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stroyed, and supervision until nits are removed from the hair of the head.
3. Concurrent disinfestation: Such washing of person and treatment of body clothing and toilet articles as will destroy lice and nits.
4. Terminal disinfestation: None.
5. Quarantine: None.
6. Investigation of source of infestation: Search for unreported and undetected cases of lousiness among companions, and especially among members of family and household.

B. **General measures:**
1. Direct inspection of the heads and, when necessary, of the body and clothing where lousiness is found in groups of either children or adults, particularly of children in schools, institutions and camp groups.
2. Provision of facilities, chemical and physical, for freeing the persons and clothing of lice and nits.
3. Use of hot water and soap and washing body clothing in a way to prevent the survival of lice.

PEMPHIGUS NEONATORUM (IMPETIGO OF THE NEWBORN)

1. Source of infection: Infected infants, attendants, or visitors.

2. Mode of transmission: By direct or indirect contact with infected persons or articles contaminated by them.

3. Incubation period: Usually 2 to 5 days but sometimes much longer.

4. Period of communicability: Undetermined. May possibly persist after healing of the skin lesions.

5. Methods of Control:

A. The infected individual, contacts, and environment:
1. Provision of adequate facilities for early diagnosis and efficient treatment will usually prevent grave results. Report.
2. Suitable isolation and aseptic technic should be observed when a case appears in a nursery for the newborn.

B. Prophylaxis: This is accomplished by removing vernix and blood with a soap and water bath immediately after delivery, which is followed by an inunction of 5 percent ammoniated mercury ointment. Subsequent daily care consists of cleansing with sterile vegetable oil. Further use of

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soap and water while the infant resides in the hospital should be limited to once a week. Scrupulous attention must be given to aseptic precautions, and to bedding, furnishings, gowns, and masks of attendants. Visitors should be excluded from nurseries. Parents or nurses who have colds, pimples, or dirty hands should not handle the infants, who should also be kept away from contact with street clothes.

PERTUSSIS (WHOOPING COUGH)

1. **Source of infection:** Discharges from the laryngeal and bronchial mucous membranes of infected persons.

2. **Mode of transmission:** Contact with an infected person, or with articles freshly soiled with the discharges of such person.

3. **Incubation period:** Commonly 7 days, almost uniformly within 10 days, and not exceeding 21 days.

4. **Period of communicability:** From 7 days after exposure to an infected individual to 3 weeks after onset of typical paroxysms.

5. **Methods of Control:**

A. The infected individual, contacts, and environment:

1. Recognition of the disease and reporting: Clinical symptoms.
2. Isolation: Of suspected case. The disease is highly communicable during the early catarrhal period before the typical cough confirms clinical diagnosis. Especially important is the isolation so as to protect young children from exposure during the period of communicability.
3. Placard: Required for 21 days following diagnosis and report of case. Non-immune children exposed to a recognized case in the household or under other similar conditions are to be excluded from school and other public gatherings for 14 days after last exposure except that they may be permitted to attend school when daily inspection by a physician or nurse is made.

B. **General measures:**

1. Active immunization of children over three months and under five years of age.
2. Personal cleanlines and avoidance of association or contact with those having catarrhal symptoms with cough.

PHLEBOTOMOUS FEVER

See *Sandfly Fever*, p. 81.

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PINWORM

See *Enterobiasis*, p. 46.

PLAGUE

1. **Source of infection:** Blood of infected rodents and, in the pneumonic form, the sputum of human cases.

2. **Mode of transmission:** Direct, in the pneumonic form. In other forms the disease is generally transmitted by the bites of certain species of fleas by which the disease is carried from rats to man, also by fleas from other rodents. Accidental, by inoculation.

3. **Incubation period:** From 3 to 6 days, occasionally longer.

4. **Period of communicability:** Pneumonic type intensely communicable during acute symptoms. Bubonic type not communicable from person to person.

5. **Methods of Control:**

A. The infected individual, contacts, and environment:

1. Recognition of the disease and reporting: Clinical symptoms confirmed by bacteriological examination of blood, pus from glandular lesions, or sputum. Investigation of all deaths during epidemics, with autopsy and laboratory examination when indicated.
2. Isolation and quarantine of patient in hospital for minimum period of 10 days if practicable; if not, in a screened room which is free from vermin.
3. Concurrent disinfection: Sputum and articles soiled therewith, in pneumonic type of the disease.
4. Terminal disinfection: Thorough cleaning followed by fumigation to destroy rats and fleas. Handling of the bodies of persons dying of plague under strict antiseptic precautions.
5. Quarantine: Contacts of pneumonic cases for 6 days.
6. Immunization: Practicable only for persons to be exposed to unusual risks of infection.
7. Investigation of source of infection: Search for human cases (in pneumonic) and rodent sources (in bubonic) to which patient is known to have been exposed, among wild rodents, and particularly the rat.

B. **General measures:**

1. These are to be directed at rodent con-

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trol, especially rats, and discovery and eradication of foci of sylvatic plague.

PNEUMONIA, ACUTE LOBAR

1. Source of infection: Discharges from the mouth and nose of infected persons and articles freshly soiled with such discharges.

2. Mode of transmission: By direct contact with infected person, or with articles freshly soiled with the discharges of the nose and throat of such persons, and from minute suspended particles containing the etiologic agent.

3. Incubation period: Short, usually 1 to 3 days.

4. Period of communicability: Until the discharges of the mouth and nose no longer carry the infectious agent in an abundant amount or in a virulent form.

5. Methods of Control:

A. The infected individual, contacts, and environment:
1. Bacteriological examination of sputum early in the disease. Reporting required.
2. Isolation: Medical aseptic technic.
3. Concurrent disinfection: Of discharges from the nose and throat of the patient.
4. Terminal disinfection: Required.
5. Quarantine: None.
6. Immunization: None.
7. Prompt treatment with an appropriate chemotherapeutic agent limits communicability.

B. **General measures:**
1. Whenever practicable and particularly in institutions and barracks, crowding in living and sleeping places should be avoided. The general resistance should be conserved by good food, fresh air, sufficient sleep and temperance in the use of alcoholic beverages.

PNEUMONIA, BACTERIAL—OTHER THAN PNEUMOCOCCAL

1. Source of infection: Discharges from the mouth and nose of an infected person, or articles soiled with such discharges.

2. Mode of transmission: By direct contact with infected person or with articles soiled with such discharges.

3. Incubation period: Short.

4. Methods of control:

A. The infected individual, contacts, and environment.

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POISONING, FOOD

See *Food Poisoning*, p. 50, also *Botulism*, p. 35.

POLIOMYELITIS

(INFANTILE PARALYSIS, HEINE-MEDIN DISEASE, ACUTE ATROPHIC PARALYSIS)

1. Source of infection: Nose, throat and bowel discharges of infected persons, including carriers.

2. Mode of transmission: The virus probably enters the body by way of the nose or mouth.

3. Incubation period: Considered to be 7 to 14 days.

4. Period of communicability: Not definitely known, but apparently covered by the latter part of the incubation period and the first week or two of the disease—possibly much longer in a few cases.

5. Methods of control:

A. The infected individual, contacts, and environment:

1. Recognition of the disease and reporting: Clinical symptoms, assisted by examination of the spinal fluid if lumbar puncture is performed.
2. Isolation: For 21 days from onset.
3. Concurrent disinfection: Nose, throat, and bowel discharges, and articles soiled therewith.
4. Terminal disinfection: None.
5. Quarantine: Of case, 21 days. Of contacts, all exposed children of the household and all adults whose activities bring them in contact with children or who are food handlers, 10 days from last exposure.
6. Immunization: None.
7. Investigation of source of infection: Search for and expert diagnosis of sick children to locate unrecognized and unreported cases of the disease.

B. General measures during epidemics:

1. All children with fever should be isolated in bed pending diagnosis.
2. Use of bedside nursing as will prevent distribution of infectious discharges to others from cases isolated at home.
3. Protection of children so far as practicable against unnecessary contact with other persons, especially those outside their own homes, during epidemic prevalence of the disease.
4. Postponement of nose and throat operations on children in the presence of an epidemic.
5. Avoidance of physical strain in children

Regulations relating to poliomyelitis are amended as follows:
Poliomyelitis, P. 72 of 1945 Regulations - Paragraph 5 A 2 & 5 A 5 is amended as follows -
Isolation 14 days from onset.
Quarantine of case 14 days.

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1. Recognition of the disease: Clinical symptoms, roentgenograms, and isolation of the causative organism in the acute stage of the disease. Reporting.
2. Isolation: Medical aseptic technic.
3. Concurrent disinfection: Discharges from mouth and nose of patient.
4. Terminal disinfection: Required.
5. Quarantine: None.
6. Immunization: None.
7. Investigation of source of infection: Of no practical value.
8. Prompt use of chemotherapy in suitable cases.

B. **General measures:**

1. Good personal hygiene, with care to avoid crowding in institutions and hospitals.

PNEUMONIA, PNEUMONOCCCAL

See *Pneumonia, Acute Lobar,* p. 70.

PNEUMONIA, PRIMARY ATYPICAL
(VIRUS PNEUMONIA)

1. **Source of infection:** Discharges from the mouth and nose of infected persons or articles freshly soiled wtih such discharges.

2. **Mode of transmission:** By direct contact with infected person or with articles freshly soiled with discharges of nose and throat of such person. Mild, unrecognized infections may play a role in the spread of the disease.

5. **Incubation period:** Believed to be 7 to 21 days.

4. **Period of communicability:** Undetermined.

5. **Methods of control:**

A. The infected individual, contacts, and environment:

1. Recognition of the disease and reporting: Clinical symptoms confirmed by roentgenograms of the chest.
2. Isolation: Medical aseptic technic.
3. Concurrent disinfection: Discharges from nose and throat of patient.
4. Terminal disinfection: Required.
5. Quarantine: None.
6. Immunization: None.
7. Investigation of source of infection: Of no practical value.

B. **General measures:**

1. When possible, crowding in living and sleeping quarters should be avoided, especially in institutions and in barracks.

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POISONING, FOOD

See *Food Poisoning*, p. 50, also *Botulism*, p. 35.

POLIOMYELITIS

(INFANTILE PARALYSIS, HEINE-MEDIN DISEASE, ACUTE ATROPHIC PARALYSIS)

1. Source of infection: Nose, throat and bowel discharges of infected persons, including carriers.

2. Mode of transmission: The virus probably enters the body by way of the nose or mouth.

3. Incubation period: Considered to be 7 to 14 days.

4. Period of communicability: Not definitely known, but apparently covered by the latter part of the incubation period and the first week or two of the disease—possibly much longer in a few cases.

5. Methods of control:

A. The infected individual, contacts, and environment:
1. Recognition of the disease and reporting: Clinical symptoms, assisted by examination of the spinal fluid if lumbar puncture is performed.
2. Isolation: For 21 days from onset.
3. Concurrent disinfection: Nose, throat, and bowel discharges, and articles soiled therewith.
4. Terminal disinfection: None.
5. Quarantine: Of case, 21 days. Of contacts, all exposed children of the household and all adults whose activities bring them in contact with children or who are food handlers, 10 days from last exposure.
6. Immunization: None.
7. Investigation of source of infection: Search for and expert diagnosis of sick children to locate unrecognized and unreported cases of the disease.

B. **General measures during epidemics:**
1. All children with fever should be isolated in bed pending diagnosis.
2. Use of bedside nursing as will prevent distribution of infectious discharges to others from cases isolated at home.
3. Protection of children so far as practicable against unnecessary contact with other persons, especially those outside their own homes, during epidemic prevalence of the disease.
4. Postponement of nose and throat operations on children in the presence of an epidemic.
5. Avoidance of physical strain in children

Regulations relating to poliomyelitis are amended as follows:
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Quarantine of case 14 days.

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during an epidemic or in case of known exposure.

6. Avoidance of unnecessary travel and visiting during high prevalence of the infection.

PSITTACOSIS

1. **Source of infection:** Parrots, parakeets, love birds, canaries, pigeons, and others birds. Birds which are apparently well occasionally transmit the infection.

2. **Mode of transmission:** Contact with infected birds or their recent surroundings. Occasionally through a human case.

3. **Incubation period:** In human cases, 6 to 15 days.

4. **Period of communicability:** Ill birds and their surroundings highly infectious for man; patients less dangerous. The period of communicability of patients is during their acute illness, especially when coughing.

5. **Methods of control:**

A. The infected individual, contacts, and environment:

1. Recognition of the disease and reporting: Clinical symptoms, assisted by finding the virus in the sputum if possible, or the blood during first week of illness. Blood for complement-fixations should be drawn as early as possible in the disease and again later to show rise in titer.
2. Isolation and quarantine of infected person for minimum period of 14 days. Important during the febrile and acute clinical stage of the disease. When actually handling patients with a cough, nurses should wear gauze masks, 8 layers of 40 to 48 threads per inch, or 16 layers 20 to 24 threads per inch.
3. Concurrent disinfection: Of all discharges.
4. Terminal disinfection: Incriminated birds should be killed and their bodies immersed in 2 percent cresol. The spleens then should be aseptically removed, a portion placed in equal parts of sterile glycerin and standard phosphate buffer solution of pH 7.5, and a portion in suitable fixative, and both specimens sent to the nearest laboratory for examination. Carcasses should be burned before feathers dry.
5. Quarantine: Buildings which housed

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birds should be quarantined until thoroughly cleaned and disinfected.
6. Immunization: No demonstrated method yet fully accepted.
7. Investigation of source of infection: Important, in order to trace infected lots of birds. Healthy birds occasionally convey the disease.

B. **General measures:**
1. Strict regulation of traffic in birds of parrot family based on quarantine and laboratory examination.
2. Quarantine of homes and pet shops known to have harbored infected birds, until thoroughly cleaned.
3. Education of community in the danger of making house pets of birds of the parrot family, particularly when the birds have been recently imported or are of doubtful history as to contact with other and especially with sick birds.

PUERPERAL SEPTICEMIA

1. Source of infection: Hands and instruments used in examination of the genital tract just prior to or during or following confinement; the nose and throat of the parturient woman or her attendants just prior to, during or just after confinement; infectious processes and discharges of the genital tract prior to confinement.

2. Mode of transmission: Direct transfer to the tissues of the parturient canal by hands, instruments, dressings, by droplets discharged in speaking, sneezing or coughing from infected or carrier individuals brought into close relation to the patient during or after delivery. Indirectly by articles soiled by infectious discharges brought into contact with the genital tract of the patient.

3. Incubation period: One to 3 days, rarely longer.

4. Period of communicability: During the persistence of infectious discharges from the genital tract of the patient.

5. Methods of control:

A. The infected individual, contacts, and environment:
1. Recognition of the disease condition and reporting.
2. Strict asepsis in obstetrical procedures with special attention to prevention of possible contamination by invisible spray from the mouth and nose, as well as by

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direct transmission from hands, instruments, etc.
3. Chemotherapy and chemoprophylaxis are of great value in the treatment and prevention of these infections.
4. Protection of patient (during labor and the postpartum period) from attendants and visitors with respiratory tract infections.
5. Education of women in the hazards of self-interruption of pregnancy.

Q FEVER

1. Source of infection: Virus has been demonstrated in blood and urine of human cases. Probability of existence of animal reservoir.

2. Mode of transmission: By tick bites, possibly mite bites, also person to person transmission through respiratory discharges.

3. Incubation period: Unknown.

4. Period of communicability: Probably throughout clinincal course of disease.

5. Methods of control:

A. The infected individual, contacts, and environment:
1. Recognition of the disease and reporting. Clinical symptoms aided by roentgenogram of lungs, animal inoculations, laboratory examinations of blood and sputum to help rule out conditions of similar symptomatology.
2. Isolation: Of patient until temperature has reached normal level.
3. Concurrent disinfection: Discharges from nose and throat and articles soiled therewith.
4. Terminal disinfection: None.
5. Quarantine: None.

B. **General measures:**
1. Avoidance of tick bites plus precautions similar to those against colds and influenza.

RABIES

1. Source of infection: Saliva of infected dogs or that of other infected animals.

2. Mode of transmission: Bites by a rabid animal, occasionally through contact of such animal's saliva with scratch or other break in a person's skin.

3. Incubation period: Usually 2 to 6 weeks. May be prolonged to 6 months or even longer. Duration depends on extent of laceration, on site of wound in

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relation to richness of nerve supply, and length of nerve path to brain.

4. Period of communicability: In the dog for 8 to 10 days before the onset of clinical symptoms and through the clinical course of the disease.

5. Methods of control:

A. The infected individual, contacts, and environment:

1. Recognition of the disease and reporting: Clinical symptoms, history of bite by rabid animal. Laboratory examination of suitable autopsy material.
2. Isolation: None if the pateint is under adequate medical supervision, and the immediate attendants are warned of possibiilty of inoculation by human virus.
3. Concurrent disinfection: Of saliva of patient and articles soiled therewith.
4. Terminal disinfection: None.
5. Quarantine: None.
6. Immunization: Antirabic immunization (Pasteur treatment) of individuals bitten by rabid animals will, in most instances, prevent the development of the disease.

   In case of face bites, if symptoms of the biting animal are at all suggestive of rabies or if the disease is known to exist in the community, antirabic immunization of the bitten person should be started without delay.

   In case of other than face bites, unless they be exceptionally severe, initiating the treatment can be delayed pending diagnosis of the disease in the biting dog or other animal.

   The dog (or other animal) should be captured and held, in isolation from other animals, for an observation period of 14 days. If symptoms of rabies do not develop during this period the animal can be considered not to have transmitted the infection.

   After clinical diagnosis of rabies in the animal has been made or in case it is impossible to capture it alive, the head may be severed and, under refrigeration, shipped to the State Department of Health's Laboratory for examination. Kill the animal in a manner so as not to injure head or brain.

   Unnecessary destruction of the biting dog before clinical diagnosis is made may result in unneeded antirabic treatment being administered the bitten person.

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7. The wound caused by the bite of an animal known or suspected of having rabies should immediately be treated to the depths with fuming nitric acid, with complete protection of the eyes in the case of face bites.

