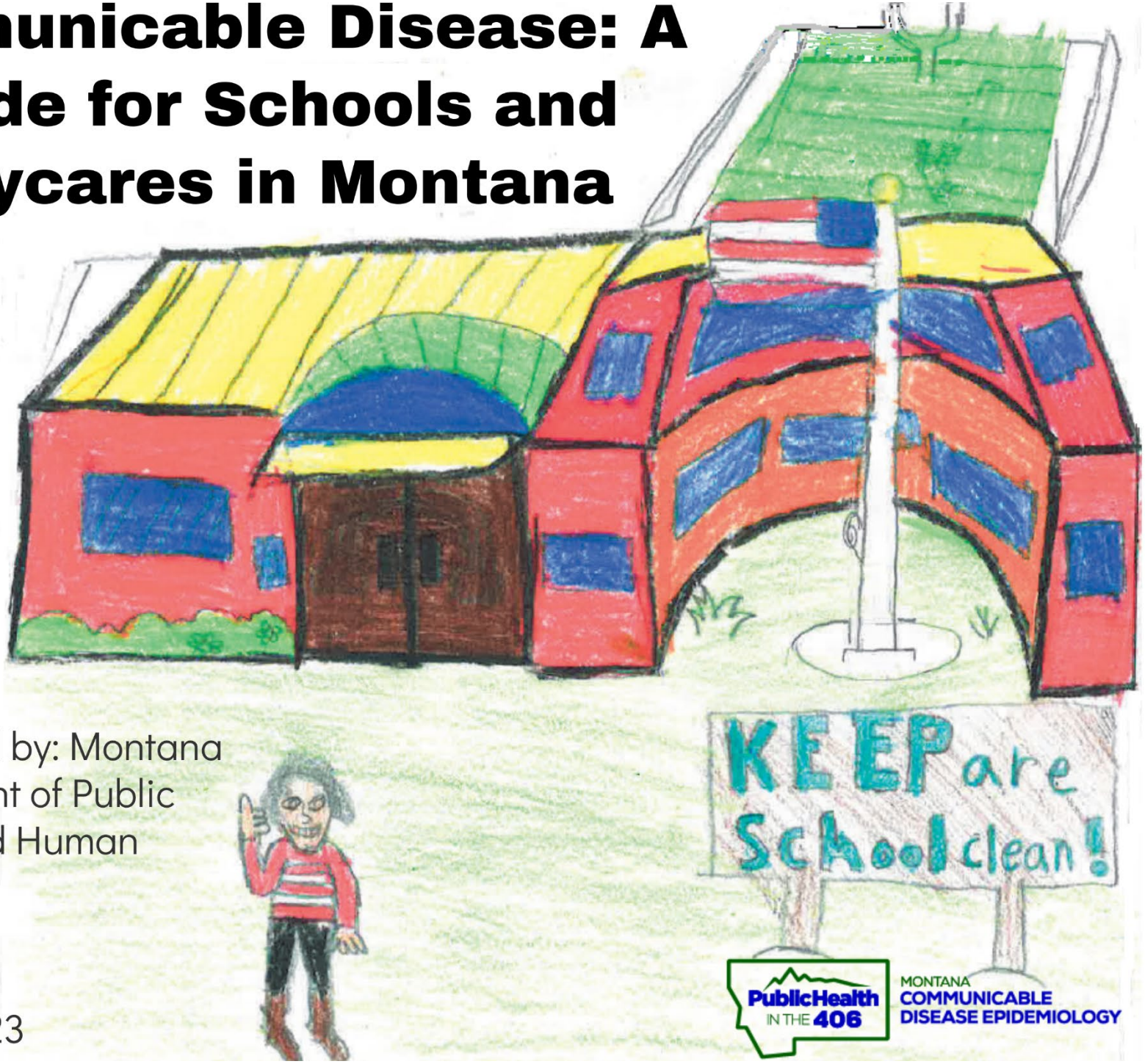
Communicable Disease: A Guide for Schools and Daycares in Montana



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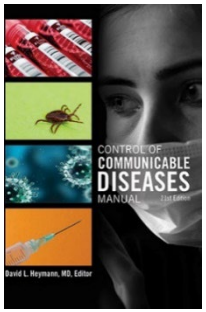
PublicHealth IN THE 406

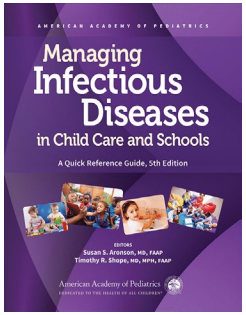
MONTANA COMMUNICABLE DISEASE EPIDEMIOLOGY

Contents

Thanks to all the Montana kids who submitted pictures! Cover Art was created by Joel from Fergus County. Other included artists are Allison from Beaverhead County, Khloe from Lake County, Jia from Hill County, Tenley from Valley County, Claire from Fergus County, Lana from Valley County, Bridger from Fergus County, Scarlet from Roosevelt County, Emilea from Fergus County, Sheila from Valley County, and Sophie from Roosevelt County.

References





The information contained within this guidance document was obtained from the American Academy of Pediatrics (AAP) publication Managing Infectious Diseases in Child Care and Schools, 5th Edition and the American Public Health Association (APHA) Control of Communicable Diseases Manual, 21st Edition.

The information was adapted to reflect Montana-specific laws and needs.

Introduction

This summary is a tool for staff at K-12 schools, daycares, and other early childhood care or education facilities. For ease of reference, we will refer to all of these sites as "schools". It is formatted by:

- Frequently Asked Questions for Communicable Diseases in the School Setting
- Infographics for Printing and Displaying
- Signs and Symptoms Chart for Communicable Diseases
- Disease List A-Z

It contains general information about communicable diseases, recommendations for communicable disease prevention, and recommendations and/or requirements for exclusion of ill students. This document contains recommended procedures from science-based literature to provide guidance to school personnel regarding the provision of services to students enrolled in Montana schools. School district policy, state, and/or federal laws and regulations apply for some diseases. Montana school personnel are encouraged to be familiar with local school district and public health policies and procedures.

Guidance for Communicable Disease Policies in School

Health and School Policy

Policies and procedures regarding student health needs, screening performed in the school setting, and management of chronic illness in children are largely at the discretion of the administration of the school. While most schools have policies and procedures in place regarding communicable disease, resources are available to guide local administrators and school health professionals in policy

development or review. The national American Academy of Pediatrics (AAP) and the Pennsylvania chapter of the AAP produced a document entitled *Model Child Care Health Policies*. This document contains guidance on many aspects of children's health in childcare and early education and includes fill-in-the-blank policies. Included in the policy samples, there is a sample communicable disease reporting policy that may be helpful. It available online to download at http://www.ecels-healthychildcarepa.org/publications/manuals-pamphlets-policies/item/248-model-child-care-health-policies.html.

Vaccination is an important preventative measure for cases of vaccine preventable illness and outbreaks. Students are required to provide proof of vaccination or immunity, or documented medical or religious exemptions by the Montana Code Annotated (MCA) 20-5-403. Vaccination requirements for staff members are at the discretion of the school administration. To find out the most current recommended vaccinations for adults, contact your local health department or primary care provider, or you may visit https://dphhs.mt.gov/publichealth/immunization for more information. Additionally, a directory of local health departments may be found at https://dphhs.mt.gov/publichealth/FCSS/countytribalhealthdepts.

Confidentiality

Schools may accumulate potentially sensitive medical information on students. Because of this, the local board of trustees shall develop policies and procedures regarding the confidentiality of any student records containing medical information (ARM 10.55.909). All schools must comply with the Family Educational Rights and Privacy Act (FERPA) regarding student records. According to FERPA, schools generally must have written permission from the parent/guardian to release any information from a student's education record. *However, FERPA allows schools to disclose those records, without consent, to appropriate officials (such as local and state health departments) in cases of health and safety emergencies.* School officials may not release information contained in student health records to other school staff unless the student is transferring to that school.

Reporting

Any person, including a public or private school staff member, who knows or has reason to believe that a case exists of a reportable disease or condition defined in ARM 37.114.203 must immediately report to the local health officer or their designee. *This is not a violation of privacy laws* and is a required activity by administrative rule. The following information should be included:

(a) Student demographic information (name, date of birth, and physical address)
(b) Dates of onset of the disease, if known by school personnel
(c) If there are any similarly ill students known to school personnel

The local health department will conduct an investigation and will work with the facility to institute control measures to prevent further spread of the disease within the school.

Exclusion Criteria for Children Who Are Ill

According to the American Academy of Pediatrics, when a child becomes ill but does not require immediate medical help, a determination must be made about whether the child should be sent home. *Most illnesses do not require exclusion*. The designated staff member should determine whether the child's illness meets the following school criteria for exclusion:

- Prevents the child from participating comfortably in activities as determined by staff members of the early education/child care program or school.
- Results in a need for care that is greater than staff members can provide without compromising the health and safety of other children.
- Poses a risk of spreading harmful disease to others or is on the list of specific conditions requiring exclusion.

Montana daycares have additional exclusion criteria per ARM 37.95.139, as follows:

- Fever over 101F (except immunization-related fevers) - may return when child is 24 hours fever free
- Vomiting or diarrhea - may return when child is 24 hours free from vomiting or diarrhea
    - If the child is diagnosed with shigellosis, salmonellosis, or Shiga toxin-producing E. coli (STEC), the child may only return after 2 stools, collected more than 24 hours apart, test negative for the illness-causing bacteria and approval from public health
- Children with jaundice - may return after healthcare provider clearance
- Symptoms of severe illness (uncontrolled coughing, breathing difficulty or wheezing, stiff neck, irritability, poor food or fluid intake, or seizure) - may return after healthcare provider clearance
- Certain bacterial infections - may return 24 hours after the start of antibiotics

If any of these criteria are met, the child should be excluded, regardless of the type of illness, unless a health professional determines the child's condition does not require exclusion.

