

Kansas Department of Health and Environment  
Final Amended Regulation

Article 1 - Diseases

28-1-6. Requirements for isolation and quarantine of specific infectious and contagious diseases; exception; definition. (a) Any of the requirements specified in this regulation for isolation and quarantined may be altered by the secretary of health and environment or the local health officer if the secretary or local health officer determines that an alteration is necessary for the greater protection of public health, safety, or welfare. The requirements for isolation or quarantine, or both, so altered shall be based on current medical knowledge of the infectious agent of the disease for which isolation or quarantine, or both, re ordered and may include consideration of the following factors:

- (1) The incubation period;
- (2) the communicable period;
- (3) the mode of transmission; and
- (4) susceptibility.

(b) For the purposes of this regulation the phrase “enteric precautions” shall mean thorough hand washing after attending to infectious cases or touching the feces of an infected person, disinfection of articles that have been in contact with infectious cases or feces, and sanitary disposal of feces.

(c) For the purposes of this regulation the phrase “susceptible person” shall mean someone for whom there is no history of disease that has been documented by a licensed physician, no laboratory evidence of immunity, or no documentation acceptable to the secretary that demonstrates current immunity against the disease.

(d) The following isolation and quarantine precautions, as defined in K.A.R. 28-1-1, shall be observed:

(1) Amebiasis. Each infected food handler shall be excluded from that person's occupation until three negative stools have been obtained. Both the second and the third specimens shall be collected at least 48 hours after the prior specimen.

(2) Chickenpox (varicella). Each infected person shall remain in isolation for six days after the first crop of vesicles appears or until the lesions are crusted, whichever comes first. Each susceptible contact of an infected person in a school, child care facility, or family day care home shall be vaccinated within 24 hours of notification to the secretary or excluded from the school, the child care facility, or the family day care home until 21 days after the onset of the last reported illness in the school, child care facility, or family day care home.

(3) Cholera. Enteric precautions shall be followed for the duration of acute symptoms.

(4) Diphtheria. Each infected person shall remain in isolation for 14 days or until two consecutive negative pairs of nose and throat cultures are obtained at least 24 hours apart and not less than 24 hours after discontinuation of antibiotic therapy. Each household contact and other close contact shall have nose and throat specimens tested and be monitored for seven days from time of last contact for symptoms. Healthy carriers with diphtheria shall be treated. Those contacts who are food handlers or work with children shall be excluded until nose and throat cultures are negative.

(5) Gonorrhea. Each infected newborn and prepubertal child shall be isolated for 24 hours following initiation of treatment with antibiotics.

(6) Hepatitis A. Each infected person shall be excluded from food handling, patient care, and any occupation involving the care of young children and the elderly until 14 days after the onset of illness.

(7) Meningitis caused by *Haemophilus influenzae*. Each infected person shall remain in respiratory isolation for 24 hours after initiation of antibiotic therapy.

(8) Meningitis, meningococcal. Each infected person shall remain in respiratory isolation for 24 hours after initiation of antibiotic therapy.

(9) Mumps. Each infected person shall remain in respiratory isolation for five days from the onset of illness. Each susceptible contact of an infected person in a school, day care facility, or family day care home shall be vaccinated within 24 hours of notification to the secretary or excluded from the school, child care facility, or family day care home until 26 days after the onset of the last reported illness in the school, child care facility, or family day care home.

(10) Pediculosis (headlice). Each student infested with lice shall be excluded from school, child care facility, or family day care home until treatment with an antiparasitic drug is initiated.

(11) Pertussis (whooping cough). Each infected person shall remain in respiratory isolation for three weeks if untreated, or for five days following initiation of antibiotic therapy. Each susceptible contact of an infected person in a school, child care facility, or family day care home shall be vaccinated within 24 hours of notification to the secretary or complete a five day course of antibiotic therapy. Each susceptible contact of an infected person who does not receive the vaccination shall be excluded from the school, child care facility, or family day care home until 21 days after the onset of the last reported illness in the school, child care facility or family day care home.

(12) Plague (pneumonic). Each infected person shall remain in respiratory isolation until completion of 48 hours of antibiotic therapy. Each close contact who does not receive chemoprophylaxis shall remain in quarantine for seven days.

(13) Poliomyelitis. Each infected person shall remain in isolation for 10 days from the onset of illness. Enteric precautions shall be followed for six weeks.

(14) Rubella (German measles): Each infected person shall remain in respiratory isolation for seven days after the onset of rash. Each susceptible contact of an infected person in a school, day care facility, or family day care home shall be vaccinated within 24 hours of notification to the secretary or excluded from the school, child care facility, or family day care

home until 21 days after the onset of the last reported illness in the school, child care facility, or family day care home.

(15) Rubeola (measles). Each infected person shall remain in isolation for four days after the onset of rash. Each susceptible contact of an infected person in a school, child care facility, or family day care home shall be vaccinated within 24 hours of notification to the secretary or excluded from the school, child care facility, or family day care home until 21 days after the onset of the last reported illness in the school, child care facility, or family day care home.

(16) Salmonellosis (nontyphoidal). Enteric precautions shall be followed for the duration of acute symptoms. Each infected person with diarrhea shall be excluded from food handling, patient care, and any occupation involving the care of young children and the elderly until no longer symptomatic. Any asymptomatic and convalescent infected person without diarrhea may be excluded from, and may return to this work by the order of the local health officer or the secretary.

(17) Scabies. Each child or student infected with scabies shall be excluded from the school, child care facility, or family day care home until treated with an antiparasitic drug.

(18) Shiga-toxin producing *Escherichia coli* (STEC). Enteric precautions shall be followed for the duration of acute systems. Each infected person shall be excluded from food handling, patient care, and any occupation involving the care of young children and the elderly, until two negative stool cultures are obtained at least 24 hours apart and no sooner than 48 hours following discontinuation of antibiotics. No infected child shall attend a child care facility, or a family day care home until two negative stool cultures are obtained at least 24 hours apart and no sooner than 48 hours following discontinuation of antibiotics.

(19) Shigellosis. Enteric precautions shall be followed for duration of acute symptoms. Each infected person shall be excluded from food handling, patient care, and any occupation involving the care of young children and the elderly until two negative cultures are obtained at least 24 hours apart and no sooner than 48 hours following discontinuation of antibiotics.

(20) Staphylococcal disease. Each infected food handler shall be excluded from that person's occupation until the purulent lesions are healed or until each wound is covered with an impermeable cover such as a finger cot, and a single-use glove is worn over the impermeable cover.

(21) Streptococcal disease, hemolytic; including erysipelas, scarlet fever, streptococcal sore throat. Each infected person shall remain in isolation for 10 days if untreated or for 24 hours following initiation of antibiotic therapy.

(22) Tinea capitis and corporis (ringworm): Each infected child or student shall be excluded from the school, child care facility, or family day care home until treated by a health care provider.

(23) Tuberculosis, active disease. Each infected person shall remain in respiratory isolation until all of the following conditions are met:

(A) Three sputa obtained on consecutive days are negative by microscopic examination.

(B) The person has received standard multi-drug anti-tuberculosis therapy for at least two weeks.

(C) The person shows clinical improvement.

(24) Typhoid fever. Enteric precautions shall be followed for the duration of acute symptoms. Each infected person shall be restricted from food handling, patient care, and any occupation involving the care of young children and the elderly until three negative stool cultures, and three negative urine cultures in patients with schistosomiasis, have been obtained. Both the second and the third specimens shall be collected at least 24 hours after the prior specimen. The first specimen shall be collected no sooner than 48 hours following discontinuation of antibiotics, and not earlier than one month after onset. If any one of these tests is positive, cultures shall be repeated monthly until three consecutive negative cultures are obtained.

(25) Sexually transmitted diseases. Each infected person shall follow isolation or quarantine measures established by the local health officer for persons who are confirmed or

suspected of being infected with a sexually transmitted disease if these persons are recalcitrant to proper treatment.

(Authorized by K.S.A. 65-101 and 65-128; implementing K.S.A. 65-101; effective May 1, 1982, amended May 1, 1986; amended Sept. 5, 1997; amended July 16, 1999; amended P-  
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