California Association of Communicable Disease Controllers (CACDC) Guidelines for Case Report, Restrictions and Specimen Collection for Enteric Infections in Persons with Sensitive Occupations and Sensitive Situations (*SOS) and Others+

Approved July, 14 2017

+NOTE: The following overarching comments apply to **all** diseases covered in these guidelines:

- Local health departments may choose to follow more restrictive exclusion and clearance practices than those presented in these guidelines, except where specified in code or regulation.

- CACDC has suggested changes to the regulations which are currently pending and are not reflected in these guidelines. The matrix will be updated when the regulations are chaptered into law.

- "Restrict/exclude" implies recommendations should be carried out by Public Health. "Employer to restrict/exclude…" and "Group setting to exclude…" implies facility should be notified about case (not specific diagnosis) and advised to utilize their routine policies for exclusion of persons with diarrhea.

- Contacts who are symptomatic and meet criteria for a case should be managed as a case.

- Refer to Attachments I and II for definitions regarding food handling and restriction of food employees per California Health and Safety Code (Cal Code)

Attachments:

I. California Code of Regulations and Health and Safety Code Sections Referenced
II. SOS Definitions

+ Local health departments may choose to follow more restrictive exclusion and clearance practices than those presented in these guidelines, except where specified in code or regulation. See overarching comments on page 1 of matrix.
§ See California Code of Regulations (CCR), Title 17 for more details; applicable sections listed in Attachment I.
* SOS (Sensitive Occupations or Situations) is not defined in either the Code of Regulations or Health & Safety Code. See Attachment II for definition of food worker, as compiled by CACDC, 2008.
CMR = reportable to state by CMR only (paper or electronic); case history form not required by CDPH. CMR (Probable) = report as Probable Case to CDPH; probable case definition exists.
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DISEASE	Sensitive Setting*	CASE		CONTACT	
		Currently Symptomatic	**Previously Symptomatic**	**Currently Symptomatic**	**Asymptomatic**
Amebiasis[α] Lab Notes: use O & P container CIDT available for extraintestinal amebiasis and part of Confirmed case definition	Not SOS	CMR.	CMR.	No action.	No action.
	SOS – food handler[β]	CMR [§]Restrict/exclude until 3 consecutive stool specimens, taken at intervals of not less than 3 days apart are negative.	CMR [§]Restrict/exclude until 3 consecutive stool specimens taken at intervals of not less than 3 days apart are negative.	Exclude until 48 hours after resolution of signs and symptoms. Consider collection of one stool specimen for testing in a PHL for case ascertainment.	No restriction
	SOS – other	CMR. Restrict/exclude until 48 hours after resolution of signs and symptoms. No clearance required.	CMR. No restriction.	Exclude until 48 hours after resolution of signs and symptoms. Consider collection of one stool specimen for testing in a PHL for case ascertainment.	No restriction.
	Child ≤ 5 years in group setting	CMR. Restrict/exclude until 48 hours after resolution of signs and symptoms. No clearance required.	CMR. May return to group care if asymptomatic for 48 hours.	Exclude until 48 hours after resolution of signs and symptoms. Consider collection of one stool specimen for testing in a PHL for case ascertainment.	No restriction.
Applicable Code - CCR 17, §2550. For foodhandlers, also Health & Safety Code §113949-113950.5.					

[α] NOTE: Clearance requirements are for confirmed *Entamoeba histolytica* only. CACDC has recommended to CDPH that the section be amended to delete the requirement for clearance testing and instead require exclusion from foodhandling until appropriate treatment is completed, at the discretion of the local health officer.

[β] For food handlers, clearance requirements as above per CCR apply to both symptomatic and asymptomatic cases.

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DISEASE	Sensitive Setting*	CASE		CONTACT	
		Currently Symptomatic	**Previously Symptomatic in the Past 48-72 Hours**	**Currently Symptomatic**	**Asymptomatic**
Campylobacter NOTE: CIDT available and included in Probable case definition.	Not SOS	CMR.	CMR.	No action. Consider collection of one stool specimen for testing in a PHL for case ascertainment.	No action.
	SOS[α]	CMR. Exclude from work until diarrhea resolves. No clearance required.	CMR. No restriction. No clearance required.	Exclude from work until diarrhea resolves. Consider collection of one stool specimen for testing in a PHL for case ascertainment. No clearance required.	No restriction.
	Child ≤ 5 years in group setting	CMR. Exclude from group setting until diarrhea resolves. No clearance required.	CMR. No restriction. No clearance required.	Exclude from group setting until diarrhea resolves. Consider collection of one stool specimen for testing in a PHL for case ascertainment. No clearance required.	No restriction.
Applicable Code – None. (For child care centers, refer to CCR 22 §101626.1 (e)-(i)).					
[α] NOTE: Some jurisdictions do not follow-up on Campylobacter reports. These guidelines are not suggesting additional follow-up on cases or contacts unless it is indicated on the information reported that cases are or may be SOS or children ≤ 5 years of age in a group setting.					