Exclusion Requirements for Staff Who Are Ill

Staff members who are diagnosed with certain illnesses may be required to be excluded from the school until they are no longer infectious. Illnesses such as the common cold and other minor respiratory infections are not generally of concern, and exclusion is not necessary. However, staff members diagnosed with diseases such as pertussis (whooping cough) would be required to be excluded by the local health officer. Additionally, food handlers within the school who have diarrhea of any kind (including from norovirus)cannot engage in food preparation. Contact your local health department for guidance on when exclusion for staff is necessary, and for the duration of exclusion for certain diseases.

Animals in Schools

Animals in schools can have a positive effect in the school environment, but also may cause infectious disease issues for staff and students. Schools should have a policy stating which animals are allowed on the premises and what measures will be taken to prevent disease transmission. Consider the following for your policy:

- Wild mammals, alive or recently dead, should not be allowed in school. Bats and skunks have a significant risk of being rabid, and other wild animals may be more prone to causing injury through bites and scratches.
- Dogs, cats, and ferrets allowed in school should have a current rabies vaccine.
- Report all bites to the local health department for follow up.
- Animals who are ill should not be allowed into the school. Remove class pets should they become ill.

Promote handwashing after handling of animals to prevent diseases such as salmonellosis and campylobacteriosis.

- Do not handle animals in areas where food and drink are consumed or prepared.
- Children should not kiss high risk animals such as chicks, ducks, turtles, and other reptiles.
- Monitor interactions with animals to prevent injuries.
- Consider the medical needs of students who may be immunosuppressed or who may have allergies as they may become severely ill when exposed to certain animals or pathogens.

A Note about Montana House Bill 702 and School-Required Vaccinations

Montana House Bill 702 became effective July 1, 2021. This bill prohibits discrimination based on vaccination status or possession of an immunity passport. Section 1, part 2 of this bill states "this section does not apply to vaccination requirements set forth for schools pursuant to Title 20, chapter 5, part 4, or day-care facilities pursuant to Title 52, chapter 2, part 7." This means that the required school or daycare vaccinations listed in those sections can be considered when making recommendations for school or daycare exclusion during illness outbreaks. DPHHS recommend that you consult your county's attorney for their interpretation.

Resources

DPHHS Website: https://dphhs.mt.gov/

Communicable Disease Epidemiology: https://dphhs.mt.gov/publichealth/cdepi

Montana School Health Program: https://dphhs.mt.gov/schoolhealth

Local Public Health Contact Information: https://dphhs.mt.gov/publichealth/FCSS/countytribalhealthdepts

Communicable Disease Control and Prevention Bureau Infographics: https://dphhs.mt.gov/publichealth/cdepi/infographics

Communicable Disease Epidemiology Reports: https://dphhs.mt.gov/publichealth/cdepi/surveillance

Family Educational Rights and Privacy Act (FERPA): https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html

Healthy Schools (CDC): https://www.cdc.gov/healthyschools/index.htm

Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning (CDC):

https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-childcare-guidance.html

Handwashing (CDC): https://www.cdc.gov/handwashing/index.html

Administrative Rules of Montana (ARM): https://rules.mt.gov/

- 37.114 COMMUNICABLE DISEASE CONTROL https://rules.mt.gov/gateway/ChapterHome.asp?Chapter=37%2E114
- 37.95.139 CHILD CARE FACILITIES: HEALTH CARE REQUIREMENTS https://rules.mt.gov/gateway/RuleNo.asp?RN=37%2E95%2E139

WHAT IS A CONTACT?

PublicHealth IN THE 406 MONTANA COMMUNICABLE DISEASE EPIDEMIOLOGY

Per the Administrative Rules of Montana, local public health will conduct a **communicable disease** investigation of a reportable condition. One of the first steps is to determine who is at risk of contracting the disease from the patient, called a **contact investigation**. The type and duration of contact depends on the disease in question. Once at-risk individuals are identified, appropriate **control measures** such as **post-exposure prophylaxis** can be applied to prevent the continued transmission of disease. For most communicable diseases, contact investigations will include individuals from the categories below:

HOUSEHOLD CONTACTS

- Family members living in the same house*
- Roommates
- House guests

*You may want to consider grandparents or other relatives who spend time in the household

SOCIAL CONTACTS

- Friends
- Boy/girlfriends
- Teammates
- After school clubs
- Religious groups

SCHOOL/WORK CONTACTS

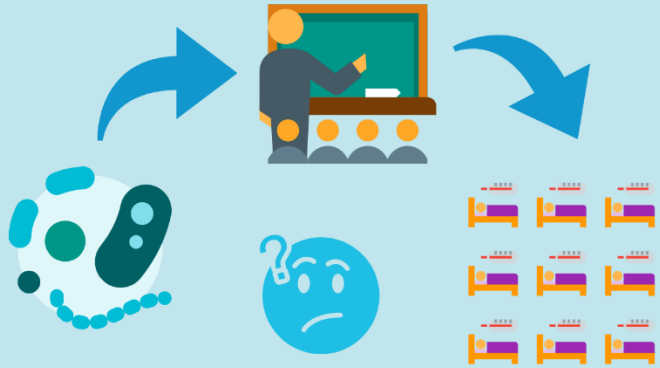
- Classroom seatmates
- Cube mates
- Cafeteria
- Group classes
- School bus/carpool

CONTACTS IN SPECIAL SITUATIONS

- Child care
- Healthcare
- Food preparation

What is an outbreak?

DPHHS defines an outbreak as more cases of a particular disease or condition than expected over a given period of time OR a single unusual illness, or two or more cases of a specific illness (e.g., foodborne illness) with a suspected common exposure history. Defining an outbreak as multiple cases at the same time will not always be accurate. Here are some things to consider:



Pathogen-How does a person become infected? How severe is it?

- Is it spread person-to-person through contact or coughing?
- Do infections occur after an insect bite or contact with an animal?
- Can it be found in contaminated food and water?
- Can it be spread through contact with infected body fluids or on soiled surfaces?

Are there times in the year that you would normally expect more cases? Would you expect to see any cases at all (like mumps, measles, etc.)?

OR

Are you seeing cases OUTSIDE of their normal seasons (i.e., flu in the summer)?

Winter	Spring	Summer	Fall
• Norovirus • Influenza • RSV	• Cryptosporidiosis • Campylobacter • Salmonella • Norovirus	• Giardiasis • *Campylobacter* • *Salmonella*	• Enterovirus • Common cold • Influenza • RSV

Can you link similar cases over the same place and time?

Have you observed spread of the illness within your facility within an incubation period (time it takes for a disease to develop after infection)?
With diarrheal illnesses, did multiple people become ill at the same time?

School children are vulnerable to many diseases because of their young immune systems. Report unusual disease activity to your local health jurisdiction so they can investigate and determine if an outbreak exists.

Public Health in the 406 — Montana Communicable Disease Epidemiology

Don't we test teachers and staff for tuberculosis (TB) yearly?

NO

ARM 37.114.1010 requiring annual TB testing of school employees was repealed in March of 2017.

PublicHealth IN THE 406 MONTANA COMMUNICABLE DISEASE EPIDEMIOLOGY

Low-Risk

- Montana is a low-incidence state for active tuberculosis.
- Over the last decade, an average about 3-6 cases were reported annually.
- CDC guidelines discourage TB testing of low-risk persons and groups.

False Positives

- When the prevalence of TB is low, annual testing results in a high number of false positive tests.
- False positives cause unnecessary expenses and treatment with serious TB medication.

Relevant Testing

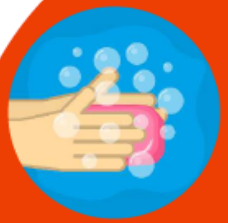
- CDC and the Montana Department of Health and Human Services (DPHHS) recommend providers and local public health jurisdictions only test those who are at risk or need to be tested for medical purposes.

How to Wash Your Hands

Looking for some 20 second songs to sing while you scrub?

1. Row, Row, Row Your Boat 2x
2. Twinkle, Twinkle Little Star 2x
3. If Your Happy and You Know It 2x
4. Happy Birthday 2x
5. Encanto's The Family Madrigal Chorus 2x
6. Frozen's Let It Go Chorus 1x

1



or

Pick either hand sanitizer or soap and water. If using soap and water, get your hands wet and add soap.

2

Scrub the inside of your hands

3

Scrub the tops of your hands with your hands on top of each other

4

Scrub between your fingers with your hands together

5

Scrub the tops of your fingers

6

Scrub your thumbs

7

Scrub your fingertips

Soap

8

Rinse your hands

9

Dry your hands

You are all set!

Hand Sanitizer

You are all set!

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Making a Rash Decision-When to Exclude

Always notify a parent when rashes are identified. The decision to exclude a child with a rash when the etiology is unknown is based on multiple variables. Assessment by a provider is generally recommended to determine the cause of a rash, especially if the rash persists. Therefore, this flow chart is a guideline only. If the cause of the rash is known and it is infectious in nature, see the Disease List A-Z section for specific exclusion requirements.

START HERE
Is the rash accompanied by other symptoms of viral illness, such as fever, malaise, cough, and runny nose?

YES → Exclude based on fever and/or other exclusion criteria, if present. Readmit when exclusion criteria resolve or medically cleared to return by a provider. Was the child a contact to a known case of a disease that causes a rash (i.e.-hand, foot, and mouth disease, varicella, etc.)?

YES → Contact your local health department for further exclusion guidance and possible outbreak reporting.

Do not exclude healthy unimmunized students when a single suspected or confirmed case of vaccine preventable illness is identified. Work with your local health department on exclusion during outbreaks.

NO → Monitor for more cases, report to local public health if similar cases arise.

NO → Is it localized, in multiple locations, or covering a large area?

