Communicable Disease

Reporting and Resource Manual for

Schools and Child Care Centers

INTRODUCTION

This manual has been developed to provide an easy to use reference for those individuals responsible for the prevention and control of infectious diseases, required disease reporting and emergency planning and preparedness in child care and school settings. Educational and child care settings are unique environments for natural disease transmission and are vulnerable in the event of natural disasters or terrorist orchestrated events. This has important personal, public health, economic and social implications. It is our hope that you view the local health department as a valuable resource and an extension of the Illinois Department of Public Health. Kane County Health Department considers schools and child care facilities to be valuable partners in promoting and preserving the health of our community.

The following steps will assist in prevention and control of transmission of communicable diseases and provision of a safe environment for children.

1. Limit the Spread of Germs
   - Promote Hand Hygiene. Hand washing is the single most effective means of preventing the spread of infections.
   - Promote Respiratory Hygiene. Persons should cover their coughs and sneezes correctly (into the elbow) and use and dispose of tissues appropriately.
   - Require immunizations to be up-to-date and encourage recommended immunizations for both children and staff.
   - Exclude ill children and staff as indicated.
   - Reduce crowding and allow for proper ventilation.
   - Clean and disinfect toys, furniture and areas for eating, toileting, and diapering.
   - Keep all personal items separate.
   - Do not share food, eating utensils or drinking glasses and do not eat out of a common dish.
   - Promote judicious use of antibiotics.

2. Report to Kane County Health Department diseases and conditions in accordance with the Illinois Department of Public Health’s Rules and Regulations for Control of Communicable Diseases.
3. Encourage good health habits: adequate rest, proper nutrition, adequate exercise and play time, and good personal hygiene. Do not smoke cigarettes and do not use drugs and alcohol.

4. Practice food safety to include proper cleaning and cooking practices.

5. Practice animal safety. Do not approach wild animals. Use caution around unfamiliar domestic animals. Provide adequate measures to limit disease transmission following animal handling or visits to animal environments.

References

The following references were utilized in preparation of this manual:

Association for Professionals in Infection Control and Epidemiology, Inc. APIC *Text of Infection Control & Epidemiology*

Center for Disease Control and Prevention, [www.cdc.gov](http://www.cdc.gov)

Illinois Department of Public Health, [http://www.idph.state.il.us](http://www.idph.state.il.us)


**DISCLAIMER** - In clinical practice, certain circumstances and individual cases require professional judgment beyond the scope of this document. Practitioners and users of this manual should not limit their judgment on the management and control of communicable disease to this publication and are well advised to review the references that are listed, and remain informed of new developments and resulting changes in recommendations on communicable disease prevention and control.
REQUIRED REPORTING OF COMMUNICABLE DISEASES AND CONDITIONS

As stated in Section 690.200 of the Illinois Department of Public Health (IDPH) Rules & Regulations for the Control of Communicable Diseases, February 11, 2014:

(1) Each of the following persons or any other person having knowledge of a suspected case or carrier of a reportable communicable disease or communicable disease death shall report the case, suspect case, carrier or death in humans within the time frames set forth in Section 690.100 of this Part:

A) Physicians  
B) Physician assistants  
C) Nurses  
D) Nursing assistants  
E) Dentists  
F) Health care practitioners  
G) Emergency medical services personnel  
H) Laboratory personnel  
I) Long-term care personnel  
J) Any institution, school, college/university, child care facility or camp personnel  
K) Pharmacists  
L) Poison control center personnel  
M) Blood bank and organ transplant personnel  
N) Coroners, funeral directors, morticians and embalmers  
O) Medical examiners  
P) Veterinarians  
Q) Correctional facility personnel  
R) Food service management personnel  
S) Any other person having knowledge of a known or suspected case or carrier of a reportable communicable disease or communicable disease death  
T) The master, pilot or any other person in charge of any bus, train, ship or boat, and the commander, pilot or any other person in charge of any aircraft within the jurisdiction of the State  
U) Researchers  

2) An individual required to report reportable diseases who is unsure whether the case meets the definition of a suspect case shall make a report if the suspect disease, infection or condition is one that is required to be reported immediately, is highly transmissible, or results in health consequences.
The following are mandated by the State of Illinois to be reported* to Kane County Health Department within the designated time frames. Thank you for your assistance

**Class I A**
- Anthrax
- Any Suspected Bioterrorist Threat or Event
- Any Unusual Case of a Disease or Condition Caused by an Infectious Agent Not Listed of Urgent Public Health Significance
- Botulism, Foodborne
- Brucellosis**
- Diphtheria

**Class I B**
- Botulism Intestinal, Wound, and Other
- Brucellosis
- Chickenpox (Varicella)
- Cholera (Toxigenic Vibrio cholerae 01 or 0139)
- Enteric Escherichia coli Infections (E. colt: O157:H7, STEC, EIEC, EPEC, ETEC)
- Haemophilus influenzae, meningitis and other invasive disease
- Hantavirus Pulmonary Syndrome
- Hemolytic Uremic Syndrome, Post-diarrheal
- Hepatitis A
- Influenza-Related to Intensive Care Unit (ICU) Admissions
- Measles
- Mumps
- Neisseria meningitidis, meningitis, invasive disease
- Outbreaks of Public Health Significance (including, but not limited to foodborne and waterborne)
- Pertussis (Whooping Cough)

**Class II**
- AIDS (Acquired Immunodeficiency Syndrome)
- Babesiosis (Tickborne disease)
- California Encephalitis (Arboviral disease)
- Chancroid
- Chikungunya (Arboviral disease)
- Chlamydia
- Creutzfeldt-Jakob Disease (CJD)
- Cryptosporidiosis
- Cyclosporiasis
- Dengue (Arboviral disease)
- Eastern Equine Encephalitis (Arboviral disease)
- Ehrlichiosis, human granulocyticaplopatosis (HGA) (Tickborne disease)
- Ehrlichiosis, monocyticaplopatosis (HME) (Tickborne disease)
- Gonorrhea
- Hepatitis B (Acute Infection and Carriers)
- Hepatitis C (Acute Infections and Carriers)
- Hepatitis D
- Histoplasmosis
- HIV (Human Immunodeficiency Virus) Infection
- Influenza, Deaths in Those <18 yrs. old
- Legionellosis (Legionnaires’ Disease)

*Control of Communicable Disease Code - 77 Illinois Administrative Code 690, February 11, 2014

** If suspected to be a bioterrorist event or part of an outbreak

**All reports are confidential and should include:**
- the disease or condition being reported
- patient’s name, age, sex, race/ethnicity, address and telephone number
- reporters name, address and telephone number

**Report 24 hours a day**

630-208-3801
Communicable Diseases

The following are mandated by the State of Illinois to be reported to the Kane County Health Department:

Sexually Transmitted Diseases

- AIDS
- Chancroid
- Chlamydia
- Gonorrhea
- HIV
- Syphilis

All reports are confidential and should include:
- the disease or condition being reported
- patient’s name, age, sex, race/ethnicity, address and telephone number
- physician’s name, address and telephone number

Tuberculosis

Kane County Health Department
1240 N. Highland Ave.
Aurora, IL 60506
630-264-7665 FAX 630-264-7654

Kane County Health Department
1240 N. Highland Ave.
Aurora, IL 60506
630-208-3801 FAX 630-897-8128
Chickenpox (Varicella) Case Report

Effective March 3, 2008 in compliance with Illinois Department of Public Health’s Control of Communicable Disease Code (77 Illinois Administrative Code 690) each case of Chickenpox (Varicella) is now reportable within 24 hours of receipt of notification from a parent, guardian, or health care provider.

The following information should be collected and reported to Kane County Health Department (KCHD), Communicable Disease Program via phone or fax.

630-897-8128 fax or 630-208-3801 phone

REPORTER INFORMATION
Date of Report ____________________________
Name of Employee Reporting ____________________________
Facility Name________________________________________
Facility Address_____________________ Facility Phone___________________

CASE INFORMATION
Patient’s Name _______________________________________
Age ____ Date of Birth ________ Race_________ Sex ________
Parent’s Name(s) If applicable ______________________________________
Home Address __________________________________________
City ____________________________ School/Daycare________________________
Phone(s)______________________________
Physician’s Name ____________________________ Physician’s Phone __________________________

Date of Visit: ________________ Rash Onset Date: ___/___/___

Date(s) of Varicella Vaccination
#1. ___/___/___ Vaccine type_________ Manufacturer________ Lot #___________
#2. ___/___/___ Vaccine type_________ Manufacturer________ Lot #___________

Rash Localized: Y ___N___ Rash Generalized: Y___ N____
Rash 1st developed on: Arms: Y___ N__ Face/Head: Y___ N__ Legs: Y___N__Trunk:Y___N__
Fever: Y ___ (if Yes, Fever Onset Date: ___/___/___) N ___
Number Lesions: Less than 50 ___ Greater than 50 ___
Is the pt immunocompromised due to pre-existing medical condition or treatment? Y N
Identify any complications the pt developed:
Encephalitis: Y___N___ Pneumonia: Y___N___ Skin/Soft Tissue infection: Y___N___
Other: __________
Laboratory Testing done: Y____ N____
Were licensed antivirals given: Y____N_____ Name of Antiviral: __________
Date Started: ___/___/___ Total Days taken: ______
Is pt pregnant: Y____N_____ If Yes, EDC: ___/___/___

Created 10/1/11
Recommendations for Exclusion due to Health Related Issues

Recommended exclusion varies by the disease or infectious agent. Children with the symptoms listed below should be excluded from the childcare or school setting until clinical recovery; or a healthcare provider has determined that the child can return; or children are well enough to participate in usual activities.

NOTE: It is recommended that childcare/preschool providers and schools have policies that are clearly written for excluding sick children and staff.

Below you will find a general exclusion list for your reference.

