LAWS AND REGULATIONS RELATING TO LEPROSY IN THE UNITED STATES OF AMERICA

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During the first session of the 81st (present) Congress a bill relating to leprosy, H. R. 4030, was introduced in the House of Representatives and an identical bill, S. 704, in the Senate. Following committee hearings a revised bill, H. R. 5234, was introduced in the House. These bills were automatically carried over into the second (current) session. As has been noted,[1] favorable action is not anticipated, largely because of differences of opinion between advocates of these bills and the Federal Security Agency, of which the Public Health Service is a part, especially with regard to (1) establishment of a National Advisory Council on Leprosy, because there exists a National Leprosy Committee; (2) proposals for financial assistance to dependents of leprosy patients, who would thus be given an advantage over dependants of those with other diseases as, for example, tuberculosis and cancer; and (3) specific grants for research on leprosy because the Agency is opposed to further extension of legislation allocating research funds for individual diseases, preferring to leave in the hands of administrative authorities discretionary power to choose the most promising fields. Sufficient popular interest has been aroused, however, to make it probable that modifications will be made, perhaps in the near future, in the federal laws and in those of certain of the states.

To obtain a clearer understanding of the present situation, the Medical Department of the Leonard Wood Memorial requested the Public Health Service and the health officers of the respective states to furnish copies of their current laws and regulations relating to control of leprosy. Those of the Federal Government are quoted in full and those of the various states and the District of Columbia are presented in tabular form.

In general, the control of infectious disease is a matter for the individual states. The federal government comes into the picture when a patient enters the country or moves from one state to another, and also when a state requests assistance.

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[1] THE JOURNAL **17** (1949) 330 (news).

I. FEDERAL LAWS AND REGULATIONS

Public Health Service Act of July 1, 1944 (Public Law 410, 78th Congress; 58 Stat. 682):

Receipt of Lepers: Sec. 331. The Service shall, in accordance with regulations, receive into any hospital of the Service suitable for his accommodation any person afflicted with leprosy who presents himself for care, detention, or treatment, or who may be apprehended under section 332 or 361 of this Act, and any person afflicted with leprosy duly consigned to the care of the Service by the proper health authority of any State, Territory, or the District of Columbia. The Surgeon General is authorized, upon the request of any health authority, to send for any person within the jurisdiction of such authority who is afflicted with leprosy and to convey such person to the appropriate hospital for detention and treatment. When the transportation of any such person is undertaken for the protection of the public health the expense of such removal shall be met from funds available for the maintenance of hospitals of the Service. Such funds shall also be available, subject to regulations, for transportation of recovered indigent leper patients to their homes within the continental United States, including subsistence allowance while traveling.[2,3]

Apprehension, Detention, Treatment, and Release: Sec. 332. The Surgeon General may provide by regulation for the apprehension, detention, treatment, and release of persons being treated by the Service for leprosy.

Control of Communicable Diseases: Sec. 361. (*a*) The Surgeon General, with the approval of the Administrator, is authorized to make and enforce such regulations as in his judgment are necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the States or possessions, or from one State or possession into any other State or possession. For purposes of carrying out and enforcing such regulations, the Surgeon General may provide for such inspection, fumigation, disinfection, sanitation, pest extermination, destruction of animals or articles found to be so infected or contaminated as to be sources of dangerous infection to human beings, and other measures, as in his judgment may be necessary.

(*b*) Regulations prescribed under this section shall not provide for the apprehension, detention, or conditional release of individuals except for the purpose of preventing the introduction, transmission, or spread of such communicable diseases as may be specified from time to time in executive orders of the President upon the recommendation of the National Advisory Health Council and the Surgeon General.

(*c*) Except as provided in subsection (*d*), regulations prescribed under this section, insofar as they provide for the apprehension, detention, examination, or conditional release of individuals, shall be applicable only to individuals coming into a State or possession from a foreign country, the Territory of Hawaii, or a possession.

(*d*) On recommendation of the National Advisory Health Council, regulations prescribed under this section may provide for the apprehen-

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[2] The last sentence of this section was added by section 4 of PL 781, 80th Congress.

[3] Actually the only hospital of the Service where leprosy patients are received for treatment is the U. S. Marine Hospital, Carville, Louisiana.

sion and examination of any individual reasonably believed to be infected with a communicable disease in a communicable stage and (1) to be moving or about to move from a State to another State; or (2) to be a probable source of infection to individuals, who, while infected with such disease in a communicable stage, will be moving from a State to another State. Such regulations may provide that if upon examination any such individual is found to be infected, he may be detailed for such time and in such manner as may be reasonably necessary.

PUBLIC HEALTH SERVICE REGULATIONS

32.86 *Admissions to Service facilities.* Any person afflicted with leprosy who presents himself for care, detention, or treatment or who may be apprehended pursuant to regulations prescribed under section 332 or 361 of the act and any person afflicted with leprosy who is duly consigned to the care of the Service by the proper health authority of any State, Territory, or the District of Columbia shall be received into the Service hospital at Carville, Louisiana, or into any other hospital of the Service which has been designated by the Surgeon General as being suitable for the temporary accommodation of persons afflicted with leprosy.

32.87 *Diagnostic board for arriving patients.* At the earliest practicable date, after the arrival of a patient at the Service hospital at Carville, Louisiana, the medical officer in charge shall convoke a board of not less than three medical officers of the Service, who shall confirm or disapprove the diagnosis of leprosy.

32.88 *Detention or discharge according to diagnosis.* If the diagnosis of leprosy is confirmed, the patient shall be detained in the hospital as provided in this part; if the diagnosis is not confirmed, the patient shall be discharged.

32.89 *Examinations and treatment.* Patients shall undergo the usual routine clinical examinations which may be required for the diagnosis of primary or secondary conditions, and such treatment as may be prescribed.

32.90 *Restrictions on movement within reservation.* No patient shall be allowed to proceed beyond the limits set aside for the detention of patients suffering from leprosy except upon authority from the headquarters of the Service and under prescribed conditions applicable to the individual patient. Should any patient violate his instructions in this regard, he shall upon his return, be properly safeguarded to prevent a repetition of the offense, or, at the discretion of the medical officer in charge, be permitted to give bond to the United States of America in a penal sum not exceeding $5,000 conditioned upon his faithful observance of this part.

32.91 *Isolation or restraint.* There shall be provided the necessary accommodations, within the limits set aside for persons afflicted with active leprosy, for isolation or restraint of patients when in the judgment of the medical officer in charge such action is necessary for the protection of themselves or others. The medical officer in charge shall maintain a separate register in which shall be recorded the names of patients who have been placed in isolation or restraint, and all circumstances attendant upon such isolation or restraint.

32.92 *Discharge.* The medical officer in charge of the Service hospital at Carville, Louisiana, shall convoke, from time to time, a board of three medical officers for the purpose of examining patients with a view to recommending their discharge. When in the judgment of the board a

patient may be regarded as no longer a menace to the public health, he may be discharged, upon approval of the headquarters of the Service, as being either cured or an arrested or latent case.

32.93 *Notification to health authorities regarding discharged patients.* Upon the discharge of a patient the medical officer in charge shall give notification of such discharge to the proper health officer of the State, Territory, District of Columbia, or other jurisdiction in which the discharged patient is to reside. The notification shall also set forth the clinical findings and other essential facts necessary to be known by the health officer relative to such discharged patient.

ADMINISTRATIVE POLICIES OF THE PUBLIC HEALTH SERVICE

As a matter of policy the Service has adopted also the following working rules:

Vacations.—Patients are permitted two 30-day leaves per year subject to medical opinion as to the desirability of their leaving the station insofar as their physical condition and stage of disease is concerned, as well as the fact that treatment should not be interrupted or delayed.

Medical discharges.—Selected patients may be granted medical discharges while in the communicable stage providing that consent of the State Health Officer is obtained, there are no children in the home, and satisfactory arrangements for continuation of treatment are made.

II. THE STATES AND THE DISTRICT OF COLUMBIA

1. *Reporting.*—Leprosy is included among reportable diseases in all states except New York and Vermont, although it is required in New York City. These states are therefore excluded from the following paragraphs.

2. *No specific regulations.*—Ten states (Alabama, Maine, Michigan, Minnesota, New Hampshire,[5] New Jersey, North Dakota, Pennsylvania, South Dakota, West Virginia [5]) have no leprosy regulations other than for notification. General regulations for communicable diseases, state and local, are assumed to apply, but for Michigan, for example, the Commissioner of Health writes: "We do not have any specific regulations for the control of leprosy. In other words, we do not restrict victims of Hansen's disease in any way." Maine lists leprosy among a group of "rare or exotic diseases," each individual problem resulting from which "shall be handled as the circumstances demand."

3. *No restrictions.*—One state (Massachusetts) has "no restrictions" as regards minimum periods of isolation of patient and of quarantine of contacts; also no placarding.

4. *Regulations of the remaining 35 states and the District of Columbia.*—(*a*) Isolation: The requirements of these political entities are summarized in Table 1.

TABLE 1.—*Regulations regarding isolations of persons with leprosy of the 35 states indicated, and the District of Columbia.*

All cases (or not specified)		Bacteriologically positive cases only	
National Leprosarium	Home or institution	National Leprosarium	Home or institution
Arkansas[5]	Arizona[5]	Colorado[4] Indiana[4] Oklahoma[4]	California
Delaware	New Mexico	Connecticut, Iowa[4] So. Carolina[4]	Maryland[5]
Louisiana	No. Carolina	Dist. Columbia, Kansas[4] Utah[4]	Ohio[4]
Mississippi	Oregon[5]	Florida, Kentucky[4] Virginia[4]	Washington
Rhode Island	Texas[5]	Georgia[4] Montana[4] Wyoming	
Tennessee	Missouri[5]	Idaho[4] Nebraska[4]	
Wisconsin		Illinois, Nevada[4]	

Note: The reference figures given here pertain to the corresponding page footnotes.

(*b*) Placarding: Five states (Missouri,[5] North Carolina, Oregon,[5] Rhode Island,[5] South Carolina [4]) officially require placarding; but Rhode Island [4] does not practice it, and South Carolina [4] leaves it to the discretion of the local health officials. Five states (Arizona,[5] Arkansas,[5] California, Connecticut, Washington) placard only at the discretion of local health officers. Twelve states (Colorado,[4] Delaware, Florida, Illinois, Kansas,[4] Nebraska,[4] New Mexico, Ohio [4] Oklahoma,[4] Tennessee, Wisconsin, Wyoming,[4]) do not placard; and fourteen (District of Columbia, Georgia,[4] Indiana, Idaho,[4] Iowa,[4] Kentucky,[4] Louisiana, Maryland,[5] Mississippi, Montana,[4] Nevada,[4] Texas,[5] Utah,[4] Virginia [4]) make no mention of placarding.

(*c*) Examination and quarantine of household contacts: Twenty-nine states (Arizona,[5] Colorado,[4] Connecticut, Delaware Florida, Georgia,[4] Idaho,[4] Illinois, Indiana,[4] Iowa,[4] Kansas,[4] Kentucky,[4] Louisiana, Missouri,[5] Montana,[4] Nebraska,[4] Nevada,[4]

[4] The 16 states indicated by this reference number have adopted, literally or with slight modification, the recommendations for the control of leprosy approved by American Public Health Association: Control of Communicable Diseases. It should be noted that, although the Association emphasizes isolation of bacteriologically positive cases in the National Leprosarium, isolation at home or in general hospitals under suitable regulations is permitted.

[5] The 9 states indicated by this reference number plan to adopt the 1950 recommendations of the American Public Health Association regarding the control of leprosy.

New Mexico, Ohio,[4] Oklahoma,[4] Oregon,[5] Rhode Island,[5] South Carolina,[4] Tennessee, Utah,[4] Virginia,[4] Washington, Wisconsin, Wyoming [4]) do not require quarantine of household contacts; two states (Arkansas [5] and Texas [5]) place responsibility on local health officers; two states (Mississippi and District of Columbia) do not mention quarantine; three states (California, Maryland [5] and North Carolina) restrict contacts of leprosy patients; California and Maryland [5] require observation for a period of years, and North Carolina requires observation until checked for lesions. Most states, however, and the District of Columbia, have general provisions either requiring examination of contacts of persons with communicable diseases before permission to resume occupation or school, or leaving such examinations to the discretion of the local health officer.

New York City requires special mention. As noted, reporting is required. Patients are permitted "fairly free movement" [6] if they adhere to regulations which prohibit their working as food-handlers, require that they live under approved hygenic conditions and, together with all other persons living in their homes, submit to annual examinations.

III. THE TERRITORIES AND DEPENDENCIES

Alaska.—Leprosy is reportable in Alaska, where it is extremely rare—if, indeed, indigenous cases have ever occurred—and general regulations for communicable diseases apply.

Hawaii.—New regulations have been promulgated recently (January 20, 1950). The Havana Congress classification is adopted. Reporting of cases and contacts is required not only of physicians but of every person having knowledge or suspicion of the existence of the disease. Medical examination may be required by a physician agreed upon by the patient and the Board of Health, and treatment by physicians selected and designated by the Board and at places approved by the Board is mandatory. Isolation is required for patients affected with a communicable form. Temporary release from isolation is granted to patients when clinical activity and response to therapy so warrant, and when no fewer than three scraped incisions taken at not less than two-week or more than six-week intervals, and one biopsy and one nasal scraping all prove negative for acid-fast micro-

[6] THE JOURNAL 16 (1948) 494 (news).

organisms. Emergency release for a period not to exceed one week may be granted by the medical director of the institution involved and for a period not to exceed one month by the Board under specific conditions. Patients on temporary release are granted discharge after five consecutive years during each of which clinical and bacteriological findings have been negative.

There are no statutory provisions requiring contacts to be examined but the general policy relating to contacts of patients with infectious diseases applies. Contacts are examined as prescribed by the chief of the Hansen's Disease Medical Services; they may be examined by private physicians at their own expense, or by government physicians. Follow-up examinations are discontinued after contact with a certified patient has been severed for ten years.

Children born of leprous patients are wards of the territory until they reach the age of majority. They are placed with foster parents at or shortly after birth, and are subject to periodic examinations as are other contacts.

The facilities in Hawaii consist of the Kalaupapa Settlement, on Molokai Island; Hale Mohalu, Pearl City, Oahu, and a special dermatological clinic at St. Francis Hospital, Honolulu, Oahu.

Parole of patients may be permitted if not less than six consecutive monthly examinations of nasal smears and skin scrapings have failed to reveal presence of acid-fast bacilli. During the first year of parole, monthly examinations of skin scrapings and nasal smears are required.

The Canal Zone.—Patients are isolated at Palo Seco Leper Colony until apparently arrested. Then, depending on the desire of the patient and his physical condition, he may be paroled. Follow-up is done in six months when the parolee is again examined and checked for Hansen's bacilli. Classification is in accordance with the recommendations of the Havana Congress. The chief health officer states that the recommendations of the American Public Health Association, 1950 Edition, Control of Communicable Diseases in Man, will be adopted insofar as they are adaptable to the local situation.

Puerto Rico.—Reporting of bacteriologically positive cases is required, and such cases are isolated in the leprosarium at Trujillo Alto.

Virgin Islands.—Reporting is required. Patients with open lesions are placed in the leprosarium; others may be sent there or go at their own request. Leprous persons are prohibited from engaging in certain occupations. All known contacts, including

all family connections by blood or marriage, and all persons known to have leprosy resident in St. Croix are required (St. Croix Ordinance, 1940) to be examined at least annually during the first ten years following last contact.

IV. RECOMMENDATIONS OF THE AMERICAN PUBLIC HEALTH ASSOCIATION

Recently, the seventh edition of The Control of Communicable Diseases in Man, a report of the American Public Health Association, has been published. This report is official with the U. S. Public Health Service and the U. S. Navy, and it has been approved in principle by the Surgeons General of the U. S. Army, Navy, and Air Force and by the Ministry of Health for England and Wales and the Department of Health of Scotland. By reference to the descriptions of diseases and recommendations for control any legislative body can prepare the necessary text for its own legislation and regulations, and as above noted, a large number of states have adopted the Association's recommendations or intend to do so.

The section on leprosy (pages 68 and 69) is as follows:

LEPROSY (HANSEN'S DISEASE)

1. *Identification of the disease.*—A chronic infectious and communicable disease characterized by formation of polymorphous skin lesions, macules, papules, and nodules with simultaneous involvement of the mucous membranes, bones and internal organs. Nerves may be affected with the production of sensory disturbances, palsies, or cutaneous tropic changes. Confirmation by microscopic examination of lesions is usually possible in cutaneous and mixed types of disease but may be difficult or impossible in maculo-anesthetic and neural cases.

2. *Etiologic agent.*—Leprosy bacillus, *Mycobacterium leprae.*

3. *Source of infection.*—Discharges from lesions.

4. *Mode of transmission.*—Intimate and usually prolonged contact with infected individuals. Some other as yet undetermined factors are apparently necessary.

5. *Incubation period.*—Prolonged, undetermined, from one to several years.

6. *Period of communicability.*—Commences when lesion becomes open, i.e., discharges leprosy bacilli; continues until healing. Patients with demonstrable acid-fast bacilli in smears from skin or mucous membranes are potentially "open" cases even if demonstrable ulceration be not present.

7. *Susceptibility and resistance.*—Susceptibility uncertain; no racial immunity.

8. *Prevalence.*—Endemic in some Gulf coast areas of the United States (Florida, Louisiana, and Texas), Hawaii, Philippines, and Puerto Rico.

Prevalence practically confined to tropical and subtropical areas. Usually most frequent among adolescent and young adult males.

9. *Methods of control.—*

a. Preventive measures:

(1) In endemic areas leprosy is usually contracted in childhood but may be acquired in adult life. Infants should be separated from leprous parents at birth, and in educational efforts stress should be placed upon greater risk of exposure in early life.

(2) Lack of information as to determining factors in spread and communicability of the disease makes any but general advice in matters of personal hygiene of no value.

(3) As a temporary expedient, patients may be properly cared for in general hospitals, or if conditions of the patient and his environment warrant, he may be allowed to remain on his own premises under suitable regulations.

b. The infected individual, contacts, and environment:

(1) Recognition of the disease and reporting; Clinical symptoms confirmed by microscopic examination where possible.

(2) Isolation: Isolation or colonization of bacteriologically positive cases until apparent arrest has been present for at least 6 months, as determined by clinical observation and absence of acid-fast bacilli on repeated examinations. Paroled and other negative patients should be reexamined periodically, the suggested interval being 6 months. In those parts of the United States in the temperate zone and farther north where the disease shows no tendency to spread, suitable medical and nursing care of infected persons is sufficient without segregation or colonization. Home treatment of such persons may be authorized where home environmental conditions are satisfactory.

(3) Concurrent disinfection: Discharges and articles soiled with discharge.

(4) Terminal disinfection: Thorough cleaning of living premises of patient.

(5) Quarantine: None.

(6) Immunization: None.

(7) Investigation of source of infection: This should be undertaken especially in cases of apparently recent origin. The long and uncertain period of incubation, and the length of intimate contact believed to be necessary, make discovery of the source of infection a matter of great difficulty.

(8) Treatment: Sustained use of an appropriate chemotherapeutic or antibiotic agent or both under medical direction will generally reduce the period of communicability of the disease.

c. Epidemic measures: Not applicable.

d. International measures:

(1) The exercise of the recognized international rights of governments to refuse entry of immigrants who are found to have leprosy is usual and desirable.

(2) Reciprocal measures agreed upon under international sanitary conventions should be applied at authorized points of immigrant entry across national boundaries to prevent introduction or spread of the disease.