LOCALIZED → Are there signs and symptoms of a bacterial infection such as redness, induration, pain, purulent drainage, and fever?

YES → Contact the parent or guardian, exclude based on fever and/or possibly infected wound. Readmit when medically cleared to return by a provider.

NO → Is it an intensely itchy, pimple-like rash? Or, is it a red, circular rash that cracks and peels?

YES → Possible ringworm or scabies- contact the parent or guardian. Exclusion may be necessary. See scabies and ringworm in the Disease List A-Z section.

MULTIPLE LOCATIONS OR ENTIRE BODY → Was there recent contact with an irritant (i.e. chemical, poisonous plants, heat, moisture, friction) or allergen (i.e. food, insects, medication)?

YES → Do not exclude for minor rashes unless other exclusion criteria are present, and provide first aid per your protocol for rashes from irritants or allergens (including some insect bites). **Contact the parent to seek medical evaluation if signs or symptoms of a severe reaction develops.**

NO → Do not exclude unless there are signs of a medical emergency (see bottom red box), fever, has a joint pain with rash, the area is red, tender, and the size is increasing, or the child meets other exclusion criteria. See page 4 for more detail on exclusion criteria.

Contact your local health department immediately to report suspect or confirmed cases of communicable disease listed by ARM 37.114.203, or to report outbreaks of any disease within the school environment.

Signs of a medical emergency associated with a rash include (but are not limited to):

- **Difficulty breathing**
- **Rapidly spreading blood-red rash**
- **Blotchy, dark red/purple rash with stiff neck, severe headache**
- **Change in mental status or behavioral change**
- **Severe sloughing of skin**

References:
Control of Communicable Diseases Manual (CCDM), 21st Edition, Centers for Disease Control and Prevention (CDC), 2022.
Managing Infectious Diseases in Child Care and Schools, 5th Edition, American Academy of Pediatrics, 2022.

Call Emergency Medical Services (EMS) (911) Immediately If:	Get Medical Attention Within 1 Hour
• The child's life seems to be at risk or there is a risk of permanent injury. • The child is acting strangely, much less alert, or much more withdrawn than usual. • The child has difficulty breathing or is unable to speak. • The child's skin or lips look blue, purple, or gray. • The child has rapidly spreading raised red skin areas with throat-closing, tongue swelling, trouble breathing or wheezing, or decreased consciousness (severe allergic reaction – anaphylaxis). • The child has rhythmic jerking of arms and legs and loss of consciousness (seizure). • The child is unconscious. • The child is becoming less and less responsive. • After a head injury, the child has any of the following conditions: decrease in level of alertness, confusion, headache, vomiting, irritability, difficulty walking. • The child has increasing or severe pain anywhere. • The child has a cut or burn that is large or deep or won't stop bleeding. • The child is vomiting blood. • The child has a severe stiff neck, headache, and fever. • The child is significantly dehydrated (e.g., Sunken eyes, lethargic, not making tears, not urinating). • Multiple children are affected by injury or serious illness at the same time. • When in doubt about whether to call EMS (911), make the call. • After calling EMS (911), call the child's parent/legal guardian.	Some children may have urgent situations that do not necessarily require emergency medical services (EMS) (911) for ambulance transport but still need medical attention without delay. For the following conditions, the teacher/caregiver may first call the parent/legal guardian. If the parent/guardian is immediately available to pick up the child and take the child to a source of urgent pediatric health care within an hour, the parent/legal guardian should be instructed to do so. EMS (911) should be called to bring the child to a pediatric health professional if the parent/legal guardian cannot do so. When EMS is transporting the child, if possible, a staff member who knows the child should accompany the child until the parent/legal guardian can be present to provide information and reassure the child. Program policies should be clear about how such situations will be handled given local resources. Staff should develop contingency plans for emergencies or disaster situations when it may not be possible or feasible to follow standard or previously agreed on emergencies procedures. The situations that require medical attention within an hour are: • Any infant or child older than 2 months who looks more than mildly ill with a temperature above 101°F (38.3°C) taken by any method (Note: Rectal temperatures in early education/child care or schools should be taken only by persons with specific health training in performing this procedure and with permission by parents/guardians. Do not "correct" for an axillary temperature by adding 0.5 or 1 degree.) • Temperature above 100.4°F (38.0°C) by any method in an infant younger than 2 months (8 weeks). • A quickly spreading purple or red rash or a rapidly spreading rash that raises concern for an allergic reaction (e.g., hives) • A large volume of blood in stools • A cut that may require stitches • Any medical condition specifically outlined in a child's care plan that requires immediate action and/or notification of the child's parent/legal guardian.

Signs and Symptoms of Infectious Diseases Chart

This table is based on a resource in the American Academy of Pediatrics' *Managing Infectious Diseases in Child Care and Schools*. It can be used to look up signs and symptoms that may be experienced by students, to determine whether the illnesses should be reported to your local health department, and if students need to be excluded from school based on symptoms. Follow your school policy, and to discuss illnesses with your local health department, if necessary. *If someone is experiencing a medical emergency, call 911 and refer to your facility's medical emergency policy.*

Symptom and Common Causes	Complaints or What Might be Seen	Notify Health Department?	Temporarily Exclude?	When to Readmit?
Cold Symptoms Viruses • Adenovirus • Coronavirus • Enterovirus • Influenza and parainfluenza virus • Respiratory syncytial virus (RSV) • Rhinovirus • SARS-CoV-2 (COVID-19) Bacterial • Mycoplasma • Pertussis (whooping cough)	• Coughing • Hoarse voice, barky cough • Runny or stuffy nose • Scratchy throat • Sneezing • Fever • Watery and pink eyes • Body aches	No, unless the cough is due to a vaccine-preventable disease, such as pertussis, or an outbreak occurs.	***No, unless***: • Fever accompanied by behavior change • Child looks or acts ill • Child has difficulty breathing • Child has blood-red or purple rash not associated with injury • Child meets routine exclusion criteria (see page 4 of introduction) • Child has a reportable condition requiring exclusion (e.g., pertussis, COVID-19)	Exclusion criteria are resolved
Cough • Common cold • Lower respiratory infection (e.g., pneumonia, bronchiolitis) • Croup • Asthma • Sinus infection • Bronchitis • Pertussis (whooping cough) • Noninfectious causes like allergies	• Dry or wet cough • Runny nose (clear, white, or yellow-green) • Sore throat • Throat irritation • Hoarse voice, barking cough • Coughing fits • Irritation in any part of the respiratory tract, from the hose and mouth to lung tissue, can cause coughing	No, unless the cough is due to a vaccine-preventable disease, such as pertussis.	***No, unless***: • Severe cough • Rapid or difficult breathing • Wheezing if not already evaluated and treated • Blue color of skin or mucous membranes (cyanosis) • Child has a reportable condition requiring exclusion (pertussis, COVID-19) • Fever with behavior change • Child meets routine exclusion criteria (see page 4 of introduction)	Exclusion criteria are resolved
Diaper Rash • Irritation by rubbing of diaper material against skin wet with urine or stool • Infection with yeast or bacteria	• Redness • Scaling • Red bumps • Sores • Cracking of skin in the diaper	Not necessary	***No, unless*** • Oozing sores that leak body fluids outside the diaper • Child meets routine exclusion criteria (see page 4)	Exclusion criteria are resolved.

Symptom and Common Causes	Complaints or What Might be Seen	Notify Health Department?	Temporarily Exclude?	When to Readmit?
	region			
Diarrhea • Usually viral, less commonly bacterial or parasitic • Dietary • Inflammatory bowel disease	• Stomach cramps • Frequent loose or watery stools • Fever • Generally not feeling well • Vomiting occasional present	No, unless an outbreak occurs (more complaints than normally expected) or if it is a case of bloody diarrhea.	**Consider exclusion if:** • There is a current outbreak situation in the school after consultation with the local health department • Hand washing and personal hygiene practices of the ill student should be taken into account when considering exclusion • Blood/mucus in stools • Black stools • No urine output in 8 hours • Jaundice (yellow skin or eyes) • Fever with behavior change • Looks or acts very ill • Child meets routine exclusion criteria (see page 4)	Exclusion criteria are resolved. In the case of an outbreak situation, when cleared by a healthcare provider to return.
Difficult or Noisy Breathing • Common cold • Croup • Epiglottitis • Bronchiolitis • Asthma • Pneumonia • Object stuck in airway • Exposed to a known trigger of asthma symptoms (e.g., animal dander, pollen)	• Common cold: stuffy/runny nose, sore throat, cough, or mild fever • Croup: barking cough, hoarseness, fever, possible chest discomfort, very noisy breathing • Epiglottitis: gasping noisily for breath with mouth wide open, chin pulled down, high fever or bluish nails and skin, drooling, unwilling to lie down • Bronchiolitis/Asthma: child is working hard to breathe, rapid breathing, space between ribs looks like it is sucked in with each breath, wheezing, whistling sound with breathing, cold/cough, irritable and unwell, takes longer to breathe out than to breathe in • Pneumonia: deep cough, fever, rapid breathing, or space between ribs looks like it is sucked in with	Not necessary except for epiglottitis.	***Yes, if*** • Fever with behavior change • Child looks or acts very ill • Child has difficulty breathing • Rapid breathing • Wheezing if not already evaluated and symptoms controlled by treatment • cyanosis (blue color of skin or mucous membranes • cough interferes with activities • breath sounds can be heard when the child is as rest • child has blood-red or purple rash not associated with injury • child meets routine exclusion criteria (see page 4)	Exclusion criteria are resolved.