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DISEASE	Sensitive Setting*	CASE		CONTACT	
		Currently Symptomatic	**Previously Symptomatic in the Past 48-72 Hours**	**Currently Symptomatic**	**Asymptomatic**
Cryptosporidiosis NOTE: CIDT available; included in Confirmed case definition.	Not SOS	CMR. Stay out of public swimming pools until 2 weeks after resolution of diarrhea.	CMR. Stay out of public swimming pools until 2 weeks after resolution of diarrhea.	CMR (Probable). Stay out of public swimming pools until 2 weeks after resolution of diarrhea.	No action.
	SOS	CMR. Restrict/exclude until 48 hours after resolution of signs and symptoms. No clearance required. Stay out of public swimming pools until 2 weeks after resolution of diarrhea.	CMR. May return to work if asymptomatic for 48 hours. No clearance required. Stay out of public swimming pools until 2 weeks after resolution of diarrhea.	CMR (Probable). Restrict/exclude until 48 hours after resolution of signs and symptoms. No clearance required. Stay out of public swimming pools until 2 weeks after resolution of diarrhea.	No restriction.
	Child $\leq$ 5 years in group setting	CMR. Restrict/exclude until 48 hours after resolution of signs and symptoms. No clearance required. Stay out of public swimming pools until 2 weeks after resolution of diarrhea.	CMR. May return to group care if asymptomatic for 48 hours. No clearance required. Stay out of public swimming pools until 2 weeks after resolution of diarrhea.	CMR (Probable). Restrict/exclude until 48 hours after resolution of signs and symptoms. No clearance required. Stay out of public swimming pools until 2 weeks after resolution of diarrhea.	No restriction.
Applicable Code – None. (For child care centers, refer to CCR 22 §101626.1 (e)-(i)).					

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DISEASE	Sensitive Setting*	CASE		CONTACT	
		Currently Symptomatic	Previously Symptomatic in the Past 48-72 Hours	Currently Symptomatic[α]	Asymptomatic
Cyclosporiasis NOTE: CIDT available; included in Confirmed case definition.	Not SOS	CMR.	CMR.	CMR (Probable).	No action.
	SOS – food handler	CMR. Exclude from work until diarrhea resolves. No clearance required.	CMR. No restriction. No clearance required.	CMR (Probable). Exclude from work until diarrhea resolves. No clearance required.	No restriction.
	SOS – other	CMR. Employer to restrict/exclude per current work policy for diarrhea. No clearance required.	CMR. No restriction. No clearance required.	CMR (Probable). Employer to restrict/exclude per current work policy for diarrhea. No clearance required.	No restriction.
	Child ≤ 5 years in group setting	CMR. Exclude until diarrhea resolves. No clearance required.	CMR. No restriction. No clearance required.	CMR (Probable) Exclude until diarrhea resolves. No clearance required.	No restriction.
Applicable Code – None					
[α] NOTE: Consider testing of symptomatic contacts for case ascertainment if they have not traveled to an endemic area since this disease is uncommon in the U.S. and is often associated with foodborne outbreaks,					

