

## California Association of Communicable Disease Controllers (CACDC) Guidelines for Case Report, Restrictions and Specimen Collection for Enteric Infections in Persons with Sensitive Occupations and Sensitive Situations (\*SOS) and Others<sup>†</sup>

<sup>†</sup>NOTE: For all diseases covered in these guidelines, local health departments may choose to follow more restrictive exclusion and clearance practices than those presented in these guidelines, except where specified in code or regulation.

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

DISEASE	Sensitive Setting*	CASE		CONTACT	
		Currently Symptomatic	Previously Symptomatic in the Past 48-72 Hours	Currently Symptomatic	Asymptomatic
Amebiasis	Not SOS	CMR.	CMR.	No action.	No action.
	SOS – food handler	CMR §Restrict/exclude until 3 consecutive stool specimens, taken at intervals of not less than 3 days apart are negative.	CMR §Restrict/exclude until 3 consecutive stool specimens taken at intervals of not less than 3 days apart are negative.	Collect one stool specimen for testing in a PHL. Restrict/exclude until stool testing negative.	No restriction
	SOS – other	CMR. Restrict/exclude until 48 hours after resolution of signs and symptoms. No clearance required.	CMR. No restriction.	Collect one stool specimen for testing in a PHL. Restrict/exclude until stool testing negative.	No restriction.
	Child ≤ 5 years in group setting	CMR. Restrict/exclude until 48 hours after resolution of signs and symptoms. No clearance required.	CMR. May return to group care if asymptomatic for 48 hours.	Collect one stool specimen for testing in a PHL. Restrict/exclude until stool testing negative.	No restriction.
Lab Notes: use O & P container					
<b>Applicable Code - CCR 17, §2550. For foodhandlers, also Health &amp; Safety Code §113949-113950.5.</b>					
† NOTE: CACDC has recommended to CDPH that the section be amended to delete the requirement for clearance testing and instead require exclusion from food handling until appropriate treatment is completed.					

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

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Case report = investigation/case history form required by CDPH for reporting (CMR also required).

**CACDC Guidelines for Case Report, Restrictions and Specimen Collection for Enteric Infections in Persons with SOS<sup>†</sup>**

DISEASE	Sensitive Setting*	CASE		CONTACT	
		Currently Symptomatic	Previously Symptomatic in the Past 48-72 Hours	Currently Symptomatic	Asymptomatic
Campylobacter	Not SOS	CMR.	CMR.	No action. Consider collection of one stool specimen for testing in a PHL for case ascertainment.	No action.
	SOS <sup>∞</sup>	CMR. Restrict/exclude until 48 hours after resolution of signs and symptoms. No clearance required.	CMR. No restriction. No clearance required.	Restrict/exclude until 48 hours after resolution of signs and symptoms. Consider collection of one stool specimen for testing in a PHL for case ascertainment. No clearance required.	No restriction.
	Child ≤ 5 years in group setting	CMR. Restrict/exclude until 48 hours after resolution of signs and symptoms. No clearance required.	CMR. No restriction. No clearance required.	Restrict/exclude until 48 hours after resolution of signs and symptoms. Consider collection of one stool specimen for testing in a PHL for case ascertainment. No clearance required.	No restriction.
<b>Applicable Code – None. (For child care centers, refer to CCR 22 §101626.1 (e)-(i)).</b>					
<sup>∞</sup> Note: Some jurisdictions do not follow-up on Campylobacter reports. These guidelines are not suggesting they do additional follow-up on cases or contacts unless it is indicated on the information reported that they are or may be SOS or children ≤ 5 years of age in a group setting.					

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**CACDC Guidelines for Case Report, Restrictions and Specimen Collection for Enteric Infections in Persons with SOS<sup>†</sup>**

DISEASE	Sensitive Setting*	CASE		CONTACT	
		Currently Symptomatic	Previously Symptomatic in the Past 48-72 Hours	Currently Symptomatic	Asymptomatic
<b>Cryptosporidiosis</b>	Not SOS	CMR. Stay out of public swimming pools until 2 weeks after resolution of diarrhea.	CMR. Stay out of public swimming pools until 2 weeks after resolution of diarrhea.	CMR (Probable). Stay out of public swimming pools until 2 weeks after resolution of diarrhea.	No action.
	SOS	CMR. Restrict/exclude until 48 hours after resolution of signs and symptoms. No clearance required. Stay out of public swimming pools until 2 weeks after resolution of diarrhea.	CMR. May return to work if asymptomatic for 48 hours. No clearance required. Stay out of public swimming pools until 2 weeks after resolution of diarrhea.	CMR (Probable). Restrict/exclude until 48 hours after resolution of signs and symptoms. No clearance required. Stay out of public swimming pools until 2 weeks after resolution of diarrhea.	No restriction.
	Child ≤ 5 years in group setting	CMR. Restrict/exclude until 48 hours after resolution of signs and symptoms. No clearance required. Stay out of public swimming pools until 2 weeks after resolution of diarrhea.	CMR. May return to group care if asymptomatic for 48 hours. No clearance required. Stay out of public swimming pools until 2 weeks after resolution of diarrhea.	CMR (Probable). Restrict/exclude until 48 hours after resolution of signs and symptoms. No clearance required. Stay out of public swimming pools until 2 weeks after resolution of diarrhea.	No restriction.
<b>Lab Notes: use O &amp; P container</b>					
<b>Applicable Code – None. (For child care centers, refer to CCR 22 §101626.1 (e)-(i)).</b>					

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**CACDC Guidelines for Case Report, Restrictions and Specimen Collection for Enteric Infections in Persons with SOS<sup>†</sup>**

DISEASE	Sensitive Setting*	CASE		CONTACT	
		Currently Symptomatic	Previously Symptomatic in the Past 48-72 Hours	Currently Symptomatic <sup>∞</sup>	Asymptomatic
<b>Cyclosporiasis</b>  <u>Lab Notes:</u> use O & P container	Not SOS	CMR.	CMR.	CMR (Probable).	No action.
	SOS – food handler	CMR. Exclude from work until diarrhea resolves. No clearance required.	CMR. No restriction. No clearance required.	CMR (Probable). Exclude from work until diarrhea resolves. No clearance required.	No restriction.
	SOS – other	CMR. Employer to restrict/exclude per current work policy for diarrhea. No clearance required.	CMR. No restriction. No clearance required.	CMR (Probable). Employer to restrict/exclude per current work policy for diarrhea. No clearance required.	No restriction.
	Child ≤ 5 years in group setting	CMR. Exclude until diarrhea resolves. No clearance required.	CMR. No restriction. No clearance required.	CMR (Probable). Exclude until diarrhea resolves. No clearance required.	No restriction.
Applicable Code – None					
∞Note: Consider testing of symptomatic contacts for case ascertainment if they have not traveled to an endemic area since this disease is uncommon in the U.S. and is often associated with foodborne outbreaks,					

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**CACDC Guidelines for Case Report, Restrictions and Specimen Collection for Enteric Infections in Persons with SOS<sup>†</sup>**

DISEASE	Sensitive Setting*	CASE*	CONTACT*	
		Public health actions will be the same, regardless of current symptoms.	Currently Symptomatic (with symptoms of taeniasis)	Asymptomatic
Cysticercosis (see also Taeniasis)	Not SOS	CMR and Case Report. If not already done by healthcare provider, collect stool for O & P on 3 different days to r/o autoinfection as a source.	Collect stool for O & P on 3 different days to r/o as possible source.	Consider collection of stool for O&P on 3 different days to r/o as possible source, especially if no known source (e.g., travel) for case.
	SOS – food handler	CMR and Case Report. If not already done by healthcare provider, collect stool for O & P on 3 different days to r/o autoinfection as a source. Restrict/exclude until autoinfection ruled out as above. If positive for adult tapeworm, restrict/exclude as taeniasis case.	Collect stool for O & P on 3 different days to r/o as possible source. Restrict/exclude until diarrhea resolves. If positive for adult tapeworm, restrict/exclude as taeniasis case.	Collect stool for O & P on 3 different days to r/o as possible source. No restriction unless becomes case.
	SOS – other	CMR and Case Report. If not already done by healthcare provider, collect stool for O & P on 3 different days to r/o autoinfection as a source. If diarrhea, employer to restrict/exclude per current work policy. If positive for adult tapeworm, consider restriction/exclusion as taeniasis case.	Collect stool for O & P on 3 different days to r/o as possible source. Employer to restrict/exclude as per current work policy for diarrhea. No additional restriction unless becomes case (taeniasis).	Consider collection of stool for O&P on 3 different days to r/o as possible source, especially if no known source (e.g., travel) for case.
	Child ≤ 5 years in group setting	CMR. If not already done by healthcare provider, collect stool for O & P on 3 different days to r/o autoinfection as a source. If diarrhea, group setting to restrict as per policy. If positive for tapeworm, consider exclusion from group care setting as taeniasis case.	Collect stool for O & P on 3 different days to r/o as possible source. Group setting to exclude as per facility policy for diarrhea. No additional restriction unless becomes case (taeniasis).	Consider collection of stool for O&P on 3 different days to r/o as possible source, especially if no known source (e.g., travel) for case.
<b>Lab Notes:</b> use O & P container				
Applicable Code - None				
*Cases or contacts with positive testing for <i>T. solium</i> should be handled as taeniasis cases. NOTES: A substantial (>20%) proportion of persons with cysticercosis may also be infected with the adult tapeworm, so cysticercosis patients should be screened for taeniasis. The utility of screening family or other household contacts of a cysticercosis case for taeniasis is unclear and may depend on demographics of the jurisdiction.				

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**CACDC Guidelines for Case Report, Restrictions and Specimen Collection for Enteric Infections in Persons with SOS<sup>†</sup>**

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

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DISEASE	Sensitive Setting*	CASE		CONTACT	
		Currently Symptomatic	Previously Symptomatic in the Past 48-72 Hours	Currently Symptomatic	Asymptomatic
<b>Hepatitis A</b>	Not SOS	CMR and Case Report.	CMR and Case Report.	CMR and Case Report if positive hepatitis A IgM, jaundiced, OR elevated ALT or AST.	No action.
	SOS	CMR and Case Report. Restrict/exclude until past communicable period (7 days after onset of jaundice [use onset of symptoms if no jaundice] and until diarrhea resolves).	CMR and Case Report. Restrict/exclude until past communicable period (7 days after onset of jaundice [use onset of symptoms if no jaundice]).	CMR and Case Report if positive hepatitis A IgM, jaundiced, OR elevated ALT or AST. If diagnosis unclear, ensure collection of serum for hepatitis A IgM and AST/ALT. Restrict/exclude until a hepatitis A anti-IgM test is negative or past communicable period (7 days after onset of jaundice or onset of other symptoms if no jaundice).	No restriction
	Child $\leq$ 5 years in group setting	CMR and Case Report. Restrict/ exclude until past communicable period (7 days after onset of jaundice and/or 7 days after onset of symptoms, if no jaundice).	CMR and Case Report. Restrict/exclude until past communicable period (7 days after onset of jaundice and/or 7 days after onset of symptoms, if no jaundice).	CMR and Case Report if positive hepatitis A IgM, jaundiced, OR elevated ALT or AST. If diagnosis unclear, ensure collection of serum for hepatitis A IgM and AST/ALT. Restrict/ exclude until past communicable period (7 days after onset of jaundice and/or 7 days after onset of symptoms, if no jaundice).	No restriction.
<b>For foodhandlers, Health &amp; Safety Code §113949-113950.5.</b>					

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**CACDC Guidelines for Case Report, Restrictions and Specimen Collection for Enteric Infections in Persons with SOS<sup>†</sup>**

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

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**CACDC Guidelines for Case Report, Restrictions and Specimen Collection for Enteric Infections in Persons with SOS<sup>†</sup>**

DISEASE	Sensitive Setting*	CASE	CONTACT	
		Public health actions will be the same, regardless of symptoms	Currently Symptomatic	Asymptomatic
<b>Salmonellosis (not typhoid)</b>  <b>(Includes tartrate-positive S. Paratyphi B)</b>	Not SOS	CMR and Case Report.	CMR (Probable) + Case Report.	No action.
	SOS	CMR and Case Report. §Restrict/exclude until 2 consecutive stool specimens taken at least 24 hours apart, and collected at least 48 hours after cessation of antibiotics, are negative.	CMR (Probable) + Case Report. Restrict/exclude until 2 consecutive stool specimens taken at least 24 hours apart, and collected at least 48 hours after cessation of antibiotics, are negative.	No restriction. Consider one stool specimen.
	Child ≤5 years in group setting <sup>∞</sup>	CMR and Case Report. Restrict/exclude until 2 consecutive stool specimens taken at least 24 hours apart, and collected at least 48 hours after cessation of antibiotics, are negative.	CMR (Probable) + Case Report Restrict/exclude until 2 consecutive stool specimens taken at least 24 hours apart, and collected at least 48 hours after cessation of antibiotics, are negative.	No restriction. Consider one stool specimen if outbreak suspected.
<b>Applicable Code - CCR 17, §2612. For foodhandlers, also Health &amp; Safety Code §113949-113950.5. (For child care centers, refer to CCR 22 §101626.1 (e)-(i)).</b>				
<sup>∞</sup> NOTE: Alternative approach: May return to group setting when asymptomatic for at least 24 hours (no stool testing) and LHD monitors for transmission in the setting.				

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DISEASE	Sensitive Setting*	CASE	CONTACT	
		Public health actions will be the same, regardless of symptoms	Currently Symptomatic	Asymptomatic
<b>Shiga toxin-producing <i>E. coli</i> (STEC) including O157 and other serotypes</b>  <b>Includes stool shiga toxin-positive (with negative or no culture results)</b>	Not SOS	CMR and Case Report.	CMR (Probable) + Case Report. Offer stool testing.	No action.
	SOS	CMR and Case Report. Restrict/exclude until 2 consecutive stool specimens, taken at least 24 hours apart, and collected at least 48 hours after cessation of antibiotics, are negative.	CMR (Probable) + Case Report. Restrict/exclude until 2 consecutive stool specimens, taken at least 24 hours apart, and collected at least 48 hours after cessation of antibiotics, are negative.	No restriction.
	Child $\leq$ 5 years in group setting	CMR and Case Report. Restrict/exclude until 2 consecutive stool specimens, taken at least 24 hours apart, and collected at least 48 hours after cessation of antibiotics, are negative.	CMR (Probable) + Case Report Restrict/exclude until 2 consecutive stool specimens, taken at least 24 hours apart, and collected at least 48 hours after cessation of antibiotics, are negative.	No restriction.
<b>For foodhandlers, Health &amp; Safety Code § 113949-113950.5. (For child care centers, refer to CCR 22 §101626.1 (e)-(i)).</b>				

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		Public health actions will be the same, regardless of symptoms	Currently Symptomatic	Asymptomatic
Shigellosis	Not SOS	CMR.	Consider offering stool testing for case ascertainment.	No action.
	SOS	CMR. §Restrict/exclude until 2 consecutive stool specimens, taken at least 24 hours apart, and collected at least 48 hours after cessation of antibiotics, are negative.	Restrict/exclude and collect one stool specimen for testing in PHL.	No restriction.
	Child ≤ 5 years in group setting	CMR. Restrict/exclude until 2 consecutive stool specimens, taken at least 24 hours apart, and collected at least 48 hours after cessation of antibiotics, are negative.	Restrict/exclude and collect one stool specimen for testing in PHL.	No restriction.
<b>Applicable Code - CCR 17, §2613. For foodhandlers, also Health &amp; Safety Code § 113949-113950.5. (For child care centers, refer to CCR 22 §101626.1 (f)-(i)).</b>				

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

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DISEASE	Sensitive Setting*	CASE	CONTACT	
		Public health actions will be the same, regardless of current symptoms.	Currently Symptomatic	Asymptomatic
<b>Typhoid Fever</b> ( <i>Salmonella Typhi</i> )	Not SOS	CMR and Case Report. §Clearance specimens required. Three consecutive stool and urine <sup>†</sup> specimens taken at least 24 hrs apart, beginning at least 1 wk after discontinuation of antibiotics and not earlier than 1 month from onset, are negative for <i>S. Typhi</i> at a PHL.	CMR (Probable) + Case Report. Specimens required. Two consecutive stool specimens taken at least 24 hrs apart, beginning at least 1 wk after discontinuation of antibiotics and not earlier than 1 month from onset, are negative for <i>S. Typhi</i> at a PHL.	Collect 2 stool specimens taken at least 24 hrs apart. If positive, evaluate as chronic carrier.
	SOS	CMR and Case Report. Clearance specimens required. §Restrict/exclude until 3 consecutive stool and urine <sup>†</sup> specimens taken at least 24 hrs apart, beginning at least 1 wk after discontinuation of antibiotics and not earlier than 1 month from onset, are negative for <i>S. Typhi</i> at a PHL.	CMR (Probable) + Case Report. Restrict/exclude until 2 consecutive stool specimens, taken at least 24 hrs apart, beginning at least 1 wk after discontinuation of antibiotics and not earlier than 1 month from onset are negative. Then collect and test 1 stool specimen each week until case released or contact with case is broken.	Restrict/exclude until 2 consecutive stool specimens, taken at least 24 hrs apart, are negative. Then collect and test 1 stool specimen each week until case released or contact with case is broken.
	Child ≤ 5 years in group setting	CMR and Case Report. Clearance specimens required. Restrict/exclude until 3 consecutive stool and urine <sup>†</sup> specimens taken at least 24 hrs apart, beginning at least 1 wk after discontinuation of antibiotics and not earlier than 1 month from onset, are negative for <i>S. Typhi</i> at a PHL.	CMR (Probable) + Case Report. Restrict/exclude until 2 consecutive stool specimens, taken at least 24 hrs apart, beginning at least 1 wk after discontinuation of antibiotics and not earlier than 1 month from onset are negative. Then collect and test 1 stool specimen each week until case released or contact with case is broken.	Restrict/exclude until 2 consecutive stool specimens, taken at least 24 hrs apart, are negative. Then collect and test 1 stool specimen each week until case released or contact with case is broken.
<b>Applicable Code - CCR 17, §2628; †NOTE: CACDC has recommended that this section be amended to remove the requirement for urine specimens. For foodhandlers, also Health &amp; Safety Code § 113949-113950.5.</b>				

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

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

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**CACDC Guidelines for Case Report, Restrictions and Specimen Collection for Enteric Infections in Persons with SOS<sup>†</sup>**

DISEASE	Sensitive Setting*	CASE <sup>1</sup>	CONTACT <sup>1,2,3</sup>	
		Public health actions will be the same, regardless of current symptoms.	Currently Symptomatic	Asymptomatic
<b>Convalescent and Chronic Typhoid Carrier (see definitions below)<sup>4</sup></b>	Not SOS	CMR and Case Report (Typhoid Carrier, CDPH 8566). Clearance specimens required: six successive stool and urine cultures, taken at intervals no less than one month apart, commencing no earlier than one week after antibiotics completed.	Specimens required. Restrict/ exclude until 2 consecutive stool specimens taken at least 24 hrs apart are negative for <i>S. Typhi</i> . If positive follow as case.	Collect 2 stool specimens taken at least 24 hrs apart. If positive for <i>S. Typhi</i> , evaluate as a chronic carrier.
	SOS	CMR and Case Report (Typhoid Carrier, CDPH 8566). Restrict/exclude. Clearance required: six successive stool and urine cultures, taken at intervals no less than one month apart.	Restrict/ exclude until 2 consecutive stool specimens taken at least 24 hours apart are negative for <i>S. Typhi</i> . If positive follow as case.	Collect 2 stool specimens taken at least 24 hrs apart. If positive for <i>S. Typhi</i> , evaluate as a chronic carrier.
	Child ≤ 5 years in group setting	CMR and Case Report (Typhoid Carrier, CDPH 8566). Restrict/exclude. Clearance required: six successive stool and urine cultures, taken at intervals no less than one month apart.	Restrict/ exclude until 2 consecutive stool specimens taken at least 24 hours apart, are negative for <i>S. Typhi</i> . If positive follow as case.	Collect 2 stool specimens taken at least 24 hrs apart. If positive for <i>S. Typhi</i> , evaluate as a chronic carrier.

**DEFINITION OF CARRIERS**

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

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

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

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

**ADDITIONAL NOTES:**

<sup>1</sup> Both cases and their household contacts must receive regular education regarding surveillance for symptoms and reducing risk of transmission.

<sup>2</sup> For all intimate contacts of a chronic typhoid carrier: reinforce education on transmission and hygiene, conduct symptom surveillance, and consider typhoid vaccine.

<sup>3</sup> Efficacy of Typhoid vaccine is variable and does not replace scrupulous hygiene. <http://www.cdc.gov/vaccines/vpd-vac/typhoid/default.htm>.

<sup>4</sup> Each LHJ must update the Typhoid Carrier Registry each January and July. Complete CDPH 8466 on all typhoid carriers and submit to CDPH.

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**CACDC Guidelines for Case Report, Restrictions and Specimen Collection for Enteric Infections in Persons with SOS<sup>†</sup>**

DISEASE	Sensitive Setting*	CASE	CONTACT	
		Public health actions will be the same, regardless of current symptoms.	Currently Symptomatic	Asymptomatic
<i>Vibrio cholerae</i> O1 or O139 (Cholera)	Not SOS	CMR and Case Report.	No restriction. Collect one stool for case ascertainment.	No restriction.
	SOS	CMR and Case Report. Restrict/exclude until cultures of 2 consecutive stool specimens, taken at least 24 hours apart and collected at least 48 hours after cessation of therapy, are negative.	Restrict/exclude until cultures of 2 consecutive stool specimens, taken at least 24 hours apart and collected at least 48 hours after cessation of therapy, are negative.	Observe for development of symptoms for 5 days from last contact with infectious case.
	Child ≤ 5 years in group setting	CMR and Case Report. Restrict/exclude until cultures of 2 consecutive stool specimens, taken at least 24 hours apart and collected at least 48 hours after cessation of therapy, are negative.	Restrict/exclude until cultures of 2 consecutive stool specimens, taken at least 24 hours apart and collected at least 48 hours after cessation of therapy, are negative.	No restriction.
<b>Applicable Code - CCR 17, §2556</b>				
†NOTE: Code does not require testing. CACDC has recommended to CDPH that the section be amended to require modified isolation and observation of contacts for 5 days.				

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

**CACDC Guidelines for Case Report, Restrictions and Specimen Collection for Enteric Infections in Persons with SOS<sup>†</sup>**

DISEASE	Sensitive Setting*	CASE		CONTACT	
		Currently Symptomatic	Previously Symptomatic in the Past 48-72 Hours	Currently Symptomatic	Asymptomatic
<b>Vibriosis (not-cholera)</b>  Gastrointestinal illness only. Not required for wound, ear, or blood infections.	Not SOS	CMR and Case Report.	CMR and Case Report.	CMR (Probable) and Case Report.	No action.
	SOS	CMR and Case Report. Restrict/exclude until 2 consecutive stool specimens, taken at least 24 hours apart, and collected at least 48 hours after cessation of antibiotics, are negative.	CMR and Case Report. No restriction.	CMR (Probable) and Case Report. Restrict/exclude until 2 consecutive stool specimens, taken at least 24 hours apart, and collected at least 48 hours after cessation of antibiotics, are negative.	No restriction.
	Child ≤5 years in group setting	CMR and Case Report Restrict/exclude until 2 consecutive stool specimens, taken at least 24 hours apart, and collected at least 48 hours after cessation of antibiotics, are negative.	CMR and Case Report. No restriction.	CMR (Probable) and Case Report. Restrict/exclude until 2 consecutive stool specimens, taken at least 24 hours apart, and collected at least 48 hours after cessation of antibiotics, are negative.	No restriction.
Applicable Code - None					
NOTE: For a symptomatic case and/or contact an alternate approach is: restrict/exclude until asymptomatic.					

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

**CACDC Guidelines for Case Report, Restrictions and Specimen Collection for Enteric Infections in Persons with SOS<sup>†</sup>**

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

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

**CACDC Guidelines for Case Report, Restrictions and Specimen Collection for Enteric Infections in Persons with SOS<sup>†</sup>**

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

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