Symptom and Common Causes	Complaints or What Might be Seen	Notify Health Department?	Temporarily Exclude?	When to Readmit?
	each breath • Object stuck in airway: symptoms similar to croup (see above) • Exposed to a known trigger of asthma symptoms and the child is experiencing breathing that sounds or looks different from normal for that child			
Earache • Bacteria • Often occurs in context of common cold virus	• Fever • Pain or irritability • Difficulty hearing (Blocked ears) • Drainage from ear • Swelling around ear • Ear tugging or pulling in young children	Not necessary	***No, unless*** • Child meets routine exclusion criteria (see page 4)	Exclusion criteria are resolved.
Eye Irritation • Sty underneath eyelid • Bacterial or viral conjunctivitis (see Pinkeye in Disease List A-Z) • Allergic conjunctivitis: irritation of the membrane covering eye(s) • Irritant conjunctivitis: Chemical irritation of eye(s) or eyelid(s) (i.e., swimming in heavily chlorinated water, air pollution, smoke exposure) • Injury	• Infection**:** pink/red color of "whites" of eyes, thick discharge, watery discharge, crusting, cold symptoms • Allergic and chemical irritation: red, tearing, itchy, puffy eyelids; runny nose, sneezing; watery/stringy discharge with or without some crusting around the eyelids.	Yes, if 2 or more children have red eyes with watery discharge that appears infectious in nature.	***No, unless*** • Child meets other exclusion criteria (see page 4)	See Pinkeye section in disease list A-Z (page 30) for more details on exclusion. Readmit for other causes when exclusion criteria are resolved.
Fever • Any viral, bacterial, or parasitic infection • Vigorous exercise • Reaction to medication or vaccine • Other noninfectious illnesses (i.e., rheumatoid arthritis, malignancy)	• Flushing, tired, irritable, decreased activity **Notes** • Fever alone is not harmful. When a child has an infection, raising the body temperature is part of the body's normal defense against germs. • Rapid elevation of body	Not necessary unless a reportable condition is suspected.	***No, unless:*** Behavior change or other signs of illness in addition to fever or child meets other routine exclusion criteria (see page 4)	Exclusion criteria are resolved

Symptom and Common Causes	Complaints or What Might be Seen	Notify Health Department?	Temporarily Exclude?	When to Readmit?
	temperature sometimes triggers a febrile seizure in young children; this usually is outgrown by age 6. The first time a febrile seizure happens, the child requires medical evaluation.			
Headache, Stiff, or Painful Neck • Any bacterial/viral infection • Other noninfectious causes	• Tired and irritable • Can occur with or without other symptoms	Not necessary unless a reportable condition is suspected.	***No, unless:*** • Child meets routine exclusion criteria (see page 4 of introduction) ***Note***: Notify healthcare provider in case of sudden, severe headache with vomiting or stiff neck that might signal meningitis. It would be concerning if the back of the neck is painful or the child can't look at his or her belly button (putting chin to chest), different from soreness in the side of the neck.	Exclusion criteria are resolved
Itching • Ringworm • Chickenpox • Pinworm • Head lice • Insect bites • Scabies • Allergic or irritant reaction (i.e., poison ivy) • Dry skin or eczema • Impetigo	For the specific infectious conditions listed under common causes, please see the Disease List A-Z for more information. • ***Allergic or irritant reaction***: raised, circular, mobile rash; reddening of the skin; blisters occur with local reactions (poison ivy, contact reaction). • ***Dry skin or eczema***: dry areas on body. More often worse on cheeks, in front of elbows, and behind knees.	Yes, for outbreaks of lice and scabies, and for <u>all cases</u> of chickenpox.	For the specific infectious conditions listed under common causes, please see the Disease List A-Z for more information on when and how long to exclude. ***For any other itching*** ***No, unless:*** • Child meets routine exclusion criteria (see page 4 of introduction)	Exclusion criteria are resolved. On medication or treated as recommended by a healthcare provider if treatment is indicated for the condition.
Mouth Sores • Oral thrush (yeast infection) • Herpes or coxsackievirus infection	• ***Oral thrush***: white patches on tongue, gums, and along inner cheeks	Not necessary unless a reportable	***No, unless:*** • Drooling steadily related to mouth sores	Exclusion criteria are resolved

Symptom and Common Causes	Complaints or What Might be Seen	Notify Health Department?	Temporarily Exclude?	When to Readmit?
• Canker sores	• ***Herpes or coxsackievirus infection***: pain on swallowing; fever; painful, white/red spots in mouth; swollen neck glands; fever blister, cold sore; reddened, swollen, painful lips • ***Canker sores***: painful ulcers inside cheeks/gums	condition is suspected.	• Fever with behavior change • Child meets routine exclusion criteria (see page 4)	
Rash • Many causes • ***Viral***: roseola infantum, fifth disease, chickenpox, herpesvirus, molluscum contagiosum, rubella, hand foot, and mouth disease, measles, warts, cold sores, shingles (herpes zoster), and others • ***Skin infections and infestations***. ringworm (fungus), scabies (parasite), impetigo, lice, abscesses and cellulitis (bacteria) • ***Scarlet fever*** (strep infection) • ***Severe bacterial infections***: meningococcus, pneumococcus, Staphylococcus (methicillin-susceptible *S. aureus*; methicillin-resistant *S. aureus*), Streptococcus • ***Non-infectious causes***: allergy (hives), eczema, contact (irritant) dermatitis, medication related, poison ivy	Skin may show similar findings with many different causes. Determining the cause of rash requires a competent healthcare provider evaluation. However, most rashes are minor in nature and may not require evaluation. • Viral: usually signs of general illness such as runny nose, cough, fever (except not for warts or molluscum). Some viral rashes have a distinctive appearance. • Minor skin infections and infestations: see Itching. • More serious infection and infestations: redness, pain, fever, pus • Severe bacterial infections: rare. These children usually have fever with a rapidly spreading blood-red rash and may be very ill. • Allergy**:** may be associated with a raised, itchy, pink rash with bumps that can be as small as a pinpoint or large welt known as hives. See also Itching for what might be seen	Yes, for outbreaks, such as multiple children with hand, foot, and mouth disease within a group. Also notify when children are diagnosed by a healthcare provider with a vaccine-preventable conditions that are reportable, such as chickenpox, or if you suspect another reportable condition.	***No, unless:*** • Rash with behavior change or fever. • Has oozing/open wound • Has bruising not associated with injury • Has joint pain and rash • Rapidly spreading blood-red rash • Child meets routine exclusion criteria (see page 4 and the "Making a Rash Decision-When to Exclude" infographic on page 11)	On antibiotics medication for required period (if indicated). Infestations (lice and scabies) and ringworm can be treated at the end of the day with immediate return the following day. Readmit when routine exclusion criteria resolve; see also the "Making a Rash Decision-When to Exclude" infographic on page 11)

Symptom and Common Causes	Complaints or What Might be Seen	Notify Health Department?	Temporarily Exclude?	When to Readmit?
	for allergy or contact (irritant) dermatitis or eczema. • See also Itching for what might be seen for allergy or contact dermatitis or eczema.			
Sore Throat (pharyngitis) • Viral – common cold viruses and COVID-19 that cause upper respiratory infections • Strep throat (Group A *Streptococcus*)	• Viral: Child complains of sore throat, younger children may be irritable with decreased appetite and increased drooling • Strep throat: Red tissue with white patches on sides of throat, at back of tongue (tonsil area), and at back wall of throat. Strep throat usually not accompanied by cough or runny nose in children over 3 years. • Tonsils may be large, even touching each other • Swollen lymph nodes	Not necessary	***No, unless:*** • Inability to swallow • Excessive drooling with breathing difficulty • Fever with behavior change. • Child meets routine exclusion criteria (see page 4 of introduction) **Note**: Most children with red back of throat or tonsils, pus on tonsils, or swollen lymph nodes have viral infections. If strep is present, 12 hours of antibiotics is required to readmit.	Exclusion criteria are resolved.
Stomachache • Viral gastroenteritis • Behavioral or dietary causes • Strep throat • Problems with internal organs, such as gallbladder disease or appendicitis • Non-specific behavioral and/or dietary causes • If combined with hives, may be associated with a severe allergic reaction	• Viral gastroenteritis: vomiting, diarrhea, cramping • Strep throat: sore throat, headache, possible fever • Internal organs: persistent, severe pain in abdomen • Nonspecific causes***:*** vague complaints without vomiting/diarrhea or much change in activity	Yes, if outbreak scenario (more cases than expected)	***No, unless***: • Severe pain • Abdominal pain after injury • Bloody/black stools • Looks or acts very ill • Yellow skin/eyes • No urine output for 8 hours • Vomiting or diarrhea • Fever with behavior change • Child meets routine exclusion criteria (see page 4)	Pain resolves, and other exclusion criteria are resolved
Swollen glands (lymph nodes) • Viral infection with or without fever • Coughing strongly	• Normal lymph node response: swelling at front, sides, and back of neck and ear; in the armpit or	Not necessary	***No, unless*** • Difficulty breathing or swallowing • Red, tender, warm glands	Child is on antibiotics (if indicated).

