate surfaces or in food or beverages.
- (j) "Cultures" mean growths of an infectious agent propagated on selected living or artificial media.
- (k) "Date of onset" means the day, month and year on which the case or suspected case experienced the first sign or symptoms of the disease.
- (l) "Department" means the Connecticut Department of Health Services.
- (a) "Disinfection" means a directly applied chemical or physical process by which the disease producing powers of infectious agents are destroyed.
  - (1) "Concurrent disinfection" means the immediate disinfection and disposal of body discharges, and the immediate disinfection or destruction of all infected or presumably infected materials.
  - (2) "Terminal disinfection" means the process of rendering the personal clothing and immediate physical environment of a patient free from the probability of conveying an infectious agent to others after removal of the patient or at a time when the patient is no longer a source of infection.
- (n) "Epidemic" means the occurrence of cases of illness clearly in excess of normal expectancy over a specific time period in a community, geographic region, building or institution. The number of cases indicating an epidemic may vary according to the causative agent, size and type of population exposed, previous experience with the disease, and time and place of occurrence. An outbreak of disease is an epidemic.
- (o) "Epidemiologic investigation" means an inquiry into the incidence, distribution and source of disease to determine its cause, means of prevention, and efficacy of control measures.
- (p) "Foodborne outbreaks" means illness in two or more individuals acquired through the ingestion of common-source food or water contaminated with chemicals, infectious

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- agents or their toxic products. Foodborne outbreaks include, but are not limited to, illness due to heavy metal intoxications, staphylococcal food poisoning, botulism, salmonellosis, shigellosis, Clostridium perfringens intoxication and hepatitis A.
- (q) "Foodhandler" means a person who prepares, processes, or otherwise handles food or beverages for people other than members of his or her immediate household.
  - (r) "Health care facility" means any hospital, long term care facility, home health care agency, clinic or other institution licensed under Chapter 368v of the Connecticut General Statutes and also facilities operated and maintained by any state agency for the care or treatment of mentally ill persons or persons with mental retardation or substance abuse problems.
  - (s) "Health care provider" means a person who has direct or supervisory responsibility for the delivery of health care or medical services. This shall include but not be limited to: licensed physicians, nurse practitioners, physician assistants, nurses, dentists, medical examiners, and administrators, superintendents and managers of health care facilities.
  - (t) "Incubation period" means the time interval between exposure to a disease organism and the appearance of the first symptoms of the resulting disease.
  - (u) "Infection" means the entry and multiplication of an infectious agent in the body of a person or animal with or without clinical symptoms.
  - (v) "Infectious agent" means a microorganism capable of producing infection with or without disease.
  - (w) "Isolation" means the use of special precautions during the period of communicability to prevent transmission of an infectious agent. Such special precautions may include: physical separation of infected persons or animals from others, or precautions such as blood precautions that do not necessarily result in physical separation of individuals.
  - (x) "Laboratory" means any facility licensed, or approved by the department in accordance with section 19a-30 of the Connecticut General Statutes.
  - (y) "Local director of health" means and includes the city, town, borough or district director of health and any person legally authorized to act for the local director of health.
  - (z) "Medical information" means the recorded health information on an individual who has a reportable disease or who has symptoms of illness in the setting of an outbreak. This information includes details of a medical history, physical examination, any laboratory test, diagnosis, treatment, outcome and the description and sources of suspected causative agents for such disease or illness.
  - (aa) "Nosocomial infection" means infections that develop within a hospital or other health care facility or are produced by microorganisms acquired while in a hospital or health care facility.
  - (bb) "Outbreak." See "epidemic."
  - (cc) "Quarantine" means the formal limitation of freedom of movement of persons or animals exposed to, or suffering from a reportable disease for a period of time not longer than either the longest incubation period or the longest communicable period of the disease, in order to prevent spread of the infectious agent of that disease.
  - (dd) "Reportable disease" means a communicable disease, disease outbreak, or other condition of public health significance required to be reported to the department and local health directors.
  - (ee) "Reportable laboratory finding" means a laboratory result suggesting the presence of a communicable disease or other condition of public health significance required to be reported to the department and local health directors.
  - (ff) "State epidemiologist" means the person designated by the Commissioner as the person in charge of communicable disease control for the state.
  - (gg) "Surveillance" means the continuing scrutiny of all aspects of occurrence and spread of a disease relating to effective control of that disease, which may include but not be limited to the collection and evaluation of: morbidity and mortality reports; laboratory reports of significant findings; special reports of field investigations of epidemics and individual cases; data concerning the availability, use, and untoward side effects of the substances

