*Washington County School District 2017 updated Health Services*

**GUIDELINES FOR COMMUNICABLE DISEASE CONTROL**

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| DISEASE | SYMPTOMS | MODE OF TRANSMISSION | INCUBATION  PERIOD | PERIOD OF COMMUNICABILITY | METHOD OF CONTROL |
| **CHICKEN POX**  (Varicella)  http://tbn0.google.com/images?q=tbn:Rd-BnXJ5xpxxpM:http://www.childhoodhealth.com/images/varicella_large.jpg | Skin rash/small blisters all over the body which leave scabs; eruption comes in crops; pimples, blisters and scabs may be present all at the same time; mild fever. Sometimes this infection is mild and only a few blisters are present | Direct contact, droplet or airborne spread of secretions from the respiratory tract of an infected person; also, indirectly by contact with articles freshly soiled with the discharges from blisters or vesicles of infected person | 2-3 weeks; usually days14-16 | As long as 5 days before but normally 1-2 days before blisters appear eruption and until all blisters are crusted and scabbed, or until 5 days after blisters appearance of the blisters. Contagiousness can be longer in people with altered immunity | **Report to SWUPHD**  EXCLUDE until all of the blisters are dry and scabbed.  Refer to Southwest Utah Public Health Department(SWUPHD) and Utah Depart of Health(UDOH) Policy to exclude a child who is not vaccinated  ***Exempt students must be excluded when 5 cases in one grade have occurred.***  "Please notify SWUPHD if you have five or more cases of chickenpox within a 2-month period in the same school facility." |
| **COLDS** | Irritated throat, watery discharge from nose and eyes, sneezing, chills, and general body discomfort | Airborne and direct contact with infected person; indirectly by contact with articles soiled by discharges from the nose or throat of infected person | 12-hours and 5 days usually 48 hours; varies with virus | Varies depending on virus; Exact period is unknown but at least 24 hours before onset of symptoms and until 5 days after onset | EXCLUDE child who feels very unwell or has a fever, otherwise exclusion is not generally practical |
| **CROUP** | Fever, wheezing, difficult breathing, and agitation; often with cold-like symptoms, bark-like cough, irritated throat, discharge from nose and eyes, sneezing, chills and general body discomfort. May be better during the day and worse at night | Contact with respiratory secretions or airborne droplets from an infected person; indirectly by articles soiled with discharges of the nose and throat from an infected person | Para influenza virus infections: 3-6 days; adenovirus infections: 2-14 days | Varies depending on virus, exact period unknown; thought to be at least 24 hours before the onset of symptoms and until 5 days after onset of symptoms | EXCLUDE the child with fever and or difficulty breathing. |
| **DIARRHEAL DISEASES** | Increased number of stools with increased water or decreased form; may have nausea, vomiting, abdominal cramping, headache and/or fever | Person to person contact by fecal-oral route through contaminated hands or objects; also from improperly refrigerated, reheated, or contaminated foods or water | Varies depending on causative agent | Varies depending on causative agent | EXCLUDE children and staff with diarrhea; use disposable liners on diaper changing tables; educate on fecal-oral route of transmission and importance of washing hands. REPORT to health department with multiple cases. |
| **DIPHTHERIA**  http://tbn0.google.com/images?q=tbn:tM4TypyU6pHQAM:http://www.tetonwyo.org/phn/images/diptheria.jpg | Gradual onset over 1-2 days; white or gray patch(s) of membrane surrounding inflammation and soreness in the throat or nose; glands in neck swollen; low-grade fever often present; can also occur as a skin, vaginal, eye, or ear infection | Primarily person-to-person contact; infectious fluids include discharges from the nose, throat, eye or skin lesions; also by contact with articles soiled by discharges from the lesions of an infected person | 2-4 days, with a range of one to ten days | Variable, usually 2 weeks or less and seldom more than 4 weeks; effective antibiotic therapy and antitoxin is necessary; after treatment communicable for fewer than 4 days; a rare chronic carrier may shed bacteria for up to 6 months | **Report to SWUPHD**  EXCLUDE all persons suspected of having diphtheria. Persons who have been exposed must seek medical attention immediately. Close contacts should be cultured for disease and are often treated with antibiotics to prevent illness; diphtheria booster needed. REPORT to health department. |
| **EAR INFECTION** | Inflammation of the middle ear with fluid; may be accompanied by fever, pain impaired hearing, diarrhea, nausea, vomiting, or irritability. Occurs most frequently in children younger than 3 years. Generally accompanies or comes after an upper respiratory infection | Direct contact with respiratory secretions or droplets from an infected person; indirectly from articles contaminated with respiratory secretions. | Varies depending upon causative agent. Usually secondary to an upper respiratory infection. | Varies depending upon causative agent | EXCLUDE the child who has fever or feels unwell; may return after 24 hours of antibiotic treatment or when symptoms subside. |
| **FIFTH DISEASE**  (Parvovirus B19, Erythema Infectiosum)  http://tbn0.google.com/images?q=tbn:9KPEK8RIXzCq8M:http://www.geocities.com/mozzgurl/fifths.jpg | Marked redness of cheeks ("slapped-face" appearance) often followed by a red, lace-like rash on the trunk and body; rash can fluctuate in intensity & recur with sunlight or changes in temperature for weeks to months; may not have a rash; may have fever and feel unwell. | Direct contact, droplet, or airborne spread of respiratory secretions | 4-14 days but can be as long as 28 days; rash and joint symptoms occur 2-3 weeks after infection | Most infectious before the rash breaks out; not communicable after the rash appears; immune system suppressed. May be infectious for months to years | EXCLUDE the child who has a fever or feels unwell, otherwise exclusion is not generally practical; proper hand washing and disposal of tissues can p lessen transmission. |
| **GIARDIASIS** (Giardia enteritis, lambliasis) | Diarrhea, gas, cramps, bloating, weight loss, fatigue & loose, greasy stools; many infected show no symptoms | Person to person via the fecal-oral route; contaminated water or food; untreated water from rivers or streams; dogs & other animals are infectious and can contaminate water | 5-25 days or longer, usually  7-10 days | Entire period of infection | **Report to SWUPHD**  EXCLUDE child and staff with diarrhea; educate about fecal-oral route of transmission & importance of hand washing. REPORT to health department. |
| **HAND, FOOT & MOUTH DISEASE**  http://tbn0.google.com/images?q=tbn:mAPOWXjeKQIGhM:http://www.hpb.gov.sg/health_articles/hfmd/images/mouth_thumb.jpg | Small painful blisters in the mouth, on the gums and tongue; may also occur on palms, fingers and soles of feet; blisters usually persist from 7-10 days; may have no symptoms | Direct contact with nose and throat discharges, respiratory droplets, or feces from infected person | 3-5 days | During illness and perhaps longer because this virus persists in the stool for several weeks | EXCLUDE the child who feels unwell or has a fever; proper hand washing; discard used tissues in proper place; use tissues only once |
| **HEAD LICE**  (Pediculosis)  http://tbn0.google.com/images?q=tbn:QqP0RHku8HI-uM:http://www.nlm.nih.gov/medlineplus/ency/images/ency/fullsize/17207.jpg | Infestation of the head and hairy parts of the body with adult lice, larvae and nits. This can result in itching and irritation of the scalp and skin. Female lice are generally the size of a sesame seed. Eggs or nits are tiny tan or pearl-gray specks that attach to the hair shaft close to the scalp. | Contact with infested person; hats, combs, brushes, articles recently in contact with the head of infested person  Lice DO NOT jump or fly. Hair length does not influence infestation | The nits (eggs) of lice may hatch in 1 week. Sexual maturity of a louse is reached approximately 8-10 days after hatching | From time of infestation until after completion of initial treatment | EXCLUDE from attendance until treatment with a medicated lice product.  ( Exclude if lice found or if nits are observed 1/2 inch from the base of the scalp) Additional treatment must occur in 7-10 days in order to kill remaining nits. All contacts and family members of the child should be checked. |
| **HEPATITIS A**  http://tbn0.google.com/images?q=tbn:3yZnqavqcfljjM:http://cache.viewimages.com/xc/53155299.jpg%3Fv%3D1%26c%3DViewImages%26k%3D2%26d%3D17A4AD9FDB9CF193CC300C081D9F47003B573460DBFA03046D9067C1488E4849A55A1E4F32AD3138 | Preschoolers usually have few or no symptoms; fever, malaise (aches), lack of appetite, abdominal discomfort with nausea and vomiting, fatigue, tea-colored urine, and onset of jaundice (yellow skin/whites of eyes) | Person-to-person contact by the fecal-oral route; the virus is excreted in person's feces for 1-3 weeks before onset of symptoms; peak levels of the virus are excreted 1-2 weeks before symptoms appear until a few days after the symptom of jaundice. Persons diapering children are at greater risk. | 15-50 days; normally 25-30 days | Most communicable for 1-2 weeks prior to the onset of symptoms; diminishes after the onset of symptoms | **Report to SWUPHD**  EXCLUDE until fever is gone and at least 1 week after the onset of illness; needs physician's care. Prompt administration of Hep A Vaccine for ages 1-40 (immune globulin to infants and>40 yrs) to exposed contacts helps prevent the spread of the disease.  Disinfect diaper changing area after each use. Educate staff and children about proper hygiene measures. |
| **HEPATITIS B** | Develop slowly and may include loss of appetite, stomach pain, nausea and vomiting; sometimes skin rashes, joint pains, fever and jaundice (yellow skin/whites of eyes) | Sexual activity; direct contact with infected blood and body fluids; mother to baby during birth; using contaminated sharps and needles; being bit if skin broken (saliva); not infectious by fecal-oral route | As long as 45-180 days. Averages 60-90 days | Can spread the virus for several weeks before symptoms appear and as long as the person is ill. Persons who develop lifelong infections ("carriers") may spread the virus for their entire lives. | **Report to SWUPHD**  Exclude. Need physician referral for child to return to school; if child exhibits aggressive behaviors such as biting exclusion may be necessary; chronic carriers do not need to be excluded unless they display aggressive behaviors such as biting; household contacts should be immunized; vaccinate with Hepatitis B Vaccine. Use barrier methods such as gloves to prevent contact with blood and other body fluids |
| **HEPATITIS C** | Same as Hepatitis A and B. Most infected children do not have symptoms. If symptoms are present they usually develop slowly and include loss of appetite,  Stomach pain, nausea and vomiting. Jaundice occurs in only 25% of patients | Direct contact with infected blood and body fluids. Sexual contact (10% of patients). An infected mother can transmit virus to her baby during birth( 5% of patients)  40% of infections have NO known exposure | 6-9 weeks with a range of 2 weeks to 6 months | An infected person can spread the virus for several weeks before the symptoms appear. Persons who develop lifelong infections (“carriers’) may spread the virus for their entire lives. | **Report to SWUPHD**  A child infected with Hepatitis C should be under a Dr’s care. Children do not need to be excluded if child is unusually ill or if exhibiting aggressive behaviors (biting) that may place other children at risk.  Use barrier methods such as gloves to prevent contact with blood and other body fluids |
| **HERPES SIMPLEX** VIRUS (HSV)  http://tbn0.google.com/images?q=tbn:hiJjWjuQyTsW0M:http://www.lib.uiowa.edu/hardin/md/pictures22/dermnet/herpes_simplex_cutaneous_13.jpg | Caused by two viruses: herpes simplex type 1 (HSVI) causes cold sores or fever blisters on the mouth or face, and type 2 (HSV2) causes similar symptoms in the genital region; often without symptoms in early childhood | Direct skin-to-skin contact, from the site of infection to the site of contact; can also be spread sexually when there are no symptoms; both types may be transmitted to various sites by oral-genital or oral-anal contact | 2-14 days | Can be present for weeks in saliva and is most communicable when lesions are blister-like. The infected person may shed the virus without symptoms for both types of virus. | EXCLUDE only if child has aggressive biting behaviors, has open blisters on gums & in mouth, cannot control oral secretions, or is very uncomfortable. Disinfect objects placed in child's mouth; use good hand washing practices. |
| **HIV** (Human Immunodeficiency Virus)  AIDS (Acquired Immunodeficiency Syndrome) | HIV disease starts with infection by the human immunodeficiency virus which attacks and suppresses the immune system so that opportunistic infections and cancers can affect the body. May be no symptoms during latency period. May have prolonged fever, night sweats, swollen lymph nodes, chronic diarrhea & weight loss | 1) Thru sexual intercourse with infected person; 2) Thru contact with infected blood or body fluids to a mucous membrane or broken skin; 3) from infected mother to child thru pregnancy, birth or breastfeeding.  NOT transmitted through tears, saliva, urine or feces). | There can be a window period of latency from 6-12 weeks and as much as 7-12 years where infected person tests negative for HIV, but generally, a person will test positive after the first  6-12 weeks. Symptoms may not appear for 7-12 years. | From the moment a person is infected, he or she becomes infectious for life and can transmit the virus to others. | **Report to SWUPHD**  Follow Body Substance Precautions at all times. Use barrier methods such as gloves to avoid contact with blood or body fluids. Wear disposable gloves when taking care of injuries. Wash hands thoroughly after removing the gloves. |
| **IMPETIGO**  http://tbn0.google.com/images?q=tbn:p1KFuozQqm4FVM:http://www.lib.uiowa.edu/hardin/md/pictures22/dermnet/impetigo_98.jpg | Blister-like lesions on the skin which later ooze and develop into crusted sores. They appear in an irregular pattern. The sores may spread into a red, oozy rash that gets a clear or honey-colored crust. Itching is common. | Direct contact with draining sores. Contaminated hands are most frequent method. Tiny breaks in the skin allow bacteria in. Some people care the bacteria. Impetigo can be caused by staphylococcal or streptococcal bacteria | 1-10 days, occasionally longer or indefinite. | As long as sores continue to weep or drain. | EXCLUDE from attendance until 24 hours after antibiotic treatment has been started, until sores are dried or until sores can be covered with a bandage. |
| **INFLUENZA** (Flu) | Sudden onset of acute viral disease with fever, chills, headache, sore muscles, and feeling of lethargy. Can have runny nose, sore throat, nausea, vomiting, diarrhea and cough.  Cough is often severe and lasts longer than other symptoms which subside in  2-7 days. | Direct contact with respiratory secretions or droplets from infected person. The virus is excreted in discharges from the nose and throat and can live on dried mucus for several hours. | 2 days, but can vary from 1-4 days | Probably 3-5 days after onset of symptoms; can be up to 7 days after the onset of symptoms in younger children. | EXCLUDE child who has fever or feels unwell.  *REPORT the number of diagnosed cases to health department.* |
| **MEASLES** (rubeola, hard measles, red measles)  http://tbn0.google.com/images?q=tbn:Z7_sI8u4Fi1XCM:http://www.lib.uiowa.edu/hardin/md/pictures22/measles.jpg | First symptoms resemble a cold with cough; fever of 101 F or greater, runny nose and/or red, watery eyes. A red, blotchy rash follows days later around the ears and hairline and spreads to cover the face, trunk and arms. Fever disappears 1-2 days after the rash. Rash turns pink to reddish brown and lasts 5 days. Peeling skin is common. More severe in infants & adults. | Highly contagious through direct contact with secretions of nose and throat from infected person. Can be spread by airborne droplet or by articles freshly soiled with respiratory secretions from an infected person. | 7-18 days from exposure to onset of fever, generally 10 days; about 14 days until rash appears. | 1-2 days before the onset of cold-like symptoms, 4-5 days before the onset of the rash to 4 days after the rash appears; most contagious just before the rash appears. Communicability is minimal after the 2nd day of the rash. | **Report to SWUPHD**  EXCLUDE for at least 7days after the rash appears. During an outbreak, susceptible persons should be excluded until they are immunized or until 3 weeks after the rash onset of the last case of measles. The vaccine will protect exposed person if given within 72 hours of exposure. |
| **MENINGITIS**  INFECTIONS (Bacterial, Neisseria, Haemophilus Influenza) | Sudden onset of fever, chills, intense headache, nausea, vomiting, stiff neck, and sometimes rash. Behavioral changes, irritability or sluggishness. May progress to seizures and a coma. This is a medical emergency. Most frequent among children less than 5 years old. | Direct contact with droplets and secretions from the nose and throat of an infected person who might be without symptoms. | Usually 1-4 days | Infectious as long as the bacteria are present in the nose and throat and 24 hours after antibiotics are started. | **Report to SWUPHD**  EXCLUDE until feels well and has been treated. Antibiotic therapy for contacts is indicated. A Hib vaccine is available for children 5 years and under. |
| **MONONUCLEOSIS**  http://tbn0.google.com/images?q=tbn:03JfMhxaEW-AdM:http://www.hmh.net/adam/patientreports/17267.jpg | Disease generally caused by EBV or CMV:  Depression, fatigue, fever, aching body, headache, jaundice, sore throat, swollen glands, and sometimes a bumpy red rash. Spleen may be enlarged, and liver function affected. Acute for 2-4 weeks, with fatigue for 3-8 weeks. Can become chronic over months or years. | Person to person by close contact such as sharing food or utensils; sexual contact; or airborne. | 10 days in children; 20-50 days in adults. | May persist for a year or more after infection. About 20 % or more of EBV antibody positive healthy adults are long-term carriers. | No cure. Hygienic measures of control are used to keep from spreading this disease including hand washing to avoid salivary contamination from infected individuals, and the avoidance of drinking beverages from a common container. Keep articles soiled  From nose and throat discharges disinfected. |
| Mononucleosis information adapted from James Chin M.D., Control of Communicable Diseases pp352-352 and James Blach M.D., Prescription for Nutritional Healing | | | | | |
| **MUMPS**  http://tbn0.google.com/images?q=tbn:Ac1fG2oqchVH6M:http://www.idph.state.il.us/images/mumps.jpg | Usually fever, often headache, chills and discomfort, usually followed by painful swelling or tenderness under the jaw or in front of the ear. | By droplet spread or direct contact with saliva from an infected person. The virus is usually found in urine. | 14-25 days, commonly 16-18 days | 7 days before onset of swelling and up to 9 days after swelling occurs. The virus is most communicable 2 days before to 4 days after the onset of illness | **Report to SWUPHD**  EXCLUDE for at least 5 days after onset of swelling.  Exclude unvaccinated contacts for 26 days after onset of parotitis in last mumps case.  Vaccinate. Adults born before 1957 are considered immune. |
| **PINK EYE**  (Conjunctivitis)  http://tbn0.google.com/images?q=tbn:4Jzz8OETIhPRbM:http://upload.wikimedia.org/wikipedia/commons/thumb/f/f1/Pink_eye.jpg/800px-Pink_eye.jpg | Redness of eye(s), watery, white or yellow discharge from the eye, matted eyelashes, burning or itching eyes. | Contact with discharges from the eyes or upper respiratory tract of an infected person. Eyes can become infected from contaminated fingers, clothing and other articles, included shared towels or eye make-up. | Viral: varies from 12 hours to 12 days. Bacterial: 1-3 days. | During the course of an active infection. | *Per AAP: Exclusion not required unless student meets other exclusion criteria, such as fever, with behavior change, unable to participate and staff members determine they cannot care for the student without compromising their ability to care for the health and safety of the other students, or recommended by healthcare provider or health department* . Thorough hand washing and disinfection of contaminated articles will help prevent spread. |
| **PIN WORMS**  (enterobiasis)  http://tbn0.google.com/images?q=tbn:0xUA_0b9deHh9M:http://cache.eb.com/eb/image%3Fid%3D9635%26rendTypeId%3D4 | Tiny parasitic worms that live in the lower intestine create anal itching, disturbed sleep, irritability, and local irritation due to scratching. The female worms resemble short white threads and lay microscopic eggs around the anus at night. Common in school children. (They DO NOT cause bed-wetting nor teeth grinding) | Direct transfer of eggs from anus to mouth. Eggs may get on hands from articles contaminated with eggs of the parasite, such as clothing or bedding. Pinworms from animals cannot be transmitted to people. | 1-2 months or longer | As long as the worms/eggs are present.  Eggs remain infective in an outdoor environment for about 2-3 weeks | EXCLUDE until after the first treatment. Proper hand washing before eating and after toilet use. Re-infection is common. Thoroughly clean bathroom and vacuum the house. Change bed linens and bath towels. Eggs survive less than 2 weeks outside of the host. Close contacts should be checked. |
| **RINGWORM** OF THE SCALP ,SKIN OR FEET  (dermatophytosis, tinea, athlete's foot)  http://tbn0.google.com/images?q=tbn:qxG5akNPLAJ8NM:http://www.nlm.nih.gov/medlineplus/ency/images/ency/fullsize/19685.jpg  http://tbn0.google.com/images?q=tbn:RfKSPycaVoanUM:http://www.nlm.nih.gov/medlineplus/ency/images/ency/fullsize/8957.jpg | Scalp: Scaly patches of temporary baldness. Infected hairs are brittle and break easily. Occurs mainly between ages 2-10.  Skin: Reddish, flat, inflamed ring like rash that may itch or burn. May be dry and scaly, moist, or crusted.  Feet: Scaling or cracking of the skin, especially between the toes, or blisters containing a thin, watery fluid. Itching is common. Unusual occurrence among younger children. Also called athlete's foot. | Direct contact with an infected person or animal. Indirectly by contact with articles and surfaces contaminated by infected person or animal. | Scalp: 10-14 days;  Skin: 4-10 days;  Feet: unknown. | As long as the rash or lesions are present, or the fungus persists on contaminated materials. | EXCLUDE the child until medical treatment begins. Eliminate activities which involve skin to skin contact until fungus is completely gone. Refer people with a suspicious rash for medical evaluation immediately. Notify parents and staff if more than one person develops ringworm for early detection. |
| **ROSEOLA**  (exanthema subitum)  http://tbn0.google.com/images?q=tbn:wHygPQkUdJ4cyM:http://www.falsettos.net/cev/cev-rash.jpg | Sudden onset of a high fever, over 103F, sometimes as high as 106 F that lasts 3-5 days and then quickly disappears. After the fever a rash appears. Consists of small, separate rose-pink spots beginning at the chest and abdomen lasting 1-2 days. Usually found in children 6 months to 4 years old. | Unknown. Humans are the only known host. | About 10 days. with a range of 5-15 days | Unknown | EXCLUDE a child with fever. A child with rash and no fever may return to school. Immunity follows the illness. |
| **RUBELLA**  http://tbn0.google.com/images?q=tbn:IR0m-5FMbTL6mM:http://upload.wikimedia.org/wikipedia/commons/thumb/0/03/Rubella.jpg/800px-Rubella.jpg | Skin rash lasting 1-3 days may or may not occur. If a rash occurs, it begins on the face. Mild fever, usually less than 101 F; can include cold symptoms such as runny nose, cough, etc. Lymph nodes at back of head, behind ear, and along back of neck often are enlarged. Young children may be without symptoms. | Direct contact from an infected person or indirectly by contact with articles freshly soiled by respiratory secretions from an infected person. The virus is excreted in discharges from nose, throat and urine. | 14-23 days, usually 14-17days. | 1 week before and one week after the onset of the rash. | **Report to SWUPHD**  EXCLUDE child from attendance for 7 days after the onset of rash. Vaccinate. Exclude the unvaccinated contacts for 21 days after onset of the rash in index case. |
| **SCABIES**  http://tbn0.google.com/images?q=tbn:cG6LEFiQKLWKWM:http://www.stanford.edu/class/humbio103/ParaSites2004/Scabies/scabies1.jpg  http://tbn0.google.com/images?q=tbn:iTWUTyhirMmY0M:http://www.micropest.com/photos/scabies.jpg | Scabies is a skin infestation caused by microscopic parasites called mites. The mites burrow under the skin creating small raised areas of skin containing fluid or tiny paths under the skin. These burrows resemble wavy lines and appear frequently on finger webs or on the inside of wrists and elbows. A rash may occur anywhere on the body. Itching is intense, especially at night. | Direct skin-to-skin contact with an infested person. Less commonly, transmission occurs through contact with contaminated clothing, bedding or other articles. | 2-6 weeks before itching begins in a person with no previous exposure. Persons with prior exposure develop symptoms within 1-4 days. | From the time of infestation until after the mites and eggs are destroyed. Ordinarily after 1-2 courses of treatment one week apart. Generally, a person is treated on the first day. On the second day a bath or shower is taken and all linens, underclothes and bedding are changed. Carpets and furniture should be vacuumed. Itching may persist for 1-2 weeks after treatment. Over treatment should be avoided due to toxicity | Diagnosis of scabies should be confirmed by a physician. If a single case has been confirmed, EXCLUDE the child from attendance until the day after treatment is started. Contacts of child should also be evaluated. A single infestation in a family is uncommon. All clothing and bedding next to the skin in 72 hours must be laundered on a hot cycle - other items should be placed in plastic for 5 days. |
| SEXUALLY TRANSMITTED DISEASE:    ***Chlamydia*** | In males, symptoms include discharge, burning during urination and urethral itching. In females, discharge, itching and inflammation may occur in the genital tract and may result in permanent damage to the reproductive system. | Direct contact by sexual intercourse | 7-14 days or longer | Unknown; thought to be until treatment is completed. | **Report to SWUPHD**  There is no reason to exclude a child with an STD. |
| SEXUALLY TRANSMITTED DISEASE:    ***Gonorrhea*** | In symptomatic males, a pus-colored discharge drains form the penis within about 3-5 days. Females may have no symptoms - common symptoms may include burning, vaginal discharge and itching. | Direct contact with the discharge of mucous membranes of an infected person; almost always form sexual contact. | 2-7 days, sometimes longer | May extend for months in untreated individuals who may show no symptoms; ends within hours of appropriate drug therapy. | **Report to SWUPHD**  There is no reason to exclude a child with an STD. |
| SEXUALLY TRANSMITTED DISEASE:  ***Syphilis*** | A tiny, painless ulcer develops at the site where the microorganism enters the body. A painless, firm lymph node commonly follows. Generalized secondary eruption occurs with mild symptoms including a rash, sore throat and weight loss. | Direct contact with the secretions from the ulcers; almost always during sexual contact. | 10 days - 3 months, usually 3 weeks | Variable and indefinite during primary and secondary stages. Adequate penicillin therapy ends communicability within 24-48 hours. | **Report to SWUPHD**  There is no reason to exclude a child with an STD. |
| **SHIGELLOSIS** (bacillary dysentery)  http://tbn0.google.com/images?q=tbn:tms5I7vgzEn54M:http://www.marlerblog.com/shigel5.jpg | Watery diarrhea with fever, nausea, vomiting, cramps and sometimes spasms of the rectum. Diarrhea may contain blood, mucus and pus. Mild or cases without symptoms may occur. | Direct or indirect from a patient or carrier through the fecal-oral route. The disease spreads from an infected person who fails to properly wash hands after defecation and from contaminated hands, objects or foods. Ingestion of a few organisms may result in an infection. | 12-96 hours, usually 1-3 days. | Variable; as long as the organism is excreted in the stool, normally 4 weeks after illness. Carriers who display no symptoms may transmit infection. Rarely, a carrier may be able to infect for months. | **Report to SWUPHD**  EXCLUDE any child with diarrhea. Proper hand washing after using the bathroom or changing diapers is necessary. Persons preparing food must not change diapered children in day care setting. All persons in high risk occupations (diaper care, patient care, food handling) should be excluded until 2 negative stool cultures are taken 24 hours or more apart. Samples must be taken 48 hours following the last dose of antibiotic therapy. |
| **SORE THROAT** OR TONSILLITIS  (non strept)  http://tbn0.google.com/images?q=tbn:-GadbuDcP0-7mM:http://img.tfd.com/mosby/thumbs/500221-fx15.jpg | Mild or absent fever  Throat generally red  Tonsils swollen | Respiratory droplets | Slow onset usually accompanied by cold symptoms | Varies depending on virus; Exact period is unknown but at least 24 hours before onset of symptoms and until 5 days after onset | Exclude only if fever present or student is feeling very unwell |
| **STREP THROAT**  OR  **SCARLET FEVER**  http://tbn0.google.com/images?q=tbn:g_3OyjOBj53wKM:http://www.lib.uiowa.edu/hardin/md/pictures22/cdc/PHIL_3183_lores.jpg | **Strep Throat:** Fever, sore and red throat, pus spots on the back of the throat, tender and swollen lymph nodes in the neck.  **Scarlet Fever:** Includes all symptoms that occur with strep as well as high fever, nausea, vomiting, a white then strawberry tongue, a rash on the skin that is easily felt but not seen, and a rash inside the mouth. | Direct or intimate contact with an infected person or carrier. Rarely, by contaminated objects or hands. Outbreaks of strep throat may follow ingestion of contaminated foods, such as milk, egg salad or deviled eggs. | 1-3 days, rarely longer | With antibiotic treatment, communicability is eliminated within 24 hours. Variable for untreated cases. Can spread through mild, unrecognized cases. | EXCLUDE from attendance until 24 hours after antibiotic treatment is started. Cultures should be obtained from persons with symptoms who have had contact with the diagnosed individual. Medical attention is essential as children may develop rheumatic fever glomerulonephritis (kidney disease).  *REPORT to the health department if multiple cases.* |
| **THRUSH** (candidiasis, yeast infection, moniliasis)  http://tbn0.google.com/images?q=tbn:6oAJ0KOrUlUTrM:http://www.lib.uiowa.edu/hardin/md/pictures22/dermnet/tinea_yper15-01.jpg | Infection of the skin, mouth, or tongue that appears as white spots which cannot be scraped off without causing bleeding. May also occur in folds of the skin in diapered areas and is a common cause of diaper rash. | Direct contact with secretions or excretions of mouth, skin, vagina and feces from infected persons or carriers. From mother to baby during birth. Infection may also happen as part of normal body function. The fungus is often part of the normal body flora. | Variable, but 2-5 days in infants | Presumably for as long as lesions are present. | Not necessary to exclude child. Meticulous hand washing and disinfection of contaminated articles is necessary to prevent spread. Medication is usually needed to shorten duration of infection. Diapered children should be changed often, and cleaned and dried before fresh diapers are applied. Persons on extended antibiotic therapy or who are immunocompromised  may be at increased risk |
| **VIRAL MENINGITIS**  (aseptic meningitis) | Acute disease with sudden onset of fever, intense headache, nausea, vomiting and stiff neck. Behavioral changes may occur, including irritability or sluggishness. A rash may or may not be present. | Varies with causative agent. Enteroviruses, a common cause of viral meningitis, are transmitted by the fecal-oral route. May also spread by airborne droplets from respiratory secretions. | 2-21 days, depending on causative agent | Varies with specific infectious agent | **Report to SWUPHD**  EXCLUDE a child with fever who feels unwell. Should be under physician's care. Since the virus may be excreted in feces for several weeks, proper hand washing is essential before handling or eating foods, after using the bathroom, assisting a child in the bathroom, or changing a diaper |
| **WHOOPING COUGH**  (pertussis)  http://tbn0.google.com/images?q=tbn:PmlSnYBswYEsGM:http://www.idph.state.il.us/images/pertussis.jpg | Begins with cold symptoms such as a runny nose and an irritating cough that gradually worsens into severe coughing attacks (paroxysms) within 1-2 weeks. Violent spells of coughing frequently end with vomiting. Some cases can be severe, resulting in pneumonia or neurological symptoms. Can last for 1-2 months or longer. Young infants and adults often do not have typical whoop. Mild cases are sometimes missed. | Airborne droplet or direct contact with the respiratory secretions from an infected person. | 7-10 days with a range of 4-21 days | Highly communicable in early state and up to 3 weeks after the onset of violent coughing. Antibiotics shorten communicable period to 5 days after treatment is started. | **Report to SWUPHD**  EXCLUDE from attendance until 5 days after start of therapy or until 21 days after onset without treatment.  Vaccinate. Booster vaccines and antibiotic therapy may be needed.  "If you have 2 or more cases of pertussis within 20 days of each other please report to SWUPHD for outbreak evaluation and exclusion recommendations." |