Symptom and Common Causes	Complaints or What Might be Seen	Notify Health Department?	Temporarily Exclude?	When to Readmit?
• Noninfectious causes: food allergy, trauma, ingestion of toxic substance, dietary and medication related, headache	groin; or anywhere else near an area of infection. Usually these nodes are less than 1" across. • Bacterial infection of lymph nodes: swollen, warm lumps under the skin with overlying pink skin, tender to the touch. Usually larger than 1" across.		• Fever with behavioral change • Child meets routine exclusion criteria (see page 4)	Exclusion criteria are resolved.
Vomiting • Viral infection of the stomach or intestine (gastroenteritis) • Coughing strongly • Other viral illness with fever • Noninfectious causes: food allergy, trauma, dietary and medication related, headache, exertion, and math tests	• Diarrhea, vomiting, or cramping for viral gastroenteritis	Yes, if outbreak scenario (more cases than expected)	***Yes, if:*** • Vomited more than 2 times in 24 hours • Vomiting and fever • Recent history of head injury • Child meets routine exclusion (see page 4 of introduction)	Exclusion criteria are resolved


Keep others and yourself
Safe

Disease List A-Z

This table can be used to look up common diseases and conditions that may be experienced by students, and to determine whether the illnesses should be reported to your local health department and if students need to be excluded from school. This is just a guide, you are encouraged to discuss illnesses with your local health department. Keep in mind that your school may have a policy that addresses many of the diseases listed below. ***If someone is experiencing a medical emergency, call 911 and refer to your facility's medical emergency policy.***

Disease (A-Z by Common Name)	Signs / Symptoms	Incubation Period	How it is Spread	Contagious Period	Recommendations
Bed bugs	• Bite marks on the face, neck, arms, hands, or any other body parts • Bites are often in a row and have a small, red bump in the middle	Bite marks may take as long as 14 days to develop-bedbugs do not reproduce on humans.	• Contact with infested material • **Not spread person-to-person** • May be brought to school via book bags or clothing	Contaminated articles can be cleaned in hot water (30-60 minutes), and smaller articles may be frozen to kill live bugs.	Do not exclude the child and provide education for pest removal and how to avoid spreading the infestation. Clipping nails short may help prevent secondary infection in sites where scratching occurs. Treat itching with over the counter itch remedies.
Campylo-bacteriosis Single cases and outbreaks are reportable	• Diarrhea, may be bloody • Fever • Vomiting • Abdominal cramping • Malaise	Usually 2-5 days, with a range of 1-10 days depending on dose ingested	• Contact with the stool of infected animals (e.g., poultry, puppies, kittens) • Contaminated food and water • Unpasteurized milk • Person-to-person via fecal-oral route	Bacteria found in stool for 2-3 weeks. Antibiotic treatment may shorten contagious period. Relapse of symptoms may occur.	Consult with your local health department to consider exclusion when diarrhea stools are present. Hand washing and personal hygiene practices should be taken into account when considering exclusion. Use good hand hygiene practices, especially after handling animals. Ensure proper surface disinfection. Exclude staff with diarrhea

Disease (A-Z by Common Name)	Signs / Symptoms	Incubation Period	How it is Spread	Contagious Period	Recommendations
					from food handling and feeding children. Note: It is not necessary to demonstrate a negative *campylobacter* stool culture test result to be readmitted to the group setting.
Chickenpox (Varicella) Single cases and outbreaks are reportable Vaccine preventable	• Rash, usually vesicular (fluid-filled sacs), may have flat lesions and raised solid lesions present • Fever • Itching • Runny nose and cough	Usually 14-16 days, but ranges from 10-21 days after exposure.	• Person-to-person • Contact with infected fluids from rash or inhalation of droplets from coughing or sneezing of the infected person	Highly contagious, may be transmissible 1-2 days before the rash appears and will continue to be infectious until the lesions crust over.	Exclude infected children until the rash crusts over and no new lesions appear for the last 24 hours. Work with the local health department on control of outbreaks and management of susceptible contacts.
COVID-19 Single cases and outbreaks are reportable Vaccine preventable	• Sore throat • Fever or chills • Cough • Nasal congestion • Headache • Fatigue • Nausea, vomiting • Some infections may be asymptomatic	Usually 3-5 days, range of 2-14 days	• Inhalation of respiratory droplets from an infected person	Contagious up to 10 days from symptom onset or positive test date if asymptomatic.	Exclude per CDC recommendations for 5 days, may return if no fever and symptoms resolving and able to mask the next 5 days while in community/school settings. If unable to mask (or too young to mask), exclude for 10 days.

Disease (A-Z by Common Name)	Signs / Symptoms	Incubation Period	How it is Spread	Contagious Period	Recommendations
Cryptosporidiosis Single cases and outbreaks are reportable	• Acute, watery diarrhea • Fever • Vomiting • Abdominal cramping and malaise • Lack of appetite • Individuals may be asymptomatic	Usually 7 days, range is 1-12 days after exposure.	• Contact with infected stool from animals in petting zoos, farms, and in the wild • Contaminated food and water • Swimming in contaminated water (e.g., wading pools or swimming pools) • Person-to-person via fecal-oral route	Passage of the parasite in the stool at onset of symptoms and can occur for 2 weeks after symptoms have resolved.	Exclude infected children from daycare facilities until diarrhea stops. Consult with your local health department to consider exclusion of staff or school settings when diarrhea stools are present. Hand washing and personal hygiene practices should be taken into account when considering exclusion. Use good hand hygiene practices, especially after using the bathroom, before handing food and before eating good. Note: It is not necessary to demonstrate a negative *cryptosporidiosis* stool culture test result to be readmitted to the group setting
Escherichia coli,* Shiga toxin-producing *(E. coli) Single cases and outbreaks are reportable	• Diarrhea / loose stools which may be watery and bloody • Abdominal cramps, often severe	Usually 2-10 days, with a median of 3-4 days	• Contaminated food (e.g., inadequately cooked hamburgers, produce, and unpasteurized cow's milk) • Consuming contaminated water • Contact with infected stool from animals (e.g., petting zoos, cattle) • Swimming in	From onset of diarrhea until two negative stool cultures are obtained.	Infected persons should <u>not</u> be employed to handle food or provide childcare until 2 successive negative fecal samples or rectal swabs are obtained (collected 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials). Work with your local health department on exclusion. Daycare attendees are excluded until

Disease (A-Z by Common Name)	Signs / Symptoms	Incubation Period	How it is Spread	Contagious Period	Recommendations
			contaminated water (wading pools, water parks) • Person-to-person via fecal-oral route		they meet return criteria above. Hand washing and personal hygiene practices should be taken into account when considering exclusion in K-12 settings.
Ear Infection (middle ear infection and swimmer's ear)	• Pain inside ear or when touching the external ear • Irritability, crying • May have fever • Ear drainage may be present	Middle Ear Infection: Variable. Related to the type of virus or bacteria that is causing the fluid buildup in the middle ear. Swimmer's Ear Infection: Signs and symptoms usually appear within a day after swimming or getting water in the ear canal.	Middle Ear Infection: • Complication of upper respiratory infections, not transmissible from person-to-person Swimmer's Ear Infection: • A bacterial infection of the skin in the ear canal • Drainage from an ear infection can contain bacteria and should be treated as wound drainage. Use Standard Precautions when handling.	Ear infections are not contagious	Do not exclude unless exclusion criteria, such as fever, are present. Readmit when exclusion criteria resolve. Promote immunizations, which help reduce the number of ear infections caused by specific bacteria (e.g., *Streptococcus pneumoniae*) For a child with ear drainage: have the child evaluated by a pediatric health professional. Drainage from the ear is common if a child has ear tubes. Ear drainage does <u>not</u> require exclusion.

Disease (A-Z by Common Name)	Signs / Symptoms	Incubation Period	How it is Spread	Contagious Period	Recommendations
Fifth Disease (Erythema Infectiosum) Outbreaks are reportable	• Rash with "slapped cheek" appearance • Lace-like rash on trunk and extremities which fades but may occur • Fever • Headache • Fatigue, muscle aches • Malaise • Some infections are asymptomatic	Variable. 4-20 days to development of rash.	Person-to-person; • Primarily through contact with respiratory secretions from coughing or sneezing of the infected person. • Mother to fetus • Transfusion of blood and blood products.	One to two days before rash onset until the rash has faded, usually a span of 1 week to 10 days.	Exclude while fever is present. Work with your local health department to determine if exclusion is necessary after fever is no longer present. Once the rash appears, the individual is probably not contagious, and it is usually safe to go back to work or a child to go back to school. During outbreaks in school settings, those with hemolytic anemia or immunodeficiency and pregnant women should be informed of the possible risk of acquiring and transmitting the infection. Individuals who are pregnant or who might become pregnant and have continued close contact to people with Fifth Disease (e.g., at school) should be advised of the of the potential for acquiring infection and the potential risk of complications to the fetus.

Disease (A-Z by Common Name)	Signs / Symptoms	Incubation Period	How it is Spread	Contagious Period	Recommendations
German Measles (Rubella) Single cases and outbreaks are reportable Vaccine Preventable	• May be asymptomatic • Red or pink rash appearing first on the face, then spreading down the body • Swollen glands behind ears • Slight fever • May have joint aches or pain	Usually 14-17 days; range 14-21 days.	• Person-to-person: o Direct contact with nose and throat secretions o Droplet transmission through coughing and sneezing	For about 1 week before and at least 4 days after onset of rash. Highly contagious.	When case is confirmed, exclude for 7 days after onset of rash. Work with the local health department on control of outbreaks and management of susceptible contacts.
Giardiasis Single cases and outbreaks are reportable	• Watery diarrhea • Abdominal cramps • Fatigue • May be asymptomatic	Usually 3-25 days or longer, most commonly 7-10 days	• Ingestion of parasitic cysts through contaminated food or water • Swimming in bodies of water with parasite present • Person-to-person occurs by hand-to-mouth transfer of cysts from the feces of an infected individual, especially in schools	Most contagious when diarrhea is present, contagious period variable.	Consult with your local health department to consider exclusion when diarrhea stools are present, until all exclusion criteria resolve. Hand washing and personal hygiene practices should be taken into account when considering exclusion. Educate families, students and school personnel about personal hygiene, and the need for washing hand before handling food, before eating and after using the toilet. Dispose of feces in a sanitary manner. Disinfect soiled articles/clothing.