B. **General measures:**

1. Search for and confinement of rabid animal and destruction or confinement of animals bitten by it for the incubation period of the disease.
2. Destruction of stray and ownerless dogs and of coyotes.
3. In congested areas and in all areas where rabies is present in a community, dogs should be kept in leash at all times when not within the homes of their owners.
4. Preventive vaccination of dogs.

RAT-BITE FEVER *(SODOKU)*

1. Source of infection: Usually bite of the rat; rareiy cat, weasel, ferret or dog.

2. Mode of transmission: Usually bite of infected animals.

3. Incubation period: Three to 30 days or more; usually one to three weeks.

4. Communicability: Not transmitted from man to man.

5. Methods of control:

A. The infected individual, contacts, and environment:

1. Recognition of the disease: Clinical symptoms are more uniformly definite than laboratory confirmation, but the latter should always be attempted with thoroughness. Prompt cure by arsphenamines is of diagnostic value. Report.
2. Isolation: None.
3. Concurrent disinfection: None.
4. Terminal disinfection: None.
5. Quarantine: None.
6. Immunization: None.
7. Investigation of source of infection: Not practicable.

B. **General measures:**

1. **Rat surveys and reduction of rat population. Avoidance of rat bites.**

RELAPSING FEVER

A. Louse-Borne

1. Source of infection: Infected lice.

2. Mode of transmission: By crushing an infected louse into the bite-wound or into an abrasion on the

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skin, or by rubbing louse feces or coxal fluid into an abrasion of the skin.

3. Incubation period: Up to 12 days, the average being 7 days.

4. Communicability: Dependent upon the presence of lice.

5. Methods of control:

A. The infected individual, contacts, and environment:
1. Recognition of the disease and reporting: Clinical symptoms with laboratory confirmation.
2. Isolation: None.
3. Concurrent disinfection: None.
4. Terminal disinfection: None.
5. Quarantine: None.
6. Immunization: None.

B. **General measures:**
1. Reduction of louse infestation through better living conditions, hygiene of person and clothing.

B. Tick-Borne

1. Source of infection: Infection of wild rodents, transmitted by ticks of the genus Ornithodorus.

2. Mode of transmission: By a tick bite.

3. Incubation period: Three to 6 days, but may sometimes be as short as 2, or as long as 12 days.

4. Communicability: Not communicable directly from man to man.

5. Methods of control:

A. The infected individual, contacts, and environment:
1. Recognition of the disease and reporting: Clinical symptoms with laboratory confirmation.
2. Isolation: None.
3. Concurrent disinfection: None.
4. Terminal disinfection: None.
5. Quarantine: None.
6. Immunization: None.
7. Investigation of source of infection: Important.

B. **General measures:**
1. Avoidance of tick infested caves, camp sites, shacks, and ground areas. The ticks live in the soil and bite during the night or in darkness. They can live for years without feeding and remain infective. Exposed persons should use a tick repellant on socks and trousers. Clothing and body should be carefully searched morning and night when in tick infested areas.

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RHEUMATIC FEVER
(ACUTE RHEUMATIC FEVER, ACUTE RHEUMATISM)

1. **Source of infection:** Unknown.

2. **Mode of transmission:** Unknown.

3. **Incubation period:** Unknown. There is an asymptomatic period, varying from several days to about 4 weeks, between an acute hemolytic streptococcal respiratory infection and the onset of rheumatic manifestations.

4. **Period of communicability:** Rheumatic fever is not communicable. The preceding steptococcal infection which precipitates rheumatic fever and which is communicable has usually subsided at the time that rheumatic fever manifests itself.

5. **Methods of control:**

   A. The infected individual, contacts, and environment:
   1. Recognition of the disease and reporting: On the basis of clinical examination.
   2. Isolation: None.
   3. Concurrent disinfection: None.
   4. Terminal disinfection: None.
   5. Quarantine: None.
   6. Immunization: None.
   7. Investigation of source of infection: None.
   8. Sulfonamide prophylaxis: Under competent medical guidance of individuals with history of prior attack.

   B. **General measures:**
   1. Careful medical examination of children with vague symptoms, e.g., malaise, pallor, failure to gain weight, epistaxis and transient aches and pains; appropriate laboratory tests should be included.
   2. Emphasis on the fact that rheumatic activity may begin insidiously and may cause incapacitating heart disease.

RHEUMATISM, ACUTE

See *Rheumatic Fever,* p. 79.

RINGWORM *(TINEA INFECTION)*

1. **Source of infection:** Lesions on scalps or bodies of infected persons; articles of clothing, hats and caps or other articles containing the fungus or its spores, or infected hairs or scales. In the case of infection with animal types of fungi, contact with lesions or hair shed by infected cats or dogs.

2. **Mode of transmission:** Direct contact with in-

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fected person or animal or contact with contaminated wearing apparel, towels or other material.

3. Incubation period: Undetermined.

4. Period of communicability: As long as the fungus or its spores are present in the lesions.

5. Methods of control:

A. The individual, contacts, and environment:

1. Recognition of the disease and reporting: All recognized cases on the scalp or exposed parts of the body should be reported to the health department and to the school authorities.
2. Isolation: Children infected with ringworm of the scalp or exposed part of the body should be excluded from school until no longer in a communicable stage. In institutions the infected should be separated from the uninfected children.
   This is not to be interpreted to apply to ringworm of the feet.
3. Concurrent disinfection: Use of stocking cap and disinfection by burning following use in case of scalp infections. Cleanliness of body and underclothing. Use of cotton socks boiled after each use; disinfection of shoes with formaldehyde vapor in case of infection of the feet.
4. Terminal disinfection: None.
5. Quarantine: None.
6. Immunization: None.
7. Investigation of source of infection: Inspection of associates, including other school children, to detect unrecognized cases. Examination of animal pets, such as cats and dogs if suspected as source of infection.

B. **General measures:**

1. Cleanliness of hair, scalp, body and underclothing.
2. Prompt treatment of recognized cases to reduce possibility of transmission.
3. Individual storage space for clothing in school; individual combs and brushes.
4. For ringworm of feet, use of sandals in showers, and dressing rooms.

ROCKY MOUNTAIN SPOTTED FEVER

1. Source of infection: Infected ticks.

2 Mode of transmission: Bite of tick or contact with tick material such as its blood or feces on the skin.

3. Incubation period: From 3 to about 10 days.

4. Period of communicability: Not communicable from man.

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5. Methods of control:

A. The infected individual, contacts, and environment:

1. Recognition of the disease by clinical symptoms, history of tick bite or of presence in endemic area, blood examination, and reporting.
2. Isolation: During course of disease.
3. Concurrent disinfection: All ticks on the patient should be destroyed.
4. Terminal disinfection: None.
5. Quarantine: None.
6. Investigation of source of infection: Determination of areas where there are infected ticks.

B. **General measures:**

1. Personal prophylaxis by avoidance of tick-infested areas when feasible, by removal of ticks from the person as promptly as possible, without crushing, and by the protection of the hands when removing ticks from animals.
2. Prophylactic immunization of individuals especially subjected to exposure such as laboratory personnel working with the virus.

RUBELLA

See *German Measles*, p. 51.

RUBEOLA

See *Measles*, p. 62.

SALMONELLOSIS

Infection with Salmonella. See *Food Infections*, p. 49.

SANDFLY FEVER

(PHLEBOTOMUS OR PAPPATACI)

1. Source of infection: The blood of an infected person.

2. Mode of transmission: Bite of infected sand fly.

3. Incubation period: Up to 6 days, averaging 3 to 4 days.

4. Period of communicability: The virus is present in the blood of an infected person 24 hours before and after the onset of fever.

5. Methods of control:

1. To be anticipated only as imported infections.
2. Reporting required.

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SCABIES *(THE ITCH)*

1. Source of infection: Persons harboring the itch mite on their skin in burrows, particularly between the fingers.

2. Mode of transmission: Direct contact with infested person and indirectly by use of underclothing, gloves, bedding, etc., of such persons.

3. Incubation period: The length of time for the itch mite to burrow under the skin to lay eggs. The itching and scratching may occur within 24 to 48 hours of original infestation.

4. Period of communicability: Until the itch mites and the eggs are destroyed.

5. Methods of control:

A. The infested individual, contacts, and environment:
1. Recognition of the disease and reporting: Observation of the characteristic burrows of the itch mite. Identification of the eggs under magnification.
2. Isolation: Children should be excluded from school until adequately treated. Persons should be denied common recreation and bathing facilities while infected.
3. Concurrent disinfestation: Not necessary if treatment with benzylbenzoate emulsion has been carried out.
4. Terminal disinfestation: Not necessary if treatment with benzylbenzoate emulsion has been carried out.
5. Quarantine: None.
6. Investigation of source of infestation: Search for unreported or unrecognized cases in companions and close associates.

B. **General measures:**
1. Cleanliness of body, underclothing, and bed covering.

SCARLATINA

An acute contagious and exanthematous disease with a scarlet eruption or rash. See *Scarlet Fever*, p. 82.

SCARLET (AND RELATED) FEVER

For regulatory purposes, all hemolytic streptococcal respiratory infections characterized by sore throat, fever and skin eruption, or any one or more in any combination of these symptoms, are classed together and subject to these regulations. This includes scarlet fever, scarlatina, septic sore throat, streptococcic tonsilitis or pharyngitis, scarlet rash,

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Duke's disease, fourth disease, fifth disease or other terminology.

1. Source of infection: Discharges from the nose, throat, or purulent complications of ill or convalescent patients or carriers, or objects contaminated with such discharges.

2. Mode of transmission: Direct transmission can occur by contact with infected individuals during incubation stage, during the acute infection, or during convalescence. Floor dust may be an important vehicle. Explosive outbreaks may follow the ingestion of contaminated milk or other food.

3. Incubation period: Two to 5 days.

4. Period of communicability: Communicabiltiy can persist until the infectious process is healed. Individuals with complications resulting in purulent discharges may be infective for many weeks. In uncomplicated cases the period of communicability may end with recovery from the acute infection, and the danger of spreading infection ends in those cases within two weeks.

5. Methods of control:

A. The infected individual, contacts, and environment:

1. Recognition of the disease and reporting: On the basis of clinical examination.
2. Quarantine *of case* for a period of 14 days and as much longer as is necessary for clinical recovery, including cessation of purulent discharges from complicating lesions, but not to exceed 90 days. Quarantine *of contacts* seven days from time of last contact. Adults whose occupation does not result in contact with children, students or food handling may continue with their occupation.
3. Concurrent disinfection: Required.
4. Terminal disinfection: Required.
5. Immunization may assist, especially in institutions, in limiting the spread of the disease.
6. Investigation of source of infection: Responsible authorities should determine whether an outbreak is caused by personal contact or by contaminated food or milk.

B. **General measures:**

1. Pasteurization of milk supply.
2. Exclusion of infected persons from handling milk or milk products.
3. In the absence of an epidemic, the milk

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from any cow with evidence of mastitis should be excluded from sale or use as a protection in addition to pasteurization.
4. Daily inspection of children in school by nurse or physician, in presence of an outbreak.
5. Segregation of persons with evidence of upper respiratory infection throughout the clinical course of their disease.

SCHISTOSOMIASIS

1. Source of infection: Waters containing the intermediary snail host, contaminated by human excrement containing the ova of the parasite.

2. Mode of transmission: In infested water, larval forms contact the skin and penetrate it to gain acecss to the blood stream.

3. Incubation period: A dermatitis may occur at the time of penetration of the cercariae. An interval of at least 1 month, usually 3, elapses after infection before the ova are present in the stools or in the urine.

4. Period of communicability: Not communicable under conditions occurring in Nebraska.

5. Methods of control:

A. The infected individual, contacts, and environment:
1. Recognition of the disease by symptomatology and examination of the stools or urine for ova. Reporting.
2. Isolation: None.
3. Concurrent disinfection: Sanitary disposal of feces and urine.
4. Terminal disinfection: None.
5. Quarantine: None.
6. Immunization: None.
7. Investigation of source of infection: Only cases among returning military personnel and imported cases may be anticipated.

SCRUB TYPHUS

See *Tsutsugamushi,* p. 90.

SEATWORM

See *Enterobiasis,* p. 46.

SEPTIC SORE THROAT

Streptococcal inflamation of the throat. See *Scarlet Fever,* p. 82.

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SEPTICEMIA PUERPERAL

Septicemia in which the focus of infection is a lesion of the mucous membrane, infection acquired during childbirth. See *Puerperal Septicemia,* p. 74.

SHIGELLOSIS

Infection with any of several of dysentery or dysentery-like bacilli. See *Dysentery, Bacillary,* p. 45.

SMALLPOX *(VARIOLA)*

1. **Source of infection:** Lesions of the mucous membranes and skin of infected persons.
2. **Mode of transmission:** By contact with persons sick with the disease; this contact need not be intimate, but aerial transmission except for short distances is unlikely. By articles or persons freshly contaminated by discharges of the sick.
3. **Incubation period:** Seven to 16 days. Cases with incubation period of 21 days have been reported. The milder types tend to have longer incubation periods.
4. **Period of communicability:** From first symptoms to disappearance of all scabs and crusts. Most communicable in the early stages of the disease.
5. **Methods of control:**
   A. The infected individual, contacts, and environment:
      1. Recognition of the disease and reporting: Clinical symptoms. The rapidly fatal or fulminating type and the very mild type may escape diagnosis until secondary cases appear.
      2. Quarantine *of patient* and isolation in screened room 21 days from diagnosis and report and as much longer thereafter until disappearance of lesions.
         Quarantine *of contacts* 14 days unless they can prove they have had smallpox or have been successfully vaccinated within the past six years. A contact may be released if vaccination was performed within 48 hours of time of first exposure to smallpox.
      3. Concurrent disinfection: No article to leave the surroundings of the patient without boiling or equally effective disinfection.
      4. Terminal disinfection: Required.
      5. Investigation of source of infection: The immediate prior case should be sought, and cases of reported chickenpox asso-

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ciated in time or place carefully reviewed for error of diagnosis.

B. **General measures:**
   1. **General vaccination in early infancy, revaccination of children on entering school, and of entire population when the disease appears in a severe form.** Only dermal vaccination is recognized.
   2. School children who have had smallpox or who have been successfully vaccinated may attend school provided they do not enter premises under quarantine.

SODOKU *(SODOKOSIS)*

See *Rat Bite Fever*, p. 77.

SOFT CHANCRE

A soft or non-syphilitic venereal sore. Chanroid. See *Venereal Disease Section*, p. 103.

STREPTOCOCCAL INFECTION, RESPIRATORY

See *Scarlet Fever* group of infections, p. 82.

STREPTOCOCCAL INFECTION, OTHER THAN RESPIRATORY

See *Erysipelas*, p. 47, also *Puerperal Septicemia*, p. 74.

SYPHILIS *(LUES)*

See *Venereal Disease Section*, p. 106.

TAPEWORM INFECTION *(TAENIASIS, TENIASIS)*

1. Source of infection: Meat containing living larvae.

2. Mode of transmission: The eating of beef or pork containing viable larvae.

3. Incubation period: The larva may mature in the human intestines in six weeks.

4. Period of communicability: Human bowel discharges are infective for animals as long as a living tapeworm is present in the human intestinal tract.

5. Methods of control.

A. The infected individual, contacts, and environment:
   1. Recognition of the disease and reporting. Intestinal infection recognized by the finding of ova or proglottids in the stools. T. solium cysticercosis diagnosis is aided by evidence of intestinal infection, symptoms, eosinophilia, roentenograms and excision in case of involvement of superficial tissues.

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2. Isolation: Sanitary disposal of excreta so as to avoid infection of food or water available to livestock.
3. Concurrent disinfection: Of bowel discharges.
4. Terminal disinfection: None.
5. Quarantine: None.

B. **General measures:**

1. Prompt treatment of T. solium infections to avoid self-infection and development of cysticercosis.
2. Avoidance of infection through eating no raw or rare beef or pork.
3. Veterinary inspection of meat in slaughter houses. Freezing of meat at 15° C. or lower, for six days.
4. Sanitation of feeding ranges of hogs and cattle.

TENIASIS *(TAENIASIS)*

See *Tapeworm Infection,* p. 86.

TETANUS *(LOCK JAW)*

1. Source of infection: Soil, street dust, and animal feces.

2. Mode of transmission: Wound infection.

3. Incubation period: Commonly 4 days to 3 weeks, dependent somewhat upon the character, extent, and location of the wound.

4. Period of communicability: Patient not infectious.

5. Methods of control:

A. The infected individual, contacts, and environment:

1. Recognition of the disease and reporting: Clinical symptoms, rarely confirmed bacteriologically.
2. Isolation: None.
3. Quarantine: None.
4. Immunization: Active immunization with tetanus toxoid is desirable for those likely to be exposed to infection with tetanus. In the absence of adequate previous immunization with tetanus toxoid reinforced by another injection of toxoid at the time of the injury, a person who has been wounded in such a way that there is danger from tetanus should receive a subcutaneous injection of tetanus antitoxin, 1,500 U.S.A. units on the day of the wound. A second injection within 10 days may be desirable in certain instances.
5. Concurrent disinfection: None.
6. Terminal disinfection: None.

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B. **General measures:**
   1. Prophylactic active immunization is advised in infancy or early childhood in those areas where there is a special risk of tetanus.
   2. Removal of all foreign matter as early as possible from all wounds.
   3. Educational efforts such as "safety first" programs in industry and on farms.

TINEA

See *Ringworm,* p. 79.

TRACHOMA

1. Source of infection: Secretions and purulent discharges from the conjunctivae and adnexed mucous membranes of the infected persons.

2. Mode of transmission: By direct contact with infected persons and indirectly by contact with articles freshly soiled with the infective discharges of such persons.

3. Incubation period: Undetermined.

4. Period of communicability: During the persistence of lesions of the conjunctivae and of the adnexed mucous membranes or of discharges from such lesions.

5. Methods of control:

A. The infected individual, contacts, and environment:
   1. Recognition of the disease and reporting: Clinical signs and symptoms.
   2. Isolation: Exclusion of the patient from general school classes.
   3. Concurrent disinfection: Of eye discharges and articles soiled therewith.
   4. Terminal disinfection: None.
   5. Quarantine: None.
   6. Immunization: None.

