COMMUNICABLE DISEASE EXCLUSION GUIDELINES FOR SCHOOLS AND CHILD CARE SETTINGS

Symptoms requiring exclusion of a child from school or childcare setting until either diagnosed and cleared by a licensed health care provider or recovery:

FEVER: Any fever greater than **100.4°F**. May return after 24 hours when temperature decreases without use of fever-reducing medicine.
VOMITING: At least **1** episode that is unexplained in the past 24 hours. May return when resolved for 24 hours.
DIARRHEA: Three or more watery or loose stools in 24 hours ***OR*** sudden onset of loose stools. May return when resolved for 24 hours.
STIFF NECK: or headache with accompanying fever. May return after resolution of symptoms or diagnosis made and clearance given.
RASH/SKIN LESION: **Any** new rash if not previously diagnosed by a health care provider **OR** if rash is increasing in size **OR** if new sores/wounds are developing day-to-day **OR** if rash, sores or wounds are draining and cannot be completely covered with a bandage.
JAUNDICE: Yellowing of eyes or skin. May return after diagnosis from physician and clearance given.
BEHAVIOR CHANGE: Such as new onset of irritability, lethargy or somnolence. May return after diagnosis from physician and clearance given.
COUGH /SOB: Persistent cough with or without fever, serious sustained coughing, shortness of breath, or difficulty breathing. or complaints that prevent the student from active participation in usual school activities, or student requiring more care than the school staff can safely provide.

Inform local county health department (LHD), of all diseases listed as reportable and any suspect outbreaks. A suspect outbreak means a higher than expected number of students or staff sick with similar symptoms around the same time. Please consult with your LHD about control measures and regarding any written communication to parent or guardians concerning an outbreak or specific condition.

Disease / Condition **Common Name** *Medical Terminology*	***Exclude Restriction Report***	***Symptoms***	***Transmission Incubation Communicability***	***Prevention Precautionary Measures***	***Recommended School Control Measures***
Abscesses / Boils *Draining wounds Staph skin infection including* MRSA	***Exclude:*** For open draining wounds, ***Restriction: May Attend:*** If drainage can be contained within bandage; or lesion is dry and crusted without drainage. ***Report: NO***	Open, pimple-like sores that are swollen, tender; may be crusted or draining pus.	**Direct contact** with infectious bodily fluids. **Indirect contact** with articles contaminated with drainage. **Communicable** as long as sores are open, draining and untreated.	Cover wounds. Proper handwashing.	No foodservice duties while lesions are present. Good personal hygiene. Proper handwashing. No contact sports until sores or wounds are healed or no longer draining.
AIDS / HIV *Acquired Immune Deficiency Syndrome* In the absence of blood exposure, HIV infection is not acquired through the types of contact that usually occur in a school setting; including contact with saliva or tears. Children with HIV infection should not be excluded from school.	***Exclude: NO*** ***Restriction: NO*** ***Report: YES*** Health care provider should report to LHD, NOT school nurse	HIV infection in children is a broad spectrum of disease and clinical course. AIDS represents the most severe end of the clinical spectrum of this disease.	**Bloodborne Pathogen** Sexual contact, mucous membrane contact with blood or other body fluids with high titers of HIV, percutaneous (needles or other sharp instruments), and mother-to-infant. **Communicable** lifetime; with changing infectivity based on viral load.	Children infected with HIV are at an increased risk of experiencing severe complications from infections such as varicella, tuberculosis, measles, CMV and herpes simplex virus. Schools should develop procedures for notifying parents of students with AIDS/HIV of communicable diseases such as varicella and measles.	Standard Precautions while dealing with blood or body fluids. Report all exposures of body fluid contact to broken skin / mucous membranes to Risk Management.

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ATHLETE'S FOOT *TINEA PEDIS* Fungal infection of the feet. Similar in nature to *Tinea corporis* (ringworm of skin).	***EXCLUDE: NO*** ***RESTRICTION: NO*** ***REPORT: NO***	Scaling, cracking skin between toes with burning and itching. Blistering with thin watery fluid.	**Direct contact** with lesions. **Indirect contact** with contaminated articles (shower and gym floors). **Communicable** until treated with antifungal medications.	Proper foot hygiene. Clean, dry feet and socks. Use of drying absorbent antifungal powders. Use own towels and socks.	Routine disinfection of school showers and floors with approved antifungal agents. Recommend use of flip-flops in showers. Prohibit walking barefoot, sharing of towels, socks or shoes.