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DISEASE	Sensitive Setting*	CASE[α]	CONTACT[α]	
		Public health actions will be the same, regardless of current symptoms.	**Currently Symptomatic (with symptoms of taeniasis)**	**Asymptomatic**
Cysticercosis (see also Taeniasis)	Not SOS	CMR and Case Report. If not already done by healthcare provider, collect stool for O & P on 3 different days to r/o autoinfection as a source.	Collect stool for O & P on 3 different days to r/o as possible source.	Consider collection of stool for O&P on 3 different days to r/o as possible source, especially if no known source (e.g., travel) for case.
	SOS – food handler	CMR and Case Report. If not already done by healthcare provider, collect stool for O & P on 3 different days to r/o autoinfection as a source. Restrict/exclude until autoinfection ruled out as above. If positive for adult tapeworm, restrict/exclude as taeniasis case.	Collect stool for O & P on 3 different days to r/o as possible source. Restrict/exclude until diarrhea resolves. If positive for adult tapeworm, restrict/exclude as taeniasis case.	Collect stool for O & P on 3 different days to r/o as possible source. No restriction unless becomes case.
	SOS – other	CMR and Case Report. If not already done by healthcare provider, collect stool for O & P on 3 different days to r/o autoinfection as a source. If diarrhea, employer to restrict/exclude per current work policy. If positive for adult tapeworm, consider restriction/exclusion as taeniasis case.	Collect stool for O & P on 3 different days to r/o as possible source. Employer to restrict/exclude as per current work policy for diarrhea. No additional restriction unless becomes case (taeniasis).	Consider collection of stool for O&P on 3 different days to r/o as possible source, especially if no known source (e.g., travel) for case.
Lab Notes: use O & P container	Child ≤ 5 years in group setting	CMR. If not already done by healthcare provider, collect stool for O & P on 3 different days to r/o autoinfection as a source. If diarrhea, group setting to restrict as per policy. If positive for tapeworm, consider exclusion from group care setting as taeniasis case.	Collect stool for O & P on 3 different days to r/o as possible source. Group setting to exclude as per facility policy for diarrhea. No additional restriction unless becomes case (taeniasis).	Consider collection of stool for O&P on 3 different days to r/o as possible source, especially if no known source (e.g., travel) for case.
Applicable Code - None				

[α] Cases or contacts with positive testing for *T. solium* should be handled as taeniasis cases.
NOTES: A substantial (>20%) proportion of persons with cysticercosis may also be infected with the adult tapeworm, so cysticercosis patients should be screened for taeniasis. The utility of screening family or other household contacts of a cysticercosis case for taeniasis is unclear and may depend on demographics of the jurisdiction.

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DISEASE	Sensitive Setting*	CASE		CONTACT	
		Currently Symptomatic	**Previously Symptomatic in the Past 48-72 Hours**	**Currently Symptomatic**	**Asymptomatic**
Giardiasis	Not SOS	CMR.	CMR.	CMR (Probable).	No action.
	SOS	CMR. Restrict/exclude until 48 hours after resolution of signs and symptoms, and on treatment if indicated. No clearance required.	CMR. No restriction. No clearance required.	CMR (Probable). Restrict/exclude until 48 hours after resolution of signs and symptoms, and on treatment if indicated. No clearance required.	No restriction.
NOTE: CIDT available; included in Confirmed case definition.	Child $\leq$ 5 years in group setting	CMR Restrict/exclude until 48 hours after resolution of signs and symptoms, and on treatment if indicated. No clearance required.	CMR May return to group care if asymptomatic for 48 hours. No clearance required.	CMR (Probable) Restrict/exclude until 48 hours after resolution of signs and symptoms, and on treatment if indicated. No clearance required.	No restriction
Applicable Code – None. (For child care centers, refer to CCR 22§101626.1 (e)-(i)).					

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DISEASE	Sensitive Setting*	CASE		CONTACT[α]	
		Currently Symptomatic	Previously Symptomatic in the Past 48-72 Hours	Currently Symptomatic	Asymptomatic
Hepatitis A	Not SOS	CMR and Case Report.	CMR and Case Report.	CMR and Case Report if jaundiced OR elevated ALT or AST.	No action.
	SOS	CMR and Case Report. Restrict/exclude until past communicable period (7 days after onset of jaundice [use onset of symptoms if no jaundice]) and until diarrhea resolves.	CMR and Case Report. Restrict/exclude until past communicable period (7 days after onset of jaundice [use onset of symptoms if no jaundice]).	CMR and Case Report if jaundiced OR elevated ALT or AST. If diagnosis unclear, ensure collection of serum for hepatitis A IgM and AST/ALT. Restrict/exclude until hepatitis A IgM taken at least 7 days after onset[μ] is negative or past communicable period (7 days after onset of jaundice or onset of other symptoms if no jaundice).	No restriction.[β] Do not perform hepatitis A IgM testing on asymptomatic contacts.
	Child ≤ 5 years in group setting	CMR and Case Report. Restrict/ exclude until past communicable period (7 days after onset of jaundice [use onset of symptoms if no jaundice]) and until diarrhea resolves.	CMR and Case Report. Restrict/exclude until past communicable period (7 days after onset of jaundice and/or 7 days after onset of symptoms, if no jaundice).	CMR and Case Report if positive hepatitis A IgM, jaundiced, OR elevated ALT or AST. If diagnosis unclear, ensure collection of serum for hepatitis A IgM and AST/ALT. Restrict/exclude until confirm hepatitis A IgM taken at least 7 days after onset[μ] is negative or past communicable period (7 days after onset of jaundice and/or 7 days after onset of symptoms, if no jaundice).	No restriction. Do not perform hepatitis A IgM testing on asymptomatic contacts.