Disease (A-Z by Common Name)	Signs / Symptoms	Incubation Period	How it is Spread	Contagious Period	Recommendations
***Haemophilus influenzae* Type B (Hib)** Single cases and outbreaks are reportable Vaccine preventable	• Fever • Vomiting • Irritability • Stiff neck • Difficulty breathing • Cough • Warm, red, swollen joints • Swelling and discoloration of the face	Unknown, probably 2-4 days	• Person-to-person: o Direct contact with nose and throat secretions o Droplet transmission through coughing and sneezing. o Contact with respiratory secretions on contaminated objects such as toys and other surfaces	Contagious until antibiotic therapy has begun.	*Hib cases are urgent in nature*. Notify the local health department immediately when identified. Individuals who are close contacts need to be assessed for the need of post-exposure prophylaxis.
Hand, Foot, and Mouth Disease (Coxsackie-virus) Outbreaks are reportable	• Tiny blisters in the mouth and on the fingers, palms of hands, buttocks, and soles of feet • Fever • Sore throat • Runny nose/cough • Vomiting and diarrhea may occur • Asymptomatic infections may occur	Usually 3-5 days	• Person-to-person: o Direct contact with nose and throat secretions o Droplet transmission through coughing and sneezing. • Fecal-oral route: o Spread through contact with feces of infected children, also toys and surfaces that are contaminated infected body fluids	Most contagious during the first week of illness. Virus found in the respiratory secretions for two weeks after onset, and up to 11 weeks in feces after onset. *Rash is non-infectious.*	Exclude per policy for fever and diarrhea and if other exclusion criteria are present. See page 4 for exclusion criteria. Promote handwashing and cough etiquette when cases are identified.
Impetigo Outbreaks are reportable	• Small, red, pimple-like blisters (usually on the face) • Crusting of clear, slightly yellow fluid • Often follows minor skin trauma	Variable, skin carries bacteria that causes the lesions without symptoms	• Contact with sores of infected person or from contaminated surfaces	Contagious when sores are present until 24 hours after the start of antimicrobial therapy, OR when the crusting lesions are no longer present.	Cover lesions. Refer to a healthcare provider at the end of the school day, and if confirmed, exclude until treatment is started. If treatment is started before the next day, there is no need to exclude. Lesions should be covered until dry.

Disease (A-Z by Common Name)	Signs / Symptoms	Incubation Period	How it is Spread	Contagious Period	Recommendations
					Use good hand hygiene. Clip fingernails to reduce further injury of tissues by scratching and subsequent spread through contaminated fingernails. Clean and sanitize surfaces.
Influenza Hospitalized cases and outbreaks are reportable Vaccine preventable	• Fever/chills • Headache/malaise • Sore throat/congestion • Cough • Mild pinkeye • Nausea and vomiting, occasionally, usually observed in children when it does occur • May be asymptomatic	Usually 2 days, ranges 1-4 days	Person-to-person: • contact with inhalation of droplets from coughing or sneezing of the infected person • Infections can occur year-round	In adults, virus shedding and communicability are greatest in the first 3-5 days. In young children and immuno-compromised individuals viral shedding may occur longer than 5 days. The infectious period may begin before symptom onset and may occur after symptom resolution.	Exclude until 24 hours after the fever resolves without assistance from medication and all other exclusion criteria are resolved. Promote vaccination. Use good hand hygiene and cough etiquette Note: Influenza is not the same illness as the "stomach flu" (gastroenteritis)

Disease (A-Z by Common Name)	Signs / Symptoms	Incubation Period	How it is Spread	Contagious Period	Recommendations
Lice Outbreaks reportable	• Tickling feeling or something moving in the hair • Itching, caused by the bites of the head louse • Irritability and difficulty sleeping • Sores on the head caused by scratching	7-12 days from laying to hatching of eggs, lice reproduce about 14 days after hatching. It may take 4-6 weeks for itching to appear.	• Person-to-person: • Head-to-head (hair-to-hair) contact when live lice are present (they do not hop or fly) • Less frequently spread by sharing clothing or belongings	Head lice survive less than 1-2 days if they fall off a person and cannot feed. Nits cannot hatch and usually die within a week if at a different temperature than that found close to the scalp.	Treat with pediculicides (medication that kills lice and nits); may require two treatments. Treatment failure may occur, use a different product to retreat. Herbal and natural remedies are not regulated by the FDA, and may not be safe or effective. Mechanical removal of nits may have some benefit, household contacts should be examined and treated. Contacts who share the same bed may be treated if no live lice are found.
Measles Single cases and outbreaks are reportable Vaccine preventable	• Fever • Conjunctivitis • Bluish-white spots inside mouth (cheek) • Rash that starts at the hairline and spreads down over body	Average of 14 days, ranges 7-21 days	• Airborne by droplet spread, direct contact with infected respiratory secretions. Highly infectious in nature.	Contagious 4 days before the onset of the rash until 4 days after the onset of the rash.	Montana has not had a measles case since 1990, and it is easily confused with other diseases that cause a rash and fever. Report suspected cases immediately to the local health department for investigation.
Meningitis Single cases reportable when caused by *Neisseria meningitidis or another reportable condition (See also Hib)*	• Fever • Headache • Nausea • Rash • Stiff neck • Irritability • Eye sensitivity • Confusion • Seizures/coma	Viral and bacterial meningitis: Usually 1-10 days. Varies depending on pathogen.	• Person-to-person: o Direct contact with nose and throat secretions o Droplet transmission through coughing and sneezing. • Fecal-oral route: o Spread through contact with feces of infected children, also toys and surfaces that	Variable depending on pathogen.	Exclude as soon as meningitis is suspected. Readmit when no longer infectious and other exclusion criteria are resolved.

Disease (A-Z by Common Name)	Signs / Symptoms	Incubation Period	How it is Spread	Contagious Period	Recommendations
			are contaminated with feces of infected children.		
Molluscum Contagiosum Outbreaks reportable	• Small, firm, bumps on the skin that may be flesh colored, white, translucent, or yellow. • Center of bumps often have a tiny, hard indented center • Rash can be itchy	Experimentally shown to be between 19-50 days, can be 7 days to 6 months	Person-to-person: • Skin-to-skin contact • Or sharing of contaminated objects	Unknown, likely while lesions persist	Disinfect surfaces that have come into contact with lesions, or handled by children who have lesions. Avoid sharing bathtubs, towels, or sponges. Infected children with visible lesions should be excluded from contact sports unless the lesion scan be fully covered.
Mononucleosis Outbreaks reportable	Young children usually experience mild illness. Older children: • Fever • Fatigue • Sore throat • Swollen lymph glands • Enlarged liver and spleen	Usually 4-6 weeks	• Person-to-person: ○ Close contact with saliva of infected individuals through kissing, sharing utensils and drinking vessels, and other surfaces contaminated by saliva	Prolonged.	Exclude if fever present and until exclusion criteria are resolved. Practice good hand hygiene.
Mumps Single cases and outbreaks are reportable Vaccine preventable	• Fever • Headache/earache • Swollen glands in front of and below the ear (may not be present in all cases) • Painful swelling of testes or ovaries	Usually 16-18 days, ranges from 12-25 days	• Person-to-person: ○ Direct contact with nose and throat secretions on contaminated objects such as toys and other surfaces ○ Droplet transmission through coughing and sneezing	Contagious 7 days prior to the onset of the gland swelling and up to 9 days afterward. Most infectious until 5 days after onset of swelling.	Exclude case until 5 days after onset of gland swelling, work with local health department on management of contacts.

Disease (A-Z by Common Name)	Signs / Symptoms	Incubation Period	How it is Spread	Contagious Period	Recommendations
Norovirus Outbreaks reportable	• Fever • Watery diarrhea • Nausea/vomiting • Stomach pain • Malaise • Headache • Disease may be very mild	Usually 12-48 hours post exposure.	• Fecal-oral route: ○ Spread through contact with feces or vomit of infected children, toys and surfaces that are contaminated with feces or vomit of infected children	Variable, may persist for 3 weeks after symptoms resolve.	Consult with your local health department. Consider exclusion for a minimum of 48 hours after symptoms stop or longer as required by local health regulations. Outbreaks are common as it is highly infectious. Increased outbreaks may occur in the winter and spring months.
Pinkeye (Conjunctivitis) Outbreaks reportable	*Infectious causes only listed.* Bacterial • Red or pink, itchy, painful eye • Green and yellow discharge • Eyes crusting shut after sleep Viral • Pink, swollen, watery eyes sensitive to light • May affect only one eye	Bacterial: Can be caused by *Staphylococcus aureus*, *Streptococcus pneumoniae*, *Haemophilus influenzae* Viral: Can be caused by a number of different viruses, such as adenoviruses	• Person-to-person: ○ Spread through close personal contact with discharges from eyes or by touching surfaces contaminated with infected eye secretion	Contagious while signs or symptoms are present, in general. Caused by multiple organisms; contagious period may vary.	For most cases bacterial and viral conjunctivitis, exclusion is no longer required for this condition. A doctor may prescribe an antibiotic drop or ointment for bacterial. Antibiotics may help shorten the length of infection and reduce the spread to others. Most children with pinkeye get better after 2-5 days without antibiotics. Exclude if other exclusion criteria are met (see page 4). Healthcare providers may exclude students for specific forms of conjunctivitis. Return to class with a doctor's approval.