**19a-36-A2. List of reportable diseases and laboratory findings**

- used in disease control, such as rabies vaccine; and information regarding immunity levels in segments of the population.
- (hh) Suspected case" means a person or animal suspected of having a particular disease in the temporary or permanent absence of definitive clinical or laboratory evidence.
  - (ii) Other condition of public health significance" means a noncommunicable disease caused by a common source or prevalent exposure such as pesticide poisoning, silicosis or lead poisoning.
- Effective October 25, 1989.)

**19a-36-A2. List of reportable diseases and laboratory findings**

The commissioner shall issue a list of reportable diseases and laboratory findings within sixty days of the effective date of these regulations, on the next January 1, and annually thereafter. The list shall show it is the current list and shall specify its effective date. This list shall also include but not be limited to the reporting category of each disease, procedures for the reporting, and minimum investigation and control measures for each disease. Listed diseases are declared reportable diseases as of the effective date of approval by the commissioner.

- (a) The commissioner in consultation with the state epidemiologist will annually review the existing list and develop recommendations for deletions or additions to the list.
- (b) The state epidemiologist or other commissioner designee shall convene and chair an advisory committee to review the recommendations for any changes to the list prior to preparing the final list for that year. This committee shall make recommendations to the commissioner regarding the contents of the list.
- (c) The commissioner shall review the advisory committee's recommendations and make final deletions or additions to the list to take effect January 1 of the next year. He will furnish copies of the list before January 1 to the following:
  - (1) physicians licensed by the department;
  - (2) directors of clinical laboratories licensed, registered or approved by the department;
  - (3) local directors of health in Connecticut;
  - (4) health care facilities licensed under Chapter 368v of the Connecticut General Statutes.

(Effective October 25, 1989.)

**19a-36-A3. Persons required to report reportable diseases and laboratory findings**

- (a) Reportable Diseases.
  - (1) Every health care provider who treats or examines any person who has or is suspected to have a reportable disease shall report to the local director of health or other health authority within whose jurisdiction the patient resides and to the department such information about the affected person as described in section 19a-36-A4 of these regulations.
  - (2) If the case or suspected case of reportable disease is in a health care facility, the person in charge of such facility shall ensure that reports are made to the local director of health and the department in the manner specified in section 19a-36-A4 of these regulations. The person in charge shall designate appropriate infection control or record-keeping personnel for this purpose.
  - (3) If the case or suspected case of reportable disease is not in a health care facility and if a health care provider is not in attendance or is not known to have made a report within the appropriate time specified in section 19a-36-A4, such report of reportable diseases shall be made to the local director of health or other health authority within whose jurisdiction the patient lives and the department in the manner specified in section 19a-36-A4 by:

**19a-36-A4. Content of report and reporting of reportable diseases and laboratory findings**

- (A) the administrator serving a public or private school or day care center attended by any person affected or apparently affected with such disease;
  - (B) the person in charge of any camp;
  - (C) the master or any other person in charge of any vessel lying within the jurisdiction of the state;
  - (D) the master or any other person in charge of any aircraft landing within the jurisdiction of the state;
  - (E) the owner or person in charge of any establishment producing, handling or processing dairy products, other food or non-alcoholic beverages for sale or distribution;
  - (F) morticians and funeral directors.
- (4) Each local director of health shall report or ensure reporting to the department within 24 hours of each case or suspected case of a Category I reportable disease and such additional information of which he has knowledge as described in section 19a-36-A4 of these regulations.
- (b) Reportable laboratory findings. - The director of a laboratory that receives a primary specimen or sample which yields a reportable laboratory finding shall be responsible for reporting such findings within forty-eight (48) hours to the local director of health of the town in which the affected person normally resides, or, in the absence of such information, of the town from which the specimen originated, and to the department on forms provided by the department.
- (1) When a laboratory identifies or presumptively identifies a significant isolate or other finding that requires confirmation by the laboratory as required in the annual list, the director must submit that isolate or specimen from which the finding was made to the department's laboratory division.
  - (2) Laboratory tests and confirmatory tests for certain reportable diseases as specially indicated in the annual list shall be exempted from any and all fees for the state laboratory services in accordance with Section 19a-26 of the Connecticut General Statutes.

(Effective October 25, 1989.)

**19a-36-A4. Content of report and reporting of reportable diseases and laboratory findings**

- (a) Reportable diseases.
- (1) Each report of a case or suspected case of reportable disease shall include the full name and address of the person reporting and of the physician attending; the diagnosed or suspected disease and date of onset; the full name, age, race/ethnicity, sex and occupation of the affected individual and other facts the department or local director of health requires for purposes of surveillance, control and prevention of reportable diseases. The reports shall be sent in envelopes marked "CONFIDENTIAL."
  - (2) Reports may be written or oral as required by the category of disease as follows:
    - (A) Category I: diseases of high priority because of need for timely public health action: reportable immediately by telephone on day of recognition or suspicion of disease; on weekdays to both, the local health director of the town in which the patient resides and the department, on weekends to the department. A completed disease report form provided by the department must also be mailed to both the local health director and the department within 12 hours.
    - (B) Category II: diseases of significant public health importance, usually requiring public health action: reportable by mail to the local director health and the department within 12 hours of recognition or suspicion on a form provided by the department.
- (b) Reportable laboratory findings.

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**19a-36-A5. Confidentiality of data**

- (1) Each report of reportable findings shall include the name, address, age sex, and, if known, race/ethnicity of the person affected, the name and address of the attending physician, the identity of the infectious agent or other reportable laboratory findings, and the method of identification.
- (2) Reports shall be mailed to the local director of health of the town in which the patient resides and to the department within 48 hours of making the finding in envelopes marked "CONFIDENTIAL."

(Effective October 25, 1989.)

**19a-36-A5. Confidentiality of data**

All epidemiologic information which identifies an individual and which is gathered by the state or local health department in connection with the investigation of reported cases or suspected cases of disease or during the investigation of outbreaks of disease shall be kept in compliance with current confidentiality statutes.

(Effective October 25, 1989.)

**19a-36-A6. Investigation and control of reportable disease and outbreaks by the department**

- (a) The department, in cooperation with the local director of health, in the investigation and control of reportable disease shall make or cause to be made such investigation as it deems necessary and shall secure all such data as may assist it in establishing adequate control measures.
- (b) In order to investigate and control any apparent outbreak or unusual occurrence of reportable disease, the department shall institute such special disease surveillance, follow-up reports and control measures as it deems necessary.
- (c) Individual medical information pertaining to cases of reportable disease, persons affected by outbreaks of disease or significant increases in the rate of nonsocomial infection shall be provided when requested to an investigator who presents official identification of the department or the local department of health. Such an investigator may be an employee of the State or local health department.

(Effective October 25, 1989.)

**19a-36-A7. Diseases not enumerated**

Diseases not specifically listed pursuant to section 19a-36-A2 and presenting a special problem shall be reported and controlled in accordance with special instructions of the state department of health or, in the absence of such instructions, in accordance with orders and directions of the local director of health.

(Effective October 25, 1989.)