Applicable Code: For foodhandlers, Health & Safety Code §113949-113950.5.

[α] NOTE**:** For susceptible contacts exposed to hepatitis A virus, postexposure prophylaxis is recommended with hepatitis A vaccine or immune globulin, depending on age and immune status. See CDPH quicksheet for details: https://archive.cdph.ca.gov/programs/immunize/Documents/CDPHHAVQuicksheet.pdf.

[β] Foodhandlers only: Consider restriction for susceptible household or sexual contacts for up to 4 weeks after last contact with infectious case, whether or not the contact received postexposure prophylaxis.

[μ] Hepatitis A IgM taken less than 7 days after onset may be falsely negative and does not rule out hepatitis A.

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DISEASE	Sensitive Setting*	CASE	CONTACT	
		Public health actions will be the same, regardless of symptoms	**Currently Symptomatic**	**Asymptomatic**
Paratyphoid fever (*S.* Paratyphi A, C, or tartrate negative B) ***(For S.* Paratyphi B, tartrate positive, see Salmonellosis)** NOTE: CIDT does not differentiate between *Salmonella*, paratyphi, or typhi. Reflex culture is required per Title 17, Section 2505.	Not SOS	CMR and Case Report (Typhoid Fever case report form). No clearance required.	CMR (Probable) + Case Report (Typhoid Fever case report form). Offer stool testing.	No action.
	SOS	CMR and Case Report (Typhoid Fever case report form). Restrict/ exclude until 2 consecutive stool specimens taken at least 24 hours apart, and collected at least 48 hours after cessation of antibiotics, are negative.	CMR (Probable) + Case Report (Typhoid Fever case report form). Restrict/ exclude until 2 consecutive stool specimens taken at least 24 hours apart, and collected at least 48 hours after cessation of antibiotics, are negative.	No restriction. Consider one stool specimen if outbreak suspected.
	Child ≤ 5 years in group setting	CMR and Case Report (Typhoid Fever case report form). Restrict/ exclude until 2 consecutive stool specimens taken at least 24 hours apart, and collected at least 48 hours after cessation of antibiotics, are negative.	CMR (Probable) + Case Report (Typhoid Fever case report form). Restrict/ exclude until 2 consecutive stool specimens taken at least 24 hours apart, and collected at least 48 hours after cessation of antibiotics, are negative.	No restriction. Consider one stool specimen if outbreak suspected
Applicable Code- CCR 17, §2612. For foodhandlers, also Health & Safety Code §113949-113950.5.				

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DISEASE	Sensitive Setting*	CASE	CONTACT	
		Public health actions will be the same, regardless of symptoms	**Currently Symptomatic**	**Asymptomatic**
Salmonellosis (not typhoid) [α] **(Includes tartrate-positive *S.* Paratyphi B)** NOTE: CIDT available and included in Probable case definition. CIDT does not differentiate between *Salmonella*, paratyphi, or typhi. Reflex culture is required per Title 17, Section 2505.	Not SOS	CMR and Case Report.	CMR (Probable) + Case Report.	No action.
	SOS	CMR and Case Report. Restrict/exclude until 2 consecutive stool specimens taken at least 24 hours apart, and collected at least 48 hours after cessation of antibiotics, are negative. [β]	CMR (Probable) + Case Report. Restrict/exclude until 2 consecutive stool specimens taken at least 24 hours apart, and collected at least 48 hours after cessation of antibiotics, are negative. [β]	No restriction. Consider one stool specimen.
	Child ≤ 5 years in group setting[μ]	CMR and Case Report. Restrict/exclude until 2 consecutive stool specimens taken at least 24 hours apart, and collected at least 48 hours after cessation of antibiotics, are negative. [β]	CMR (Probable) + Case Report Restrict/exclude until 2 consecutive stool specimens taken at least 24 hours apart, and collected at least 48 hours after cessation of antibiotics, are negative. [β, μ]	No restriction. Consider one stool specimen if outbreak suspected.
Applicable Code - CCR 17, §2612. For foodhandlers, also Health & Safety Code §113949-113950.5. (For child care centers, refer to CCR 22 §101626.1 (e)-(i)).				