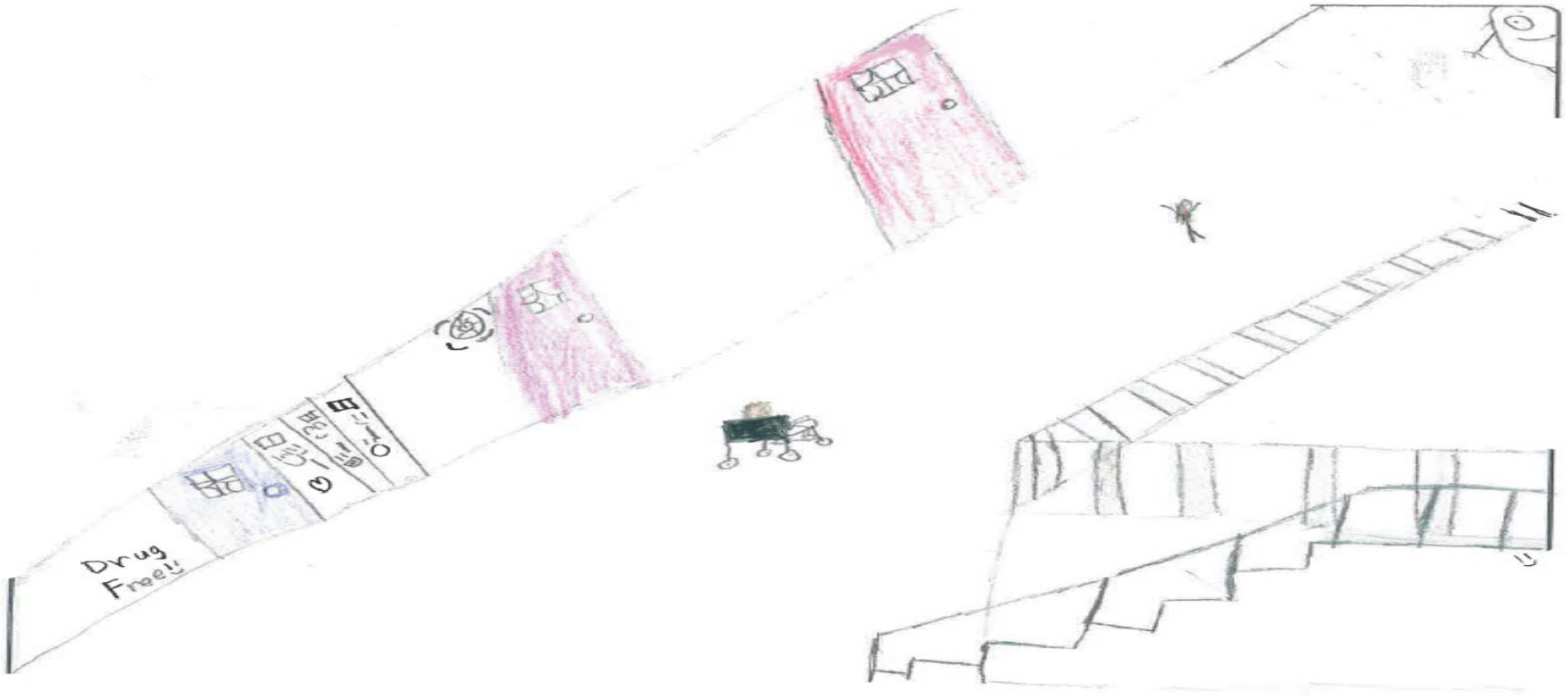
Disease (A-Z by Common Name)	Signs / Symptoms	Incubation Period	How it is Spread	Contagious Period	Recommendations
Pinworms (Enterobiasis)	• Many have no signs or symptoms • Itching and irritation around the anal or vaginal area may be present	1-2 months after ingestion of pinworm eggs	• Fecal-oral route, spread by contaminated fomites	Contagious while female worms are discharging eggs to the skin around the anus.	Do not exclude. Family members are at highest risk for transmission. Treatment is available through a healthcare provider. Promote handwashing, wash toys frequently, and clean and sanitize surfaces used for eating, toileting, food preparation, and diapering to prevent transmission.
Respiratory Syncytial Virus (RSV) Outbreaks reportable	• Cold-like symptoms in most children (runny nose, coughing, sneezing, fever) • Wheezing and asthma attacks in children with asthma • May develop bronchiolitis or pneumonia	Usually ranges from 4-6 days	• Person-to-person: o Direct contact with nose and throat secretions or with contaminated objects such as toys and other surfaces. o Droplet transmission through coughing and sneezing	Contagious for 3-8 days after symptom onset.	Do not exclude unless other exclusion criteria are met (see page 4). Refer to a medical provider if severe symptoms are observed.
Ringworm Outbreaks are reportable, but are unlikely to occur.	• Localized rash with red, circular patches with raised edges and central clearing • Cracking and peeling • Patchy areas of dandruff-like scaling on the scalp (hair loss may occur)	Usually 4-14 days	• Contact with infected humans, animals, or contaminated surfaces or objects	Infectious while rash is present. No longer infectious when the lesion begins to shrink after treatment or oral therapy begins.	Refer to healthcare provider, if ringworm is confirmed, start treatment before returning. No exclusion is necessary if treatment is started before the next school day. Contact sports should be avoided for 48 hours after treatment is started unless the area can be covered.

Disease (A-Z by Common Name)	Signs / Symptoms	Incubation Period	How it is Spread	Contagious Period	Recommendations
Roseola	• High fever for 3-5 days (over 103°F measured orally) • Fever may cause seizure activity • Red, raised rash lasting from hours to 1-3 days (may not be present)	Usually 9-10 days	• Person-to-person: • Contact with inhalation of droplets from coughing, sneezing, or sharing of cups with an infected person	After infection, virus remains present in the saliva on and off throughout a lifetime.	Exclude based on fever per school policy, and if other exclusion criteria are met. Readmit when exclusion criteria resolve (see page 4).
Rotavirus Outbreaks are reportable Vaccine preventable	• Fever • Watery diarrhea • Abdominal pain • Nausea/vomiting • Some children have very mild symptoms	Usually 24-72 hours	• Fecal-oral route: o Spread through contact with feces of infected children, also toys and surfaces that are contaminated with feces of infected children or eat contaminated food	Virus is the most infectious, and more likely to infect others, both when they have symptoms and during the first three days after they recover.	Consult with your local health department to consider exclusion when diarrhea stools are present. Hand washing and personal hygiene practices should be taken into account when considering exclusion.
Salmonellosis Single cases and outbreaks are reportable	• Diarrhea • Fever • Abdominal cramping and pain • Nausea/vomiting • Occasional blood and mucous in stool	Symptoms usually begin 6 hours to 6 days after infection and last 4 to 7 days	• Fecal-oral route o Contact with infected animals or their stool, contaminated or undercooked food and contaminated water	A person can still transmit the bacteria for several weeks after symptoms fade, and even several months later. Approximately half of children younger than 5 years will have *Salmonella* in stool 12 weeks after infection.	Consult with your local health department to consider exclusion when diarrhea stools are present, and readmit when exclusion criteria are resolved for K-12 settings (page 4). Hand washing and personal hygiene practices should be considered. Daycare attendees are excluded until 2 successive negative fecal samples or rectal swabs are obtained (collected 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials). Work with your local health department

Disease (A-Z by Common Name)	Signs / Symptoms	Incubation Period	How it is Spread	Contagious Period	Recommendations
					on exclusion.
Scabies Outbreaks are reportable	• Itching, can be severe at times, especially at night • Skin rash that is pimple-like • Tiny burrows are sometimes seen on the skin ***Crusted (Norwegian)*** • Severe form of scabies • Most infectious form • Characterized by vesicles and thick crusts over the skin	Four to six weeks for a primary infection. Those with a previous infection may develop symptoms in 1-4 days.	• Spread though prolonged skin-to-skin contact with a person who has scabies • Contact with infected items such as clothing or bedding	Scabies mites generally do not survive more than 2 to 3 days away from human skin.	Treatment is recommended for members of the same household. Bedding and clothing worn or used next to the skin using the 3 days before treatment should be machine washed and dried using hot water and hot dryer cycles. Children and adults usually can return to childcare, school, or work the day after treatment.
Shigellosis Single cases and outbreaks are reportable	• Loose, watery stools with blood or mucous • Fever • Abdominal pain • Seizures may occur in young children	Usually 1-3 days. Symptoms usually start 1-2 days after infection and symptoms last 7 days.	• Spreads easily • Contaminated or undercooked food • Contaminated water • Spread through contact with feces of infected children, also toys and surfaces that are contaminated with feces of infected children	Can be infectious up to 4 weeks after symptom onset; and for several weeks after diarrhea ends.	Work with health department on exclusion. Consider exclusion while diarrhea is present. Take handwashing and personal hygiene practices into account when considering exclusion. Daycare attendees are excluded until 2 successive negative fecal samples or rectal swabs are obtained (collected 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials)

Disease (A-Z by Common Name)	Signs / Symptoms	Incubation Period	How it is Spread	Contagious Period	Recommendations
Shingles	• Intensely painful rash • Present on one side of the body in a narrow strip • Can be itchy	Not applicable, caused by chicken pox virus remaining dormant in body.	• Those with shingles can infect people with chickenpox (if they are non-immune) after close contact with the rash	Infectious until rash crusts over.	Exclude only if rash cannot be covered or other exclusion criteria are present.
Staph Infection *(Staphylococcus aureus* including resistant strains such as MRSA) Outbreaks reportable	• Many carriers have no signs or symptoms • Red bumps that may drain fluid or pus • Infection of deep tissues may occur • Dark, red, streaking of skin with swelling, tenderness, and/or pain • Accompanying fever	Unknown	• Close skin-to-skin contact with infected fluids, contact with open sores, contact with contaminated surfaces, sharing personal items, and poor hygiene	Contagious while lesions are actively draining fluids. Carriers can remain contagious without symptoms.	Refer to healthcare provider if suspected. Exclude only if open areas cannot be covered or other exclusion criteria are present. Do not exclude carriers of *Staphylococcus aureus*.
Strep Throat (Streptococcal Pharyngitis)/ Scarlet Fever Outbreaks of strep throat are reportable	• Sudden onset of Sore throat • Pain with swallowing • Fever • Runny nose or congestion • Cough • May also see hoarseness, headache, and/or swollen glands	Usually 2-5 days	• Person-to-person: o Direct contact with nose and throat secretions on contaminated objects such as toys and other surfaces. o Droplet transmission through coughing and sneezing.	Infectious until treated with antibiotics.	Exclude until 12 hours after the start of antimicrobial therapy and all exclusion criteria are resolved (see page 4).