CHICKEN POX *VARICELLA* Primary infection results in a generalized rash. ***See Also SHINGLES*** The recurrent infection with the virus is called shingles. The virus is believed to have a short survival time outside the infected host. Humans are the only source for this disease. CDC Pink Book**:** https://www.cdc.gov/vaccines/pubs/pinkbook/varicella.html	Rash is a thin-walled, easily ruptured, blister-like rash, or red rash usually beginning on trunk; blisters scab over. Heaviest on trunk. ***EXCLUDE: YES***, **CASE:** until a minimum of 5 days after first vesicles (pox) appear, or until all pox are dry. Whichever occurs last. **CONTACTS:** In an outbreak situation consultation with LHD for exclusion. ***REPORT: YES,*** for suspect outbreak situations**.**		**Direct contact** with infectious body fluids, drainage from blisters. **Indirect contact** with items contaminated with secretion. **Airborne** Chickenpox may be transmitted through nasal secretions. **Incubation** 14-16 days, with a range of 10-21 days. **Communicable** for 1-2 days before rash until at least 5 days after rash appears (once all lesions are scabbed over and no new ones appear).	Vaccine recommended to individuals 12 months and older. Good handwashing. Avoid touching sores. Cover mouth and nose when coughing, or sneezing. Teachers of young children and women of childbearing age should know their immune status or be immunized.	The vaccine is 95% effective in preventing MODERATE to SEVERE DISEASE, but only 70% to 85% effective in preventing MILD to MODERATE disease. Cases of varicella may occur in some vaccinated persons following exposure to wild-type virus. This is called breakthrough infection. Breakthrough infection is when varicella illness results from wild-type varicella zoster virus and usually results in mild illness. Nonetheless, breakthrough varicella is contagious and can lead to transmission of virus to those unvaccinated and at risk for complications, such as adults, immunocompromised individuals, and pregnant women. 1-4% of vaccinations may lead to the development of a varicella-like illness, with fewer than 10 lesions post-vaccination.
CMV *CYTOMEGALOVIRUS* Caused by a human herpes virus. Most severe form of the disease affects prenatally infected infants, premature infants, and the immunocompromised. (AAP-Redbook 2009, p275-280)	***EXCLUDE: NO*** ***RESTRICTION: NO*** ***REPORT: NO***	Asymptomatic infections are common. A mononucleosis-like illness with fever may occur.	**Direct contact** with mucous membranes, saliva. **Vertical** from mother to fetus/infant. **Incubation** variable, 3 weeks to 3 months following blood transfusion, longer for saliva, household or vertical transmission. **Communicable** ongoing**;** virus secreted in saliva/urine for many months, and may persist for years.	Good handwashing and personal hygiene. Cover mouth and nose when coughing, or sneezing. No food sharing.	Standard Precautions when dealing with body fluids. Women of childbearing age or immunocompromised individuals should consult with personal physician regarding risks while caring for children identified as carriers of CMV. Most children will be asymptomatic and undiagnosed.

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Cold Sores *Herpes Simplex* Oral HSV infections are common among children. Most are asymptomatic, with shedding of the virus in saliva in the absence of clinical disease.	***Exclude: NO*** ***Restriction: YES*** Limit PE activities that would involve physical contact if active lesions cannot be covered. ***Report: NO***	Blister-like sores erupting around mouth.	**Direct Contact** from sores to mucous membranes such as kissing, or to abraded skin such as contact sports like wrestling. **Incubation** 2 – 12 days. **Communicable** most infectious during blister phase, can be spread at other times.	Good handwashing. Avoid touching sores. Avoid sharing lip balms, lipsticks, etc. Limit/restrict P.E. activities that would involve contact while blisters are present.	Refer to athletics program policy. Avoid contact sports while blisters are present. e.g. wrestling, rugby. **DO NOT** share sports bottles. Appropriate cleaning of wrestling mats at least daily and preferably between matches. (Bleach ¼ cup to 1 gallon water with at least 15 second contact time) (AAP Redbook 2015, pg.445)
Common Colds - RTI **Respiratory Tract Infections** *Rhinoviruses* *Adenoviruses* *Coronaviruses*	***Exclude:*** if fever is present. May return when fever resolves. ***Restriction*: YES**, if outbreak suspected (i.e. number of cases exceeds expected. ***Report*: NO**	Runny nose and watery eyes, cough, sneezing, possible sore throat, chills, general malaise. Fever uncommon.	**Direct contact** with nose and throat secretions. Airborne droplets. **Indirect contact** with contaminated articles. **Incubation** 12-72 hours, 48 hours common. **Communicable** 1 day before onset of symptoms until 5 days after.	Cover mouth and nose when coughing and sneezing. Good handwashing. Antibiotics **NOT** indicated.	Practice good personal hygiene with good handwashing. Cover mouth and nose when coughing, sneezing. Make tissues available to students.
Croup **Bronchiolitis** *Caused by viruses: Adenoviruses, RSV, Parainfluenzae*	***Exclude: NO*** ***Restriction: NO*** ***Report: NO***	The classic sign of croup is a loud, harsh, barking cough — which often comes in bursts at night. Your child's breathing may be labored or noisy.	Same as for colds, flu, and bronchitis.	Cover mouth and nose when coughing and sneezing. Good handwashing. Antibiotics **NOT** indicated.	Practice good personal hygiene with good handwashing. Cover mouth and nose when coughing, sneezing. Make tissues available to students.
