

## CHAPTER I

### Ipswich Board of Health

#### Control of Communicable Disease

##### 1. Definitions.

The following words as used in the regulations, unless a different meaning is required by the context or is specifically prescribed, shall have the following meanings:

- “Boards of Health” shall include the Board, Department, or officer having like powers and duties in cities or towns.
- “Contact” – any person or animal known to have been sufficiently near to an infected person or animal to have been presumably exposed to infectious material directly, or by articles freshly soiled with such material.
- “Isolation” – means the separation of a person suffering from a communicable disease, or a carrier of the infecting organism, from other persons, in such places and such conditions as will prevent the direct or indirect conveyancy of the infectious agent or susceptible persons.
- “Quarantine” – means the limitation of freedom of movement of persons who have been exposed to communicable disease, for a period of time equal to the usual incubation period of the disease to which they have been exposed.
- “Incubation Period” – means the usual period of time which elapses between the exposure of a person to infection and the development of the symptoms of the disease to which he or she may have been exposed.
- “Susceptibles or Nonimmunes” – a “susceptible or nonimmune” person is one who is not known to have acquired immunity to the particular communicable disease in question.
- “Immunes” – is one who has had the disease or has been artificially immunized against it, and is, presumably, protected against another attack.
- “Last Exposure” – means the date of the removal to a hospital, or the recovery or death of the patient, or the date on which the nonimmune contact leaves and remains out of the house where the patient is.

2. Disease Dangerous to the Public Health.

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH  
ABSTRACT OF REPORTABLE DISEASE REGULATIONS\*  
1985

I. REPORTABLE TO LOCAL BOARDS OF HEALTH:

- Amebiasis
- Animal Bite
- Anthrax
- Babesiosis
- Bruceilosis (Undulant Fever)
- Campylobacter Enteritis
- Chickenpox (Varicella)
- Cholera
- Diphtheria
- Encephalitis (specify type if known)
- Epidemic Staphylococcal Infection of Newborn
- Food Poisoning
  - a. Botulism
  - b. Mushrooms and other poisonous vegetable and animal products
  - c. Mineral or organic poisons as arsenic, lead, etc.
  - d. Staphylococcal
  - e. Paralytic shellfish poisoning
  - f. Other
  
- Giardiasis
- Haemophilus influenzae systemic infection (without meningitis)
- Hepatitis, viral
  - a. Type A
  - b. Type B
  - c. Type non-A, non-B
  - d. Undetermined
  
- Kawasaki Disease
- Legionnaires' Disease (Legionellosis)
- Leprosy
- Leptospirosis
- Listeriosis
- Lyme Disease
- Malaria
- Measles (Rubella)
- Meningitis:
  - a. bacterial
  - b. viral
  - c. other

- Meningococcal Infection (without meningitis)
- Mumps
- Pertussis (Whooping Cough)
- Plague
- Poliomyelitis
- I. REPORTABLE TO LOCAL BOARDS OF HEALTH: (continued)
  - Psittacosis
  - Rabies (Human or Animal)
  - Rey's Syndrome
  - Rickettsial Diseases:
    - a. Rickettsialpox
    - b. Typhus
    - c. Rocky Mountain Spotted Fever
  - Rubella (German Measles)
    - a. Congenital
    - b. Noncongenital
  - Salmonellosis (including Typhoid and Paratyphoid Fevers)
  - Shigellosis (Bacillary Dysentery)
  - Tetanus
  - Toxic Shock Syndrome
  - Toxoplasmosis
  - Trichinosis
  - Tuberculosis
  - Tularemia
  - Yersiniosis
- II. REPORTABLE DIRECTLY TO STATE DEPARTMENT OF PUBLIC HEALTH:
  - Aids
  - Chancroid
  - Chlamydial Infection (Genital)
  - Gonorrhea
  - Granuloma Inguinale
  - Herpes Neonatal
  - Lymphogranuloma Venereum
  - Ophthalmia Neonatorum
    - a. Gonoccal
    - b. Other Agents
  - Pelvic Inflammatory Disease
    - a. Gonoccal
    - b. Other Agents
  - Syphilis

ANY CLUSTER OF ILLNESSES BELIEVED TO BE DUE TO FOOD CONSUMPTION SHALL BE IMMEDIATELY REPORTED BY TELEPHONE TO THE LOCAL BOARD OF HEALTH (105 CMR 300.130).