[α] NOTE: Matrix is for acute salmonellosis cases (<3 months). Restriction of convalescent (3 months) and chronic (12 months) carriers of *Salmonella* is at the discretion of the local health officer.

[β] CCR does not specify what testing must be used for clearance. Current standard for clearance is with culture; however, some public health laboratories are in the process of validating polymerase chain reaction [PCR] testing.

[μ] NOTE: Alternative approach: May return to group setting when asymptomatic for at least 24 hours (no stool testing) and LHD monitors for transmission in the setting.

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DISEASE	Sensitive Setting*	CASE[1] Public health actions will be the same, regardless of symptoms	CONTACT	
			Currently Symptomatic	Asymptomatic
Shiga toxin-producing *E. coli* (STEC) including O157 and other serotypes **Includes stool shiga toxin-positive (with negative or no culture results)** Note: CIDT available. Shiga toxin included in suspect case definition. Reflex culture is required per Title 17, Section 2505.	Not SOS	CMR and Case Report.	CMR (Probable) + Case Report. Offer stool testing for case ascertainment.	No action.
	SOS	CMR and Case Report. Restrict/exclude until 2 consecutive stool specimens, taken at least 24 hours apart, and collected at least 48 hours after cessation of antibiotics, are negative.	CMR (Probable) + Case Report. Restrict/exclude until 2 consecutive stool specimens, taken at least 24 hours apart, and collected at least 48 hours after cessation of antibiotics, are negative.[α]	No restriction.
	Child ≤ 5 years in group setting	CMR and Case Report. Restrict/exclude until 2 consecutive stool specimens, taken at least 24 hours apart, and collected at least 48 hours after cessation of antibiotics, are negative.	CMR (Probable) + Case Report Restrict/exclude until 2 consecutive stool specimens, taken at least 24 hours apart, and collected at least 48 hours after cessation of antibiotics, are negative.[α]	No restriction. Consider one stool specimen if outbreak suspected.
Applicable Code: For foodhandlers, Health & Safety Code § 113949-113950.5. (For child care centers, refer to CCR 22 §101626.1 (e)-(i)).				

[α] NOTE: No CCR code for STEC requiring clearance. Clearance through a public health laboratory is generally preferred due to some clinical lab testing methods, but is at the discretion of the local health officer/communicable disease controller. CIDT (specifically polymerase chain reaction [PCR], NOT antigen testing) may be used for clearance through public health laboratories that have validated their PCR test.

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DISEASE	Sensitive Setting*	CASE Public health actions will be the same, regardless of symptoms	CONTACT Currently Symptomatic	 Asymptomatic
Shigellosis NOTE: CIDT available and part of Probable case definition. Reflex culture required per Title 17, Section 2505.	Not SOS	CMR.	Consider offering stool testing for case ascertainment.	No action.
	SOS	CMR. Restrict/exclude until 2 consecutive stool specimens, taken at least 24 hours apart, and collected at least 48 hours after cessation of antibiotics, are negative.	Restrict/exclude until 2 consecutive stool specimens, taken at least 24 hours apart, and collected at least 48 hours after cessation of antibiotics, are negative.[α]	No restriction.
	Child ≤ 5 years in group setting	CMR. Restrict/exclude until 2 consecutive stool specimens, taken at least 24 hours apart, and collected at least 48 hours after cessation of antibiotics, are negative.	Restrict/exclude until 2 consecutive stool specimens, taken at least 24 hours apart, and collected at least 48 hours after cessation of antibiotics, are negative.[α]	No restriction. Consider one stool specimen if outbreak suspected.
Applicable Code - CCR 17, §2613. For foodhandlers, also Health & Safety Code § 113949-113950.5. (For child care centers, refer to CCR 22 §101626.1 (f)-(i)).				
[α] NOTE: CCR does not specify what testing must be used for clearance. Current standard for clearance is with culture.				

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DISEASE	Sensitive Setting*	CASE	CONTACT	
		Public health actions will be the same, regardless of current symptoms.	**Currently Symptomatic[α]**	**Asymptomatic**
Taeniasis (see also Cysticercosis)	Not SOS	CMR and Case Report. Recommend treatment.	Consider testing (stool for O & P on 3 different days).	No action.
	SOS – food handler	CMR and Case Report. Ensure treatment. Restrict/exclude until treatment completed.	Collect stool for O & P on 3 different days to r/o as possible source. Restrict/exclude until diarrhea resolves. If positive for adult tapeworm, restrict/exclude as taeniasis case.	No action.
	SOS – other	CMR and Case Report. Ensure treatment. Consider restriction until treatment completed.	Collect stool for O & P on 3 different days to r/o as possible source. Employer to restrict/exclude per current work policy for diarrhea. No additional restriction unless becomes case.	No action.
	Child ≤ 5 years in group setting	CMR and Case Report. Ensure treatment. Consider restriction from group setting until treatment completed.	Collect stool for O & P on 3 different days to r/o as possible source. Group setting to exclude as per facility policy for diarrhea. No additional restriction unless becomes case.	No action.
Applicable code – None				
[α] NOTE: This testing is to rule out other persons with common exposure who may have contracted taeniasis.				

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DISEASE	Sensitive Setting*	CASE	CONTACT	
		Public health actions will be the same, regardless of current symptoms.	**Currently Symptomatic**	**Asymptomatic**
Typhoid Fever (*Salmonella* Typhi)	Not SOS	CMR and Case Report. §Clearance specimens required. Three consecutive stool and urine[α] specimens taken at least 24 hrs apart, beginning at least 1 wk after discontinuation of antibiotics and not earlier than 1 month from onset, are negative for *S.*Typhi at a PHL.[β]	CMR (Probable) + Case Report. Specimens required. Collect two stool specimens taken at least 24 hrs apart, beginning at least 1 wk after discontinuation of antibiotics and not earlier than 1 month from onset, for *S.* Typhi testing at a PHL. If any positive, manage as case.	If traveled with case, case domestically acquired or unknown source, collect 2 stool specimens taken at least 24 hrs apart for *S.* Typhi testing at a PHL. If any positive, evaluate as chronic carrier.
	SOS	CMR and Case Report. Clearance specimens required. §Restrict/exclude until 3 consecutive stool and urine[α] specimens taken at least 24 hrs apart, beginning at least 1 wk after discontinuation of antibiotics and not earlier than 1 month from onset, are negative for *S.* Typhi at a PHL.[β]	CMR (Probable) + Case Report. Restrict/exclude until 2 consecutive stool specimens, taken at least 24 hrs apart, beginning at least 1 wk after discontinuation of antibiotics and not earlier than 1 month from onset are negative at a PHL. Then collect and test 1 stool specimen each week until case released or contact with case is broken.	Restrict/exclude until 2 consecutive stool specimens, taken at least 24 hrs apart, are negative at a PHL. Then collect and test 1 stool specimen each week until case released or contact with case is broken.
NOTE: CIDT does not differentiate between *Salmonella,* paratyphi, or typhi. Reflex culture is required per Title 17, Section 2505.	Child ≤ 5 years in group setting	CMR and Case Report. Clearance specimens required. Restrict/exclude until 3 consecutive stool and urine[α] specimens taken at least 24 hrs apart, beginning at least 1 wk after discontinuation of antibiotics and not earlier than 1 month from onset, are negative for *S.* Typhi at a PHL.[β]	CMR (Probable) + Case Report. Restrict/exclude until 2 consecutive stool specimens, taken at least 24 hrs apart, beginning at least 1 wk after discontinuation of antibiotics and not earlier than 1 month from onset are negative at a PHL. Then collect and test 1 stool specimen each week until case released or contact with case is broken.	Restrict/exclude until 2 consecutive stool specimens, taken at least 24 hrs apart, are negative at a PHL. Then collect and test 1 stool specimen each week until case released or contact with case is broken.
Applicable Code - CCR 17, §2628; For foodhandlers, also Health & Safety Code § 113949-113950.5.				
[α] NOTE: CACDC has recommended that this section be amended to remove the requirement for urine specimens. [β] NOTE: Per CCR 17, 2628, "If any one of this series is positive, tests of feces shall be repeated at intervals of one (1) month during the 12-month period following onset, until at least three consecutive negative specimens are obtained."				

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§ See California Code of Regulations (CCR), Title 17 for more details; applicable sections listed in Attachment I.

* SOS (Sensitive Occupations or Situations) is not defined in either the Code of Regulations or Health & Safety Code. See Attachment II for definition of food worker, as compiled by CACDC, 2008.

CMR = reportable to state by CMR only (paper or electronic); case history form not required by CDPH. CMR (Probable) = report as Probable Case to CDPH; probable case definition exists.

Case report = investigation/case history form required to be sent to CDPH (CMR also required)

DISEASE	Sensitive Setting*	CASE[α]	CONTACT[α,β,μ]	
		Public health actions will be the same, regardless of current symptoms.	**Currently Symptomatic**	**Asymptomatic**
Convalescent and Chronic Typhoid Carrier (see definitions below) NOTE: CIDT does not differentiate between *Salmonella*, paratyphi, or typhi. Reflex culture is required per Title 17, Section 2505.	Not SOS	CMR and Case Report (Typhoid Carrier, CDPH 8566).[∞] Clearance specimens required: six successive stool and urine cultures, taken at intervals no less than one month apart, commencing no earlier than one week after antibiotics completed.	Specimens required. Collect 2 stool specimens taken at least 24 hrs apart for *S.* Typhi testing at a PHL. If any positive, manage as case.	Collect 2 stool specimens taken at least 24 hrs apart for *S.* Typhi testing at a PHL. If any positive, evaluate as a chronic carrier.
	SOS	CMR and Case Report (Typhoid Carrier, CDPH 8566).[∞] Restrict/exclude. Clearance required: six successive stool and urine cultures, taken at intervals no less than one month apart.	Restrict/ exclude until 2 consecutive stool specimens taken at least 24 hours apart are negative for *S.* Typhi. If any positive, manage as case.	Collect 2 stool specimens taken at least 24 hrs apart for *S.* Typhi testing at a PHL. If any positive, evaluate as a chronic carrier.
	Child ≤ 5 years in group setting	CMR and Case Report (Typhoid Carrier, CDPH 8566).[∞] Restrict/exclude. Clearance required: six successive stool and urine cultures, taken at intervals no less than one month apart.	Restrict/ exclude until 2 consecutive stool specimens taken at least 24 hours apart, are negative for *S.* Typhi. If any positive, manage as case.	Collect 2 stool specimens taken at least 24 hrs apart for *S.* Typhi testing at a PHL. If any positive, evaluate as a chronic carrier.

DEFINITION OF CARRIERS

Convalescent Carriers: Any person who harbors typhoid bacilli for three or more months, but less than 12 months.

Chronic Carriers: Any person who continues to excrete typhoid bacilli for more than 12 months after onset of typhoid fever. Any person who gives no history of having had typhoid fever or who had the disease more than one year previously, and whose feces or urine are found to contain typhoid bacilli on two separate examinations at least 48 hours apart, confirmed by State's Microbial Diseases Laboratory, is also defined as a chronic carrier.

Other Carriers: A person should be held under surveillance if typhoid bacilli are isolated from surgically removed tissues, organs, e.g., gallbladder, kidney, etc., or from draining lesions such as osteomyelitis. If the person continues to excrete typhoid bacilli for more than 12 months, he/she is defined as a chronic carrier and may be released after satisfying the criteria for other chronic carriers.

Applicable Code - CCR 17, §2628; †NOTE: CACDC has recommended that this section be amended to remove the requirement for urine specimens. **For foodhandlers, also Health & Safety Code § 113949-113950.5.**

ADDITIONAL NOTES:

[α] Both cases and their household contacts must receive regular education regarding surveillance for symptoms and reducing risk of transmission. Newly symptomatic contacts should be tested at any point even if previously negative. Contacts, even if SOS, do not need to be tested on an ongoing basis if initially test negative and asymptomatic.

[β] For all intimate contacts of a chronic typhoid carrier: reinforce education on transmission and hygiene, conduct symptom surveillance, and consider typhoid vaccine.

[μ] Efficacy of Typhoid vaccine is variable and does not replace scrupulous hygiene. http://www.cdc.gov/vaccines/vpd-vac/typhoid/default.htm.

[∞] Each LHJ must update the Typhoid Carrier Registry each January and July. Complete CDPH 8466 on all typhoid carriers and submit to CDPH.

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Case report = investigation/case history form required to be sent to CDPH (CMR also required)

DISEASE	Sensitive Setting*	CASE	CONTACT	
		Public health actions will be the same, regardless of current symptoms.	**Currently Symptomatic**	**Asymptomatic**
***Vibrio cholerae* O1 or O139 (Cholera)** NOTE: CIDT available but does not differentiate serogroup or toxin production. Culture is recommended to determine if toxigenic type.	Not SOS	CMR and Case Report.	No restriction. Collect one stool for case ascertainment.	Observe for development of symptoms for 5 days from last contact with infectious case.[α]
	SOS	CMR and Case Report. Restrict/exclude until cultures of 2 consecutive stool specimens, taken at least 24 hours apart and collected at least 48 hours after cessation of therapy, are negative.	Restrict/exclude until cultures of 2 consecutive stool specimens, taken at least 24 hours apart and collected at least 48 hours after cessation of therapy, are negative.	Observe for development of symptoms for 5 days from last contact with infectious case.[α]
	Child ≤ 5 years in group setting	CMR and Case Report. Restrict/exclude until cultures of 2 consecutive stool specimens, taken at least 24 hours apart and collected at least 48 hours after cessation of therapy, are negative.	Restrict/exclude until cultures of 2 consecutive stool specimens, taken at least 24 hours apart and collected at least 48 hours after cessation of therapy, are negative.	Observe for development of symptoms for 5 days from last contact with infectious case.[α]
Applicable Code - CCR 17, §2556				
[α] NOTE: Code does not require testing. CACDC has recommended to CDPH that the section be amended to remove isolation and contact observation requirement and include management at the discretion of the health officer				

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Case report = investigation/case history form required to be sent to CDPH (CMR also required)

DISEASE	Sensitive Setting*	CASE		CONTACT	
		Currently Symptomatic	Previously Symptomatic in the Past 48-72 Hours	Currently Symptomatic	Asymptomatic
Vibriosis (not-cholera) Gastrointestinal illness only. Not required for wound, ear, or blood infections. NOTE: CIDT available and included in Probable case definition.	Not SOS	CMR and Case Report.	CMR and Case Report.	CMR (Probable) and Case Report.	No action.
	SOS	CMR and Case Report. Restrict/exclude until 48 hours after resolution of signs and symptoms. Clearance specimens not required.	CMR and Case Report. No restriction.	CMR (Probable) and Case Report. Restrict/exclude until 48 hours after resolution of signs and symptoms. Consider collection of one stool specimen for testing in a PHL for case ascertainment. Clearance specimens not required.	No restriction.
	Child $\leq$ 5 years in group setting	CMR and Case Report Restrict/exclude until 48 hours after resolution of signs and symptoms. Clearance specimens not required.	CMR and Case Report. No restriction.	CMR (Probable) and Case Report. Restrict/exclude until 48 hours after resolution of signs and symptoms. Consider collection of one stool specimen for testing in a PHL for case ascertainment. Clearance specimens not required.	No restriction.
Applicable Code - None					

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Case report = investigation/case history form required to be sent to CDPH (CMR also required)

DISEASE	Sensitive Setting*	CASE		CONTACT	
		Currently Symptomatic	Previously Symptomatic in the Past 48-72 Hours	Currently Symptomatic	Asymptomatic
Viral gastro-enteritis (norovirus, rotavirus and others)	Not SOS	Only outbreaks are reportable.	No action.	No action.	No action.
	SOS	Food handlers with norovirus are reportable to local health officer. Outbreaks of any kind are also reportable. Restrict/exclude until 48 hours after resolution of signs and symptoms.	Food handlers with norovirus are reportable to local health officer. Outbreaks of any kind are also reportable. Ensure case has been free of signs and symptoms for at least 48 hours before return to work.	Restrict/exclude until 48 hours after resolution of signs and symptoms.	No restriction.
	Child $\leq$ 5 years in group setting	No CMR unless part of an outbreak. Exclude until 48 hours after resolution of signs and symptoms.	No CMR unless part of an outbreak. Ensure that case has been free of signs and symptoms for at least 48 hours before return to group setting.	Exclude until 48 hours after resolution of signs and symptoms.	No restriction.
Applicable Code – For foodhandlers with norovirus, see Health & Safety Code § 113949-113950.5.					

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DISEASE	Sensitive Setting*	CASE		CONTACT	
		Currently Symptomatic	Previously Symptomatic in the Past 48-72 Hours	Currently Symptomatic	Asymptomatic
Yersiniosis (non-*pestis*)	Not SOS	CMR.	CMR.	Consider collection of one stool specimen for testing in a PHL for case ascertainment.	No action.
	SOS	CMR. Restrict/exclude until 48 hours after resolution of signs and symptoms. Clearance specimens not required.	CMR. No restriction	Restrict/exclude until 48 hours after resolution of signs and symptoms. Consider collection of one stool specimen for testing in a PHL for case ascertainment. Clearance specimens not required.	No action.
NOTE: CIDT available. No CSTE case definition	Child $\leq$ 5 years in group setting	CMR. Exclude until 48 hours after resolution of signs and symptoms. Clearance specimens not required.	CMR. No restriction	Exclude until 48 hours after resolution of signs and symptoms. Consider collection of one stool specimen for testing in a PHL for case ascertainment. Clearance specimens not required.	No action.
Applicable Code - None					

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Case report = investigation/case history form required to be sent to CDPH (CMR also required)