Disease (A-Z by Common Name)	Signs / Symptoms	Incubation Period	How it is Spread	Contagious Period	Recommendations
Whooping Cough (Pertussis) Single cases and outbreaks are reportable Vaccine preventable	• Symptoms may be mild in vaccinated children • Cough lasting longer than 2 weeks • Vomiting after coughing • Sore throat • Sneezing/watery eyes • Head or ear ache • Fever	Usually 9-10 days, ranges 6- 20 days.	• Person-to-person: o Direct contact with nose and throat secretions on contaminated objects such as toys and other surfaces o Droplet transmission through coughing and sneezing	Infectious until 3 weeks after onset cough, or for five days after the start of antimicrobial therapy.	Work with the health department on exclusion of cases and symptomatic contacts, and also with a contact investigation of those exposed to the case. Post-exposure prophylaxis is warranted for some contacts. Exclude cases until 5 days of antibiotic therapy is completed.



Glossary

AAP: Abbreviation for the American Academy of Pediatrics, a national organization of pediatricians founded in 1930 and dedicated to the improvement of child health and welfare.

Acute: Adjective describing an illness that has a sudden onset and is of short duration.

Asymptomatic: Without symptoms. For example, a child may not have symptoms of an infection, but may still be able to infect others.

Bacteria: Plural of bacterium. Organisms that may be responsible for localized or generalized diseases and can survive in and out of the body. They are much larger than viruses and usually can be treated effectively with antibiotics.

Body fluids: Urine, feces, saliva, blood, nasal discharge, eye discharge, and injury or tissue discharge.

Bronchiolitis: An inflammation of the small air tubes (bronchioles) that connect the larger tubes (bronchi) with the smallest chambers within the lung (alveoli). Exchange of gases (e.g., oxygen, carbon dioxide) with the blood occurs in the alveoli. Respiratory syncytial virus is the most common cause of bronchiolitis in young children. This illness is usually associated with runny nose and wheezing.

Chronic: Adjective describing an infection, illness, or condition that lasts a long time (months or years).

Communicable disease: A disease caused by a microorganism (e.g., bacterium, virus, fungus, parasite) that can be transmitted from person-to-person via an infected body fluid or respiratory spray, with or without an intermediary agent (e.g., tick, mosquito) or environmental object (e.g., table surface). Some communicable diseases are reportable to local health authorities.

Contamination: The presence of infectious microorganisms in or on the body, environmental surfaces, articles of clothing, or food or water.

Croup: A respiratory infection, caused by various viruses, that results in swelling of the voice box (larynx) and area below the voice box (sub glottis) that can cause difficult breathing, hoarse voice, and a cough sounding like a seal's bark.

Dermatitis: An inflammation of the skin caused by irritation from an external exposure or internal reaction or by infection.

Disinfect: To eliminate or inactivate virtually all germs from inanimate surfaces by using chemicals (e.g., products registered with the US Environmental Protection Agency as "disinfectants") or physical agents (e.g., heat). Disinfectants are used on nonporous surfaces, such as diaper or soiled underwear changing surfaces, door and cabinet handles, drinking fountains, and toilets and other toilet room surfaces.

Epiglottis: Tissue flap that closes during swallowing, and acts as a lid of the voice box. When this tissue becomes swollen and inflamed (a condition called epiglottitis), it can block breathing passages. *Haemophilus influenzae* type b (Hib) commonly causes epiglottitis. This infection has been virtually eliminated in areas where standard infant immunizations and boosters are performed.

Exclusion: Denying admission of an ill child or staff member to a facility or asking them to leave if they are already present.

Excretion: Waste material that is formed and not used by the body (e.g., feces, urine).

Febrile: The condition of having an abnormally high body temperature (fever).

Fecal-oral route of transmission for infectious disease: Materials normally passed through a bowel movement (called feces or stool) may contain germs that can contaminate skin/hands and surfaces. Germs spread via the fecal-oral route when viruses, bacteria, fungus, or parasites get into someone else's mouth. Example: someone does <u>not</u> wash their hands after a bowel movement and then prepares food.

Fever: An elevation of body temperature considered meaningfully elevated above normal, although not necessarily an indication of a significant health problem. Body temperature can be elevated by overheating caused by overdressing or a hot environment, reactions to medications, inflammatory conditions (e.g., arthritis, lupus), cancers, and response to infection. A temperature considered to be a fever is a temperature taken by any method that is above 101° F [38.3° C] for infants and children older than 2 months and above 100.4° F [38.0° C] for any infant younger than 2 months.

Fungi: Plural of fungus. Organisms, such as yeasts, molds, mildew, and mushrooms, that get their nutrition from other living organisms or dead organic matter.

Germ: Small particles (viruses) or organisms (bacteria, fungi, or parasites) that may cause infections. Some germs are harmless.

Hygiene: Protective measures taken by individuals to promote health and limit the spread of infectious diseases.

Immunity: The body's ability to fight a particular infection. Immunity can come from antibodies (immune globulin), cells, or other factors. During fetal life, antibodies from mothers are transferred to their babies and provide some protection from infection for the first few months of life while the infant starts making antibodies for himself or herself. Some antibodies are produced by the newborn. During the first months of life, maternal antibodies steadily decrease and the infant's ability to make antibodies slowly increases. By 6 months of age, the healthy infant has the ability to make substantial amounts and types of antibodies from exposure to common infections and in response to immunizations. This ability usually reaches adult levels by 2 years of age.

Immunization: The process of giving vaccines or providing immunity by using medications. Vaccines help children and adults develop protection (antibodies) against specific infections. Vaccines may contain an inactivated or killed agent, part of the agent, an inactivated toxin made by an agent (toxoid), or a weakened live organism.

Immunocompromised: The state of not having normal body defenses (immune responses) against diseases caused by germs.

Incubation period: Time between exposure to an infectious microorganism and beginning of symptoms.

Infection: A condition caused by the multiplication of an infectious agent in the body.

Infectious: Capable of causing an infection.

Infestation: Common usage of this term refers to parasites (e.g., lice, scabies) or pests (e.g., ticks, bedbugs) living on or in the body or in the environment in places where they are troublesome to people.

Influenza: Virus that typically circulates in the winter and causes respiratory illness. Not to be confused with the "stomach flu" true influenza infection typically results in fever accompanied by cough or sore throat.

Ingestion: The act of taking material (whether food or other substances) into the body through the mouth.

Intradermal: Relating to areas between the layers of the skin (as in intradermal injections).

Malaise: Feeling uncomfortable, ill, or lack of energy without a known cause. Generally feeling unwell.

Mucous membranes: The linings of body passages and cavities (e.g., mouth, eyes, nose, anus) that communicate directly or indirectly with the exterior of the body.

Norovirus: Virus that causes vomiting, nausea, and diarrhea. It is easily spread from person-to-person or through infected food. If you have norovirus illness, you can feel extremely ill and throw up or have diarrhea many times a day. This can lead to dehydration, especially in young children. Symptoms typically resolve in 1-3 days. Appropriate cleaning with bleach is critical to prevent the spread of illness.

Organisms: Living things. Often used as a general term for germs (e.g., bacteria, viruses, fungi, parasites).

Outbreak: A sudden rise in the incidence of a disease, i.e., more cases of a particular disease than expected over a given period of time, or two or more cases of a specific illness with a suspected common exposure. See the infographic on page 8 for more information on how to define an outbreak.

Parasite: A multicellular organism that lives on or in another living organism (e.g., ticks, tapeworm, louse, mite,

pinworm).

Post-Exposure Prophylaxis (PEP): Preventive medical treatment started after exposure to a pathogen (such as a disease-causing virus), in order to prevent the infection from occurring. This treatment may include antibiotics, vaccination, or antiviral therapies.

Respiratory tract: The nose, ears, sinuses, throat, windpipe, and lungs.

Rhinovirus: The most common virus that causes the common cold.

RSV: Abbreviation for respiratory syncytial virus, a virus that causes colds, bronchitis, and pneumonia.

Sanitize: To reduce germs on inanimate surfaces to levels considered safe by public health codes or regulations. For an inanimate surface to be considered sanitary, the surface must first be cleaned and the number of germs must be reduced to such a level that disease transmission by that surface is unlikely. Sanitization is less rigorous than disinfection (see *Disinfect)* and is applicable to a wide variety of routine housekeeping procedures involving, for example, plastic toys that may have been mouthed, mixed use tables, high chair trays, food preparation surfaces, eating utensils, and computer keyboards.

Scarlet fever: A fine rash that makes the skin feel like sandpaper caused by a streptococcal (bacterial) infection.

Screening: Mass examination of a population group to detect the possible existence of a particular disease (e.g., diabetes, tuberculosis), to determine immunization status, or other aspects of health status. Screening must be followed up by diagnostic testing to confirm the suspected condition is actually present.

Secretions: Wet materials, such as saliva, that are produced by cells or glands and have a specific purpose in the body.

Seizure: A sudden attack or convulsion caused by involuntary, uncontrolled bursts of electrical activity in the brain that can result in a wide variety of clinical manifestations, including muscle twitches, staring, tongue biting, loss of consciousness, and total body shaking.

Standard Precautions: Infection control precautions including the use of barriers (e.g., gloves) to handle potential exposure to blood, including blood-containing body fluids, and other potentially infectious bodily fluids.

Varicella zoster: The virus that causes chickenpox and shingles.

Virus: A microscopic organism, smaller than a bacterium, containing DNA or RNA but not both, that may cause disease. Viruses can grow or reproduce only in living cells. Examples include respiratory syncytial virus, influenza, SARS-CoV-2 (the virus that causes COVID-19), measles, and hepatitis B.

Important Phone Numbers

Local Public Health: _____

State Public Health: Communicable Disease Epidemiology (CD Epi) 406-444-0273

Immunization (IZ) 406-444-5580

Infection Prevention and Control 406-444-0273

Poison Control: 1-800-222-1222

Emergency: 911

Nearest Emergency Provider: _____

Address:

Phone Number: