



**AMENDMENTS TO REGULATIONS GOVERNING THE CONTROL OF
COMMUNICABLE AND NONCOMMUNICABLE DISEASES AND CONDITIONS**

WHEREAS, the Pennsylvania Disease Control and Prevention Act of 1955, 1956, April 23, P.L. 1510, 35 P.S. § 52.1 et seq., (the DCPA) and Section 6-201 of The Philadelphia Code authorize the Board of Health to establish lists of reportable diseases and conditions; and

WHEREAS, Section 4 of the DCPA and Section 6-202 of the Code require health care providers and laboratories identifying these reportable diseases and conditions designated by the Board, to report the occurrence of such diseases and conditions to the Department; and

WHEREAS, the Philadelphia Board of Health has adopted *Regulations Governing the Control of Communicable and Non-communicable Diseases and Conditions* (“Regulations”); and

WHEREAS, on May 14, 2022, the Board approved the addition of “Pediatric Multisystem Inflammatory Syndrome (PMIS)” as a reportable disease by amending the *Regulations Governing the Control of Communicable and Non-Communicable Diseases and Conditions*; and

WHEREAS, the Centers for Disease Control and Prevention defines “Multisystem Inflammatory Syndrome (MIS)” to include “Multisystem Inflammatory Syndrome in Adults (MIS-A)” and Multisystem Inflammatory Syndrome in Children (MIS-C) (almost known as “Pediatric Inflammatory Multisystem Syndrome” or “Pediatric Multisystem Inflammatory Syndrome”); and

WHEREAS, the Board finds “Multisystem Inflammatory Syndrome (MIS)” to be a disease of public health importance, which should therefore be included on the list of reportable diseases and conditions in the Regulations; and

WHEREAS, on August 4, 2022 the Board approved the addition of “Monkeypox” as a reportable communicable disease by amending the *Regulations Governing the Control of Communicable and Non-Communicable Diseases and Conditions*;

WHEREAS, on November 28, 2022 the World Health Organization (WHO) announced that it would begin using the preferred term “Mpox” as a synonym for Monkeypox;

WHEREAS, on November 28, 2022 the Biden Administration offered support for the WHO’s decision;

WHEREAS, the Philadelphia Department of Public Health and Board of Health both agree that changing the name of Monkeypox to “Mpox” is an important step to reduce stigma associated with the disease;

NOW, THEREFORE, the Board of Health hereby amends the *Regulations Governing the Control of Communicable and Non-communicable Diseases and Conditions* to read as follows (additions in **Bold** and deletions in ~~Strikethrough~~):

REGULATIONS GOVERNING THE CONTROL OF COMMUNICABLE AND
NONCOMMUNICABLE DISEASES AND CONDITIONS

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2. REPORTABLE DISEASES AND CONDITIONS

The Board declares the following diseases, unusual outbreaks of illness, noncommunicable diseases and conditions, poisonings and occupational diseases to be reportable:

(a) Diseases, Conditions, Etc.

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(*) ~~Pediatric Multisystem Inflammatory Syndrome (PMIS)~~ **Multisystem Inflammatory Syndrome (MIS), which includes Multisystem Inflammatory Syndrome in adults (MIS-A) and Multisystem Inflammatory Syndrome in children (MIS-C)**

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(*) ~~Monkeypox~~ **Mpox**

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10. REGULATIONS PERTAINING TO THE CONTROL OF THE INFECTED
INDIVIDUALS, CONTACTS, AND ENVIRONMENT FOR EACH REPORTABLE DISEASE

(*) ~~Pediatric Multisystem Inflammatory Syndrome (PMIS)~~ **Multisystem Inflammatory Syndrome (MIS), which includes Multisystem Inflammatory Syndrome in adults (MIS-A) and Multisystem Inflammatory Syndrome in children (MIS-C)**

(1) Reporting. Report to the Acute Communicable Disease Control Program, by telephone or other equally prompt means immediately, and not more than within 24 hours of suspicion, **in a manner specified by the Department**, if the following criteria **established by the Center for Disease Control, as they may be updated**, are met.:

a. ~~fever; and~~

b. ~~laboratory evidence of inflammation (e.g., elevated inflammation markers); and~~

c. ~~features of Kawasaki or Toxic Shock Syndrome, or evidence of clinically severe hospitalized illness such as single or multi-organ dysfunction (shock, cardiac, respiratory, renal, gastrointestinal or neurological disorder); and~~

d. ~~exclusion of any other microbial cause, including bacterial sepsis, staphylococcal or streptococcal shock syndromes; and~~

e. ~~SARS-CoV-2 PCR positive, or PCR negative with COVID-19 exposure in the past 4 weeks, or serology positive.~~

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(*) Monkeypox Mpox

(1) Reporting. Report to the Acute Communicable Disease Control Program by telephone or other equally prompt means immediately, and not more than within 24 hours of diagnosis of a probable or confirmed case.

(2) Isolation. Patient shall follow all isolation guidance provided by the Center for Disease Control, as it may be updated. If deemed necessary by the Department in a particular case, the Patient shall be isolated in a hospital, its equivalent, or home, until the communicable period is over. ~~Isolation Precautions should be maintained until all lesions have crusted, those crusts have separated, and a fresh layer of healthy skin has formed underneath.~~

(3) Concurrent disinfection. Surfaces and materials used by someone with ~~monkeypox~~ **Mpox** or suspected ~~monkeypox~~ **Mpox** shall be disinfected or discarded.

(4) Terminal disinfection. Terminal disinfection shall consist of thorough cleaning and disinfection.

(5) Monitoring. If deemed necessary by the Department, persons who had close contact with individuals with strains of ~~Monkeypox~~ **Mpox** will be monitored, either actively with phone calls or texts, or passively by the individual reporting symptoms to the Department.