<table>
<thead>
<tr>
<th>SYMPTOM</th>
<th>EXCLUSION GUIDELINES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cough</td>
<td>No exclusion is necessary. Exclusion is recommended if the child is experiencing severe, uncontrolled coughing or wheezing, having difficulty breathing, becomes red or blue in the face, makes high-pitched whooping sounds after coughing, or vomits after coughing.</td>
</tr>
<tr>
<td>Diarrhea (defined as the occurrence of three or more loose stools within 24-hours)</td>
<td>Exclusion is recommended until clinical recovery, i.e., absence of diarrhea, fever.</td>
</tr>
<tr>
<td>Earache</td>
<td>No exclusion is necessary.</td>
</tr>
<tr>
<td>Fever (defined as a the elevation of body temperature, typically considered greater than or equal to temperature over 100.4°F.)</td>
<td>No exclusion is necessary, unless the child has symptoms in addition to the fever, such as a rash, sore throat, vomiting, diarrhea, behavior changes, stiff neck, difficulty breathing, etc.</td>
</tr>
<tr>
<td>Headache</td>
<td>No exclusion is necessary, unless the headache is severe and accompanied by additional symptoms like vision problems, stiff neck, or behavior change.</td>
</tr>
<tr>
<td>Jaundice or unusual color of the skin, eyes, stool, or urine</td>
<td>No exclusion is necessary. Exclusion is recommended until a medical exam indicates the child does not have Hepatitis A or other communicable disease.</td>
</tr>
<tr>
<td>Condition</td>
<td>Recommendation</td>
</tr>
<tr>
<td>---------------------------</td>
<td>------------------------------------------------------</td>
</tr>
<tr>
<td>Mouth sores</td>
<td>No exclusion is necessary. Exclusion is recommended if the child has excessive drooling.</td>
</tr>
<tr>
<td>Rash</td>
<td>No exclusion is necessary. Since rash is a hallmark symptom of many infectious diseases, it is important to try to identify the cause of any rash-related illness.</td>
</tr>
<tr>
<td>Stomach ache / Abdominal pain</td>
<td>No exclusion is necessary. Exclusion is recommended if the pain is severe, if the pain appears after an injury, or if the child had symptoms in addition to the stomach ache (such as vomiting, fever, diarrhea, jaundice, etc.)</td>
</tr>
<tr>
<td>Swollen glands</td>
<td>No exclusion is necessary. Exclusion is recommended if the child has symptoms in addition to the swollen glands such as difficulty breathing or swallowing, fever, etc.</td>
</tr>
<tr>
<td>Vomiting</td>
<td>No exclusion is necessary, unless vomiting is determined to be caused by a communicable condition or the child is in danger of dehydration.</td>
</tr>
</tbody>
</table>
Recommendation Exclusions Criteria of Communicable Diseases

This list below includes exclusion criteria of communicable diseases in accordance with the Illinois Department of Public Health’s Rules and Regulations for Control of Communicable Diseases 2014. This list is not to be considered all inclusive.

<table>
<thead>
<tr>
<th>Infection or Condition</th>
<th>Exclusion for School/Daycare Children</th>
<th>Reportable cases to Health Department</th>
<th>Reportable Outbreaks to Health Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chickenpox*</td>
<td>Until all sores have dried and crusted (usually 5 days) and as recommended from the health department.</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>E. Coli 0157:H7*</td>
<td>Until an appropriate health care provider or health department certifies that the child can attend school or daycare.</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Haemophilus Influenzae invasive*</td>
<td>Until an appropriate health care provider and health department certifies that the child is in appropriate therapy and/or can attend school or daycare. Usually until 24 hours after initiation of effective antimicrobial therapy.</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Hepatitis A virus*</td>
<td>Until an appropriate health care provider and health department certifies that the child can attend school or daycare. Usually 2 weeks after an onset of illness or 1 week after onset of jaundice and as directed by the health department.</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Measles*</td>
<td>Until 4 days after an onset of rash and as directed by the health department.</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Infection or Condition</td>
<td>Exclusion for School/Daycare Children</td>
<td>Reportable cases to Health Department</td>
<td>Reportable Outbreaks to Health Department</td>
</tr>
<tr>
<td>------------------------</td>
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</tr>
<tr>
<td>Methicillin Resistant Staphylococcus Aureus (MRSA)</td>
<td>No exclusion is required in general. Students should be excluded from contact sports as wrestling if active lesions are present on the body until lesions have resolved; if large areas of active lesions cannot be covered, then the child should be excluded until lesions are healed. Students may participate in non-contact athletic activities such as weight lifting, running, or jogging provided he/she observes good hygienic practices (e.g., hand washing) and the wound can be covered.</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Mumps*</td>
<td>Until 5 days after an onset of parotid gland swelling and as directed by the health department.</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Neisseria Meningitidis Invasive*</td>
<td>Until 24 hours after initiation of effective antimicrobial therapy and as directed by the health department.</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Norovirus</td>
<td>Until 24 hours after symptoms have stopped. Staff involved in food preparation until 48 hours after symptoms stop.</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Pertussis*</td>
<td>Until at least 5 days after start on antibiotic therapy and/and as directed by the health department.</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Polio*</td>
<td>Until the end of acute phase of disease and as directed by health department.</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Rubella*</td>
<td>Until 7 days after an onset of rash and as directed by health department.</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Salmonella*</td>
<td>Until clinical recovery, i.e., absence of fever and diarrhea. Food handlers or those in sensitive occupation such as health or child care may be restricted as directed from the health department.</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Shigella*</td>
<td>Until clinical recovery, i.e., absence of fever and diarrhea. Food handlers or those in sensitive occupation such as health or child care may be restricted as directed from the health department.</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Infection or Condition</td>
<td>Exclusion for School/Daycare Children</td>
<td>Reportable cases to Health Department</td>
<td>Reportable Outbreaks to Health Department¶</td>
</tr>
<tr>
<td>------------------------</td>
<td>--------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>Tuberculosis*</td>
<td>Until an appropriate health care provider or health department certifies that the child is in appropriate therapy and can attend school or daycare.</td>
<td>YES</td>
<td>YES</td>
</tr>
</tbody>
</table>

* Refer to Reportable Diseases Poster, because this list is not all inclusive. The schools and daycares shall report to the health department persons suspected of being infected with a reportable infectious disease.

¶ Refer to Appendix: Outbreak definition for Reportable and Non-Reportable Diseases. For the diseases that are not on the list a “General “definition is applied.

References:

1. IDPH Communicable Disease Guide 2002  
   [http://www.idph.state.il.us/health/infect/comm_disease_guide.pdf](http://www.idph.state.il.us/health/infect/comm_disease_guide.pdf)
2. IDPH Control of Communicable Diseases(77Ill. Administration Code 690)  
Kane County Health Department (KCHD) General Guidelines for Control of Outbreaks in Schools and Daycare Settings

I. Reporting
Reporting communicable disease outbreaks in schools and daycares serves many purposes. The immediate goal is to control further spread of the disease. Beyond that, information gained from outbreak investigations can help schools and public health agencies identify and eliminate sources of infection such as contaminated products, learn about emerging problems, identify carriers to mitigate their role in disease transmission, and implement new strategies for prevention within schools and daycares.

Often in the school setting it is difficult to determine whether or not an outbreak exists. Appendix A has a list of outbreaks which should be reported by the school or daycare to the KCHD. If the situation does not fit any of these criteria, but you think an outbreak might be occurring, please contact your KCHD for guidance.

An outbreak may be occurring if:
1) Several children who exhibit similar symptoms are in the same classroom, the same wing of a facility or they attended a common event
2) There is an increase in school absences with many parents reporting similar symptoms as the reason why their child is not attending school
3) Two or more students are diagnosed with the same reportable disease

Note: Do not wait for confirmation in these instances as the potential for an outbreak exists.

Reporting refers not only to the initial outbreak notification, but also to the provision of routine updates on the status of the outbreak. The school and the KCHD shall be in frequent contact regarding case numbers, control measures taken, and other pertinent information.
II. Steps in an Outbreak

A) Schools and daycares
Upon suspecting of an outbreak:

1. **Gather information to confirm an outbreak – provide as much of the following as possible:**
   - Provide total number of students and staff in school/daycare.
   - Start a line list (also known as an illness log) that includes all ill children and staff. For any gastrointestinal illnesses refer to Appendix B and compile a list of food handlers that have been ill, along with their specific duties. A food handler is any person directly preparing or handling food. Food handlers may range from staff providing a snack in a daycare setting to a cafeteria worker.
   - Compile a list of extracurricular activities and special events. Examples of extracurricular activities or events might include sports, social events, clubs, etc.

2. **The school/daycare shall** notify the KCHD Communicable Disease Program. Notification MUST be made by phone. KCHD has someone available 24/7 who can take the report.

3. **Perform active surveillance as directed by KCHD**
   - Be alert for new-onset illness among exposed persons, and review student and staff histories to identify previous onsets of illness that may not have been correctly recognized as being part of the outbreak. When a student is absent, ask parents to provide the reason for the student’s absence in order to determine if the student is part of the outbreak and in need of further follow up by the KCHD.

4. **Document and count cases:**
   - The school shall maintain a daily log (line list) of the number of students and teacher absent due to illness.
   - The school shall complete the absenteeism table (see Appendix C).
   - The line list and the absenteeism table will be shared with KCHD epidemiologist to assess the status of the outbreak, and make recommendations regarding control measures.

B) KCHD Communicable Disease Program
Upon notification:

1. The KCHD staff will determine if an outbreak does exist.
2. The KCHD staff will assess the report and shall lead the investigation by providing the school with guidance, support and assistance.
3. Based on the assessment of the KCHD, confirmation of the diagnosis with a laboratory test may be necessary. Lab testing may be done through a private physician and laboratory, or the state laboratory. The KCHD staff shall facilitate lab testing and/or specimen transport.
4. The KCHD staff should collaborate with the school and daycares to determine the outbreak source.
5. The KCHD staff, in consultation with IDPH epidemiologist, shall provide recommendations and guidance to the school regarding control measures.
C) School and daycare closures
   1. IDPH does not recommend school or daycare closure for outbreaks of infectious disease. The decision to close a school is an administrative decision and one that should be made only after consultation with public health officials and the district medical personnel.
   2. Schools should work with KCHD to ensure that recommended control measures (e.g., exclusions, increased cleaning) are being followed. In addition, KCHD in conjunction with IDPH may recommend enhanced surveillance be conducted in a school in order to monitor the progression and ultimate decline of an outbreak.
   3. If the school or daycare decides to close the school based on their administrative decision, then the KCHD should be notified.

D) Infection control during an outbreak
   Ensure general practices are being followed, such as:

   1. Gloves should be worn during contact with blood, feces or body fluids. 
   2. Remove and dispose of gloves after completing tasks, before touching anything else.
   3. Reinforce respiratory etiquette to students and staff (coughing and sneezing into a tissue or elbow, properly disposing of tissues).
   4. Use appropriate barriers including materials such disposable diaper table paper, disposable towels and surfaces that can be sanitized in group care settings.
   5. Restrict use of equipment and toys to use within a specific area and do not allow children to share without cleaning and disinfecting.
   6. Staff assigned to affected classrooms should not rotate to unaffected classrooms.

Additional measures may be necessary, such as:

   1. Cleaning and disinfecting; Increase frequency during an outbreak
   2. Immediately after spills of body fluids, discard fluid contaminated material in a plastic bag that has been securely sealed.
   3. Mops should be cleaned, rinsed with a disinfecting solution, wrung as dry as possible and hung to dry completely. Change mop heads when a new bucket of cleaning solution is prepared, or after cleaning large spills of emesis or fecal material.
   4. Do not use a common cloth for cleaning/disinfecting; use paper towels and dispose of them immediately after use.

E) Infection or Condition and Common Symptoms Exclusion for School/Daycare Children see
   • Recommendations for Exclusion due to Health Related Issues
   • Exclusion Criteria of Communicable Disease
   • Recommended School Action for Non-Reportable Diseases

F) Sample Letter to Families about Exposure to Communicable Disease (see SAMPLE LETTERS)
Appendix A

Outbreak Definition for Reportable and Non-Reportable Diseases

General - An outbreak is defined as the occurrence of illness in a person or a group of epidemiologically associated persons, with the rate of frequency clearly in excess of normal expectations (IDPH Communicable Disease Rules and Regulations 2014).

Number of cases indicating presence of an outbreak is disease specific.

Foodborne - An outbreak is defined as any clusters of illnesses in which two or more persons (usually residing in separate households) associated in time and place experience onset of a similar, acute illness (usually gastrointestinal) following ingestion of common food or drink (IDPH Principles and Procedures for Investigating Suspected Outbreaks of Foodborne and Waterborne Illness, 2004).

Waterborne - An outbreak is defined as clusters of illness in which two or more persons (usually residing in separate households) associated in time and place experience onset of a similar, acute illness (usually gastrointestinal) following ingestion of drinking water or recreational contact with water. (IDPH Principles and Procedures for Investigating Suspected Outbreaks of Foodborne and Waterborne Illness, 2004).

Acute Gastroenteritis (AGE) in a School or Daycare Setting - An outbreak is defined as four or more persons with acute onset of vomiting and/or diarrhea in a classroom or in an otherwise defined group of students; or cases in more than 10% of the school's/daycare's census in a single day. (IDPH Guidance for Prevention of Acute Gastroenteritis (AGE) Outbreaks in Daycare Facilities and Schools, 12/20/2011). The most common virus causing AGE is Norovirus. One case of Norovirus is not reportable in Illinois.

Methicillin Resistant Staphylococcus Aureus (MRSA) Cluster in a Community Settings - An outbreak is defined as two or more laboratory confirmed cases of community onset MRSA infection epidemiologically linked to a community setting, including but not limited to, school, correctional facility, daycare setting, or sports team, during a 14 day period for whom an epidemiological link is readily apparent to the reporter (IDPH Communicable Disease Rules and Regulations). One case of MRSA, older than 61 days, it is not reportable in Illinois.

Hand, Food, and Mouth Disease (HFM) - An outbreak is defined as 10 epidemiologically linked persons with clinically compatible illness with onsets within a 10 day period. One case of HFM disease is not reportable in Illinois.
Appendix A

**Pertussis in a school or childcare setting** - Defined as two or more non household contacts linked by time and place (within 42 days); the outbreak case definition may be used to count cases if one case has been confirmed. One case of Pertussis is reportable in Illinois.

**Chicken pox (Varicella)** - An outbreak is defined as five or more confirmed cases linked by time and place. One case of Varicella is reportable in Illinois.

**Mumps** - An outbreak is defined as three or more laboratory confirmed cases linked by time and place. One case of Mumps is reportable in Illinois.

**Invasive Group A Strep (GAS)** - An outbreak is defined as two or more cases linked by time and place. One case of invasive GAS is reportable in Illinois.

**Non-invasive Group A Strep** - An outbreak is defined as 10 epidemiologically linked persons with laboratory confirmed GAS with onsets within 10 days. One case of non-invasive GAS is not reportable in Illinois, unless it is diagnosed as GAS Toxic Shock Syndrome.

**Respiratory Syncytial Virus (RSV)** - An outbreak is defined as two laboratory confirmed cases during a 14-day period that are healthcare associated. Health care associated will be defined as RSV-positive specimen collected more than 2 days after admission to the hospital (i.e., on or after day 3). One case of RSV is not reportable in Illinois.

**Scabies - SUSPECT scabies outbreak is defined as:**

- TWO or more symptomatic persons with epi-linked exposure AND
- None of the affected persons are diagnosed with Norwegian/crusted scabies
- AND
  - Only ONE person is skin scraping positive, OR
  - Healthcare provider diagnosis of scabies (either skin scraping is not performed or skin scraping performed with negative results) AND scabicide treatment is ordered for TWO or more persons.

**Scabies - CONFIRMED scabies outbreak is defined as:**

- ONE case of healthcare provider diagnosed Norwegian (crusted) scabies, OR
- TWO or more symptomatic persons with epi-linked exposure and at least TWO are skin scraping positive

One case of Scabies is not reportable in Illinois.

**Fifth disease** - An outbreak is defined as 15 epidemiologically linked clinically compatible cases with onsets within 15 days. One case of Fifth disease is not reportable in Illinois.
<table>
<thead>
<tr>
<th>First name</th>
<th>Last name</th>
<th>Age</th>
<th>Sex</th>
<th>Building</th>
<th>Unit</th>
<th>Room/Classroom</th>
<th>Date of Onset</th>
<th>Temp</th>
<th>Vomiting (Y/N)</th>
<th>Nausea (Y/N)</th>
<th>Diarrhea (Y/N)</th>
<th>Abd. Cramping (Y/N)</th>
<th>Chills (Y/N)</th>
<th>Duration of illness</th>
<th>Stool PCR NORO</th>
<th>Stool Bacteria Culture</th>
<th>Stool O&amp;P</th>
<th>Other</th>
<th>Hospitalization</th>
<th>ER visit</th>
<th>Clinic visit</th>
<th>Died (Y/N, if yes date)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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### KCHD Absenteeism Log

**School Name:**

**Week Ending:**

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<td>Common Cold</td>
<td>1-3 days</td>
<td>These include runny nose, watery eyes and a generalized tired feeling.</td>
<td>One day before onset of symptoms to five days after symptoms begin.</td>
<td>By direct contact or inhalation of airborne droplets of nose and throat secretions, or, by indirect contact of hands to articles freshly soiled by discharges of the nose and throat.</td>
<td>Cases need not be excluded from school unless fever is present; children excluded due to fever may be readmitted when fever subsides.</td>
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<tr>
<td>Cytomegalovirus (CMV)</td>
<td>3-12 weeks following transfusion or infection acquired during birth.</td>
<td>CMV is ubiquitous and asymptomatic infections are the most common. The few who develop symptoms usually have a mononucleosis-like illness with fever, swollen lymph nodes and sore throat.</td>
<td>CMV excretion may occur for many months and may persist or be episodic for several years following primary infection.</td>
<td>Transmission usually occurs from person to person via direct contact of virus-containing saliva or urine with a break in the skin or a mucous membrane of the eye, nose or mouth.</td>
<td>No restrictions.</td>
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<td>Fifth Disease / Erythema Infectiosum (Parvovirus B19)</td>
<td>Variable, usually 4-21 days</td>
<td>This is a mild disease, with low-grade or no fever and a distinct facial rash (slapped-cheek appearance) frequently associated with a lace-like rash on the trunk and extremities. The rash fades within a week but may recur for one to three weeks or longer when the person is exposed to sunlight, heat, cold, exercise or stress. Not all infected persons will develop a rash. A sore throat, respiratory symptoms and abdominal complaints may precede onset of rash.</td>
<td>In persons with rash illness alone, the period of infectiousness is before onset of the rash; in the immunosuppressed and persons with severe anemia, communicability may last for months to years.</td>
<td>Contact with respiratory secretions; also from woman to fetus when infection occurs during pregnancy.</td>
<td>Because cases are no longer contagious when the rash appears, there are no restrictions. Exclude case if fever is present.</td>
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<tr>
<td>Gastroenteritis, Viral</td>
<td>1-4 days</td>
<td>Stomach ache, nausea, vomiting, diarrhea, fever.</td>
<td>Variable, during diarrheal illness and for one to several days following resolution of symptoms.</td>
<td>Person-to-person via the fecal-oral route; also spread via food or drinks contaminated by an infected food handler and by contaminated water.</td>
<td>Exclude case from school until clinical recovery, i.e., absence of diarrhea and fever.</td>
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<td>Giardia</td>
<td>5-25 days but sometimes longer</td>
<td>Stomach ache, diarrhea, bloating; may recur several times over a period of weeks; asymptomatic infections common.</td>
<td>Entire period of infection with this parasite.</td>
<td>Person-to-person via the fecal-oral route; also via food or drinks contaminated by an infected food handler; can be transmitted by contaminated water.</td>
<td>Exclude case from school until clinical recovery, i.e., absence of diarrhea and fever.</td>
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<td>Hand, Foot and Mouth Disease (Coxsackievirus A1*)</td>
<td>3-7 days</td>
<td>There is usually a mild fever, often a sore throat, loss of appetite, small red spots in the mouth (on the tongue, gums and the inside of the cheeks) that may blister. If there is a rash on the skin, it may be flat or raised red spots that blister. Rash can occur on the palms and fingers of the hands or on the soles of the feet and on the buttocks. Symptoms may last for seven to 10 days or infections can be asymptomatic.</td>
<td>Virus can be excreted before symptoms appear, during illness and for several weeks after symptoms have resolved.</td>
<td>The fluid in the blisters or ulcers contains virus, which can be passed to another person through nasal and oral secretions, or from an infected person’s feces. Hand-foot-and-mouth disease is not transmitted to or from animals or pets; it is not associated with the similarly named disease that can cause serious illness in cattle.</td>
<td>While there are no restrictions, in a child care facility when multiple cases are occurring, some benefit may be gained by excluding very young children with blisters in their mouths who drool or who have weeping lesions on their hands until their symptoms resolve. In general, most infected children do not need to be excluded unless fever is present or they are not well enough to participate in usual activities.</td>
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<td>Head Lice (Pediculosis)</td>
<td>Eggs hatch in seven to 10 days</td>
<td>Scratching of the scalp; pinpoint gray/white eggs (nits) attached securely to the hair shaft</td>
<td>Lice or eggs (nits) are viable until destroyed by treatment. A second pediculicide application is recommended 7-10 days following the first treatment.</td>
<td>By direct contact with an infested person, clothing or article</td>
<td>Exclude case from school until the day after the first shampoo, lotion or cream rinse pediculicide is properly applied.</td>
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<td>Herpes Simplex Virus - HSV (Cold Sores or Genital Herpes)</td>
<td>2-12 days</td>
<td>Primary infections are without symptoms in 50 percent or more of infected persons; fever and malaise may be present; a sore or ulcer may be accompanied by itching and may be painful; the sore may be raised; lesions can occur on the lip, mouth, throat, eye, external genitalia or vagina. Herpes simplex lesions can also appear on areas of the body such as the torso, arms and legs.</td>
<td>During presence of lesions and if the virus is being shed asymptomatically.</td>
<td>Person-to-person by direct contact with secretions from the herpes simplex sores, from genital secretions or saliva of infected persons.</td>
<td>No restrictions other than students should be excluded from contact sports such as wrestling if active lesions are present on the body (outside the genital area) until lesions have resolved; if large areas of active lesions cannot be covered or if exposure to infectious secretions by other students cannot be avoided, the student infected with herpes simplex should be excluded until lesions are scabbed.</td>
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<td>Impetigo*</td>
<td>4-10 days</td>
<td>Blisters on skin that open and become covered with yellowish crust; no fever.</td>
<td>As long as lesions continue to drain or a carrier state persists.</td>
<td>Person-to-person by direct contact with nasal discharges or with a person who has purulent lesions; hands are the most important means of spread.</td>
<td>Exclude case from school until 24 hours after treatment begins.</td>
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<td>Infectious Mononucleosis (Epstein-Barr virus, or EBV)</td>
<td>4-6 weeks</td>
<td>Fever, sore throat, swollen glands and fatigue are common; sometimes the liver and spleen are affected and enlarged.</td>
<td>Prolonged; shedding of the virus in oral secretions may persist for a year or more after infection; 15 percent to 20 percent or more of healthy adults who are EBV antibody positive are long-term carriers.</td>
<td>The virus is shed through saliva (also by saliva on hands, on toys, when kissing, etc.); virus is shed in saliva during the illness and possibly for a year or more after infection.</td>
<td>There are no restrictions. An infected child does not need to be excluded unless he or she has a fever of 100 degrees F or greater or is not well enough to participate in usual activities.</td>
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<td>Influenza *</td>
<td>1-5 days</td>
<td>Rapid onset of fever, headache, muscle aches, sore throat and dry cough.</td>
<td>Until three to five days after onset of symptoms in adults, and for up to seven days after onset of symptoms.</td>
<td>By direct contact with droplets of respiratory secretions (influenza virus persists for hours in dried mucus), or through airborne spread in crowded, enclosed spaces</td>
<td>Exclude case from day care or school until clinical recovery, i.e., until 24 hours with no fever, without use of fever-reducing medicine.</td>
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<td>Meningitis, Viral (Aseptic Meningitis)</td>
<td>Variable, determined by the causative agent, usually 2-10 days</td>
<td>Sudden onset of fever, headache, stiff neck (except in infants), nausea, often vomiting.</td>
<td>Variable determined by causative agent.</td>
<td>Viral meningitis can be transmitted by failure to wash hands after toileting or other contact with infected stool, also by direct contact with nose and throat secretions of a person carrying the virus, e.g., kissing on the mouth, drinking from a shared glass or straw, sharing eating utensils, coughing or sneezing cases are transmitted by insects such as mosquitoes or ticks, example arboviruses such as West Nile Virus (WNV).</td>
<td>Exclude case from school until clinical recovery, i.e., absence of fever.</td>
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<td>Pink Eye (Conjunctivitis)</td>
<td>1-3days</td>
<td>Pink/redness of the eyes, with white or yellow discharge on the eyelids; eye pain, or redness of the eyelids or skin surrounding the eye may occur.</td>
<td>Until active infection resolves.</td>
<td>By direct contact with discharge from the conjunctivae or upper respiratory tracts of infected persons; from contaminated fingers and other articles, e.g., eye medications.</td>
<td>Exclude case from school for bacterial conjunctivitis until 24 hours after treatment begins or child is examined by a physician and approved for readmission to school.</td>
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<td>Pinworms</td>
<td>3-6 weeks or longer</td>
<td>Perianal itching.</td>
<td>Usually about three weeks.</td>
<td>By direct transfer of infective eggs by hand from anus to mouth of the same or another person; indirectly through articles/items contaminated with eggs of the pinworm, e.g., clothing, bedding, food or anything placed in the mouth if handled with unwashed hands contaminated with eggs of the pinworm.</td>
<td>Exclude case from school until 24 hours after treatment begins.</td>
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<td>Rash Illness</td>
<td>Variable, dependent on the causative agent</td>
<td>Variable signs may be present. To begin identifying possible causes of the rash, it is important to acquire a detailed description of the rash (e.g., color; raised or level with skin; clear or pustular vesicles or pockets; smoother sandpaper texture; spotted, diffuse, lace-like or slapped cheek appearance; blanched on touch; initial location and spread on body; discomfort due to itching, pain, etc.).</td>
<td>Variable, determined by causative agent.</td>
<td>Variable, dependent on the causative agent.</td>
<td>Since rash is a hallmark symptom of many infectious diseases, it is important to try to identify the cause of any rash-related illness. Parents of children with rash of unexplained origin should be notified and asked to consult their family physician for diagnosis and treatment.</td>
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<td>Respiratory Syncytial Virus (RSV)</td>
<td>1-10 days</td>
<td>Fever and one or more systemic symptoms, such as chills, headache, body aches, malaise and loss of appetite, either alone or in combination with runny nose, sore throat, swollen glands, bronchitis or pneumonia, are usually present.</td>
<td>RSV is communicable shortly before onset and for the duration of symptoms, usually three to eight days; in infants, RSV shedding may very rarely persist for several weeks or longer after clinical symptoms subside.</td>
<td>RSV is spread through direct contact with respiratory secretions or other articles and environmental surfaces contaminated by respiratory discharges from an infected person.</td>
<td>There are no restrictions. An infected child does not need to be excluded unless he or she has a fever of 100 degrees F or greater or is not well enough to participate in usual activities.</td>
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<td>Ringworm (of the body and scalp)</td>
<td>4-10 days for the body; usually 10 to 14 days for the scalp</td>
<td>Ringworm of the skin is a reddish, ringlike rash that is often itchy or flaky but may be moist and crusted and may burn; the central area often clears as it progresses. Ringworm of the scalp may leave scaly, balding patches with broken-off hairs that can slowly spread; raised pus-containing lesions develop occasionally.</td>
<td>As long as lesions are present; viable fungus can persist on contaminated items or materials for long periods.</td>
<td>By direct skin or scalp contact or indirect contact with items or materials contaminated with fungus from skin, clippers, combs, brushes, hats, and clothing. Infections can be acquired from pets and farm animals.</td>
<td>Exclude case from school until 24 hours after treatment begins and the lesion begins to shrink, unless lesion covered; a child need not be excluded if lesion(s) can be covered.</td>
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<td>Scabies *</td>
<td>First infection, 2-6 weeks; repeat infection 1-4 days</td>
<td>Scratching of small raised red bumps or blisters on skin; intense itching, especially at night.</td>
<td>Scabies can be transmitted until mites and eggs are destroyed by treatment; a second treatment application is recommended one week following the first treatment.</td>
<td>Mites can be transmitted person to person by direct skin-to-skin contact, including during sexual contact; transfer from undergarments and bedclothes occurs only if contaminated immediately beforehand by an infested person.</td>
<td>Exclude case from school until the day after the first scabicide treatment.</td>
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<td>Shingles (Herpes Zoster)</td>
<td>Shingles usually appears in adults or older persons but may develop at an earlier age if intrauterine varicella infection, before 2 years of age, HIV infection or immunosuppression have occurred.</td>
<td>Fluid-containing lesions normally appear along nerve pathways and will become crusted; usually this occurs in of normal health status, lesions appear in a group or a crop; in persons with immunosuppression lesions, may be widespread.</td>
<td>Until all shingles lesions are crusted.</td>
<td>The fluid in shingles lesions contains virus that can be spread to another person through direct contact with the fluid when the lesions are not crusted over, or by contact with articles freshly soiled with the fluid from shingles lesions.</td>
<td>A person with shingles may attend school if lesions can be covered to prevent others from contact with fluid from the lesions.</td>
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<tr>
<td>Streptococcal Sore Throat and Scarlet Fever*</td>
<td>1-3 days</td>
<td>Initial symptoms are fever, sore throat, often enlarged tender lymph nodes in neck. Scarlet fever appears with a fine, red rash that appears one to three days after onset of sore throat.</td>
<td>Untreated, 10 days to weeks; for treated individuals, generally 24 to 48 hours.</td>
<td>Person-to-person by direct contact with nasal secretions; by ingestion of food contaminated by an infected food handler’s nasal secretions or streptococci present on skin; rarely by contact with articles handled by an infected person.</td>
<td>Exclude case from school until 24 hours after treatment begins; readmit provided fever is absent.</td>
</tr>
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</table>

*Refer to Appendix A: Outbreak Definition