**19a-36-A8. General measures for control of reportable diseases**

The local director of health, in instituting measures for the control of reportable diseases:

- (a) Investigation shall make, or cause to be made, such investigations as he may deem necessary and shall secure all such data as may assist him in establishing adequate control measures;
- (b) Isolation and orders shall establish and maintain quarantine, isolation or such other measures for control as are required by statute, the public health code or special instructions of the state department of health, and, when possible, shall issue his instructions and orders in writing or on printed forms;
- (c) Removal shall have the authority to set up proper isolation or quarantine of an affected person or persons, carrier or contact, when, in his opinion or in the opinion of the state commissioner of health, this is not or cannot be effectively maintained on the premises occupied by such person or persons by methods designated in this part; to remove or require the removal of such person or persons to a hospital or other proper place

**19a-36-A9. Control of diseases suspected of being reportable**

- designated by him; or to employ such guards or officers as may be necessary to maintain effective isolation or quarantine;
- (d) Instruction shall provide, by himself or his authorized agent, for the specific instruction of cases, contacts, their attendants and all other persons affected, in the proper methods for the prevention of the spread of the disease and shall supply such information and literature as may be required by law or by the instructions of the state department of health;
  - (e) Enforcement shall make, at intervals during the period of communicability, inquiry or investigation to satisfy himself that the measures instituted by hi for the protection of others are being properly observed;
  - (f) Laboratory tests shall, when the control or release of a case, contact or carrier of a reportable disease is dependent upon laboratory findings, require the specimens upon which such findings are based to be examined by the laboratory division of the state department of health or by a laboratory specifically approved for that purpose by the state department of health and shall, by himself or his authorized agent, secure and submit release cultures or specimens for examination; in cases of enteric diseases all release specimens shall be taken at least one week after specific therapy has been discontinued;
  - (g) Schools - Isolation shall, in the event of an outbreak of a communicable disease in any public, private, parochial or church school, make a prompt and thorough investigation; control such an outbreak by individual examination of pupils, teachers and other persons associated with the outbreak; employ such other means as he deems necessary to determine the source of infection or to provide for the segregation of infected persons; in the event of an outbreak of a communicable disease in any school, require school physicians and school nurses to conform to the orders, regulations and restrictions issued by him;
  - (h) Schools - Readmission shall, in the case of any school child who has been excluded from school for having been a case, contact or carrier of a communicable disease, by himself or his authorized agent, issue a permit for such child to re-enter school when in his opinion such child is no longer infectious;
  - (i) Unusual disease shall, when an unusual or rare disease occurs in any part of the state or when any disease becomes so prevalent as to endanger the state as a whole, contact the state department of health for assistance, and shall cooperate with the representatives of the state department of health acting under the direction of the state commissioner of health;
  - (j) Other measures shall introduce such other measures as he may deem advisable.  
(Effective October 25, 1989.)

**19a-36-A9. Control of diseases suspected of being reportable**

The local director of health, on receiving a report of a disease suspected of being reportable, shall confer with the physician or other person making such report, make further examination or investigation as he deems necessary and advise, recommend or establish such procedures as he may deem necessary to protect the public health until the character of the disease is definitely determined.

(Effective October 25, 1989.)

**19a-36-A10. Presumably exposed persons may be examined and controlled**

The local director of health, when he has reasonable grounds to believe that a person or persons may have been exposed to a communicable disease, may control such persons as known contacts and may make such examinations and adopt such measures as he deems necessary and proper for the protection of the public health and the prevention of the spread of disease.

- (1) The conviction of any person for any offense involving sexual promiscuity or illicit sex relations shall constitute reasonable grounds for the local director of health to believe that that person may have been exposed to a communicable disease and shall justify the examination and such other measures of control of that individual as are deemed

**19a-36-A11. Control of carriers of the infectious agent of communicable disease**

- necessary and proper by the state department of health for the protection of public health and the prevention of spreading of disease.
- (2) The warden or other person in charge of any prison or jail in the state shall notify the prison or jail physician, in writing, within twenty-four hours upon the receipt of a prisoner who may have been exposed to a communicable disease and of every prisoner who has been convicted of any offense involving sexual promiscuity or illicit sex relations. A routine medical examination shall be made on every prisoner whose conviction involves sexual promiscuity or illicit sex relations. Such routine medical examination shall include the taking of a blood specimen for serological test for syphilis and the taking of three smears for gonococcal taken not less than twenty-four hours apart and, if the prisoner is found to be infected, treatment shall be instituted as necessary. The tests referred to above shall be performed in the bureau of laboratories of the state department of health or in a laboratory specifically approved for these purposes by the state department of health, and they shall be performed in a manner that meets the approval of the state department of health. Upon the expiration of a sentence, any person having syphilis or gonococcal infection, whether in an infectious or non-infectious stage, and in need of further follow-up treatment shall be reported to the state department of health by the attending physician, who shall give the name, sex, age and marital status and a record of the treatment given while such person was imprisoned.  
(Effective October 25, 1989.)

**19a-36-A11. Control of carriers of the infectious agent of communicable disease**

Carriers, whether transient, convalescent or chronic, of the infectious agent of any communicable disease shall be maintained under observation until repeated laboratory examinations of appropriate specimens show the absence of the infectious agent. Examination of all such specimens shall be in conformity with subsection (f) of section 19a-36-A8.

- (a) Any local director of health or physician who discovers any carrier of an infectious agent shall report the fact to the state department of health giving the full name, age, sex, occupation and address of such carrier. The state department of health shall, upon receipt of such report, notify the local director of health of the town, city or borough wherein the carrier resides. The local director of health concerned shall then communicate the fact to the carrier himself, or his guardian, giving specific instructions regarding the precautions necessary to protect others from infection.
- (b) Any privy or latrine used by an enteric disease carrier shall be so constructed as to exclude flies and to meet the approval of the local director of health. The disinfection and disposal of its contents shall be in accordance with instructions given by the local director of health.
- (c) A carrier of an infectious agent shall not engage in any occupation involving the handling of any food or beverage intended for the use of others.
- (d) Enteric disease carriers shall not work on any public water supply or watershed.
- (e) A carrier who changes his residence shall notify the local director of health of the town, city or borough in which he has been residing of the date of his departure, his destination and his new address. The local director of health shall immediately forward this information to the state department of health.
- (f) The local director of health shall visit each carrier within his jurisdiction at least once every three months and shall render quarterly reports concerning each such carrier to the state department of health upon forms prescribed for the purpose.  
(Effective October 25, 1989.)

**19a-36-A12. Enteric disease carriers**

- (a) A chronic carrier of enteric disease shall be defined as a person who persists in excreting enteric pathogenic organisms for twelve months or more after onset of illness or probable

**19a-36-A13. Control of tuberculosis**

- date of infection or one who, though he may never have been known to have the disease, has been shown to harbor the infectious agent in his body.
- (b) All specimens for the release of enteric carriers from supervision shall be collected at least ten days after the cessation of any antibiotic therapy or any therapy directed at the disease.
  - (c) All specimens for the release of enteric carriers from supervision shall be examined in conformity with subsection (f) of section 19a-36-A8.
  - (d) Chronic carriers of the organisms causing typhoid fever and paratyphoid fever shall not be released from supervision until six successive specimens of urine and six successive specimens of feces, the last two of which shall be validated by collection of the specimen in a hospital or otherwise under direct supervision, have been found negative. Specimens for such examination shall be so collected that a time interval of not less than one month shall elapse between successive specimens of urine and between successive specimens of feces. The final two specimens of feces to be examined may be validated by the giving of lycopodium or a negative bile culture may be substituted for such validation.
  - (e) A chronic carrier of enteric disease excreting the organism in discharges other than the feces or urine shall not be released from supervision until negative cultures as outlined by the state department of health for the specific case have been obtained.
- (Effective October 25, 1989.)

**19a-36-A13. Control of tuberculosis**

- (a) When a licensed physician or hospital superintendent has reported a case of tuberculosis and has agreed to assume the responsibility for the proper instruction of the patient and the taking of measures necessary for the protection of others, the local director of health need not take action other than that prescribed by sections 19a-262 to 19a-264, inclusive, of the general statutes.
  - (b) When such patient, while in an infectious state, neglects or refuses to follow the prescribed instructions or discontinues treatment, the physician or superintendent shall immediately notify the local director of health.
  - (c) When a physician or hospital superintendent has declined to assume such responsibility, the local director of health shall supply the affected person with printed instructions and take such other action as may be necessary and proper for the protection of the public health.
- (Effective October 25, 1989.)

**19a-36-A14. Control of refractory persons affected with tuberculosis**

When it comes to the attention of a local director of health that a person is affected with tuberculosis and is a menace to the public health or is likely to jeopardize the health of any person or persons in or on the premises occupied or frequented by the affected person, he shall immediately investigate and shall take proper measures to prevent the spread of such disease for the protection of the public health and, if necessary, may cause the removal of such person to an isolation hospital or other proper place, there to be received and kept until he is no longer a menace to the public health.

(Effective October 25, 1989.)

**19a-36-A15. Control of venereal disease**

- (a) When a licensed physician or hospital superintendent has reported a case of gonorrhea or syphilis and has agreed in writing to assume the responsibility for the proper instruction of the patient, the local director of health shall supply such physician or hospital superintendent with printed instructions for such patient.
- (b) When such patient, while in an infectious state, neglects or refuses to follow the prescribed instructions or discontinues treatment, the physician or superintendent shall immediately notify the local director of health.



**19a-36-A16. Control of refractory persons affected with venereal diseases**

- (c) In investigating cases or suspected cases of the above-mentioned diseases, the local director of health shall treat all information as confidential, but such course shall not preclude the making of reports to the state department of health.  
(Effective October 25, 1989.)

**19a-36-A16. Control of refractory persons affected with venereal diseases**

When it comes to the attention of a local director of health that a person is affected with or presumably affected with gonorrhea or syphilis in any form and is likely to jeopardize the health of any person or persons in or on the premises occupied or frequented by the affected person, the local director of health shall immediately investigate and shall take proper measures to prevent the spread of such disease for the protection of the public health, and he shall direct such person to report regularly for treatment to a licensed physician or to a public clinic, there to be treated until such person is free from infectious discharges. If such person, in the opinion of the local director of health, is a menace to the public health, the local director of health shall order the removal of such person to an isolation hospital or other proper place, there to be received and kept until he no longer is a menace to the public health; or the local director of health shall adopt such other measures as he may deem necessary to protect the public health.

(Effective October 25, 1989.)

**19a-36-A17. Observance of quarantine and instructions**

Every person who is affected with a communicable disease, who is a carrier or who is suspected of having come in contact, directly or indirectly, with a case of communicable disease shall strictly observe and comply with all orders, quarantine regulations and restrictions given or imposed by the local health authority or the state commissioner of health in conformity with law.

(Effective October 25, 1989.)

**19a-36-A18. Control of quarantine area**

No person other than the attending physicians and authorized attendants shall enter or leave, and no one except the local director of health or his representative shall permit any other person to enter or leave, any room, apartment or premises quarantined for a communicable disease, nor shall any person needlessly expose a child or other person to a communicable disease. No person shall remove any article from a quarantined area without permission of the local director of health. The local director of health shall report immediately to the state commissioner of health, by telegraph or telephone, the name, address, probable destination and route of departure of any person who was under control for a reportable disease and who has left his jurisdiction without his consent.

(Effective October 25, 1989.)

**19a-36-A19. Duty of local director of health to quarantined persons in need**

When a person under quarantine is, in the opinion of the local director of health, unable to obtain medical care, food or other actual necessities, the local director of health shall report his findings to the proper town, city or borough authority. If such town, city or borough authority fails to supply at once the needed care, the local director of health shall supply such quarantined person with medical attention, food or other actual necessities, and the expense incurred in performing such duty shall constitute a legal expense of the local director of health and shall be paid according to state statute.

(Effective October 25, 1989.)

**19a-36-A20. Preventing spread of disease by common carriers**

In the event of the epidemic prevalence of a communicable disease, when a written declaration to that effect has been made by the state commissioner of health, any person, firm or corporation operating any common carrier within the state, or in the waters thereof, shall comply strictly with any order issued by the state commissioner of health for the purpose of preventing the

**19a-36-A21. Food and food handlers restricted**

introduction into the state, or the transmission from one point to another within the state, of any person or persons, animals, insects or materials likely to convey the disease.

(Effective October 25, 1989.)

**19a-36-A21. Food and food handlers restricted**

When a case of any of the reportable diseases listed pursuant to section 19a-36-A2 occurs on the premises where milk or food is produced, kept, handled or sold, the local director of health shall institute such measures as he deems necessary to prevent the spread of such disease and to protect such foods from being contaminated; and he shall require all uninfected persons who reside in an apartment or dwelling where any such disease exists, and who handle milk or food elsewhere, to remain away from such abode as long as the disease is present.

(Effective October 25, 1989.)

**19a-36-A22. Use of milk, food and water containers restricted**

The local director of health in charge of a case or a suspected case of a communicable disease that may be conveyed by milk, food or water shall forbid the return of any container to the distributor when such container has been within a quarantined area, or has been handled or presumably handled by anyone in attendance upon a person affected or believed to be affected with such disease, until such empty container has been sterilized by boiling water or by live steam, or in any other manner satisfactory to the local director of health.

(Effective October 25, 1989.)

**19a-36-A23. Regulation of traffic in psittacine birds**

- (a) Persons who import, purchase, breed, sell, exchange, barter, give away or otherwise deal in psittacine birds shall keep records of such transactions embodying information required by the state department of health for a minimum period of two years, which records shall be open for inspection by the local director of health or a representative of the state department of health.
- (b) All \* \* \* parakeets imported, purchased, sold, exchanged, bartered or given away shall be closed metal seamless banded with a band identifying the breeder by whom they were bred.
- (c) All \* \* \* parakeet breeding stock shall be closed metal seamless banded.
- (d) Each person intending to breed psittacine birds shall file written notification of such intent with the local director of health and the state department of health before engaging in such procedure and annually thereafter on January first.
- (e) When illness occurs among the psittacine birds or in case of suspected human psittacosis, local directors of health shall quarantine all birds suspected of psittacosis until considered safe.
- (f) In case of suspected psittacosis, the local director of health or a representative of the state department of health shall have the right to confiscate as many of the suspected birds as necessary to provide a sufficient sample for laboratory testing. If laboratory examination shows the presence of psittacosis virus, the remaining birds shall be killed and burned by the owner or other person in charge of such birds immediately on notification of such finding.
- (g) Every person having the custody or care of any birds of the psittacine family shall notify the local director of health and state department of health immediately regarding any unusual illness or death among such birds.
- (h) Birds not of the psittacine family are to be regarded as dangerous when they have been exposed to psittacosis and, after such exposure, shall be quarantined for three weeks and killed and burned by the owner or other person in charge of such birds if they develop or appear to develop symptoms of the disease.
- (l) No indemnity will be paid the owner or other person in charge of such birds for destroyed birds.

**19a-36-A24. Distribution and use of microbial agents for control of animal life**

- (j) Any shipment of psittacine birds into Connecticut for sale in Connecticut shall be accompanied by a certificate signed by a veterinarian certifying that the birds have been treated with chlortetracycline, or other approved medication, prepared and administered in accordance with procedures approved by the surgeon general of the United States Public Health Service or psittacine control.  
(Effective October 25, 1989.)

**19a-36-A24. Distribution and use of microbial agents for control of animal life**

Microbial agents capable of producing disease in man shall not be sold, distributed or used for the control or destruction of any form of animal life.  
(Effective October 25, 1989.)