Exhibit C
Hawaii Isolation and Control Requirements
[June, 2007]

Any person informed by the department, a private physician, or hospital that he or she has or is suspected of having a communicable disease for which isolation is required, shall remain isolated in the manner prescribed by the department of health. Isolation shall include exclusion from school and workplace, and restriction from food handling and direct care occupations. It is the responsibility of the principal or director in charge of a school to prohibit any student diagnosed or suspected of having a communicable disease for which isolation is required from attending school until the expiration of the prescribed period of isolation. Parents, guardians, custodians or any other person in loco parentis shall not permit any child diagnosed or suspected of having a communicable disease for which isolation is required to attend school or to be present at any public gatherings until the expiration of the prescribed period of isolation. No person diagnosed or suspected of having a communicable disease for which isolation is required shall engage in any employment in which transmission of disease is likely to occur until expiration of the prescribed period of isolation. Every health care provider shall report immediately to the department any violation of such isolation directive.

The diseases described below are declared by the Director of Health to be a threat to the public health. Restrictions shall be imposed on cases, suspected cases, and contacts of cases to the degree and for the duration indicated below.

Medical management and disease intervention activities described below are recommended for AIDS, Chlamydia, food and water borne diseases, gonococcal disease, hepatitis B acute and chronic, hepatitis C acute and chronic, HIV, pelvic inflammatory disease, syphilis and tuberculosis. Health care providers are required to make these recommendations to cases, suspected cases and contacts.

Note: See page 4 for definitions of key terms

Disease	For Cases and Suspected Cases	For Contacts
AIDS (Acquired Immunodeficiency Syndrome, CDC case definition)	For Cases: Counseling, interview, standard precautions. For Suspected Cases: Counseling, testing, interview.	Counseling, testing, and interview of sexual and needle-sharing partners.
Amebiasis	Restrict from food handling and direct care occupations until chemotherapy is completed.	None
Anthrax	None	None
Botulism, foodborne	None	None
Botulism, infant	None	None
Brucellosis	None	None
Campylobacteriosis	Restrict from food handling and direct care occupations until asymptomatic.	None

Disease	For Cases and Suspected Cases	For Contacts
Chickenpox (varicella)	Non-hospitalized persons: restrict from school, work, or other public places including hotel lobbies, restaurants and airplanes until vesicles become dry or crusted (usually 5-7 days). Hospitalized persons: airborne and contact precautions until vesicles become dry or crusted (usually 5-7 days).	None
Chlamydia (*Chlamydia trachomatis*)	For Cases: Treatment, counseling and interview. For Suspected Cases: Testing, counseling and interview. Hepatitis B immunization.	Surveillance, testing, and chemoprophylaxis of sexual contacts.
Cholera	Restrict from foodhandling until asymptomatic.	None
Congenital Rubella Syndrome	None	None
Cryptosporidiosis	Restrict from food handling and direct care occupations until asymptomatic.	None
Cyclosporiasis	Restrict from food handling and direct care occupations until chemotherapy is completed.	None
Dengue	None	None
Diphtheria	Droplet precautions for pharyngeal diphtheria, contact precautions for cutaneous diphtheria; Maintain isolation until two cultures from both throat and nose (skin lesions in cutaneous diphtheria) taken 24 hours apart, and not less than 24 hours after cessation of antimicrobial therapy, fail to show diphtheria bacilli.	Exclude from occupations involving food handling or close association with children until proven culture negative.
Encephalitis, Meningitis, Arboviral (includes California Serogroup, Eastern equine, Western Equine, St. Louis, West Nile, Powassan)	None	None
Enterococcus, vancomycin-resistant	None	None
Escherichia coli O157:H7 or other *E. coli* shigatoxin produced hemorrhagic colitis	Restrict from food handling, direct care occupations and school until asymptomatic and stool culture negative.	None
Filariasis	None	None
Fish poisoning (ciguatera, scombroid or hallucinogenic)	None	None
Foodborne illness (2 or more ill persons eating either a common food or at a place in common)	Restriction from food handling and direct care occupations may be required; refer to specific agent.	Restriction from food handling and direct care occupations may be required; Refer to specific agent.
Giardiasis	None	None
Gonococcal disease (*Neisseria gonorrhoeae)*	For Cases: Treatment, counseling, and interview. For Suspected Cases: Testing, counseling and interview. Hepatitis B immunization.	Surveillance, testing and chemoprophylaxis of sexual contacts.
Haemophilus influenzae (meningitis, bacteremia, epiglottitis, pneumonia, or isolation from a normally sterile site) **Report serotype if available.**	Droplet precautions until 24 hours after the start of effective antibiotic therapy.	None

Disease	For Cases and Suspected Cases	For Contacts
Hansen's disease	For Cases: Treatment, counseling and contact investigation. For Suspected Cases: Periodic re-screenings.	None
Hantavirus Disease	None	None
Hepatitis A	Restrict from food handling and direct care occupations for first two weeks of illness, but no more than 1 week after jaundice. For preschool children restrict from daycare for 10 days after diagnosis. {viral excretion up to 6 months among infants and children}	Restrict from food handling until laboratory tests confirm contact is free of HAV infection.
Hepatitis B (acute)	For Cases: Counseling, standard precautions, and hepatitis A immunization. For Suspected Cases with no immunity against hepatitis B: Testing, post-exposure prophylaxis, counseling, standard precautions, and hepatitis A immunization.	Surveillance, testing, counseling, and post-exposure prophylaxis.
Hepatitis B (chronic)	For Cases: Counseling, standard precautions, referral for care, and hepatitis A immunization. For Suspected Cases: Testing, counseling, standard precautions, and hepatitis A immunization.	Surveillance, testing, counseling, and post-exposure prophylaxis.
Hepatitis C (acute)	For Cases: Counseling, standard precautions, and hepatitis B immunization series. For Suspected Cases: Testing, counseling, standard precautions.	Surveillance, testing and counseling.
Hepatitis C (chronic)	For Cases: Counseling, standard precautions, referral for care, and hepatitis A and B immunization series. For Suspected Cases: Testing, counseling, and standard precautions.	Surveillance, testing and counseling.
Hepatitis E	Restrict from food handling and direct care occupations for first two weeks of illness, but no more than 1 week after jaundice. For preschool children restrict from daycare for 10 days after diagnosis.	Restrict from food handling until laboratory tests confirm contact is free of HAV infection.
Hemolytic uremic syndrome	Restriction may be required; refer to specific agent.	None
HIV	For Cases: Counseling, interview, standard precautions, and referral for care. Hepatitis A & B vaccination. For Suspected Cases: Counseling, testing, and interview.	Testing, counseling and interview of sexual and needle-sharing partners.
Influenza, outbreak	Hospitalized persons: droplet precautions for 5 days. Pandemic influenza: Incubation to be determined by current recommendations.	None
Legionellosis	None	None

Disease	For Cases and Suspected Cases	For Contacts
Leptospirosis	None	None
Listeriosis	None	None
Malaria	None	None
Measles (rubeola)	Non-hospitalized persons: restrict from school, work, or other public places including hotel lobbies, restaurants and airplanes for 4 full days after appearance of the rash. Hospitalized patients: airborne precautions until 4 full days after appearance of the rash.	Exclude susceptible contacts from school, workplace and other group settings from the 7th through the 18th day after exposure.
Meningococcal disease (meningitis, meningococcemia, or isolation from a normally sterile from a normally sterile site.	Droplet precautions until 24 hours after the start of effective antibiotic therapy.	None
Methicillin-Resistant *Staphylococcus auerus*	Hospitalized persons: contact precautions.	None
Mumps	Non-hospitalized persons: restrict from school, work, or other public places including hotel lobbies, restaurants and airplanes for 9 days after onset of swelling or parotitis. Hospitalized patients: droplet precautions until 9 days from onset of swelling or parotitis.	Exclude susceptible contacts from school, workplace and other group settings from the 12th through the 25th day after exposure.
Norovirus	Restrict from food handling and direct care occupations until asymptomatic.	None
Pelvic Inflammatory Disease (PID)	For Cases: Treatment, counseling, and interview. For Suspected Cases: Medical examination and testing, treatment, counseling, and interview. Hepatitis B immunization.	Surveillance, testing, counseling, and interview, chemoprophylaxis of sexual contacts.
Pertussis	Non-hospitalized persons: restrict from school, work, or other public places including hotel lobbies, restaurants and airplanes until 5 days of a minimum 14-day course of antibiotics has been completed or until 3 weeks after the onset of paroxysmal cough. Hospitalized persons: droplet precautions until 5 days of a minimum 14-day course of antibiotics has been completed or until 3 weeks after the onset of paroxysmal cough.	Exclude household and other close contacts from school, workplace and other group settings until completion of 5 days of a minimum 14-day course of antibiotics or for 14 days from last exposure.
Plague	Droplet precautions for pneumonic plague until completion of 3 full days of appropriate antibiotic therapy with a favorable clinical response.	None
Pneumococcal pneumonia	None	None
Poliomyelitis	None	None
Psittacosis	None	None
Rabies	Contact precautions for respiratory secretions for duration of illness.	None

Disease	For Cases and Suspected Cases	For Contacts
Rubella	Non-hospitalized persons: restrict from school, work, or other public places including hotel lobbies, restaurants and airplanes for 7 days after appearance of the rash. Hospitalized patients: droplet precautions until 7 days after appearance of rash.	Exclude susceptible contacts from school, workplace and other group settings from the 14th through the 23rd day after exposure.
Salmonellosis (other than typhoid)	Restrict from food handling and direct care occupations until 2 consecutive stool cultures, collected greater than or equal to 24 hours apart, and not less than 48 hours after cessation of antimicrobial therapy, are negative for *Salmonella*.	Restrict from foodhandling and direct care occupations until stool is known to be culture negative.
Severe Acute Respiratory Syndrome (SARS)	Non-hospitalized persons: Limit activities outside the home except as necessary for medical care. For example, do not go to work, school, or public areas. If patient must leave the home, wear a mask, if tolerated. Do not use public transportation. Ensure appropriate follow-up and care of exposed close contacts of SARS patients in home isolation. Hospitalized patients: instructing patient and the persons who accompany them to: 1) inform healthcare personnel of symptoms of a respiratory infection when they first register for care, and 2) practice respiratory hygiene/cough etiquette Healthcare workers should practice droplet precautions. Hospitalized patients: Contact the Department of Health for additional guidance.	Contact the Department of Health for additional guidance.
Shigellosis	Restrict from food handling and direct care occupations until 2 consecutive stool samples or rectal swabs collected greater than or equal to 24 hours apart, and not less than 48 hours after cessation of antimicrobial therapy are negative for *Shigella*.	Restrict from foodhandling and direct care occupations until stool is known to be culture negative.
Smallpox (variola virus)	Identify and isolate cases	Contact the Department of Health for additional guidance.
Streptococcal disease, Group A (beta hemolytic, invasive disease not including pharyngitis)	Exclude from foodhandling until 48 hours after the start of effective antibiotic therapy.	None
Syphilis	For Cases: Treatment, counseling, and interview. For Suspected Cases: Medical examination and other STD & HIV testing, hepatitis B immunization, testing, treatment, counseling, and interview.	Surveillance, testing, counseling, interview, and treatment of sexual contacts.
Tetanus	None	None
Toxoplasmosis	None	None
Trichinosis	None	None

Disease	For Cases and Suspected Cases	For Contacts
Tuberculosis	Restrict patients from: School, workplace, and other congregate settings (e.g., nursing homes, homeless shelters, correctional facilities, etc.). Hospitalized patients: Follow airborne precautions and place in respiratory isolation. Discontinue restrictions, precautions, and respiratory isolation *only* when the TB patient meets *all* of the following criteria: • Patient has demonstrated negative AFB smear results from 3 consecutive sputum specimens. Sputum specimens may be collected either over 3 consecutive mornings or Q8 hours x 3 (at least 1 early morning sputum sample is recommended). • Patient is taking effective and adequate therapy per 2003 ATS/CDC/IDSA Treatment of Tuberculosis guidelines, preferably by directly observed therapy (DOT). • Patient has demonstrated clinical improvement to therapy.	None
Typhoid Fever	Restrict from food handling and direct care occupations until 3 consecutive negative stool cultures are obtained from stools collected greater than or equal to 24 hours apart, and not less than 48 hours after cessation of antimicrobial therapy, and not earlier than 1 month after onset.	Restrict from food handling and direct care occupations until 2 consecutive negative stool cultures are obtained from stools collected greater than or equal to 24 hours apart.
Typhus (louse, flea, mite-borne)	None	None
Vibriosis (other than *cholerae*)	Restrict from food handling until asymptomatic.	None
Viral hemorrhagic fevers (filoviruses [e.g., Ebola, Marburg] and arenaviruses [e.g., Lassa Machupo])	Strict isolation during the acute febrile period. Respiratory protection desirable along with other barrier methods.	None
West Nile Virus	None	None
Yellow fever	None	None
Yersiniosis (other than plague)	Restrict from food handling and direct care occupations until asymptomatic.	None

DEFINITIONS:

Contact - a person who has been in such an association with an infected person or animal or a contaminated environment as to have had an opportunity to acquire the infection.

Airborne precautions - measures intended to prevent transmission of infection by airborne droplet particles containing microorganisms that remain suspended in the air and that can be widely dispersed by air currents. In addition to standard precautions, a private, negative air pressure isolation room is indicated; however,

patients infected with the same organism may share the same isolation room. Respiratory protection should be worn by all susceptible persons entering the isolation room. Patient transport should be minimized.

Contact precautions - measures intended to prevent infection by microorganisms transmitted via direct contact with a patient or by indirect contact with environmental surfaces or patient-care items in the patient's environment. In addition to standard precautions, a private room is indicated, but patients infected with the same organism may share a room. Masks are indicated for those in close contact with the patient; gowns should be worn if soiling is likely; gloves are indicated if touching potentially infectious surfaces.

Direct care occupations - any occupational activity that has the potential to result in the transmission of infectious microorganisms from a care-giver to persons receiving care. Direct care occupations include persons engaged in providing care to children, patients, the elderly, or infirm.

Droplet precautions - measures intended to prevent infection by microorganisms transmitted via relatively large droplets that can be generated by a patient while coughing, sneezing, and talking. In addition to standard precautions, a private room is indicated, but patients infected with the same organism may share a room. Masks are indicated for those in contact with the patient. Gowns and gloves are not required.

Foodhandling - any contact with food, beverages, or materials and/or items used in their preparation that has the potential to result in the transmission of infectious microorganisms via ingestion of the food and/or beverage. Examples of foodhandling include (but are not limited to) transporting food or food containers, preparation or service of food, and contact with utensils or food associated equipment.

Standard precautions - measures intended to prevent transmission of infectious microorganisms that should be employed with all patients receiving care, regardless of their diagnosis or presumed infection status. In general terms these measures include handwashing with appropriate soap after each contact with potentially infectious materials, between patients and when indicated, between different sites on the same patient; wearing gloves when touching blood, body fluids, secretions, excretions, and contaminated items; wearing masks and eye protection for patient care activities likely to generate splashes; wearing gowns for patient care activities that are likely to generate splashes or sprays in order to protect skin, clothing and mucous membranes; appropriate handling and disinfection of patient care equipment; and routine implementation of environmental cleaning and disinfection procedures.