ANY OUTBREAK OF SUSPECTED FOOD POISONING OR UNUSUAL INCIDENT OF DIARRHEA AND/OR FEBRILE ILLNESSES SHALL BE IMMEDIATELY REPORTED BY TELEPHONE TO THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH BY THE LOCAL BOARD OF HEALTH (105 CMR 300.130).

\*DISEASES DECLARED BY THE DEPARTMENT OF PUBLIC HEALTH TO BE DANGEROUS TO THE PUBLIC HEALTH AND REPORTABLE UNDER THE AUTHORITY OF THE GENERAL LAWS, CHAPTER 111, SECTION 6. Revised June 11, 1985.

3. Physicians to Give Notice.

Section III, Chapter 111, General Laws – “If a physician knows that a person whom he visits is infected with a disease dangerous to the Public Health, or if either eye of an infant whom or whose mother, a physician, or a hospital medical officer registered under Section 9 of Chapter 112, visits, becomes inflamed, swollen and red, or shows an unnatural discharge within two weeks after birth, he shall immediately give written notice thereof, signed by him, to the Board of Health of the town where the patient is being attended by him.

4. When a householder knows that a person within his family or house is sick with a disease dangerous to the Public Health, he shall immediately give notice thereof to the Board of Health in the manner required by the Statute (General Laws Chapter 111, Section 109) provided, however, that in cases in which a physician has been called in, his notification will be accepted in place of the householder.

5. Period of Isolation in Certain Diseases.

Anterior Poliomyelitis (Infantile Paralysis) – one week from the onset of the disease and thereafter until acute symptoms have subsided.

Chicken Pox – one week from the appearance of the eruption.

Diphtheria – until clinical recovery and thereafter until two successive negative cultures taken at least twenty-four hours apart, from both nose and throat, have been obtained.

Dog Bite – no restrictions.

German Measles – three days from appearance of rash.

Hepatitis Infectious – for duration of fever. For food handlers, a period of 28 days.

Lyme Disease – no restrictions.

Measles – one week from appearance of rash.

5. Period of Isolation in Certain Diseases (continued).

Mumps – one week from onset of disease.

Rabies – during course of disease.

Salmonellosis – same as Typhoid Fever.

Rocky Mountain Spotted Fever – no restrictions.

Scarlet Fever – one week from the appearance of the rash or two days after the beginning of adequate specific therapy which must be continued for seven additional days.

Small Pox – three weeks from onset of the disease and thereafter until all crusts have disappeared and skin has healed.

Tuberculosis – Patients with open tuberculosis should in most cases receive sanatorium treatment both for the benefit of the individual and the protection of his family. Those who remain in their homes shall observe all necessary precautions: approved methods of collection and disposal of the sputum, the sterilization of any articles of clothing and of toilet articles which may become contaminated by the sputum, the use of separate dishes and eating utensils and proper sterilization of the same. As soon as a diagnosis of Tuberculosis has been established, arrangements should be made for the examination, including an x-ray of the chest, of all members of the immediate family and of other persons with whom the patient has been in close contact. When a case is reported, the Public Health Nurse representing the Board of Health should visit the patient's home. The nurse should make arrangements for the examination of contacts and, if necessary, provide transportation to the place where they are to be x-rayed. Thereafter, the nurse should make visits to the home at least once in six months to determine whether the patient has moved, whether the above-mentioned precautions are still being observed, or if the patient has moved to another town or state. The Board of Health and State Department of Public Health must be notified of the occurrence and supervise the follow-up of the patient and contacts involved with tuberculosis.

Typhoid Fever – one week after subsidence of clinical symptoms. Thereafter may be released on special permission of and under the supervision of the local Board of Health, supervision to continue until 3 consecutive negative stool and urine cultures, secured at intervals of at least one week apart, have been obtained. Release cultures should not be obtained until ten days after cessation of antibiotic treatment.

Typhoid Carrier – Supervision by local Board of Health until release by the carrier list by the Department of Public Health.

6. Procedure in Other Diseases Dangerous to the Public Health.

A person sick with other diseases dangerous to the Public Health shall be subject to such restraint as the Board of Health may deem necessary for the protection of the Public.

7. The Board of Health may from time to time amend or abrogate any of the above regulations, if, in its opinion, the safety of the Public requires such action.

## CHAPTER II

### Ipswich Board of Health

#### NUISANCES

1. Any person or persons owning, or having control of any building or premises shall keep the same in a sanitary condition, free from trash, debris, other refuse and other sources of filth, and any such person having control of any building or premises, in or upon which there is any substance or material or any condition, which is, or may become, a source of danger to the public health or a nuisance, shall when ordered by the Board of Health in writing, remove or abate the same within the time specified in said order.
2. Every owner or occupant of any building in this town shall keep such buildings and yard belonging thereto free from all filth and substances like offal, brine, bones, dead animals, old leather, decayed fruit and vegetables, or any clam shells or other rubbish that are liable to produce offensive odors.
3. No person shall deposit or cause to be deposited in any street, lot, lake or river, or other body of water in said town, any dead animal or part thereof. It shall be the duty of any owner or other person having charge of any animal at the time of its death to remove or cause to be removed the dead body of such animal within six hours after death, and properly buried, unless permission to do otherwise is given by said Board in writing.
4. No person shall keep any fowl or other animal in any part of a dwelling house, or in any place in the town where the Board of Health may deem such keeping detrimental to the health or comfort of the residents of the neighborhood, or to those who may pass thereby; and said Board shall have the power to remove or cause to be removed therefrom, any such fowl or animal so kept.
5. Owners and occupants of livery and other stables within the town, shall not wash or clean their carriages, equipment or horses, or cause them to be washed or cleaned, in the streets or public ways. They shall keep their and yards clean, and not allow large quantities of manure to accumulate in or near the same at any one time, and no manure shall be allowed to accumulate or remain uncovered outside of a stable building.
6. No waste incinerators will be allowed to operate in residential areas in the Town of Ipswich. This will include, but not be limited to, waste incinerators dealing with paper products, trash and debris, rubbish, garbage, minerals such as coal, and other waste material that when ignited will cause a nuisance or source of air pollution to the

neighborhood. This regulation will apply to new construction only. All existing incinerators at the time of these regulations will be allowed to operate.

7. The owner of any dwelling, dwelling units, or buildings shall be responsible for maintaining its premises free from all roosting birds that may cause a potential health hazard or nuisance to the dwelling or the neighboring areas adjacent to it. Methods of extermination may include spraying, trapping, removing or making inaccessible materials that serve as their food or breeding ground, screening roof gutters or other structural elements that would discourage the roosting of birds or by any other legal pest elimination method.

## CHAPTER III

### Ipswich Board of Health

#### FOOD REGULATIONS

1. Premises, vehicles, receptacles, utensils or ice chests used for the storage, sale distribution or transportation of food stuffs shall be maintained in a manner satisfactory to, and shall be open at all times for inspection by the Board of Health or its Agents.
2. No residential kitchens will be allowed to operate in the Town of Ipswich.
3. All food to be served by a Mobile Food Unit must be subject to approval by the Board of Health. No operator of a Mobile Food Server will be allowed to prepare food on a Mobile Food Server. All Mobile Food operators must have access to kitchen facilities that are approved and licensed by the Board of Health.
4. No person shall keep or store any foodstuffs intended for sale in any room used for living or sleeping purposes.

## CHAPTER IV

### HORSES, COWS, GOATS, SWINE & POULTRY

1. No person shall keep within the limits of this town, in any building, or on any premises of which may be the owner, leasee, tenant or occupant, any cows, goats or swine without a permit from the Board of Health.
2. The owner or person in control of any building or premises in which cows, goats, horses, live fowl or swine are kept shall keep the buildings and premises clean and free from decaying food, filth, dirt and stagnant. The buildings and pens shall be kept in a sanitary condition and put in such condition as may be ordered by the Board of Health.