B. **General measures:**
   1. Search for cases by examination of school children, immigrants, and families and associates of recognized cases; in addition, search for acute secreting disease of conjunctivae and adnexed mucous membranes both in school children and in their families, and treatment of such cases until cured.
   2. Elimination of towels and toilet articles used in common.
   3. Routine examination of eyes of children admitted to institutions, or of adults in industrial concentrations where the disease is prevalent.

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TRENCH MOUTH

See *Vincent's Angina*, p. 97.

TRICHINOSIS

1. Source of infection: Uncooked or insufficiently cooked pork or pork products.

2. Mode of transmission: Only through consumption of meat containing viable larvae.

3. Incubation period: Usually the onset occurs 6 to 7 days after ingestion of the infective meat. In heavy infections gastrointestinal symptoms may appear in 24 hours.

4. Period of communicability: The disease is not transmitted by human host to man.

5. Methods of control:

A. The infected individual, contacts, and environment:
   1. Recognition of the disease and reporting: Clinical evidence, marked eosinophilia, and intradermal tests, confirmed after the third week of symptoms or of fever by examination of biopsied muscle for encysted larvae.
   2. Isolation: None.
   3. Concurrent disinfection: None.
   4. Terminal disinfection: None.
   5. Quarantine: None.
   6. Immunization: None.

B. **General measures:**
   1. **Cooking of all fresh pork and pork products by the consumer, at a temperature and for a time sufficient to allow all parts of the meat to be thoroughly cooked.**
   2. Encouragement of farmers and hog raisers in the use of swine sanitation practices which will reduce opportunity for trichina infection in swine.

TRYPANOSOMIASIS, AMERICAN

1. Source of infection: Infected persons and a number of domestic and wild animals, such as dogs, cats, and opossums.

2. Mode of transmission: Fecal material of certain infected insect vectors. Contamination with infected fecal material from the bug, of the conjunctivae, mucous membranes, abrasions, or wounds in the skin made by the bite of the insect. It is probably not transmitted by the actual act of biting.

3. Incubation period: About 7 to 14 days.

4. Period of communicability: Not communicable from man to man.

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5. **Methods of control:**
   A. The infected individual, contacts, and environment:
      1. Recognition of the disease and reporting: Clinical characteristics and laboratory examination of blood.
      2. Isolation: Protection from Reduviid bugs.
      3. Concurrent disinfection: None.
      4. Terminal disinfection: None.
      5. Quarantine: None.
      6. Immunization: None.
   B. **General measures:** Only cases acquiring infection elsewhere are anticipated.

TSUTSUGAMUSHI DISEASE OR "SCRUB TYPHUS"

(Mite Borne)

1. **Source of infection:** Infected larval mites.

2. **Mode of transmission:** By the bite of infected mites.

3. **Incubation period:** Average 7 to 10 days, may be as long as 14 days.

4. **Period of communicability:** Not communicable from man to man.

5. **Methods of control:**
   A. The infected individual, contacts, and environment:
      1. Recognition of the disease and reporting: Diagnosis by clinical symptoms, history of presence in endemic area, blood agglutination tests.
      2. Isolation: Unnecessary
      3. Concurrent or terminal disinfection: None.
      4. Quarantine: None.
   B. **General measures:** None. Only infection anticipated of individuals who have been in endemic areas in Pacific regions.

TUBERCULOSIS

1. **Source of infection:** Persons with "open" pulmonary tuberculosis; rarely tuberculous cattle.

2. **Method of transmission:** Usually through the discharges of the respiratory tract, by direct or indirect contact with infected persons, by means of coughing, sneezing, or other droplet infection, by kissing, by the use of contaminated eating and drinking utensils, and possibly by contaminated flies and dust. Infection rarely occurs from casual contact, but usually results from the continued type of exposure characteristic of family relationships. Con-

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tact with articles freshly soiled with discharges of an active case.

3. Incubation period: Variable, dependent upon the type of the disease, dosage, age, and other factors.

4. Period of communicability: As long as the specific microorganism is discharged by the patient. Commences when a lesion becomes an open one, i.e., discharging tubercle bacilli, and continues until it heals or death occurs. The degree of communicability varies with the number of bacilli discharged, the frequency of exposure, and the susceptability of the persons exposed.

5. Methods of control:

A. The infected individual, contacts, and environment:

1. Recognition of the disease and reporting: By use of X-ray examination followed by thorough medical examination and confirmed by bacteriologic examination of sputum and other materials. Routine examination of contacts, especially in family groups exposed to a person with "open" tuberculosis. Prompt reporting of all persons with active tuberculosis.
2. Isolation: A period of hospital or sanatorium treatment is desirable to remove the patient as a focus of infection in his home, and to teach him the hygienic essentials of tuberculosis control as well as to increase his chances of recovery. Public health nursing supervision of patients remaining at home. Isolation of such patients with "open" tuberculosis as do not observe precautions necessary to prevent spread of the disease.
3. Concurrent disinfection: Of sputum and articles soiled with it. Particular attention should be paid to prompt disposal or disinfection of sputum itself, of handkerchiefs, cloths, or paper soiled therewith, and of eating utensils used by the patient. Patients should be trained to cover mouth and nose in coughing and sneezing.
4. Terminal disinfection: Cleaning.
5. Quarantine: None.
6. Immunization: None.
7. Investigation of source of infection: Contacts of all known cases should be examined roentgenologically, with particular attention to elderly persons with chronic cough.

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B. **General measures:**
1. Education of the public in regard to the danger of tuberculosis, the mode of spread, and the methods of control, with especial stress upon the danger of exposure and infection in early childhood.
2. Exclusion from schools (except outdoor or open air classes) of teachers and children having this disease in a stage of communicability.
3. Patients with active tuberculosis shall not engage in food-handling occupations.
4. Routine X-ray examination of all in-patients and out-patients in general and mental hospitals, and of selected groups of industrial workers and other adult population groups.
5. Elimination of the inhalation of silica dust in dangerous quantity in industrial establishments and trades.
6. Pasteurization of all milk supplies.
7. Improvement of habits of personal hygiene and betterment of living conditions among the poor.
8. Separation of babies from tuberculous mothers at birth.
9. Eradication of tuberculosis from dairy cattle.

TULAREMIA

1. **Source of infection:** Wild rabbit principally, occasionally other animals, house flies, wood ticks, woodchuck, coyote, muskrat, opossum, tree squirrel, quail, skunk, cat, deer, dog, fòx, hog, sage hen and bull snake.

2. **Mode of transmission:** By inoculation through handling infected animals, as in skinning or dressing. By bites of infected flies and ticks. Ingestion of insufficiently cooked rabbit meat. From bites of coyotes, skunks, hogs, cats, and dogs, where the mouth of the animal was presumably contaminated from eating infected rabbits.

3. **Period of incubation:** From 24 hours to 10 days, average slightly more than 3 days.

3. **Period of communicability:** There is no authentic record of transfer of the disease from man to man.

5. **Methods of control:**

A. The infected individual, contacts, and environment:
1. Recognition of the disease and reporting: Clinical symptoms, history of con-

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tact with wild rabbit or other exposures, laboratory examination of blood.
2. Isolation: None.
3. Concurrent disinfection: Disinfection of discharges from the ulcer, lymph glands, or conjunctival sac.
4. Terminal disinfection: None.
5. Quarantine: None.
6. Immunization: None.
7. Investigation of source of infection: Should be undertaken in each case.

B. **General measures:**
1. **The use of rubber gloves by persons engaged in dressing wild rabbits wherever taken. Employment of immune persons for dressing wild rabbits. Thorough cooking of meat of wild rabbits.**
2. Avoidance of the bites of, or handling of, flies and ticks when working in infected zones during the seasonal incidence of blood-sucking files and ticks.
3. Avoidance of raw drinking water in areas where the disease prevails among wild animals.

TYPHOID FEVER

(Includes paratyphoid fevers)

1. Source of infection: Bowel discharges and urine of infected individuals and carriers.

2. Mode of transmission: Conveyance of the bacilli by direct or indirect contact with patient or carrier. Among indirect means of transmission are contaminated food, water, milk, and under some conditions, flies.

3. Incubation period: From 3 to 38 days, usually 7 to 14 days.

4. Period of communicability: As long as the bacilli are present in the excreta. From appearance of prodromal symptoms, throughout illness and relapses during convalescence, and for a varying period of time after final cessation of all symptoms.

5. Methods of control:

A. The infected individual, contacts, and environment:
1. Recognition of the disease and reporting: Clinical symptoms confirmed by bacteriologic examination of blood, bowel discharges, or urine.
2. Isolation: In flyproof room, preferably under hospital conditions, of such cases as cannot command adequate sanitary environment and nursing care in their homes. Release from isolation should be determined by at least three negative

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cultures of stool and urine specimens collected not less than 24 hours apart, and not earlier than one month after onset of the disease.

3. Concurrent disinfection: **Disinfection of all bowel and urinary discharges and articles soiled with them.**
4. Terminal disinfection: Required.
5. Family contacts should not be employed as food-handlers during period of contact nor before repeated negative stool and urine cultures are obtained.
6. Immunization: Of susceptibles in the family or household of the patient.
7. Investigation of source of infection: The source of infection (typhoid case, convalescent or carrier from whom the infection was acquired) of every case should be determined if possible. In case of indirect and remote transmission, the vehicle such as food, water or milk should also be determined.

B. **General measures:**
1. Sanitary disposal of human excreta.
2. Instruction of convalescents and carriers as to sanitary disposal of excreta, hand-washing after use of toilet, and restraint from acting as food-handlers.
3. Discovery and supervision of typhoid carriers, and their exclusion from the handling of foods.
4. Immunization of persons subject to unusual exposure by reason of occupation or travel, those living in areas of high endemic incidence of typhoid fever and those for whom immunization can be systematically and economically applied, as in the military forces and institutional populations.
5. Pasteurization of milk and milk products and aging of cheese for not less than 60 days at 35° F.
6. Supervision of other food supplies, and of food-handling practices.
7. Safe water supplies.
8. Screening and prevention of fly breeding.

C. Epidemic measures:
1. Restriction of diet to cooked food, boiled milk and boiled or chlorinated water until investigation has eliminated milk and water supplies as possible sources.
2. Proper care of excreta, screening, etc., to prevent dissemination of the bacillus from known cases or carriers. Search for unrecognized cases or carriers.
3. Immunization.

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TYPHUS, ENDEMIC *(Flea-Borne)*
(MURINE TYPHUS, BRILL'S DISEASE)

1. Source of infection: Infected rodents, especially the brown rat.

2. Mode of transmission: The agent is transmitted from rodent to man by fleas.

3. Incubation period: From 6 to 14 days, most often 12 days.

4. Period of communicability: Not communicable from man to man.

5. Methods of control:

A. The infected individual, contacts, and environment:
1. Recognition of the disease by clinical symptoms and blood tests and reporting.
2. Isolation: Isolation in vermin free room.
3. Concurrent disinfection: Treatment of clothing and bedding for parasites.
4. Terminal disinfection: None.
5. Quarantine: Patient, during clinical course of disease; contacts, 15 days after last exposure.
6. Immunization: Not practical.
7. Investigation of source of infection: Rodents about place of occupation or home.

B. **General measures:** Rodent control.

TYPHUS, EPIDEMIC *(Louse-Borne)*

1. Source of infection: Infected persons.

2. Mode of transmission: The infectious agent is transmitted from man to man by lice (Pediculus humanus) which have fed upon infected persons.

3. Incubation period: From 6 to 15 days, commonly 12 days.

4. Period of communicability: During the febrile illness and for 3 days after the temperature returns to normal, the patient is infective to lice.

5. Methods of control:

A. The infected individual, contacts, and environment:
1. Recognition of the disease by clinical symptoms and blood tests and reporting.
2. Isolation: After delousing, isolation in vermin-free room or hospital ward.
3. Concurrent disinfection: Use of insecticide powders on clothing and bedding of patient and contacts, and special treatment of hair for louse eggs.
4. Terminal disinfection: None.
5. Quarantine: In the presence of lice, exposed susceptibles should be quarantined until 15 days after last exposure.

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6. Immunization: Indicated only for members of the military forces and others planning to enter typhus endemic areas.
7. Investigation of source of infection: Every effort should be made to trace the source of infection to direct or indirect contact with a preceding case of the disease.

B. **General measures:** Promotion of better living conditions, more frequent bathing and laundering, reduction in louse infestation.

UNDULANT FEVER *(BRUCELLOSIS)*

1. **Source of infection:** The tissues, blood, milk, and urine of infected animals, especially swine, cattle and goats.

2. **Mode of transmission:** Direct contact with infected animals or animal products and by ingestion of milk from infected animals.

3. **Incubation period:** Six to 30 days or more.

4. **Period of communicability:** Practically not communicable from person to person but the organism may be present in discharges.

5. **Methods of control:**

A. The infected individual, contacts, and environment:

1. Recognition of the disease and reporting: The clinical picture supplemented by bacteriological examinations of the blood and urine.
2. Isolation: None.
3. Concurrent disinfection: Ordinary sanitary precautions.
4. Terminal disinfection: None.
5. Quarantine: None.
6. Investigation of source of infection: Human cases should be traced to the common or individual source of infection, usually to infected swine or cattle.

B. **General measures:**

1. Eradication of contagious abortion in live stock under veterinary supervision.
2. Personal hygiene by those working with animals or animal products, such as butchers, packing house employees, veterinarians and farmers. Use of antiseptic on hands, etc., after exposure to possibly infected animals.
3. Pasteurization of milk.

UTA

See *Leishmaniasis, American*, p. 59.

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VALLEY FEVER *(COCCIDIODIAL GRANULOMA)*

See *Coccidioidomycosis*, p. 38.

VARICELLA

See *Chickenpox*, p. 36.

VARIOLA

See *Smallpox*, p. 85.

VERRUGA PERUANA

Chronic Bartonellosis, frequently follows the acute stage. See *Bartonellosis*, p. 34.

VINCENT'S ANGINA
(TRENCH MOUTH, VINCENT'S INFECTION)

1. **Source of infection:** Material from lesions, especially in buccal cavity, and articles soiled therewith.

2. **Mode of transmission:** Direct contact such as kissing, indirect contact with unsterilized drinking and eating utensils.

3. **Incubation period:** Indefinite.

4. **Period of communicability:** As long as unhealed lesions are present. Subacute infections are common. Not highly communicable. Many persons harbor the causative organism with little or no symptoms, obvious symptoms developing as a result of predisposing conditions such as malnutrition, exposure, or certain debilitating diseases.

5. **Methods of control:**

   A. The infected individual, contacts, and environment:
      1. Recognition of the disease and reporting: The presence of characteristic lesions aided by laboratory examination of smears from same. Important to differentiate from diphtheria and syphilis.
      2. Isolation: Exclusion from school as long as definite unhealed lesions are present.
      3. Concurrent disinfection: Of salivary discharge and sterilization of eating and drinking utensils.
      4. Terminal disinfection: None.
      5. Quarantine: None.
      6. Investigation of source of infection: Impractical.

   B. **General measures:**
      1. **Maintenance of good dental and mouth hygiene.**
      2. **Proper nutrition and living conditions.**
      3. **Sterilization of eating and drinking utensils between customers or users.**

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4. Proper personal habits; children should be taught the hazards associated with putting pencils in mouth, swapping half-eaten apples, moistening pages with the finger, etc.

VULVOVAGINITIS IN CHILDREN

1. **Source of infection:** Discharges of infected persons.

2. **Mode of transmission:** By direct contact with infected persons and by contact with articles freshly soiled with the discharges of such persons. In children, usually spread by other than sexual contact.

3. **Incubation period:** Variable.

4. **Period of communicability:** As long as the causative organism is present in discharges.

5. **Methods of control:**

A. The infected individual, contacts, and environment:

1. Recognition of the disease: Clinical symptoms confirmed by bacteriological examination of discharges. Reporting.
2. Isolation: Until clinical recovery, and causative organisms are no longer present in discharges from the genito-urinary tract.
3. Concurrent disinfection: Discharges from lesions and articles soiled therewith.
4. Terminal disinfection: None.
4. Quarantine: None.
6. Immunization: None.
7. Investigation of source of infection: In sporadic cases of vaginitis among children (particularly those of gonorrheal origin) thorough search should be made both among adults and children for other cases in the household. During epidemics among institutional and other groups, all children exposed should be examined and attempts should be made to determine the source of infection, such attempts to include the examination of attendants when indicated.

B. **General measures:**

1. Prevention of contamination of the vulva and vagina of children with the vulvovaginal discharges of other persons, whether by fingers, thermometers, or other means.
2. Proper methods of sanitation in child-caring institutions. Employment of non-infected attendants and periodic examinations. Disinfection applied to all bed linens, towels, diapers, bath tubs, toilet bowls, etc., to prevent possible exposure.

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WEIL'S DISEASE
(ICTEROHEMORRHAGIC SPIROCHETOSIS)

See *Hemorrhagic Jaundice*, p. 53.

WHOOPING COUGH

See *Pertussis*, p. 68.

YAWS

A non-venereal transmitted disease caused by infection with treponema pertenue, believed by some to be identical with treponema pallidum and the disease to be a fly or insect transmitted syphilis. See section on *Venereal Disease*, p. 107.

YELLOW FEVER

1. Source of infection: The blood of infected persons, monkeys, marmosets, and probably some other wild animals.

2. Mode of transmission: By the bite of infected mosquitoes.

3. Incubation period: Three to 6 days, rarely longer.

4. Period of communicability: Infective for certain species of mosquitoes two days prior to onset of fever and for the first 4 days of fever.

5. Methods of control:

A. The infected individual, contacts, and environment:

1. Recognition of the disease and reporting: Diagnosis by laboratory tests.
2. Isolation: Isolate from mosquitoes in a screened room, for the first 4 days of the fever.
3. Concurrent disinfection: Not required.
4. Terminal disinfection: None.
5. Quarantine: Minimum period 7 days.
6. Immunization: Immunization not indicated except for military personnel and those planning travel to possibly yellow fever endemic areas.
7. Investigation of source of infection: Possibility of imported cases. Local investigations beyond reporting unnecessary.

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SECTION IX
VENEREAL DISEASES

Summary of Statutory Provisions

71-1101 designates syphilis, gonorrhea and chancroid as contagious, infectious, communicable and dangerous to the public health.

71-1102 makes it the duty of the Department of Health to make rules and regulations necessary to control and suppress venereal diseases.

71-1103 provides penalty.

71-505 and 71-503 relate to communicable disease in general and provide for declaring same to be contagious and infectious and to secure and maintain an official notification.

71-1116 requires blood test to be taken from pregnant women and to be examined in an approved laboratory.

42-121 to 42-128 inclusive, requires a blood test for syphilis, to be made by an approved laboratory, and a medical certificate as a prerequisite to a marriage license.

81-2118 denies employment, in food production and distribution, of persons affected with venereal disease.

Rules and Regulations

In compliance with statutory provisions the following named diseases are declared to be contagious, communicable and dangerous to the public health:

- Chancroid *(soft chancre)*
- Gonorrhea
- Granuloma inguinale
- Lymphogranuloma venereum
- Syphilis
- Yaws *(frambesia)*

They shall be reported and subject to the control methods provided herewith.

Duty of Physician to Report

Every physician who diagnoses or treats a case of venereal disease shall report such case in writing to the State Department of Health on forms pro-

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vided for that purpose—except in hospitals, dispensaries, or charitable institutions, superintendents or managers may be permitted to make the report in lieu of a report by the physician.

The report shall furnish the following information: (1) either the name, case number or initials, (2) the address, (3) age, (4) sex, (5) color, (6) occupation, (7) date of onset of the disease and (8) the probable source of infection. Such report is to be made as soon as practical and not later than ten days following diagnosis or initiation of treatment. An office record shall be kept of the case under treatment, such record to contain all the information that is reported to the State Department of Health.

The physician shall ascertain if the person has been under treatment by another physician and if so he shall notify the physician previously treating the patient, of the change.

Information of Venereal Diseases Confidential

Records of the Division of Venereal Diseases of the State Department of Health or of any local health department, relating to cases of venereal diseases shall not be made public so as to disclose the identity of the person to whom it may relate, except in so far as may be necessary to safeguard the public health against those who disobey the rules and regulations relating to these diseases or to secure conformity to the laws of the state.

Authorization to Treat

No person other than one licensed to practice medicine and surgery shall treat or prescribe for a venereal disease, and no person shall dispense a drug, medicine or remedy for the treatment of such a disease except on prescription of a physician so licensed.

Duties of Local Health Official

All city, county or other local boards of health shall use every available means to ascertain the existence of, and investigate all cases of venereal diseases in their jurisdiction. Such boards are empowered to and directed to make such examination of persons reasonably suspected of having such diseases. Every such person shall submit to such examination and permit such smears or bodily dis-

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charges or blood specimens to be taken for laboratory examination as may be necessary to establish the presence or absence of such disease. Said examination is to be made by a licensed physician acting either for the State Department of Health or engaged by the person to be examined and who in the opinion of the Department of Health is qualified for this work and is approved by said Department, and such licensed physician making such examination shall make a report thereon to the Division of Venereal Diseases, State Department of Health, Lincoln, Nebraska.

Health Warrants, When Issued

If the suspected person shall refuse to submit voluntarily to the aforementioned examination then the city, county or other local health officer, with the consent of the Director of the State Department of Health, shall issue a health warrant for the apprehension, isolation and detention of such person. The designated quarantine area may be the city or county jail or an isolation ward in any municipal or state institution.

Establishment of Quarantine

Any person having or suspected of having any venereal disease, who fails to submit himself or herself to examination or treatment as ordered by the local or state health officer and who fails to report regularly for treatment until released as non-infectious by said health officer shall be subject to quarantine as hereinafter provided.

In establishing quarantine, the state or local health officer shall designate a place or define the limits of the area in which the suspect shall be quarantined and no other persons, excepting the attending physician, shall enter or leave said quarantine area without the permission of the proper authority.

No one shall have the authority to terminate said quarantine except the officer responsible for it and only after the disease has become non-infectious as determined by said health officer or his authorized deputy.

Release of Patient

No patient under treatment for a venereal disease shall be released until the termination of the

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period of communicability as described under individual venereal diseases.

Restriction of Patient's Activity

Individuals infected with a venereal disease in a communicable stage shall not engage in an occupation in which they come in contact with children, or in which they engage in the preparation, handling or serving of food, water or other beverages.

Release of Infected Inmates

Inmates of penal or custodial institutions shall not, while infected with a venereal disease in a communicable stage, be released unless arrangements, acceptable to the Director of Health, State Department of Health, have been made for continued treatment of the infected individual or individuals.

CHANCROID *(Soft Chancre)*

1. **Source of infection:** Discharges from lesions and articles freshly soiled therewith.
2. **Mode of transmission:** Contact with discharges from lesions and articles freshly soiled therewtih.
3. **Incubation period:** One to ten days.
4. **Period of communicability:** Until lesions have completely healed.
5. **Methods of control:**

   A. The infected individual and his environment:
   1. Recognition of the disease and reporting: Clinical symptoms confirmed when possible by bacteriological examination or skin test.
   2. Isolation: Exclusion from intimate personal contact with others during period of communicability.
   3. Concurrent disinfection: Discharges of lesions and articles soiled therewith.
   4. Terminal disinfection: None.
   5. Quarantine: If necessary to control patient.
   6. Investigation of source of infection: Search for and investigation of persons who may have had sexual contact with the patient within two weeks prior to the appearance of the lesion, also of persons who may have had such contact with patient during the period since signs and symptoms have been present.

   B. General measures:
   1. Repression of prostitution and improvement of sex behavior.
   2. Provision and proper use of prophylactic measures by those who expose themselves to the opportunity of infection.

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GONORRHEA

1. Source of infection: Discharges from lesions of inflamed mucous membranes and glands of infected persons.

2. Mode of transmission: By direct personal contact with infected persons, and by indirect contact with articles freshly soiled with the discharges of such persons. In adults by sexual intercourse; in children by personal and indirect contact with discharges; in the new born by ophthalmic infection at birth.

3. Incubation period: One to 8 days, rarely longer, usually 3 to 5 days.

4. Period of communicability: As long as the gonococcus persists in any of the discharges.

5. Methods of control:

A. The infected individual, contacts and environment:

1. Recognition of the disease and reporting: Diagnosis on positive bacteriological findings, and/or clinical symptoms and strong epidemiological evidence.
2. Isolation: When the lesions are in the genitourinary tract, exclusion from sexual contact, and when the lesions are conjunctival, exclusion from school or contact with children as long as the discharges contain the gonococcus.
3. Concurrent disinfection: Discharges from lesions and articles soiled therewith.
4. Terminal disinfection: None.
5. Quarantine: Only if necessary to control patient.
6. Immunization: None.
7. Investigation of source of infection: Search for and examination of sex contacts prior and subsequent to date of onset of acute cases.

B. General measures:

1. Prompt and adequate treatment of infected persons with an appropriate chemotherapeutic agent or other recommended drug under medical supervision.
2. Repression of commercialized prostitution and of clandestine sex promiscuity, and of associated excessive use of alcoholic beverages.
3. Restriction of advertising of services or medicines for self treatment, and of the prescribing of treatment by other persons than physicians.
4. Use of prophylactic silver solution in the eyes of the newborn.

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5. **Personal prophylaxis** should be taught and made available for use before or immediately after sexual intercourse to those apt to expose themselves to infection.

GRANULOMA INGUINALE

1. **Source of Infection:** Discharges from lesions.

2. **Mode of transmission:** Direct contact during sexual intercourse with an infected person.

3. **Incubation period:** From a few days to 3 months after exposure.

4. **Period of communicability:** As long as there are unhealed lesions of the skin or mucous surfaces.

5. **Methods of control:**
   - A. The infected individual, contacts and environment.
     1. Recognition of the disease and reporting: Clinical symptoms confirmed by laboratory examination of scrapings from ulcers.
     2. Isolation: Exclusion of patient from sexual contact.
     3. Concurrent disinfection: Discharges from the lesions and articles soiled therewith.
     4. Terminal disinfection: None.
     5. Quarantine: Only if necessary to control the patient.
     6. Investigatoin of source of infection: Search for and examination of sexual contacts.
   - B. General Measures:
     1. Repression of prostitution.
     2. Personal prophylaxis.

LYMPHOGRANULOMA VENEREUM

1. **Source of infection:** Discharges from lesions.

2. **Mode of transmission:** Direct contact by skin and mucous membranes, almost exclusively in sexual relations with infected persons, or indirectly by articles soiled with discharges from the lesions of such persons.

3. **Incubation period:** One to 4 weeks; until the appearance of evanescent initial lesion. Glandular enlargement, usually the first recognized lesion, appears from 10 to 50 days after exposure.

4. **Period of communicability:** As long as there are open lesions upon skin or mucous membranes.

5. **Methods of control:**
   - A. The infected individual, contacts, and environment:
     1. Recognition of the disease: Clinical

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symptoms, with confirmation by the Frei test.
2. Isolation: Exclusion of infected person from sexual contacts during the prevalence of open lesions.
3. Concurrent disinfection: Discharges and articles soiled therewith.
4. Terminal disinfection: None.
5. Quarantine: If necessary to control patient.
6. Investigation of source of infection: Search for and examination of sexual contacts prior and subsequent to the date of first symptoms of known cases.

B. General Measures:
1. Repression of prostitution, avoidance of promiscuity.
2. Personal prophylaxis.

SYPHILIS

1. **Source of infection:** Discharges from obvious or concealed lesions of the skin and mucous membranes, the semen, the blood of infected persons, and, rarely, articles freshly soiled with discharges or blood in which the infectious agent is present.

2. **Mode of transmission:** By direct contact with infected persons or through the blood of such persons; chiefly by sexual intercourse, occasionally by kissing; by dental and other surgical or technical accidents, and rarely by indirect contact with articles soiled with discharges containing the organism; congenitally from syphilitic mother through the placenta.

3. **Incubation period:** About 3 weeks, minimum 10 days, occasionally 6 weeks or longer.

4. **Communicability:** All cases shall be considered infectious for a period of four years following primary stage, with the following exception:

A. Individuals who have received a minimum of twenty arsenicals and twenty injections of heavy metals within a year, or medication considered equivalent by the State Director of Health, and show no clinical symptoms, may be considered non-infectious.

Pregnant women, regardless of the duration of infection, may be infectious to an unborn child.

5. **Methods of control:**

A. The infected individual, contacts and environment:
1. Recognition of the disease and reporting: Clinical symptoms, confirmed by

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dark-field examination and by serologic reactions. As a general rule treatment should not be instituted without laboratory confirmation.

2. Isolation: Isolation is required for patients in the communicable stage of the disease who are non-cooperative in its treatment. (See quarantine of venereal diseases.) No person while in the communicable stage of syphilis shall be permitted to engage in occupations of personal service in which he or she may infect others with syphilis, including occupations involving intimate contact with children. Sexual intercourse should be prohibited for infected persons until they are no longer in the communicable stage.
3. Concurrent disinfection of discharges from open lesions and of articles soiled therewith.
4. Terminal disinfection: None.
5. Immunization: None.
6. Investigation of source of infection: Early cases of the disease should be traced to their source, and exposed contacts be examined. All members of the family of a patient with congenital syphilis should be examined.

B. General measures:
1. Mass serologic examinations of special groups, such as employees in industry, residents of accessible localities where syphilis is highly prevalent.
2. Repression of commercialized prostitution and of clandestine sex promiscuity.
3. Restriction of advertising of services or medicines for self-treatment, and of the prescribing of treatment by persons other than physicians.
4. Personal prophylaxis should be taught and made available for use before or immediately after sexual intercourse, to those apt to expose themselves to infection.
5. Observance of laws relating to premarital blood testing and treatment of infected individuals.
6. Prevention of congenital syphilis by observance of law requiring blood test in pregnancy and treatment of infected mothers.

YAWS ***(frambesia)***

1. Source of infection: Discharges from skin lesions and mucous membranes of infected individuals.

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2. Mode of transmission: Direct contact with lesions of patient by nonbiting flies which convey the discharges of infected persons to others.

3. Incubation period: Three and one-half weeks to three or more months.

4. Period of communicability: As long as the lesions are open and there are moist discharges.

5. Methods of control:

A. The infected individual, contacts, and environment:
   1. Recognition of the disease by clinical signs and symptoms and serologic tests.
   2. Isolation: Unnecessary.
   3. Concurrent disinfection: Protection of sores and lesions and disinfection of soiled dressings.
   4. Terminal disinfection: None.
   5. Quarantine: None.
   6. Immunization: None.

B. General measures:
   Prompt treatment of case with arsenicals as used in syphilis to render case non-infectious.

SECTION X

PREPARATION AND TRANSPORTATION OF THE DEAD

Summary of Statutory Provisions:

28-1032 to 1034 inclusive, prohibits removing dead human bodies except under conditions provided by law and provides penalties for violation.

71-1004 provides that bodies coming under the jurisdiction of the State Anatomical Board may be transported under such rules and regulations as said Board may adopt.

71-605 makes provision for burial permits and removal permits.

A completed death certificate is to be filed with the local registrar before the body is removed from the locality in which death occurred. The removal permit is to be issued by the local registrar.

Transportation companies are not to allow shipment of bodies without a removal permit and a copy

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of the death certificate. Removal permits are to be countersigned by an agent of the transportation company and returned within ten days to the local registrar issuing same.

71-1319 provides that if death has occurred from any communicable, contagious or infectious disease, the body shall not be moved or transported until after it has been prepared for transportation or removal by a licensed embalmer of this State.

71-1320 gives funeral restrictions in cases dying of a contagious disease, including provisions relating to a tightly sealed coffin which shall not thereafter be opened.

Transit Permits. A transit permit and a transit label issued by the local registrar is required for each dead body transmitted by common carrier.

A transit permit shall state the name, sex, color and age of the deceased, the cause and date of death, the initial and terminal point and the date and route of shipment and a statement giving the method of preparation of the body, the date of issuance of permit, the signature of the funeral director and/or embalmer and the signature of the registrar issuing the permit

The transit label shall be attached to the outside case and shall state the place and date of death, the name of the deceased, the name of the escort or consignee, the initial and terminal points, the date of issuance and the signature of the registrar issuing the permit.

Bodies of Those Dead of Communicable or Contagious Disease: The bodies of those dead of smallpox, plague, Asiatic cholera, typhus fever, diphtheria, scarlet fever or any other contagious or communicable disease as classified in Section III of these regulations shall be prepared or transported as required herewith.

1. The body must be embalmed and prepared for shipment by a licensed embalmer.

2. Preparation shall be conducted in the room or house in which death occurred unless otherwise permitted by the local health authorities having jurisdiction.

3. All body orifices shall be stopped with obsorbent cotton and the body thoroughly bathed with

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a solution of 1/1000 bichloride of mercury or other disinfectant of equivalent strength.

4. The body shall be encased in an airtight zinc, copper or lead lined coffin or iron casket, all joints and seams tightly sealed, and enclosed in a strong, tight wooden box; or the body may be placed in a strong coffin or casket and the coffin or casket encased in an airtight zinc, copper or tin lined box, all joints and seams being tightly soldered.

5. The body shall not be accompanied by any clothing or article which has been exposed to infection from the disease unless certified by the local board of health to have been properly disinfected.

Embalming. Embalming shall be required of all those dead of communicable or contagious disease, and of the bodies of those dying from other causes when the destination cannot be reached within thirty hours after death. Embalming shall be performed by using a disinfectant embalming fluid which shall contain not less than 5% formaldehyde gas. Embalming shall be performed by licensed embalmers and shall require the injection of not less than 10% of the body weight of the disinfectant embalming fluid injected arterially in addition to cavity injections. Twelve hours shall elapse between the time of embalming and the shipment of the body.

Disinterred Bodies. All disinterred remains shall be enclosed in a suitable casket. A metal lined casket or box is required for the body of one dying of communicable or contagious disease, as stated in a preceding paragraph.

No body dead from any cause shall be disinterred or transported unless approved by the local board of health having jurisdiction at the place of disinterrment; in case death has occurred from a contagious or communicable disease, disinterrment and transportation shall not be allowed unless permission is also obtained from the board of health having jurisdiction at the point of destination. Bodies held in a refrigerated receiving vault shall not be regarded as disinterred bodies until the expiration of forty days.

Outer Box. When bodies are prepared for shipment by common carrier other than hearse or casket coach, the casket or coffin shall be encased in a strong outer box made of sound lumber not less than ⅞ inch thick. All joints must be tongued and

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grooved, the top and bottom put on with cleats or cross-pieces, all put securely together. The outside case shall have at least four handles, and when over 5 ft. 6 inches in length, shall bear six handles.

Dead Bodies Classed as Anatomical Material. Dead human bodies whose burial may be at public expense and which bodies are claimed by the State Anatomical Board as anatomical material shall not be subject to these regulations but shall be handled in accordance with regulations promulgated by the State Anatomical Board.

This exception shall not include the bodies of anyone under 16 years of age at the time of death, any decomposed or mutilated bodies or the body of any individual dying of a contagious or communicable disease and subject to the precautionary measures relating to same.

SECTION XI

SCHOOL HEALTH

HEALTH INSPECTION OF PUPILS*

79-2122. Pupils; physical examination; notice of defects; contagious or infectious disease; duty of teacher. It shall be the duty of every teacher engaged in teaching in the schools of the state, separately and carefully, to test and examine every child under his jurisdiction, except as herein provided, to ascertain if such child is suffering from defective sight or hearing or diseased teeth, or breathes through mouth. If such test determines that any child has such a defect, it shall be the duty of the teacher to notify the parent of the child, in writing, of such defect and explain to such parent the necessity of medical attendance for such child. Whenever a child shall show symptoms of any contagious or infectious disease such child shall

*The physical examination which the law requires the teacher to make is not to be confused with the examination such as given by a physician. It is merely an inspection to note obvious evidences of defects.

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be sent to his home immediately, or as soon as safe and proper conveyance can be found, and the board of health, school board or board of education shall at once be notified; *provided, however,* that no child shall be compelled to submit to a physical examination by other than the teacher, over the written objection of his parent or guardian, delivered to the child's teacher. Such objection shall not exempt the child from the quarantine laws of the state nor prohibit an examination for infectious or contagious diseases.

Duties of Department of Health**

79-2123. Pupils; physical examination; rules, duties of Department of Health. The Department of Health shall prescribe rules for making such tests, and shall furnish to boards of education and boards of trustees of school districts rules of instruction, test cards, blanks, and other useful appliances for carrying out the purposes of Sections 79-2122 to 79-2127.

Health Test for Pupils

79-2124. Pupils; physical examination; when required. During the first month of each school year, after the opening of school, teachers must make tests required by Section 79-2122 upon the children then in attendance at school. Thereafter, as children enter school during the year, such tests must be made immediately upon their entrance.

Boards of Education to Enforce

79-2125. Pupils; physical examination; enforcement. It shall be the duty of the boards of education and school boards of the several school districts of the state to enforce the provisions of Sections 79-2122 to 79-2127.

79-2126. Pupils; physical examination; employment of physicians authorized. The board of education or school board of any school district may employ regularly licensed physicians to make the tests required by section 79-2122, and, when such tests are made by a physician, the teachers shall not be required to make the tests provided for in said section.

**Department of Health means State Department of Health.

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79-2127. Pupils; physical examination; violations; penalty. Any person violating the provisions of sections 79-2122 to 79-2126 shall be guilty of a misdemeanor, and upon conviction thereof shall be fined in any sum not to exceed one hundred dollars.

RULES AND REGULATIONS

The following rules and regulations are to be followed with respect to schools and school inspection.

Ventilation: All school rooms shall be properly ventilated, the amount of ventilation depending upon the number of children in the room. This is not to be interpreted that the windows should at all times be open.

Heating: During periods of use, school rooms shall be heated if necessary so that a temperature of not less than 68° F. be maintained. Rooms shall not be heated so as to maintain a temperature above 72° F. The room temperature shall be considered as that five feet above the floor.

Cleaning: School rooms shall be swept and dusted at least once a day and scrubbed at least once every two months. Oil mops or sweepings shall be used on all floors. Mops should be cleaned at a place where the students will not come in contact with the dust therefrom.

Toilets: Indoor toilets, or outdoor privies shall be kept in a clean condition and shall be arranged so as not to permit access or entrance of flies. Excreta shall be disposed of as required in Section XIV of these regulations.

Garbage: Covered receptacles shall be provided for waste paper and garbage which shall be emptied at least twice a week. If possible, all garbage should be burned or disposed of as provided in Section XVII of these regulations.

Water: The water furnished in schools for drinking purposes shall meet the requirements of purity specified in Section XII of these regulations. Requests shall be made to the Laboratories of the State Department of Health for special outfits, and samples shall be submitted for test for purity at least twice a year. In the event the school uses water from a municipal system, copies of certificates of analyses should be obtained from local officials who have charge of the water supply.

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Drinking Fountains: (a) Where a pressure water supply is available, sanitary drinking fountains shall be installed. Such drinking fountains shall have fittings which direct the stream of water at an angle away from the jet. The jets shall be protected against fouling by guards which prevent the lips of the user from touching the jets. (b) The use of a common drinking cup in public places is prohibited. (c) When water under pressure is not available, water must be kept in a closed container with bubble attachment or with individual cups, or combined pump and bubbler fountain shall be installed.

Venereal Disease: Any teacher or pupil suffering with a venereal disease shall be excluded from school.

Tuberculosis: No teacher or child suffering with tuberculosis is permitted to attend school; provided, that this does not apply to open-air or out-of-door classes.

CASES OF COMMUNICABLE DISEASE TO BE EXCLUDED FROM SCHOOL

Any teacher or pupil infected with any of the following listed diseases shall be excluded from school during the period of communicability. See Sections VIII and IX for details regarding specific communicable diseases. *Provided, however,* that in the case of tuberculosis, the exclusion rule does not apply to open-air or out-of-door classes.

Asiatic cholera
Bacillary dysentery
Bacterial intoxications
Cerebrospinal fever
Chancroid
Chickenpox
Cholera
Cold, common
Coryza
Diphtheria
Duke's Disease
Encephalitis, infectious
Enterobiasis
Erysipelas
Favus
Fifth disease
Food infection
Food poisoning
Fourth disease
Frambesia
Glandular fever
Gonorrhea
Granuloma, inguinale
Hepatitis, infectious
Icterohemorrhagic spirochetosis
Impetigo, contagiosa
Influenza
Itch
Jaundice, hemorrhagic
Jaundice, acute catarrhal
Keratitis
Kerato-conjunctivitis
Lousiness
Lymphogranuloma venereum
Measles, German
Measles, (rubeola)
Meningitis, meningococcus

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Meningococcemia
Mononucleosis, infectious
Mumps
Murine typhus
Nasophyrngitis, streptococcal
Ophthalmia, gonorrheal
Oxyuriasis
Paratyphoid fever
Parotitis, infectious
Pediculosis
Pertussis
Pinworm
Plague
Poliomyelitis
Psittacosis
Ringworm
Rubella
Rubeola
Salmonellosis
Scabies
Scarlatina
Scarlet fever
Seatworm
Septic sore throat
Shigellosis
Smallpox
Soft chancre
Streptococcal infection, respiratory
Streptococcal infection, other than respiratory
Syphilis
Tinea capitis
Trachoma
Trench mouth
Tuberculosis, pulmonary
Typhoid fever
Typhus, louse
Typhus, flea
Varicella
Variola
Vincent's angina
Vulvovaginitis in children
Weil's disease
Whooping cough
Yaws
Yellow fever

Duty of Principal and Teachers to Report Suspected Cases of Communicable Diseases. Whenever the principal or teacher has reason to believe that any teacher or pupil is infected with a communicable disease as listed in the preceding paragraph, they shall immediately report the same to the school physician or to the city, village or county board of health, in the jurisdiction of which the school is located.

Parent or Guardian to be Notified Whenever a Child is Sent Home. Whenever a child is sent home suspected of having a communicable disease, it shall be the duty of the school physician, principal or teacher to give the child a written notice stating the reason he or she has been sent home.

Form of notice may be as follows:

Date..

Mr. or Mrs...

This informs you that your child,.........................
has been sent home from school, suspected of having a communicable disease. We have notified the...Board or Department of Health.

....
Name of School

....
By

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Precautions to be Used in Sending Suspected Case of Communicable Disease Home. The individual suspected, if physical condition will permit, shall be taken home in such a manner that he or she will not come in contact with other children: *Provided,* that if the patient is to be sent to a place outside of the jurisdiction of the board of health in which the school is located, that the board of health into which jurisdiction the patient is to be sent shall first be notified, and the case turned over to it; provided further, that no patient shall be removed from one county to another without permission of the State Department of Health except that in cases of rural schools where the school district will take in part of two or more counties, in these cases the board of health in which jurisdiction the patient lives must be notified, and the child turned over to it, and in those cases, it will not be necessary to get the permission of the State Department of Health to send the case from one county to another.

Duties of School Physician or Whoever May be in Charge When Children Have Been in Contact with a Suspected Case of Communicable Disease. It shall be his duty to notify the county, city or village board of health within the jurisdiction of which the school is located, giving the name of the disease, stating the number of children, giving name and address, age, sex and color, that are supposed to have been exposed.

Duties of County, City or Village Board of Health After Being Notified of Children Sent Home, Suspected of Having a Communicable Diseases. It shall be the duty of the county, city or village board of health in the jurisdiction of which the school may be located to follow up the case and visit it within twenty-four hours to ascertain the nature of the illness, and as often thereafter as is necessary until a positive diagnosis can be established. The county, city or village board of health may use its discretion as to leaving this to the attending physician, but if no attending physician, it shall be the duty of the board to attend to this.

Duties of County, City or Village Board of Health as Relates to Schools. Whenever notice is received from a school physician or whoever may be performing this work, that a case of communicable or

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presumably communicable disease has been discovered, it shall be the duty of the county, city or village board of health within the jurisdiction of which it exists, to immediately institute quarantine, placard or isolation within the premises as required by the Rules and Regulations (Sections III and VIII), and full instructions shall be given to the parents, guardian, or whoever is in charge, as to the nature of the illness, and conditions under which quarantine, placard, or isolation, as the case may be, shall be maintained.

Additional Duty of County, City or Village Board of Health in Case of Contact with Diphtheria. Where there is reason to believe that the patient has exposed others in the room or in the school as a whole, or if necessary to ascertain the source of contagion, cultures from nose and throat of those supposedly exposed shall be taken by a properly qualified individual and sent to the State Department of Health to ascertain the presence of diphtheria organisms.

The Right of the School Board to Enforce Vaccination Against Smallpox. Whenever smallpox is present in a community, and children have attended school while infected with the disease in the eruptive state, it shall be the duty of the school board to order teachers and pupils vaccinated or debarred from school.

Whom to Keep Out of the School When One Member of a Family is Infected With a Communicable Disease. Quarantine, or exclusion from school, must be enforced in the event any child has not been at home for at least the incubation period of the disease (See Sections VIII and IX, State Health Regulations). If the child has been living at a place that has had no contact with the premises under quarantine, and if after inspection by the county, city or village board of health, the child is found not to be infected with a communicable disease, under these conditions, the child may continue in school. Should the disease be diphtheria, cultures shall be sent to the Laboratories of the State Department of Health for diagnosis, and if the cultures prove negative, the child may be released from quarantine and continue in school; provided, he or she does not reenter the premises under quarantine.

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Should the disease be smallpox, those children who have been vaccinated may continue in school; provided, they do not re-enter the premises under quarantine.

Those who have had smallpox or who have been vaccinated in the past six years, may continue in school; provided, they do not re-enter the premises under quarantine.

Disease in Home. No teacher, pupil, or employee shall be permitted to attend school while residing in a home or institution where there exists any communicable disease, except as provided for in Sections VIII and IX.

Requirements for Re-entering School. To re-enter school the child must obtain a certificate from the board of health in the district in which the school is located stating that he or she is free from communicable disease. This certificate may be granted by (1) inspection by the board of health or health officer who may represent the board; (2) inspection by school physician; (3) in country districts, the certificate of the attending physician may be accepted by the school.

Inspecting Pupils for Eye, Ear, Nose, Throat and Dental Defects

An inspection is to be made by the teacher or an examination made by a physician the first school month of the year as required by law.

The parent or guardian of each child is to be notified by the teacher in writing on cards furnished for that purpose, in case of defects disclosed by such inspection or examination.

On or before the beginning of each school year the board of directors or trustees of each school district shall request of the State Department of Health a set of instructions, test cards and blanks as may be required in making, recording and reporting these inspections or examinations. Such request should state the number or approximate number of pupils to be in attendance at the school.

The results of these inspections or examinations shall be reported on forms provided for that purpose, to the county superintendent of schools, who shall transmit such reports to the State Department of Health within thirty (30) days after completion of the inspection or examination.

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At the completion of the school year reports shall be made by the teachers, stating number and type of corrections made of remediable defects as disclosed by the inspections or examinations as made at the beginning of the school year.

Such reports shall be made on the forms provided for that purpose. These reports shall be forwarded to the State Department of Health through the county superintendent of schools, in a manner similar to that used in reporting the result of inspections or examination.

SECTION XII

BACTERIOLOGICAL EXAMINATIONS, APPROVAL OF LABORATORIES AND OF TESTS

Summary of Statutory Provisions:

42-121 to 42-128 inclusive, require a blood test for syphilis as a prerequisite in obtaining a marriage license; approval of laboratories and of tests are required; manner of making reports is specified.

71-502 gives the State Department of Health supervision and control of matters relating to necessary sanitation and quarantine and authority to formulate, adopt and publish necessary rules and regulations as may be required.

71-1116 requires that a specimen for a blood test be taken from each pregnant woman and that a test approved by the Department be performed in an approved laboratory.

Approval of Laboratories. Specimens for release from isolation or quarantine, for the determination of the carrier state or state of infectiousness for others and samples for the determination of the purity of water for use by the public, shall be submitted to and be examined by a laboratory of the State Department of Health or by another laboratory approved for that purpose by the Department.

This does not prohibit a physician in his own

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laboratory or in a laboratory of his choice from making or causing to have made any test or examination desired for his own information.

Conditions of Approval. A laboratory desiring the approval of the Department for performing examinations and tests of a public health nature shall make application for approval in writing stating the kind or type of examinations or tests for which approval is desired. Evidence shall be furnished the Department as required, necessary to prove the competence of the laboratory to perform the tests or examinations for which approval is sought. Required evidence of competence may include examination of evaluation or control specimens by the laboratory seeking approval.

Approval shall be in writing and may be revoked at any time by the Department for cause.

The Department shall be notified promptly of any change of personnel or situation which might influence the validity of the work performed by the laboratory.

Reporting Required. Approved laboratories shall make reports of any examination, test or analysis which shows evidence of a case of communicable disease, of a carrier, of information pertinent to release from quarantine, or of a contaminated water supply, to the department or board of health having jurisdiction. This report shall not be considered as an official report of communicable disease as required by these regulations but shall have the status of a supplementary report.

Results of examination indicating the existence or probable existence of cholera, plague, typhus, yellow fever or of any venereal disease shall be made directly to the State Department of Health at Lincoln. Information relating to other communicable disease and to contaminated water supplies shall be furnished the local board of health having jurisdiction at the point of origin of the specimen or sample.

Acceptance of Reports Not Mandatory. The State Department of Health or any local board of health may, at their discretion, require additional or confirmatory tests by another approved laboratory before accepting the results of any test or bacterio-

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logical examination for quarantine release or for other public health purposes.

Standard Serological Test Defined. For purposes of carrying out the provisions of the prenatal and premarital laws, a standard serological test for syphilis is defined as a test complying with the following conditions:

(a) A test employing an antigen consisting of a solution containing alcohol soluble substances extracted from heart muscle and fortified with cholesterol, which antigen is caused to react with blood serum or other body fluid under accurately controlled conditions. Results of the reaction may be observed either directly (flocculation test) or in combination with a hemolytic system employing complement, amboceptor and red blood cells, either from humans or from sheep (complement-fixation or Wassermann test).

(b) The identical technic employed by the laboratory must have been proven, by the laboratory employing same, to be satisfactory on the basis of performance in an evauation procedure conducted for that purpose by the Nebraska State Department of Health. Proof of satisfactory technic must be on the basis of the most recent evaluation available to the laboratory.

(c) The name used by a laboratory to identify a specific technic in an evaluation procedure in which its performance has been accepted as satisfactory, may be used by that laboratory as identifying a **standard test** when applied to the same technic and used in testing specimens for premarital or prenatal purposes.

APPROVAL OF LABORATORIES

For purposes of carrying out provisions of the premarital and prenatal laws the following provisions shall apply to the approval of laboratories making serological tests for syphilis relating to these legislative acts:

(a) The laboratory desiring such approval shall submit a request in writing for this approval.

(b) Approval shall be on a yearly basis as determined by the Department.

(c) Proof shall be furnished that the laboratory is regularly engaged in the business of making

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serological tests for syphilis on specimens other than those relating to the private medical practice of the laboratory personnel.

(d) The equipment, reagents and laboratory personnel shall be of a nature to indicate that the laboratory may reasonably be expected to continue to perform satisfactory serological tests for syphilis.

(e) The laboratory shall have shown satisfactory performance on specimens submitted to it for evaluation purposes. The general provisions recommended by the U. S. Public Health Service for intrastate evaluations shall be used as a guide in conducting these evaluations and in determining satisfactory performance by the laboratory. Performance basis for approval shall be the most recent evaluation available to the laboratory and prior to the granting of approval.

(f) In the event changes occur in the personnel, equipment or methods of an approved laboratory, the director of the laboratory shall notify the Department, giving details of the change.

(g) Form of approval shall be by a certificate signed by the Director of the State Department of Health, which certificate may be displayed by the laboratory in its place of business.

(h) Revocation of approval. The Department may terminate the approval of a laboratory at any time because of failure to comply with the laws or Department regulations relating to prenatal or premarital blood tests. The laboratory concerned shall be given an opportunity for a hearing, said hearing to be subject to such rules of conduction as may be adopted by the Director of the State Department of Health.

WATER

Quality of Water. Water furnished or offered for public use for drinking purposes shall be of satisfactory physical, chemical and bacteriological quality. It shall be deemed of satisfactory quality if it be clear, free of odor, of normal color, if it contains no chemical substance in amount sufficient to endanger the health or well-being of any user, and if it contains no bacteria or other form of living organism capable of inciting disease in hu-

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mans or indicative of contaminaton with any sewage material or any foul or unclean substance.

Laboratory Examination of Water. Those responsible for each water supply available for use by the public for drinking purposes shall cause representative samples to be submitted to a laboratory of the State Department of Health or to another laboratory approved by the Department as qualified to make examinations necessary to determine the quality of water.

In the case of supplies regularly furnishing water to less than 100 people, samples at six-months intervals shall be considered sufficient unless special conditions indicate the necessity of more frequent sampling.

In the case of water supplies serving more than 100 people, the number of samples and frequency of sampling shall be determined by the Department by considering the amount of water furnished, the number of individuals served and the number and type of hazards potentially endangering the supply.

Samples for analyses shall be collected and submitted according to directions and in sample outfits as specified by the Department.

USERS TO BE INFORMED OF THE QUALITY OF WATER

It shall be the duty of local officials, or others, having charge of a water supply, to furnish or make available to the users of the water the results of tests and other information indicative of the quality of the water being furnished. In the event of failure or refusal of those charged with the responsibility of the water supply to inform the users, the State Department of Health may, at their discretion, furnish such information to the users.

This is not to be interpreted as including the results of examination of samples other than those collected by individuals in charge of the supply or by authorized representatives of the State Department of Health or a local board of health, or samples such as those from a part of the system not representing water as available to users, or the results of any original samples collected officially and showing contamination until opportunity has

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been given for having repeat or confirmatory samples tested.

Samples submitted from a public used supply and representing water as available to the users shall have this fact plainly indicated on the invoice blank which accompanies the sample.

SECTION XIII

LOCATION, CONSTRUCTION AND OPERATION OF WELLS, WATER WORKS AND WATER SUPPLY SYSTEMS

Wells and other water supplies shall be located, constructed and operated in a manner so as to protect the water against the entrance of any pollution or filthy or unclean substance. In the event water from a stream, lake or other source not protected against contamination is to be used as a potable supply, adequate provision for purification of the supply shall be made.

A. **Water Supply Systems to Serve More than 25 People:**

1. **Approval of plans for construction, alteration or addition are required.** See Section XVI.

2. A skilled operator shall be in charge of water treatment plants, who shall operate the plant so as to continually produce a safe water. Continuous operation records shall be kept.

3. **Interruption of Service.** In case of interruption of service such as a power failure, flooding of wells or reservoir, failure of well or pump or break in a water main, the Department shall be notified at once.

4. In case of change of operator of any water works system or treatment plant the State Department of Health shall be notified.

5. **Cross Connections Prohibited.** Any connection that may permit an interchange of water between a public water supply and a private, industrial or other water supply is prohibited unless both sup-

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plies and the method of cross connection have been approved by the Department.

6. **Plumbing, Back Syphonage.** No plumbing fixture or other device which provides a connection between a drinking water supply and a drainage, soil, waste or sewer pipe so as to make possible the back flow of sewage or waste water into the water supply system, shall be installed or be permitted to be connected to a water supply system. Water that has been used for cooling or for any other purpose shall not be returned to the system.

7. **Placing of Sewer.** No sewer shall be laid within 100 ft. of any municipal well, suction intake of a water supply system, underground reservoir for storage of drinking water, or below ground water level unless constructed of cast iron pipe with impervious joints.

8. **Furnishing Water in Public Places.** In public places water shall be provided by one of the following means:

(a) A drinking fountain constructed of impervious material with a jet which directs the stream of water at an angle away from the jet. The nozzle of the jet shall be above the edge of the bowl and shall be protected by a guard which prevents the lips of the user from touching the jet.

(b) Water may be kept in a closed container with bubbler attached or a combined pump and bubbler fountain may be used.

(c) Individual drinking cups may be provided.

NOTE. The common drinking cup is prohibited by law.

9. **Chlorination of Water Supplies.** Chlorination consists of the application of chlorine, either as liquid chlorine or as sodium or calcium hypochlorite, to the water being treated in a dosage sufficient to destroy the ordinary types of bacterial contamination. The application shall be in a manner so as to secure thorough mixing of the chlorine with the water being treated and shall be made at a point in the system near the source of supply, so as to provide adequate contact of the disinfectant with the water before use. Dosage shall be sufficient and applied in a manner so as to maintain a minimum residual chlorine content at distant points in the distribution system of not less than 0.05 parts per million. The term chlorination shall be inter-

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preted to include frequent tests (for residual chlorine), of samples from representative points in the distribution system. Under ordinary circumstances making tests at three hour intervals is adequate.

Chlorination of water supplies is required when necessary to insure the provision of water meeting the standards of bacterial purity as provided in Section XII of these Regulations.

When chlorine is applied to a water supply, a record of its application shall be kept. This should show the time made and the reading of tests for available chlorine and the amount of chlorine used. The amount of water chlorinated should also be recorded. These records shall be permanently filed and available for inspection by authorized representatives of the Department.

Chlorination shall be used in the following:

(a) Supplies contaminated or suspected of having been contaminated by flood water or by accident; chlorination to be continued until bacteriological tests made of the untreated water show contamination to be absent.

(b) In the case of newly constructed wells or other construction, repair or alteration, the supply shall be chlorinated until bacteriological tests of the untreated supply show it to be free from contamination. If the new work or repairs have involved but a portion of the system, chlorination may be applied to the portion affected.

(c) In case bacteriological tests have shown the supply contaminated, chlorination shall be used and continued until the cause of the contamination shall be found and remedied.

(d) A water supply shall be continually chlorinated when it is deemed necessary by the Department in order to insure the delivery of an uncontaminated water.

B. Wells and Water Supply Systems to Serve Not More than 25 People.

1. Location and Construction of Wells.

(a) **Location.** Wells shall be located on high ground or built up mounds so as to afford protection against the entrance of flood waters. The location shall be uphill from sources of contamination and at least 75 feet from any barnyard, hogwallow, cesspool, privy, sewer or other source of contamination. Any cesspool, abandoned well, pit or other excavation or depression which might permit surface water or wastes to accumulate or to seep downward toward the water-bearing soil strata shall be filled with

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firmly packed earth. No private well shall be constructed in a location such as to endanger a public water supply. In no instance shall a private well be located within 500 feet of a public well.

(b) **Well Casings.** A watertight casing shall be used. This casing shall extend not less than a foot above the normal ground level and not less than two feet above highest flood level. Dug wells having brick or stone walls can be made watertight by enclosing the upper ten feet with a concrete silo not less than six inches thick. The earth surrounding the well shall be firmly packed so as to prevent water seeping downward along the casing.

(c) **Platform.** The well casing shall be secured into a concrete platform not less than six feet in diameter nor less than four inches in thickness, and shall extend at least one inch above the platform. The platform shall be constructed so as to slope away from the casing in all directions.

(d) **Pump.** The pump shall be of a self-priming type, have a stuffing box around the pump rod, a turned down or covered spout and be substantially braced. A rubber gasket or asphalt seal shall be installed between the pump base and the platform.

(d) **Well Pits.** Well pits shall be used only if necessary in connection with an underground force system. The pit shall be of watertight construction. The platform shall have a manhole with an elevated margin of concrete so as to prevent water from the platform surface from draining into the manhole. An overlapping watertight manhole cover shall be used. The bottom of the pit shall be drained by a watertight pipe to a seepage pit located not less than ten feet therefrom. The casing shall extend not less than one foot above the pit floor, be secured by a pedestal at least 6 inches high, and the space between the drop pipe and the well casing sealed with a watertight stuffing box.

2. **Location and Construction of Reservoirs.** Reservoirs or other storage facilities for drinking water supplies shall be located above the ground water table in an area not subject to flooding. Construction shall be of a type affording protection against leakage or entrance of water from external sources. All openings to the reservoir shall be so constructed as to protect against contamination by the use of watertight covers, ventilation or pipe sleeves having overlapping rims or downward bends of at least three inches.

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NOTE: Local officials should by ordinance, require that a permit be obtained from the city council or village board before a well may be constructed within the incorporated area.

C. **Ice.**

Ice used for potable purposes or for cooling water or food products by direct contact shall be made from water that meets the Department's standards for drinking water. Cleanliness shall be maintained in all parts of the process of manufacture and in handling the ice.

SECTION XIV

DISPOSAL OF HUMAN EXCRETA AND WASTES

Safe Disposal Required. Human excreta, body discharges and waste material containing same shall be disposed of in a manner that will not permit contamination of any water supply, milk or other food materials. Disposal shall be so as to protect against access thereto of rodents, flies or other insects and not to permit untreated discharges or sewage to contaminate or intermingle with any flood, surface or ground water.

Disposal of Excreta of Infected Individuals. Excreta of individuals infected with intestinal parasites or with any disease, either in the active or carrier state, in which the infective agent may be present in the bowel or urinary discharges, shall be protected in such a manner as to prevent the contamination of hands of attendants and of articles of food, or of clothing and so as to prevent access to it by flies, other insects or animals. It shall be disinfected by admixture with an equal amount of 5% carbolic acid solution, or other disinfectant of equivalent strength, before being deposited in any privy, vault, septic tank or public or private sewer.

Excreta and Sewage Disposal for More Than Twenty-five People.

Approval of Plans Required. Plans and specifications shall be submitted prior to construction,

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alteration of or addition to any sewers or any sewage treatment plant in which the complete system or treatment plant is designed to collect or treat the discharges from more than twenty-five people. See Section XVI.

Location. No sewer, other than cast iron pipe with impervious joints, shall be laid within 100 ft. of any municipal well, suction intake of a water supply system, underground reservoir for storage of drinking water, or below ground water level.

Combined Sewers. Sewer systems designed to carry domestic sewage shall not be designed to permit the entrance of storm or run-off water. Municipalities should prohibit their use for discharge of waste water from cooling or refrigeration systems when discharge as sewage overloads or interferes with the operation of the sewerage system or disposal plant designed for domestic sewage. Domestic sewage or sewage containing human excreta shall not be disposed of by discharge into a storm sewer. Discharge of industrial wastes through the sewerage system may be permitted in case the amount and nature of such wastes are such as not to interfere with the proper carriage and treatment of domestic sewage.

Treatment Plants. Discharge shall be only through a properly designed and operated sewage treatment plant. Such plant shall provide for both primary sedimentation and secondary treatment of the sewage. Type and design shall be such as to make possible reasonable purification of the sewage consistent with modern practice and under a grade of operational skill reasonably anticipated.

Other features of construction of sewers and disposal plants shall conform to approved modern practice.

Operation. Operation shall be of a type to secure maximum separation of solid and liquid portions of the sewage.

Separated solids shall be adequately treated in a digestor and dried on suitable drying beds or vacuum filters and not be permitted to wash into any stream or watercourse.

The liquid portion shall be further treated so as to obtain maximum oxidation of dissolved organic matter before being discharged.

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Operation shall be in a manner to avoid dissemination of offensive odors.

Excreta Disposal for Not More Than Twenty-five People.

No privy, privy vault, outdoor toilet or private sewage disposal plant shall be constructed or installed in any city or village without a permit from the city council or village board of trustees. Such structures shall comply with the following regulations:

1. No privy, privy vault, toilet or private disposal plant permitting sewage disposal by absorption into the soil shall be constructed in any area subject to flooding, or within twenty-five feet of any residence or business building, or within fifty feet of any private well, or within five-hundred feet of any municipal well, or within five feet of the limits of the premises upon which installed, except that privies may be installed on the line adjoining an alley.

2. No privy or other sewage disposal system shall be constructed in a manner permitting discharge of sewage material at a greater soil depth than five feet.

3. No permit shall be given for the construction of any private type of sewage disposal in a situation or location in which connection to a public sewer can reasonably be made or required.

SECTION XV

SWIMMING POOLS

A. Construction.

1. Approval of plans and specifications before construction or alteration is required. See Section XVI.

2. Cross connections prohibited. Construction shall be such as to make impossible the entrance of any of the pool contents into a drinking water supply, or the entrance of any of the contents of a sewer into swimming pool water.

3. Outdoor pools to be enclosed. High tight walls or fences shall enclose outdoor pools outside the

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runways. Areas of sand, grass or shrubbery shall not be included within the enclosed area.

4. No concession or sale of any merchandise is permitted within the pool area.

5. Visitors' galleries. There shall be no means whereby bathers can enter the space provided for spectators or spectators enter the pool area.

6. Separate entrances required. Pools used simultaneously by both sexes shall be provided with separate entrances and be constructed so that there is no connection between men's and women's quarters.

7. Toilet facilities. Adequate and proper toilet facilities, accessible from the dressing rooms and from the pool area shall be provided for each sex.

8. Adequate shower bath facilities with hot and cold water shall be provided. The design shall be such that a proper mixture of hot and cold water may be obtained without danger of scalding the bather. Soap shall be provided.

9. Sanitary drinking fountains, meeting the requirements specified in Section XIII, and delivering pure drinking water, shall be provided both within the bath house and within the pool area.

10. Foot baths shall be provided in locations accessible to the bather. These should be used before leaving the bath house and after exposure on runways and floors. They should contain chlorine solution in not less than one-half percent of chlorine.

B. **Operation.**

1. A skilled operator shall be in charge of the pool.

2. The pool and bath house shall be maintained in a clean and sanitary condition throughout.

3. Personal regulations to be posted. Suitable placards embodying the pool regulations and instructions shall be posted in conspicuous places. These regulations shall include the following provisions:

(a) No bather is permitted to enter the pool room or pool enclosure, unless an attendant is present. Solo bathing is prohibited.

(b) All persons using the swimming pool shall take a cleansing shower bath in the nude, using warm water and soap, and thoroughly rinsing off all soap suds, before entering the pool room or enclosure.

(c) A bather leaving the pool room or enclos-

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ure for any reason shall take a foot bath before returning. A bather leaving the pool to use toilet is required to take a second cleansing bath before returning.

(d) All bathers are instructed to use the toilet and particularly to empty the bladder before taking cleansing bath and entering the pool.

(e) Any person having a skin disease, sore or inflamed eyes, cold, nasal or ear discharges, or any communicable disease is denied access to the pool.

(f) Persons having any considerable area of exposed subepidermal tissue, open blisters, cuts, etc., are warned that these are likely to become infected and they are advised not to use the pool.

(g) Spitting, spouting of water, blowing the nose, etc., in the pool is prohibited. The scum gutter is provided for expectoration.

(h) Warning: Blowing the nose to remove water is likely to force infectious matter into the sinus and inner ear cavities and possibly cause serious consequences.

(i) Divers are advised to wear rubber caps over the ears or to plug the ears with greased cotton to prevent infection of the ear drum and passages, by water forced in by concussion.

(j) No boisterous or rough play, except supervised water sports are permitted in the pool, on the runways, diving boards, floats, platforms, or in dressing rooms or shower rooms.

4. Towels, drinking cups, combs, hair brushes or other toilet articles shall not be permitted for common use.

5. Suits and towels furnished bathers shall be laundered and sterilized by boiling water or steam following each use. In lieu of this, suits and towels may be sent to a public laundry. Unless thoroughly dried by artificial heat in a modern laundry drier, suits and towels shall not be reissued on the same day they have been used.

6. Access to the pool shall be denied to those known or suspected of being infected with a communicable disease. This shall be interpreted as including skin diseases, colds, nose or ear discharges and inflamed or sore eyes.

7. A qualified lifeguard shall be on duty at all times during the hours the pool is in use.

C. **Quality of water.** In artificial swimming pools the water shall be maintained in a satisfactory sanitary condition continuously during the

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period the pool is in use. Water that conforms to the following is of satisfactory quality:

1. The water shall be sufficiently clear so that a submerged bather is plainly visible in ordinary daylight in all parts of the pool.

2. The water shall be free from scum and material floating on the surface.

3. The water shall be free of visible dirt on the bottom of the pool.

4. The water shall be of normal color and have no odor except perhaps a faint non-offensive chlorine odor.

5. A residual chlorine content of between 0.4 and 0.6 parts of chlorine per million parts of water shall be present in all parts of the pool. In case the ammonia-chlorine process is used, the residual chlorine shall be kept between 1.0 and 1.5 parts per million.

6. The water shall have a proper degree of alkalinity. In pools equipped with filters sufficient lime or soda ash shall be used to counteract the acidity of the alum used in the filters, maintaining the water in a slightly alkaline condition, (a hydrogen ion [pH] concentration between 7.2 and 7.8 is satisfactory).

7. Residual chlorine and hydrogen ion concentration tests shall be made regularly at least twice daily and a record kept of the results.

SECTION XVI

APPROVAL OF PLANS OF WATER WORKS, SEWERS, SEWAGE DISPOSAL WORKS AND SWIMMING POOLS

No municipality, district, corporation, company, person or persons shall install, change or make alterations in or additions to, or enter into contract for installing, changing, making alterations in or additions to any water works system to serve more than twenty-five persons, any sewerage system to serve more than twenty-five persons or

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any swimming pool, public swimming or bathing place or places, until complete plans and specifications, or equivalent information in writing or in writing and drawings, fully describing the proposed construction, alterations or additions have been submitted to, and received the written approval of the Department of Health.

Plans and specifications or equivalent information shall be submitted in triplicate, one copy of which is to be retained as a departmental record and the other two to be returned with the Department's action indicated thereon, to the municipality or other submitter. Not less than two weeks' time is required for departmental action on plans and specifications.

In construction, approved plans and specifications must be substantially adhered to, unless deviations are submitted to and have received the written approval of the Department.

Approval shall not be considered valid in the event the initiation of construction is delayed more than one year after date of approval, or is not completed within five years from date of approval.

The Department shall be notified of the time of initiating the construction of any project requiring approval in this Section, so as to make possible inspection during the period of construction.

SECTION XVII

MISCELLANEOUS PROVISIONS AND NUISANCES

Summary of Statutory Provisions:

Sections 14-102, 14-103, 15-237, 16-240, 17-121, 17-123, 17-207 and 23-224 give local officials authority to cause the abatement of and to prevent nuisances.

71-502. This section is interpreted as making it the duty of the State Department of Health to make rules and regulations relating to nuisances in so far as sanitation and the public health are involved.

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28-1012 relates to abatement of nuisances resulting from stagnant water.

28-1013 prohibits the placing of dead animals or any filthy substance in any well, or in any running water used for domestic purposes.

28-1014 prohibits exposing offensive material.

28-1016 defines nuisances and provides for the abatement thereof.

ABANDONED WELLS

Wells, both public and private, no longer used as a source of water, shall be sealed so as to effectively prevent the entrance of surface water, filth or any other substance that might pollute or contaminate the ground water supply. In no instance shall a well be used for receiving any sewage, liquid or solid wastes, rubbish, industrial wastes or other material. The use of a well for any such purposes is declared to be a nuisance.

ANIMAL RENDERING PLANTS

Plants reducing or processing the carcasses of dead animals shall be located, constructed and operated so as not to offend the senses or endanger the health of humans.

Location shall be at least 300 feet from any residence, or other place of business.

Refuse material not processed shall be disposed of in a manner to avoid pollution of any stream or ground water and so as not to become a breeding place for flies or rodents or a source of offensive odors.

No carcasses of animals dead of anthrax, glanders, or foot and mouth disease shall be hauled to, received or processed by any rendering plant.

Operation shall be carried out in a manner not to expose employees to infection to any disease of animals, and not to permit the exposure or dissemination of any foul substance or offensive odor.

CAMPS, CAMP MEETINGS, OPEN AIR GATHERINGS, PICNICS, PUBLIC SALES, RAILWAY BUNK CARS, TOURIST CAMPS, TRAILER CAMPS

The word "camp" as used herein shall apply to all of the above.

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Permit Required. No camp shall be established until those in charge of the camp shall have applied for and received a permit from the county board of health, city council or village board of trustees within the jurisdiction of which it is to be located. Application shall be made in writing and shall state the exact location of the proposed camp, the type to be established, the approximate number of persons, the intended duration of stay, the proposed source of water and the proposed methods of sewage and garbage disposal: Provided that a permit is not required for picnics, public sales of less than 24 hours duration, for temporary camps of less than 25 persons, or for trailer parking of less than 24 hours duration. This permit shall remain in effect for not more than one year.

Issuance of Permit—Revocation. If, after inspection, the board of health is satisfied that the proposed camp will not be a source of danger to the health of inmates or of others, or a nuisance to those in the vicinity, they shall issue a permit in writing. Any such permit may be revoked for cause by the board of health issuing same, or by the State Department of Health.

Local Board of Health to Inspect Sanitary Condition of Camp. It shall be the duty of each county, city or village board of health, when learning of the establishment of any camp in its jurisdiction, promptly to inspect and determine the propriety of the location of the camp and its sanitary condition. If the location or manner of operation of the camp be found to be a nuisance or detrimental to the public health, it shall cause the camp to be removed, or the manner of its operation corrected.

Board of Health to Be Notified of Name of Person Responsible for Sanitary Condition of Camp. It shall be the duty of the owner, manager or foreman of the camp to detail one person who shall be responsible for the sanitary condition of the camp and to notify the local board of health of the identity of such person.

Communicable Disease to Be Reported. It shall be the duty of the person in charge of any camp or any other person having knowledge of any person infected, or suspected of being infected with a

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communicable disease to report same at once to the board of health having jurisdiction. See Sections III and VIII.

Camp Grounds. All camps shall be located on well-drained ground and in areas not subject to flooding. The premises shall be kept in a clean and sanitary condition.

Water Supply. A water supply shall be provided which meets the requirements of the State Department of Health. See Sections XII and XIII.

Sewage Disposal. Sewage shall be disposed of in a manner meeting the requirements of Section XIV. Toilet facilities shall be provided with separate accommodations for each sex, at least one toilet for each 25 males and one for each 25 females.

Garbage and Refuse. Closed, watertight receptacles shall be provided for garbage, trash and refuse. They shall be emptied daily and the contents disposed of in a manner which neither creates a nuisance nor is a menace to the public health.

Pollution of Water Prohibited. Every reasonable precaution shall be exercised in disposing of wastes, garbage and sewage so as to prevent the pollution of any surface water.

Auto Trailer Houses. No automobile house or trailer house parked or located on ground within the limits of a municipality shall be used for human residence except on grounds for which a permit has been issued by the city or village board of health. Every such auto or trailer house parked within the limits of a municipality shall be subject to the provisions of local and state regulations.

Trailer Closets. Closets on auto-trailers shall be of the removable receptacle type, flyproof, provided with satisfactory means of ventilation and of such construction as will permit proper cleansing and disinfection. Receptacles or containers for the retention of excreta shall be of watertight metal construction, provided with strong handles so as to facilitate removal for cleansing.

Trailer Sinks. Sinks, closets, and other fixtures used for washing purposes on auto-trailers shall be provided with removable watertight inpervious

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containers for the retention of all liquid waste. Fixtures on auto-trailers which may permit discharge of liquid or solid wastes on the ground surface are prohibited. All waste material, including garbage, refuse, slops or closet contents, shall be disposed of in such a manner as to prevent a nuisance, offense, or the fouling of any water course or water supply. If the auto-trailer is equipped with running water and flush toilet, an adequate sewage tank must be provided underneath the body of the auto-trailer for the collection and storage of such waste. This shall be emptied into the sewer pipe connections or other approved methods of disposal provided by the municipality or community in which the auto-trailer is located at the time of such disposal.

DISPOSAL OF DEAD ANIMALS

The burial of dead animals within the corporate limits of a city or village is prohibited.

Disposal may be by incineration or burial. Burial must be at a depth permitting not less than two feet of earth to cover level with the ground.

No animal shall be buried within one-half mile of a well in the course of ground water used for drinking purposes.

DUMPS

For the purpose of these rules, a dump is a place where refuse and waste material such as dry rubbish, trash, ashes, metals and other substances of a type that will not decompose and cause offensive odors may be deposited. Depositing of garbage, manure, dead animals, or other putrescible substance in a dump is prohibited.

If the land-fill method of garbage disposal is used, rubbish may also be disposed of by this method. Otherwise the municipality shall provide a dump which shall be located outside the limits of the municipality. The jurisdiction of the dump area shall be acquired by the municipal corporation. The distance should be not less than one-half mile from the thickly populated outskirts of the city or village and at least one-eighth mile from the nearest public highway. The area should be fenced.

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DUST AND SMOKE

Dust or smoke produced in industrial processes and which because of its location or intensity constitutes an injury to the health or comfort in any residence is declared to be a nuisance, and local officials shall take steps to cause abatement, the same as with other nuisances.

GARBAGE DISPOSAL

Garbage, for the purpose of these rules, consists of food wastes of a perishable nature from kitchens, shops and stores.

Garbage shall be collected, transported and disposed of in a manner that will not endanger the health of the people or cause a nuisance.

Garbage shall be collected in watertight covered receptacles which shall be kept clean inside and outside. Removal shall be at least twice a week in summer and once a week in winter.

Garbage shall not be thrown or permitted to fall on the ground or onto streets or alleys, nor shall it be allowed to accumulate. It shall not be deposited at the city or village dump.

Fresh garbage may be fed to chickens. Garbage that has been cooked (heated so that all portions have reached the temperature of boiling water) may be fed to hogs.

Burial of garbage by the land-fill method is the recommended method. The garbage is deposited in a trench and covered with not less than two feet of earth at intervals of not more than two days. Areas shall be selected for this purpose that are not subject to flooding and that are so located that they cannot cause pollution of any water supply, stream or lake. If this method is used, rubbish may be deposited along with garbage.

INDUSTRIAL WASTES

Industrial wastes shall be disposed of by the industry producing same in a manner that will not pollute any water supply system, stream or lake, injure the health or comfort of the people, or cause a nuisance in any other manner. They may be disposed of through the municipal sewage disposal system by agreement with the municipality, providing the amount and nature is such that their disposal in this manner does not interfere with the proper disposal or treatment of domestic sewage.

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LIVESTOCK IN CITIES AND VILLAGES

Permitting livestock to run at large in a city or village is prohibited. The location in which animals may be kept within a city or village is to be controlled by ordinance. Pens and buildings in which animals are housed shall be kept clean and the accumulation of filth prevented. Permitting a place where animals are housed to be a breeding place for flies, a source of offensive odors, or the drainage therefrom to endanger any water supply, shall be classed as a nuisance and abatement required by local officials.

POLLUTION OF STREAMS

The depositing in any lake, stream, or water course, or on the ground where it may be washed into same, of any sewage material, or other unclean substance or any chemical or industrial wastes is declared to be a nuisance.

SLAUGHTER HOUSES

The slaughtering of animals or of fowls, except individually for family use, shall be carried out in places equipped so that the operation may be performed without the production of a fly, rodent or other nuisance. The slaughtering facilities shall be located in an area which is reasonably distant from residential and retail business areas in which the keeping of livestock of the types slaughtered is not prohibited and refuse shall be protected in such a manner as to be non-accessible to rodents or flies and shall not be allowed to accumulate. The slaughtering place shall be maintained in a clean and sanitary condition.

STABLES

No stable or other shelter for animals shall be maintained within fifty feet of any living quarter, kitchen or mess room. Stables shall be kept clean and the refuse handled so as to minimize the propagation of flies. No drainage from any stable or animal shelter shall be permitted to discharge directly into any spring, lake, reservoir, stream or other waste course.

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CLARK COUNTY CHILD CARE COMMITTEE

Vancouver, Washington

February 15, 1946

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

Prepared By

Elizabeth T. Bannister, Executive Secretary

CLARK COUNTY CHILD CARE COMMITTEE

P. O. Box 751 Phone 366

Vancouver, Washington

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"DEAR READER"

I want each of you to know how much I personally have enjoyed working with the Child Care Committee and its various sub-committees during the last three years. When I accepted appointment to the chairmanship in December 1942, little did I know what that war emergency committee of six would grow into.

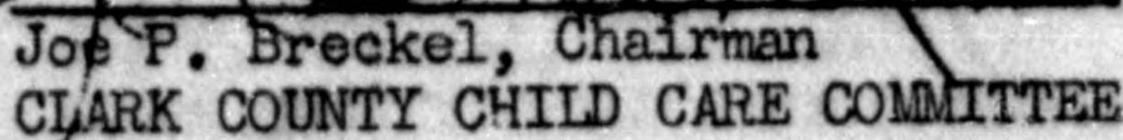
The work which these Committees have done since their formation would never have been possible without the interest and the very fine cooperation we have had from all organizations and agencies. Actually the whole foundation of this kind of work is understanding and voluntary cooperation, since these Committees have no authority over anyone. At this time I want to express my own special appreciation for that interest and cooperation.

It is my hope now that the coordination and the way of working together which has been developed thus far through the Child Care Committee can be carried on and can grow into something much more worthwhile in the months to come. We in the Child Care Committee have had hopes that during 1946 a broader, more inclusive "Community Council" could be organized in Vancouver to take over the work we have been doing and to do much more besides. In the event that this cannot be achieved, we want to plan to continue our own activities in the best way possible.

The Child Care Committee is at present without sponsorship, since the Office of Civilian Defense, our original sponsor, was discontinued on December 31, 1945. If the Child Care Committee is to continue now, it must formally organize to carry on as a voluntary group on a more permanent basis. If we find that there is sufficient community interest in our work, we will be moving forward with this re-organization within the next two months.

Again -- my thanks to you for your cooperation and interest.

Sincerely yours,



Joe P. Breckel, Chairman
CLARK COUNTY CHILD CARE COMMITTEE

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MEMBERSHIP ROSTER

CENTRAL COMMITTEE

Name:	Organization
Joe P. Breckel, Chairman	Rotary Club
Mrs. C. E. Loan, Vice-Chairman	Council of Parents and Teachers
Mrs. Oscar L. Hanson, Treasurer	Council of Parents and Teachers
Miss Elizabeth T. Bannister, Secretary	Clark County Child Care Committee
Mrs. Sarah V. Case, Chairman Committee on Foster Care	Vancouver Child Service Centers
John A. Hungate, Chairman Committee on Juvenile Protection	Kiwanis Club, Public Schools
Mrs. Robert H. DuBois, Chairman Committee on Boys and Girls' Camping	Girl Scouts
Miss Eva Santee, Chairman Community Council Study and Planning Committees	Vancouver Public Library

* * * * * *

Name	Organization
O. S. Abrahamson	Central Labor Council
V. B. Anderson	Vancouver City Commission, B.P.O.E.
Mrs. Edward Baker	Child Study Group, A. A. U. W.
Miss Dorothy Parry	Girl Scouts
Kenneth Billington	American Red Cross
Mrs. Edith Allen Brown	County Welfare Department
Rev. Howard C. Busching	Council of Churches
Miss Lois Carleton	Guidance Clinic, Visiting Teachers
Mrs. Miles Cook	Vancouver Woman's Club
Louis Cormier	Boy Scouts
Mrs. Lois Davis	United States Employment Service
Miss Germaine Emerson	County-City Health Department
Thomas Flynn	Columbia Basin Council
Mrs. Marjorie W. Foster	County Welfare Department
Dr. Paul F. Gaiser	Vancouver Public Schools
Carl Gustafson	Greater Vancouver Recreation Association
Mrs. Marie Harlowe	Business & Professional Women's Club
Mrs. Darline Hood	Department of Labor and Industry
Miss Bernice James	United States Employment Service
Mrs. Carl R. Jarrett	Church of God
Dr. Ruth Jens	County-City Health Department
R. DeWitt Jones	Prosecuting Attorney, Rotary Club
Dr. S. P. Lehman	County-City Health Department
George B. Lloyd	Clark County Guidance Council
Mrs. N. Malbin	League of Women Voters
Mrs. H. E. Marble	Campfire Girls
Morey Pressly	Trapedero Club
Mrs. Emerson Runyan	Vancouver Council of Church Women
Mrs. Clyde H. Ryan	Child Study Group, A.A.U.W.
S. J. Sherson	Knights of Pythias
Jay Sly	Kiwanis Club
Claude Snider	American Legion
Rev. A. C. Wischmeier	Central Labor Council
A. D. Whitenack	Vancouver Public Schools

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CENTRAL COMMITTEE
(continued)

In addition to the present members listed on the preceding page, the following persons were also active with the Central Child Care Committee during part of last year:

Miss Lila Anderson	County-City Health Department
Mrs. Dorothy Brewster	Girl Scouts
Joe Carling	County-City Health Department
Jerry Forbes	B. P. O. E.
Mrs. Irene Gross	U. S. O. - Travelers Aid Service
Mrs. Guthrie Langsdorf	Child Study Group, A. A. U. W.
Mrs. Helen Lehman	Vancouver Child Service Centers
Rev. H. C. Reynolds	Council of Churches
Miss Maude E. Withers	Kaiser Company, Women's Counselling Servic

One of these members, the Reverend Mr. Reynolds, we lost through death, and six of the others resigned when they moved away from the community.

During the year, the following organizations have had representation on the Central Committee for the first time:

American Red Cross	League of Women Voters
Church of God	Vancouver Public Library
Knights of Pythias	Business and Professional Women's Club

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COMMITTEE ON JUVENILE PROTECTION

Name	Organization
John A. Hungate, Chairman	Kiwanis Club, Vancouver Public Schools
Miss Elizabeth Bannister, Secretary	Executive Secretary, Clark County Child Care Committee

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Name	Organization
O. S. Abrahamson	Central Labor Council
V. B. Anderson	Vancouver City Commission
Ronald Barclay	Shumway Jr. High, Student Body
Miss Dorothy Barry	Girl Scouts
R. E. Brady	Sheriff's Office
Miss Barbara Brose	Vancouver High School, Girls' League
Ross T. Coie	Extension Service
Capt. Dewey Crowley	Vancouver Police Department
Chief Harry Diamond	Vancouver Police Department
D. M. Gilpin	Probation Office
John Gretsch	Farm-Labor Office
Carl Gustafson	Greater Vancouver Recreation Association
The Honorable Charles W. Hall	Superior and Juvenile Court
Mrs. Darline Hood	Department of Labor and Industry
Miss Margaret Inabnit	County Welfare Department
Miss Bernice James	United States Employment Service
Oliver B. Klossner	Vocational Education Department Vancouver Public Schools
Bruce Matheny	McLoughlin Junior High, Student Body
Kenneth Morrison	Ogden Meadows High, Student Body
Walter Pollock	Vancouver Housing Authority
Morey Pressly	Trapedero Club
Tommy Smail	Vancouver High School, Student Body

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During part of last year, the following persons, in addition to the above, were members of the Juvenile Protection Committee: John Blaker, Mrs. Harland Burgess, Miss Dorothy Glaisyer, Mrs. Irene Gross, Jim Hicks, Floyd L. Standifer; Art Beddoe, Miss Freda Ehlenberger, Bill Knapp, Louis Prediletto, and Miss Kay Sorenson. The five last named were Student representatives who served through June, 1945

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COMMITTEE ON FOSTER CARE

Name	Organization
Mrs. Sarah V. Case, Chairman	Vancouver Child Service Centers
Miss Mildred Dodge, Secretary	County Welfare Department

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Name	Organization
Miss Elizabeth Bannister	Clark County Child Care Committee
Mrs. W. H. Beeman	Lady JayCees
Mrs. Herbert Boltz	Covington Club
Mrs. Harold Bradshaw	Jr. Women's Club
Mrs. Everal Carson	
Mrs. Isom D. Cook	Council of Church Women
Mrs. Marjorie W. Foster	County Welfare Department
Mrs. Oscar L. Hanson	Council of Parents and Teachers
Mrs. Edwin Hughes	Disabled American Veteran's Auxiliary
Mrs. A. V. Johnson	Vancouver Woman's Club
Mrs. Ed. Johnson	Lady JayCees
Mrs. Mable F. Lund	American Legion Auxiliary
Mrs. Esther Mehl	County Welfare Department
Mrs. Ruth Moscrip	Washington Children's Home Society
Mrs. I. C. Munger, Jr.	Medical Society Auxiliary
Miss Gertrude Sipple	County-City Health Department
Miss Mae Stephanson	Extension Service
Mrs. Roy Wilkinson	Diocesan Council of Catholic Women
Mrs. Henry M. Wiswall	Medical Society Auxiliary
Mrs. Clyde H. Ryan	Child Study Group, A. A. U. W.

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Others who were active members of the Foster Care Committee, during part of the last year were: Mrs. Marie Fall, Miss Anna Jerzyk, Mrs. Helen Lehman, Mrs. Wilma Lundberg, Mrs. J.P. Shaughnessy, and Mrs. Jack Tanner. Most of these persons resigned from the Committee when the nature of their work changed making it impossible for them to continue with the Committee.

In recent months, representatives of the Vancouver Woman's Club, Junior Woman's Club, Lady JayCees, American Legion Auxiliary, and the Disabled American Veteran's Auxiliary, have affiliated with the Committee for the first time.

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BOYS AND GIRLS' CAMPING COMMITTEE

Name	Organization
Mrs. Robert H. DuBois, Chairman	Girl Scouts
Miss Elizabeth Bannister, Secretary	Clark County Child Care Committee

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V. B. Anderson	Office of Civilian Defense
Rev. Howard Busching	Vancouver Council of Churches
Mrs. Marjorie W. Foster	Clark County Welfare Department
Carl Gustafson	Greater Vancouver Recreation Association
John Hungate	Juvenile Protection Committee
Mrs. H. E. Marble	Campfire Girls
Mrs. Gus Ostonson	Camas Girl Scouts
The Rev. John Pressly	Southwest Washington Presbytery
Jay Sly	Kiwanis Club
Miss Mae Stephanson	4-H Clubs

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SPECIAL COMMITTEES

COMMITTEE ON THE BACK-TO-SCHOOL CAMPAIGN

Name	Organization
Mrs. J. Erdman Meuler, Co-Chairman	City Council of Parents and Teachers
Mrs. C. E. Loan, Co-Chairman	City Council of Parents and Teachers

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V. B. Anderson	Office of Civilian Defense
Miss Elizabeth Bannister	Clark County Child Care Committee
Miss Barbara Brose	Vancouver High School, Girls' League
Willis Bross	Columbia Advertising Agency
Charles Cartony	Vancouver Chamber of Commerce
Miss Jane Cook	The Vancouver Columbian
Charles Emerson	The Vancouver Sun
Mrs. Darline Hood	Department of Labor and Industry
John Hungate	Juvenile Protection Committee
Miss Charlene Jackson	K. V. A. N.
R. R. Mikesell	Central Labor Council
Rev. Mr. C. S. Mook	Ministerial Association
Tommy Smail	Vancouver High School Student Body
A. D. Whitenack	Vancouver Public Schools

(This Committee was appointed by the Juvenile Protection Committee and was active during August and September, 1945.)

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COMMUNITY COUNCIL STUDY AND PLANNING COMMITTEES

Name	Organization
Miss Eva Santee, Chairman	Clark County Guidance Council
Miss Elizabeth Bannister, Secretary	Clark County Child Care Committee

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V. B. Anderson	Office of Civilian Defense
Joe P. Breckel	Clark County Child Care Committee
Mrs. Edith Allen Brown	County Welfare Department
Mrs. Sarah V. Case	Vancouver Child Service Centers
Henry DeYoung	Vancouver Community Chest
Dr. Paul F. Gaiser	Vancouver Public Schools
Mrs. Oscar L. Hanson	Clark County Child Care Committee
Carl T. Heins	Vancouver Community Chest
John A. Hungate	Juvenile Protection Committee
Dr. S. P. Lehman	County-City Health Department
George B. Lloyd	Vancouver Community Chest
Mrs. C. E. Loan	Clark County Child Care Committee
R. R. Mikesell	Greater Vancouver Recreation Association
A. D. Noble	Boy Scout Council
E. R. Sensenbrenner	Department of Veteran Affairs

(This committee was appointed by the Central Child Care Committee in June, 1945, and has been active from that time to the present.)

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OUR LEADERS

Although Joe P. Breckel has a full-time job trying to provide enough ice cream in just the right flavors for the children of Southwest Washington, he always finds time to do something more in the interest of the children of his own community. As Chairman of the Central Child Care Committee since December 1942, Mr. Breckel has given outstanding leadership to the community's efforts to study children's needs and to see that they are met. Those who work with him speak as one in their appreciation of his cheerfully and sincerely given service.

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Mrs. C. E. Loan has served as Vice-Chairman of the Central Committee since June 1943, and was one of the Committee's original members. Active at the same time on the Girl Scout Council, the local chapter of the National Foundation for Infantile Paralysis, and the City Council of Parents and Teachers, Mrs. Loan has been both generous and gracious in giving her time and energy to the Child Care Committee. She has chaired nearly one third of the meetings held since her election as Vice-Chairman.

* * * * *

Mrs. Oscar L. Hanson has been Treasurer of the Committee since January 1944, handling the Community Chest and Campship funds entrusted to it. Mrs. Hanson, too, has been active in a number of other community organizations during the same time she has given faithful service to the Child Care Committee. She joined the committee in October 1943 to represent the City Council of Parents and Teachers.

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John A. Hungate, Principal of Hough Elementary School, has given continuously outstanding service to the sub-committee on Juvenile Protection of which he has been chairman since its formation in October 1943

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Mrs. Clyde H. Ryan served most capably as chairman of the sub-committee on Foster Care from January 1944 to September 1945 when she resigned in anticipation of her husband's return from military service. Mrs. Ryan continues however, as a member of the Committee representing the Child Study Group of the American Association of University Women. Since September 1945, Mrs. Sarah V. Case has devoted much of her interest and time to leadership of the committee on Foster Care. Mrs. Case joined the Central Child Care Committee in June 1945, representing the Vancouver Child Service Centers of which she is the director.

Miss Mildred L. Dodge has served ably as recording secretary of the committee on Foster Care since its appointment in January 1944. Miss Dodge is a foster home finder on the staff of Clark County Welfare Department.

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Considerable work has been done, particularly during the camping season (May to September 1945) by Mrs. Robert H. DuBois as chairman of the sub-committee on Boys and Girls' Camping, which was appointed in April 1945. Mrs. DuBois joined the Central Child Care Committee in February 1945 representing the Girl Scout Council.

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Very special appreciation is due Miss Eva Santee. She has served untiringly since June 1945 as chairman of the Community Council Study and Planning Committees. Miss Santee's thoughtful way of work and her pioneer spirit have contributed immeasurably to these Committees' efforts. Miss Santee joined the Central Committee in April 1944, as chairman of Clark County Child Guidance Council, and is now the representative of the Vancouver Public Library.

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Since its organization the Child Care Committee has had three full-time executive secretaries, each loaned to work with it by Clark County Welfare Department. Mrs. Marjorie W. Foster served in this capacity from December 1942 to March 1943, at which time she was appointed by the Welfare Department as Supervisor of its newly-formed children's division. Mrs. Foster has continued as a member of the Central Committee since that time. In March 1943 Miss Elizabeth T. Bannister was assigned by the Welfare Department to assist the committee. Miss Bannister has served continuously to date with the exception of the months of November and December 1944, when she was loaned to work in Seattle with the State Children in Wartime Committee. During this two months' absence Miss Dorothy Glaisyer was appointed as acting secretary.

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1945 FINANCIAL REPORT

Carried forward January 1, 1945	$205.29	$205.29
Receipts:		
Clark County Welfare Department		
Salaries and Travel Paid	$4,142.56	
Stationery and Office Supplies	15.00	
		$4,157.56
Office of Civilian Defense		
Telephone and Telegraph Paid	10.00	
Stationery and Office Supplies	20.00	
		30.00
Vancouver Community Chest	480.00	
		480.00
Funds for Campships from 7 Community Organizations	288.61	
		288.61
	TOTAL RECEIPTS	$5,161.46
Expenditures:		
Salaries		
Executive Secretary		$2,745.81
Stenographer (3/4 time)		1,316.25
Travel		80.50
Telegraph and Telephone (Long Distance)		16.54
Stationery, Mailing and Mimeograph Supplies		57.88
Printing of Pamphlets and Folders		185.41
Posters (Back-to-School Campaign) Chest Parade		32.60
Postage		99.21
Miscellaneous Interpretation		16.85
Camp Fees ($317.08 Paid out less refunds of $35.00)		281.88
	TOTAL EXPENDITURES	$4,832.93

Balance on Hand December 31, 1945:

Bank Balance		318.53
Revolving Fund		10.00
	BALANCE	$328.53

(Of this balance, $6.73 belongs to the Campship fund for 1946.)
About $225.00 is obligated for printing of new "Directory of Community Services in the Vancouver Area".

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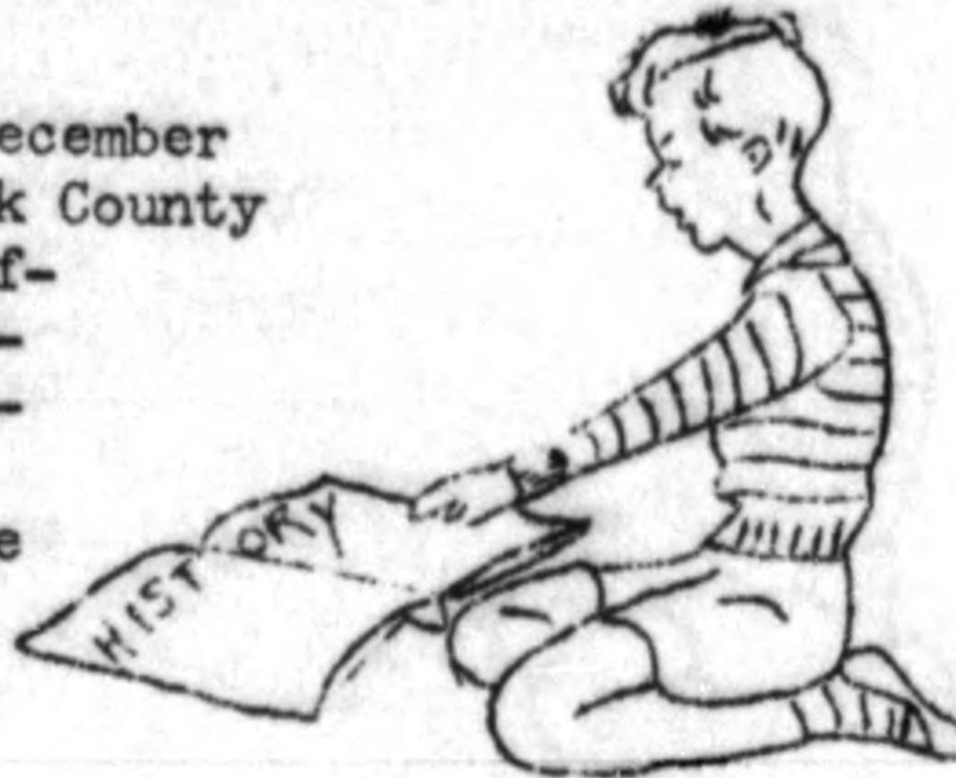
HISTORY OF THE CHILD CARE COMMITTEE



The Child Care Committee was organized in December 1942 under the sponsorship of the Vancouver-Clark County Office of Civilian Defense. At that time, the effects of war employment upon the children in Vancouver were being felt in full measure. Increasingly large numbers of mothers were working, housing for families was inadequate, schools were overcrowded, and foster homes could by no means meet all the demands for child care. Nursery schools were greatly needed.

The first task for the original committee of six (Joe P. Breckel, Jay Sly, R. DeWitt Jones, Mrs. C.E. Loan, Mrs. Miles Cook, and Mrs. Marjorie W. Foster) therefore was to endorse and support the application which the Vancouver Public Schools were ready to submit to the Federal government for Lanham Act funds for nursery schools. This the Committee did, then waited impatiently for the funds to arrive.

Although from the beginning the Committee maintained a keen interest in the nursery and extended school care programs operated by the Public Schools, its interests rapidly broadened to a consideration of the total needs of children and how they could best be met in the Vancouver community. It is to be remembered that the Child Care Committee has at no time had administrative or operating responsibility for any program. Rather it has attempted to promote in various ways progress in all the community programs of importance to children and their well-being.

During the war years, membership of the Central Committee grew, and sub-committees were formed, as members found increasing value in meeting together, pooling information, clearing on developments, and doing joint thinking and planning. Membership of the Central Committee and its three standing sub-committees today number 75 persons, representing 55 different public and private agencies and civic organizations.

Since December 31, 1945 the Child Care Committee has been carrying on as an independent community organization without official sponsorship, for on that date the Office of Civilian Defense, its sponsor, ceased to exist. Members of the Committee voted in November 1945 to continue in this fashion as a voluntary group until other sponsorship could be arranged.

All action to reorganize the Child Care Committee was delayed for several weeks pending a decision on the proposed plan for establishing a Community Council in the Vancouver area. (See pp. of this Report.) In taking leadership in formulating and presenting the Council plan to the community, this Committee has hoped that such a Council, if established, would actually replace the Child Care Committee -- to carry on broader, more effective work of clearance, coordination, study, and interpretation with regard to health, welfare, recreation and related community services for both children and adults.

Now, with the Council plan still pending, the Child Care Committee is this month considering the steps it must take for its own reorganization. The adoption of a Constitution and By-Laws (which it has never had) and an election of officers for the Central Committee lie ahead. The Committee also faces loss of the services of its executive secretary after February 15, 1946, since the County Welfare Department no longer has available the war-emergency child

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welfare funds from which the salary of the professional worker for the Committee has been paid since December 1942.

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ACTIVITIES PRIOR TO MAY 1945

Later sections of this Report deal in some detail with the activities of the Central Child Care Committee and its sub-committees from May 1945 (when the last Activity Report was released) to February 1946. Here briefly is a review of Activities undertaken by the committees prior to May 1945:

1. Drew together, for joint discussion of problems and needs, the representatives of many of the organizations concerned with community services to children and their families; encouraged planning of resources to meet these various needs.

2. Endorsed the Lanham Act applications made by the Public Schools for the nursery school, extended day care and recreation programs; and the application made by the County Commissioners for funds to construct a Health Center.

3. For two years maintained a Child Care Counseling and Information Service at the Office of Civilian Defense.

4. Gave coordinated public interpretation on services available to children and their parents - child service centers, foster homes, counseling and casework services, recreation, churches, schools, and health services; published three directories of community services:

   (a) "FOR YOU AND YOUR CHILDREN" - September 1943

   (b) "FOR THE YOUNGER SET" - July 1944

   (c) "SERVICES TO CHILDREN IN VANCOUVER" - February 1945.

5. Participated with the Portland Day Care Committee in the study of child care needs, and presented proof to the United States Maritime Commission that an industrial nursery operated by Kaiser Company was not needed in Vancouver; urged continuation of the Women's Counseling Service at the Kaiser Shipyard.

6. Assisted in the interpretation of children's needs and the requirements of the foster home programs of Clark County Welfare Department and Washington Children's Home Society.

7. Participated with Portland in a survey of Night Care made for this area by the Child Welfare League of America.

8. Studied problems related to the care of neglected children; participated in an inter-agency conference between court and law-enforcement, public welfare and school officials, through which a more effective plan was worked out for handling children who were being picked up on an emergency basis and who needed overnight care.

9. Helped in 1943 to secure financial aid from the City for summer park supervision.

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10. Appointed a sub-committee on Juvenile Protection, drawing together those especially interested and concerned with the problems of older children.

11. Through the Juvenile Protection Committee, participated in efforts to create a separate division for juvenile work within the Vancouver Police Department; encouraged appointment of additional staff for Clark County Probation Department.

12. Considered the need for a special center in Vancouver for teen-agers; assisted further in the establishment of the Trapedero Club, by encouraging the Greater Vancouver Recreation Association to assume sponsorship of it, and by appointing a finance committee to raise funds for special equipment.

13. Studied the Juvenile Court's plan for a dentention home; suggested alterations in the plan; supported the Court's budget request in a hearing before the County Commissioners; wrote Governor Langlie in support of the Commissioners application for $40,000.00 from State funds; following receipt of funds by the County, continued an interest in the development of plans.

14. Participated in a survey by the United States Children's Bureau of work of law-enforcement officials with juvenile offenders.

15. Helped to bring together the various youth-serving agencies on their common problem of camping and camp facilities; appointed a sub-committee on Boys and Girls' Camping.

16. Planned and worked with the Farm Labor Office on standards for the employment of children in agriculture.

17. Sought the help of the Washington, D.C. office of the United States Employment Service asking that its local offices throughout the country be requested to exercise more care in recruiting and giving clearance to minors for work outside their home communities.

18. Worked actively in support of the following State legislation in the 1945 Session of the Legislature:

(a) Bill to establish a grant-in-aid fund to local school districts to assist them in providing recreation services.

(b) Public Library Fund Bill.

(c) Bill requiring pre-marital physical examinations to protect marital partners from syphilis.

(d) Bill to continue the mental hygiene division within the State Department of Health rather than to set up a separate department of mental hygiene.

(e) Bill to improve the regulation of the employment of children.

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(f) Bill to create an Interim Committee for the Investigation of Juvenile Delinquency.

19. Supported bill in Congress intended to establish on a permanent basis, an Office of Community Recreation Services, in the Office of the Federal Security Administrator.

20. Following withdrawal of staff and official sponsorship from the State Children in Wartime Committee, expressed interest to Governor Wallgren in the continuation on the State level of an over-all planning committee for services to children.

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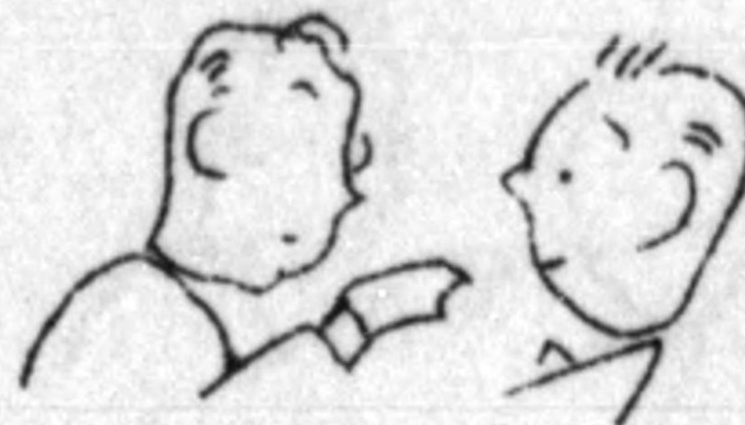
WHAT THE COMMITTEES ARE ORGANIZED TO DO

The functions of the Central Child Care Committee and its standing sub-committees may now be outlined as follows:

A. Central Committee



1. To be aware of the needs of children in the community and to plan that they be met -- by referring particular problems to the agency or agencies which seem best suited to meet them; by supporting appropriate legislation, and by a variety of other methods.

2. To serve in an advisory capacity to the community agencies which provide children's services, particularly those which do not have their own advisory boards or committees.

3. To serve as a clearinghouse on information as to needs, resources and problems through reports made at meetings, or given directly to the secretary, and through informal inter-agency conferences.

4. To work for the coordination of all services to children in the community, to see to it that needs are met and that services are not duplicated.

5. To plan and release coordinated publicity and interpretation on the various children's programs.

B. Juvenile Protection Committee

1. To study juvenile delinquency.

2. To encourage the strengthening of resources in the community to meet the particular needs of older boys and girls for counseling and guidance, recreation, employment, housing and social protection.

3. To serve in an advisory capacity to those agencies which work with the older group of children and to assist in the coordination of activity and planning among all agencies and organizations interested in that age group.

C. Foster Care Committee

1. To understand the needs especially of young children, and to encourage strengthening of resources for meeting those needs.

2. To interpret the foster home program throughout the County, and to give recognition to the service being rendered by foster parents,

3. To arouse the interest of additional persons in becoming foster parents to the end that the agencies may give a higher quality of service to children needing placement away from their own families.

4. To serve in an advisory capacity to the two agencies in the community responsible for foster care programs.