Diarrheal Diseases **Norovirus Outbreak:** New onset of vomiting and/or diarrhea in numbers greater than expected.	***Exclude*: YES** Exclude all children with acute vomiting or diarrhea. In outbreak situations, exclusion duration will be pathogen dependent. ***Restriction: YES*** <u>NO food service</u> work until diarrhea resolved for a minimum of 24 hours, 48 hours recommended. ***Report:*** Suspect outbreaks.	3 or more loose, watery stools within 24 hours. Cramps, chills, weakness, dizziness, and abdominal pain.	**Fecal-Oral.** Contaminated hand-to-mouth contact. Related to poor hygiene. Common source outbreaks have been related to infected foodservice workers, contaminated food or water. **Incubation** variable depending on organism. **Communicable** variable depending on organism.	Good handwashing, especially after toileting. NO food handling. NO food sharing. NO cafeteria duties.	NO cafeteria duty / food handling until at least 24 hours after symptoms have resolved. No home-prepared, unpackaged food from home shall be shared. **Note:** In outbreak situations, handwashing will need to be implemented by all students and staff and specific restrictions will need to be taken for all foodservice workers. Please consult your LHD.
Diphtheria *Corynebacterium diphtheriae* Diphtheria is rare in the US. In 1993 and 1994, more than 50,000 cases were reported during a serious outbreak of diphtheria in countries of the former Soviet Union.	***Exclude: Yes*** exclude from school or child care facilities until two cultures from both throat and nose taken ≥24 hours apart, and ≥24 hours after cessation of antimicrobial therapy are negative for diphtheria bacilli. ***Report: YES***. Notify LHD immediately.	**Respiratory Diphtheria:** Presents as a sore throat with low-grade fever and an adherent membrane of the tonsils, pharynx, or nose. **Cutaneous Diphtheria:** A wound infection that may have patches of a sticky, gray material.	**Airborne droplet** direct or indirect contact with infected respiratory secretions. **Incubation**2-4 days with a range of 1 -10 days. **Communicable** contagious for up to four weeks, but seldom more than two weeks. If the patient is treated with appropriate antibiotics, contagious period limited to ≤ four days.	Vaccine recommended to individuals at 2, 4, 6, 16-18 months and boosters. Part of the DTaP and TdaP and Dt vaccines. Avoid touching sores. Cover mouth and nose when coughing, or sneezing.	**Diphtheria is vaccine preventable. All children should be vaccinated.** Exclusion of high-risk contacts is a Public Health decision that is not taken lightly. All high-risk contacts will be discussed with the County Health Officer for exemption status. Schools should assist LHD in locating and documenting all contacts without history of vaccine during outbreaks.

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FIFTH DISEASE *PARVOVIRUS B19*	***EXCLUDE: NO*** ***RESTRICTION: NONE*** ***REPORT : OUTBREAKS***	Bright red cheeks, blotchy "lace-like" appearing rash on extremities that fades and recurs. Runny nose, loss of appetite, low-grade fever, and/or sore throat.	No longer contagious after rash appears. **Airborne droplet** direct or indirect contact with infected respiratory secretions **Incubation** 4 – 20 days. **Communicable** Greatest before onset of rash.	Good handwashing. Cover mouth and nose when coughing/sneezing.	Exposed pregnant women should consult with their physician. Exposed immunocompromised individuals should consult with their physician.
FLU *INFLUENZA* (Control of Communicable Diseases, 20th ed.)	***EXCLUDE***: if fever over 100.4 F or persistent cough ***RESTRICTION***: ***NO*** ***REPORT***: **YES** for outbreak situations.	Acute onset of fever, chills, headache, muscle aches, cough, and sore throat.	**Airborne droplet** direct or indirect contact with infected respiratory secretions. **Incubation**1-4 days. **Communicable** First 3 – 5 days of illness, and up to 7-10 days in young children.	Good handwashing. Cover mouth and nose when coughing/sneezing. Annual flu vaccination.	Encourage annual flu vaccine for all Good personal hygiene.
HAND, FOOT & MOUTH *COXSACKIEVIRUSES*	***EXCLUDE***: ***NO*** ***RESTRICTION: YES*** for open draining lesions or drooling in childcare or daycare settings. ***REPORT***: ***NO***	Sudden onset of fever, sore throat, and lesions in mouth, blisters on palms, fingers, and feet.	**Direct contact** with infectious body fluids, (nose and throat discharges, feces). **Incubation** 3 – 6 days. **Communicable** during acute stage of illness and viral shed for weeks in stool.	Good handwashing.	Standard Precautions. Enteroviruses may survive on environmental surfaces for periods long enough to allow transmission from fomites*. * (*an object capable of transmitting infectious organisms from one individual to another)*
HEAD LICE *PEDICULOSIS* Adult head lice cannot survive for more than 48 hours apart from the human host. Generally, the lice do not survive more than 24 hours.	***EXCLUDE:*** **PER** local school district policy. ***RESTRICTION***: Readmit with statement from parent/guardian that recognized treatment has begun. Per school policy. ***REPORT***: ***NO***	Itching of scalp, observations of lice, and or nits (small grayish-brown eggs) in the hair or hair shaft.	**Direct contact** with infested person. **Indirect contact** with infested articles (e.g., hats, helmets, combs, brushes). **Incubation** 7-14 days. **Communicable** as long as eggs and/or lice remain on the infested person.	Treat hair with medicated shampoo and remove all nits. Check household members for lice / nits. Do not share headgear, combs, or brushes. Flea bombs are NOT recommended.	**Refer to school head lice policy.** Screen siblings, friends, and classmates. Recommend washing clothes, hats, scarves, and bedding in very hot water, and vacuuming carpets. Wash combs and brushes in hot water or send through dishwasher cycle.
HEPATITIS A *HEPATITIS A VIRUS* (AAP-Redbook 2015 pp391-399.)	***EXCLUDE***: ***YES*** - for daycare and special settings and in general until one-week after onset of symptoms. May attend with LHD permission. ***RESTRICTION***: **NO** ***REPORT***: ***YES***	Acute onset of fever, malaise, anorexia, nausea, right upper quadrant pain and later jaundice (yellow color to skin and eyes), dark urine, or clay-colored stool. Depending on age child may be asymptomatic to mild symptoms.	**Fecal-Oral** Contaminated hand-to-mouth contact. Related to poor hygiene. Common source outbreaks have been related to infected foodservice workers, contaminated food or water. **Incubation** 28-30days with a range of 15 – 50 days. **Communicable** for 2 weeks before symptoms until 2 weeks after symptoms appear.	Hepatitis A vaccine and/or immune globulin. Good handwashing. NO food service / cafeteria work until cleared. No sharing of food or drink.	Enforce handwashing protocols for ALL foodservice workers. If the ill case is a food service worker, the LHD will have more specific recommendations. Please refer to your LHD. Vaccine recommended for children living in US communities with consistently high hepatitis A rates. Notify LHD for assistance with investigation and protection of identified contacts. No home-prepared, unpackaged food from home shall be shared.

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HEPATITIS B *HEPATITIS B VIRUS* Hepatitis B is an infection of the liver caused by the hepatitis B virus. The virus is completely different from hepatitis A and/or Hepatitis C.	***EXCLUDE: NO*** In general, unless in acute stage with restrictable symptoms i.e. jaundice, may return when cleared by LHD. ***RESTRICTION:*** See school guidelines for children with bloodborne infections. ***REPORT: YES***	Only about 10% of children who become infected with HBV are symptomatic. Symptoms are similar to hepatitis A. Fever, malaise, anorexia, nausea, right upper quadrant pain and later jaundice (yellow color to skin and eyes), dark urine, or clay-colored stool.	**Bloodborne Pathogen** Exposure to blood, semen, vaginal secretion into bloodstream or under skin. Contact sports (football / wrestling) may pose a risk if exposed to blood or other potentially infectious body fluids. **Incubation** 45 –180 days. **Communicable** Variable.	Do not share personal items (toothbrushes, pierced earrings, etc.). Use caution in accident / blood situations. Vaccinate all children.	Hepatitis B is vaccine preventable. **All children should be vaccinated with 3 doses of hepatitis B vaccine.** Standard Precautions while dealing with blood or body fluids. Clean up blood spills immediately. Require parents to submit up-to-date immunization records. Report all exposures of body fluid contact to broken skin/ mucous membranes to Risk Management.
HEPATITIS C *HEPATITIS C VIRUS* Hepatitis C is an infection of the liver caused by the hepatitis C virus. The virus is completely different from hepatitis A and hepatitis B.	***EXCLUDE: NO*** ***RESTRICTION:*** See school guidelines for children with bloodborne infections. ***REPORT: NO***	In an acute illness, symptoms are similar to hepatitis A. Fever, malaise, anorexia, nausea, right upper quadrant pain and later jaundice (yellow color to skin and eyes), dark urine, or clay-colored stool.	**Bloodborne Pathogen** HCV is primarily parenterally transmitted. Sexual transmission has been documented to occur but is far less efficient or frequent than the parenteral route. **Incubation** 7 – 9 weeks Range 2 – 24 weeks. **Communicable** from one or more weeks before symptoms and can be indefinite.	Do not share personal items (toothbrushes, pierced earrings, etc.). Use caution in accident or blood situations.	Clean up blood spills immediately. Standard Precautions while dealing with blood or body fluids. Report all exposures of body fluid contact to broken skin/ mucous membranes to Risk Management.
IMPETIGO *STAPH OR STREP SKIN INFECTION*	***EXCLUDE: YES,*** Open wounds must be covered by a bandage until dry and no longer draining. *May return after 24 hours of appropriate antibiotics.* ***AAP Redbook 2009p. 624*** ***RESTRICTION*** : ***YES***, NO sport activities until lesions healed. ***REPORT: OUTBREAKS***	Skin lesions, (often around the mouth and nose) honey-colored crusts, itchy, sometimes purulent. Usually not painful, but spread may be rapid.	**Direct contact** with infectious drainage from wounds. Skin to skin. **Indirect contact** with articles contaminated with drainage. **Incubation** Variable, usually 4 – 10 days. **Communicable** as long as sores are open and draining, or until 24 hours of appropriate antibiotic treatment.	Cover wounds. Proper handwashing. Avoid touching lesions. No sharing personal items when lesions present.	No foodservice duties while lesions are present. Good personal hygiene. Proper handwashing. No contact sports (wrestling) with open lesions.

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Measles *Rubeola* *"Hard Measles",* *"10-day measles"* Highly contagious	***Exclude: YES***, may return 5 days after rash onset. ***Exclusion –*** **Susceptible Contacts:** ***YES, if Index case is Lab confirmed*** Exclusions are not taken lightly and will require consultation with County Health Officer. ***Report: YES***. Notify LHD immediately.	Acute onset of fever, runny nose, reddened, light-sensitive eyes a very harsh cough, followed by a red-brown blotchy rash. (Starts at hairline and spread down). The hallmarks of measles are: • *Cough* • *Coryza* • *Conjunctivitis* • *Koplik spots* - White spots in mouth.	**Airborne / Droplet** spread, direct contact with nasal or throat secretions of infected person, and direct contact with contaminated articles. Measles virus can remain in the air for up to two hours. **Incubation** 10 –14 days with range of 7 – 18 days. Usually 14 days until rash develops. **Communicable**4 days before rash onset until 4 days after appearance of rash.	Vaccine recommended to individuals 12 months and older. Good handwashing. Avoid touching sores. Cover mouth and nose when coughing, or sneezing.	Measles is vaccine preventable. **All children should be vaccinated.** Exclusion of high-risk contacts is a Public Health decision that is not taken lightly. All high-risk contacts will be discussed with the County Health Officer for exemption status. Schools should assist LHD in locating and documenting all contacts without history of vaccine during outbreak situations. Exposed pregnant women should consult with their physician.
Meningitis, Bacterial *Neisseria Meningitidis* *Meningococcal Disease*	***Exclude: YES***, until cleared by LHD. ***Restriction: NO*** ***Report: YES***	Acute bacterial disease causing sudden onset of fever, intense headache, nausea, often with vomiting, stiff neck and frequently a (tiny bruise-like) petechial rash.	**Airborne / Droplet** spread, with nasal or throat secretions of infected person. **Incubation** 3 – 4 days with range of 2 – 10 days. **Communicable** In general until 24 hours of appropriate antibiotic therapy.	Vaccine available for certain strains, (A, B, C, Y, and W-135) and for certain populations. Please consult with LHD. Good handwashing. Cover mouth and nose when coughing, sneezing.	Notify LHD for assistance with investigation and protection of identified contacts. Antibiotics given to contacts **after** investigation by the LHD. Letters to parents as defined by LHD. No sharing food, drink or eating utensils.
Meningitis, Viral *Aseptic Meningitis* Meningitides are illnesses in which there is inflammation of the tissues that cover the brain and spinal cord. Viral (aseptic) meningitis, which is the most common type, is caused by an infection with one of several types of viruses. CDC website Often these occur seasonally in the late summer and early fall.	***Exclude***: only for health reasons, not typically spread person to person. ***Restriction: NO*** ***Report***: Not required, but recommended for assistance with rumor control or education assistance.	Acute onset of fever, severe headache, stiff neck, bright lights hurt the eyes, drowsiness or confusion, and nausea and vomiting. Often the symptoms of bacterial and viral meningitis are the same. For this reason, if you think a child has meningitis, seek medical attention immediately.	If you are around someone with viral meningitis, you may be at risk of becoming infected with the virus that made them sick. But you have only a small chance of developing meningitis as a complication of the illness. https://www.cdc.gov/meningitis/viral.html	No specific treatment for viral meningitis. Most persons will recover completely. Doctors prescribe medicine to relieve fever and headache. Good handwashing and personal hygiene. Cover mouth and nose when coughing and sneezing.	Encourage good handwashing and personal hygiene. Cover mouth when coughing and sneezing. Careful disposal of used tissues.

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Molluscum Contagiosum *"dimple warts"* Molluscum contagiosum is caused by a virus and usually causes a mild skin disease. The virus affects only the outer (epithelial) layer of skin and does not circulate throughout the body in healthy people.	***Exclude: NO*** ***Restriction: NO*** ***Report: NO***	Small white, pink, or flesh-colored raised bumps or growths with a dimple or pit in the center. The bumps may appear anywhere on the body, alone or in groups. They are usually painless, although they may be itchy, red, swollen and/or sore.	**Direct Contact:** The virus that causes Molluscum is spread from person to person by touching the affected skin. Once someone has the virus, the bumps can spread to other parts of their body by touching or scratching a bump and then touching another part of the body. Molluscum can also be spread from one person to another by sexual contact. **Indirect Contact:** The virus may also be spread by touching a surface with the virus on it, such as a towel, clothing, or toys. Molluscum usually disappears within 6 to 12 months without treatment and without leaving scars. Some growths may remain for up to 4 years.	Bumps not covered by clothing should be covered with a watertight bandage. Change the bandage daily or when obviously soiled.	Molluscum contagiosum is not harmful and should not prevent a child from attending day care or school. Although the virus might be spread by sharing swimming pools, baths, saunas, or other wet and warm environments, this has not been proven. Researchers who have investigated this idea think it is more likely the virus is spread by sharing towels and other items around a pool or sauna than through water.
Mononucleosis *Epstein-Barr virus*	***Exclude: NO*** ***Restriction***: Contact sports should be avoided until fully recovered. ***Report***: ***NO***	Fever, sore throat, swollen neck glands, fatigue, abdominal pain, headache, occasionally jaundice.	**Direct contact** with infectious body fluid (saliva). The virus is viable outside the body for several hours, but the role of fomites in transmission is unknown. (AAP Redbook 2015 p.337) **Incubation:** 30 – 50 days **Communicable**: May be weeks to months.	Rest and restriction of athletic activities are <u>strongly</u> advised.	No sharing of eating or drinking utensils. Good handwashing and personal hygiene. Contact sports should be avoided until fully recovered.
Mumps	***Exclude: YES,*** until 5 days after onset of parotitis. ***Restriction***: ***NO*** ***Report***: ***YES***	Swelling of one or more of the salivary glands, usually the parotid glands. Orchitis, swelling of the testicles, is a common complication after puberty, but sterility rarely occurs.	**Direct contact** with infectious saliva and respiratory tract secretions. **Airborne droplets.** **Incubation:** 16-18 days with a range of 12-25. **Communicable**: 2 days before until 5 days after.	Vaccine preventable. Good handwashing and personal hygiene. Cover mouth and nose when coughing and sneezing.	Schools should assist LHD in locating and documenting all contacts without history of vaccine during outbreak situations. Exclusion of high-risk contacts is a Public Health decision that is not taken lightly. All high-risk contacts will be discussed with the County Health Officer for exemption status.
MRSA and Staph skin infections: *See Skin infections or Impetigo*	**Clinically Staph and MRSA skin infections are indistinguishable. Use the following infection control precautions for staph skin infections:** • Wear gloves and practice Universal Precautions if examining lesions. Gloves should be removed after use, and handwashing performed before touching non-contaminated items and environmental surfaces and before tending to another student. • Follow routine procedures for cleaning the environment. In general, use routine procedures with a freshly prepared solution of commercially available cleaner such as detergent, disinfectant-detergent or chemical germicide. • Students and staff with a MRSA infection can attend school regularly as long as the wound is covered and they are receiving proper treatment. • Any open wounds should be covered with a clean, dry dressing https://www.cdc.gov/mrsa/community/schools/				

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Pertussis *Whooping cough* Whooping cough gets its name from the whooping sound the child makes when trying to breath after a coughing spell. Click this link to hear the sound in a child: http://www.pkids.org/diseases/pertussis.html	***Exclude: YES:*** Students and staff with pertussis should be excluded until either: 5 days of appropriate antibiotic treatment *or* for 21 days after onset of cough if not treated with antibiotics. ***Restriction: NO*** ***Report: YES***	Initially, pertussis appears as mild, upper respiratory tract symptoms and gradually develops into an intermittent non-productive cough. Subsequently, symptoms develop into spasms of coughing, or paroxysms, ending with a gasp, whoop or post-tussive vomiting.	**Airborne:** transmitted by respiratory secretions or droplets from cough or sneeze. **Incubation:** typically 7-10 days with range of 4 –21 days. **Communicable:** for 21 days following the onset of symptoms.	Vaccine preventable. Good handwashing and personal hygiene. Cover mouth and nose when coughing and sneezing. Preventative antibiotics will be considered based upon epidemiological investigation of close contacts.	Following exposure to pertussis, students and teachers should be observed for 21days for any new cough lasting greater than 7 days, or presenting with a paroxysmal (sudden, spasmodic) cough. Persons with above respiratory symptoms should not go to school until evaluated by a physician.
Pink Eye *Conjunctivitis* Can be bacterial, viral or allergic reaction as causation.	***Exclude: NO*** ***Restriction: NO*** ***Report: NO***	Red, tearing, irritated eyes. Light sensitivity, eyelids puffy. Thick discharge.	**Direct or indirect contact** with eye discharge, or with contaminated articles. **Incubation: 24 – 72 hours** **Communicable**: 6 days before onset until 9 days after symptoms begun.	Avoid sharing personal articles (makeup). Discard eye makeup following illness. Avoid rubbing eyes.	
Pinworms *Parasitic worms*	***Exclude***: In daycare settings, until 24 hours after treatment and seen by physician. ***Restriction: NO*** ***Report: NO***	Intense rectal itching that increases at night. Irritation from scratching. Irritability.	**Fecal-oral** direct transfer of eggs by hand to mouth. **Contact** with contaminated clothing and bedding. Eggs can survive up to 2 weeks away from human host. **Incubation:** 2 –6 weeks. **Communicable**: 2 – 8 weeks unless reinfected.	Daily bathing. Good handwashing and hygiene. Clean undergarments and bedding. Wash under fingernails, and keep nails trimmed short.	In settings with young children, wash toys in sanitizing cleaner. No home-prepared, unpackaged food from home shall be shared.
Poison Oak, Ivy *Contact Dermatitis* Poison Oak/ivy/sumac rash **is not contagious**. It is a localized allergic reaction to the plant oils. Plants, such as poison ivy, oak, or sumac, all produce a colorless, odorless sap, called *urushiol*. The skin rash is a reaction to this sap producing a burning, blistering rash.	***Exclude: NO*** ***Restriction: NO*** ***Report: NO***	Localized irritation, skin lesions, and burning, watery blisters. Prompt removal of irritating sap/oil off of clothing and skin is important.	Itchy rash caused by either touching the plant's shiny (oily) leaves, or by touching something the urushiol sap has touched. Itching can be immediate or take up to several days to develop.	Avoid poison ivy plants. Careful washing affected area with soap and water to remove all irritant sap. Minimize scratching the rash, which can lead to secondary skin infections.	DO NOT burn the offending plant. The smoke can cause inhalation reactions.

DISEASE / CONDITION **COMMON NAME** *MEDICAL TERMINOLOGY*	***EXCLUDE*** ***RESTRICTION*** ***REPORT***	***SYMPTOMS***	***TRANSMISSION*** ***INCUBATION*** ***COMMUNICABILITY***	***PREVENTION*** ***PRECAUTIONARY*** ***MEASURES***	***RECOMMENDED SCHOOL*** ***CONTROL MEASURES***
RINGWORM, *HEAD-* *TINEA CAPITIS* Not a worm but a fungal infection of the scalp.	***EXCLUDE*: *NO*.** ***RESTRICTION*: *NO*** ***REPORT*: *NO***	Patchy areas of dandruff-like scaling with mild to extensive hair loss. May have round area of "stubs" of broken hair.	**Direct contact** with infectious areas on a person or animal. **Indirect contact** with objects ore surfaces that an infected person or animal recently touched (e.g., clothing, towels, bedding, brushes). I**ncubation:** 10-14 days. **Communicable** until 24-48 hours after antifungal treatment begins.	Good handwashing. No sharing of personal items especially combs, brushes, etc. Pets may be carriers.	Hats or caps are not recommended. Shaving head NOT recommended.
RINGWORM, *SKIN* – *TINEA CORPORIS* A fungal infection on the skin. In a circular pattern hence, the term "*ringworm*".	***EXCLUDE*: *NO*** ***RESTRICTION*: *YES*,** NO sport activities until lesions healed. ***REPORT*: *NO***	Ring-shaped red sores with blistered or scaly borders. Itching is common.	**Direct contact** with infectious areas. **Incubation:** 4 –10 days **Communicable** until treated with appropriate antifungal medications.	Good handwashing. No sharing of personal items especially combs, brushes, etc. Pets may be carriers.	Special attention to cleaning and disinfecting gym/locker areas with approved anti-fungal agent. Restriction of P.E. sport activities until lesions disappear.
RUBELLA *GERMAN MEASLES* *3-DAY MEASLES* Rubella is not usually a serious illness in children, but can be very serious if a pregnant woman becomes infected.	***EXCLUDE*:** **Cases: *YES*,** until 7 days after rash onset. (AAP Redbook. 2009, p 561) ***EXCLUSION –*** **Susceptible Contacts:** ***YES, IF INDEX CASE IS LAB CONFIRMED*** Exclusions are not taken lightly and will require consultation with County Health Officer**.** ***REPORT*: *YES***	Slight fever, mild runny nose, conjunctivitis, headache, fatigue, aches, red eyes, and a pinkish rash that starts at face and spread rapidly to trunk and limbs(fades in 3 days). Occasionally swollen glands in back of head and neck.	**Droplet /Airborne** route. **Direct contact** with nasal discharges. **Incubation**: 14-23 days, average 18 days. **Communicable**: very contagious 1 week before and up to 7 days after rash occurs. Studies demonstrate presence of virus in nasopharyngeal secretions from 7 days before to 14 days after onset of rash.	Vaccine recommended to individuals 12 months and older. Good handwashing and personal hygiene. Cover mouth and nose when coughing and sneezing.	Women of childbearing age with contact to children should know their immune status to rubella. Rubella is vaccine preventable. **All children should be vaccinated.** Exclusion of high-risk contacts is a Public Health decision that is not taken lightly. All high-risk contacts will be discussed with the County Health Officer for exemption status. Schools should assist LHD in locating and documenting all contacts without history of vaccine during outbreak situations.
SCABIES *SARCOPTES SCABIEI* Caused by small mite (*sarcoptes scabiei)* that burrows under skin leaving small red or dark lines.	***EXCLUDE*: *YES*,** until treated. ***RESTRICTION: NO*** ***REPORT: NO***	Intense itching, raised, red, small sores. Common on hands, especially finger webbing and skin folds. Itching is severe, worse at night. Not usually on face.	**Transmission:** Direct skin to skin contact. **Incubation:** Variable. Several days to weeks. **Communicable:** Until treated.	Avoid sharing clothes and personal items. Wash personal items. Treat with anti-parasitic lotion and clean clothing and bedding.	Observe close contacts for itching and scratching. Because mites can survive only briefly off the human body, you can only get scabies from direct bodily contact with another person or by sharing an infested person's clothes.

Disease / Condition **Common Name** *Medical Terminology*	***Exclude*** ***Restriction*** ***Report***	***Symptoms***	***Transmission*** ***Incubation*** ***Communicability***	***Prevention*** ***Precautionary*** ***Measures***	***Recommended School*** ***Control Measures***
Shingles **Herpes Zoster Varicella** *See also Chicken pox* Reactivation of dormant herpes zoster varicella (Shingles) results in localized rash.	***Exclude***: Exclude ONLY if lesions cannot be covered. ***Restriction***: ***Yes*** NO sport activities until lesions healed. ***Report: NO***	Shingles is usually localized to rash on abdomen. The pain associated with the lesions is out of proportion to the size of the lesions.	**Direct contact** with infectious body fluids, drainage from blisters.	Vaccine recommended to individuals 12 months and older. Good handwashing. Avoid touching sores. Cover mouth and nose when coughing, or sneezing.	Recommend varicella vaccine for all susceptible school-age children. Check with requirements for specific ages.
Strep Throat and Streptococcal *Scarlet fever/ Scarletina* Most common illnesses associated with Group A-Beta hemolytic streptococci are pharyngitis (sore throat) and impetigo, (skin eruptions). Scarlet fever is the presentation of a generalized rash associated with strep toxins.	***Exclude: Yes***, CDC recommends 24 hours of antibiotics and until resolution of fever. ***Restriction***: ***Yes*** NO Foodservice while ill. ***Report: NO***	Fever nausea, sore throat, and headache. Swollen tonsils occur in 50-90% of cases. Scarlet Fever is a form of Strep disease that involves a fine "sandpaper-like" rash that blanches with pressure. Not usually on face.	**Direct contact** with large respiratory droplets. **Indirect contact** with contact with respiratory secretions or infected skin lesions. **Incubation**: 12 – 96 hours. **Communicable**: with appropriate antibiotics – 24hrs Without treatment 10-21 days.	Good handwashing and personal hygiene. Cover mouth and nose when coughing and sneezing. Take antibiotics as directed.	Encourage good handwashing and personal hygiene. Cover mouth when coughing and sneezing. Careful disposal of used tissues.
Tuberculosis, TB *M. tuberculosis* **TB Infection or "LTBI"** (Latent TB infection) A positive skin test but no disease. Not a contagious state. **Active TB, TB Disease**: Symptomatic and contagious until treated (if laryngeal or pulmonary TB). **DOT:** Directly Observed Therapy. A medical provider observes patient taking the medication to improve compliance.	***Exclude***: active TB until non-infectious (pulmonary and laryngeal). ***Restriction: No*** ***Report: Yes, for active TB*** **PPDs: No longer required for school entry.**	Some children will be asymptomatic. Some of the symptoms a child might have are: cough, fatigue, weight loss, growth delay, fever, night sweats, chest pain, hoarseness, and in later stages, hemoptysis (coughing up blood), enlarged cervical lymph nodes.	**Airborne:** Droplet spread through coughing, sneezing, singing, and yelling. **Incubation: Variable** **Communicable:** As long as organisms are being discharged through cough or respiratory secretions. Specific drug treatment reduces communicability within weeks.	Good handwashing and personal hygiene. Cover mouth and nose when coughing and sneezing. Report any case or suspected case of TB to the LHD. Core Curriculum on Tuberculosis: What the Clinician Should Know. CDC ed. 2016 https://www.cdc.gov/tb/education/corecurr/	

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