Deschutes County Health Services
COMMUNICABLE DISEASE EXCLUSION GUIDELINES FOR SCHOOLS AND CHILD CARE SETTINGS

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

FEVER: ANY fever greater than 100.5° F., may return when temperature decreases without use of fever-reducing medicine.
VOMITTING: > 2 in the preceding 24 hours, unless determined to be from non-communicable conditions. May return when resolved.
DIARRHEA: 3 or more watery or loose stools in 24 hours. May return when resolved for 24 hours.
STIFF NECK: or headache with accompanying fever. May return after resolution of symptoms or diagnosis made and clearance given.
RASHES: ANY new onset of rash if accompanied by fever; may return after rash resolves or if clearance given by health care providers.
SKIN LESIONS: Drainage that can not be contained within a bandage.
JAUNDICE: Yellowing of eyes or skin. May return after diagnosis from physician and clearance given.
BEHAVIOR CHANGE: Such as new onset of irritability, lethargy or somnolence.
COUGH /SOB: Persistent cough with or without fever, serious sustained coughing, shortness of breath, or difficulty breathing.
SYMPTOMS or complaints that prevent the student from active participation in usual school activities, or student requiring more care than the school staff can safely provide.

Inform local county health department, (LHD), of all diseases listed as reportable. The local county health department should be consulted regarding any written communication that may be developed to inform parents/guardians about disease outbreaks, risk to students, families, and staff and/or control measures specific to an outbreak.

Disease / Condition Common Name Medical Terminology	Exclude Restriction Report	Symptoms	Transmission Incubation Communicability	Prevention Precautionary Measures	Recommended School Control Measures
Abscesses / Boils *Draining wounds* *Staph skin infection* *including* MRSA	***Exclude:*** For open draining wounds, ***Restriction: May Attend:*** If drainage can be contained within bandage; or lesion is dry and crusted without drainage. ***Report: NO***	Open, pimple-like sores that are swollen, tender; may be crusted or draining pus.	**Direct contact** with infectious bodily fluids. **Indirect contact** with articles contaminated with drainage. **Communicable** as long as sores are open, draining and untreated	Cover wounds. Proper handwashing.	No foodservice duties while lesions are present. Good personal hygiene. Proper handwashing
AIDS / HIV *Acquired Immune Deficiency Syndrome*	***Exclude: NO*** ***Restriction: NO*** ***Report: YES*** **HCP should report NOT school nurse** to LHD *In the absence of blood exposure, HIV infection is not acquired through the types of contact that usually occur in a school setting; including contact with saliva or tears. Hence, children with HIV infection should not be excluded from school for the protection of others.* ***AAP-Redbook 2006, p.396***	HIV infection in children is a broad spectrum of disease and clinical course. AIDS represents the most severe end of the clinical spectrum of this disease.	**Bloodborne Pathogen** Sexual contact, mucous membrane contact with blood or other body fluids with high titers of HIV, percutaneous (needles or other sharp instruments), and mother-to-infant. **Communicable** lifetime; With changing infectivity based on viral load.	Children infected with HIV are at an increased risk of experiencing severe complications from infections such as varicella, tuberculosis, measles, CMV and herpes simplex virus. Schools should develop procedures for notifying parents of communicable diseases such as varicella and measles.	Standard Precautions while dealing with blood or body fluids. Report all exposures of body fluid contact to broken skin / mucous membranes to Risk Management. See: "Guidelines for Schools with Children who have bloodborne infections" – Oregon Health Division.

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Athlete's Foot *Tinea Pedis* Fungal infection of the feet. Similar in nature to *Tinea corporis* (ringworm of skin).	***Exclude: NO*** ***Restriction: NO*** ***Report: NO***	Scaling, cracking skin between toes with burning and itching. Blistering with thin watery fluid.	**Direct contact** with lesions **Indirect contact** with contaminated articles (shower and gym floors). **Communicable** until treated with antifungal medications.	Proper foot hygiene. Clean, dry feet and socks. Use of drying absorbent antifungal powders. Use own towels and socks.	Routine disinfection of school showers and floors with approved antifungal agents. Recommend use of thongs in showers. Prohibit walking barefoot, sharing of towels, socks or shoes.
Chicken Pox *Varicella* Primary infection results in a generalized rash. ***See Also SHINGLES*** The recurrent infection with the virus is called shingles. *The virus is believed to have a short survival time outside the infected host. Humans are the only source for this disease.* ***CDC Pink book*** www.cdc.gov/nip/diseases/varicella/	Rash is a thin-walled, easily ruptured, blister-like rash, or red rash usually beginning on trunk; blisters scab over. Heaviest on trunk. ***Exclude: YES,*** **CASE:** until a minimum of 5 days after first vesicles (pox) appear, or until all pox are dry. Whichever occurs last. **CONTACTS:** In an outbreak situation consultation with LHD for exclusion. ***Report: YES,*** for outbreak situations.		**Direct contact** with infectious body fluids, drainage from blisters. **Indirect contact** with items contaminated with secretion. **Airborne** Chickenpox may be transmitted through nasal secretions. **Incubation** 14-16 days range 10-21 days. **Communicable** for 5 days before rash until at least 5 days after rash appears.	Vaccine recommended to individuals 12 months and older. Good Handwashing Avoid touching sores. Cover mouth and nose when coughing, or sneezing. Teachers of young children and women of childbearing age should know their immune status or be immunized.	The vaccine is 95% effective in preventing MODERATE to SEVERE DISEASE, but only 70% to 85% effective in preventing MILD to MODERATE disease. Cases of varicella may occur in some vaccinated persons following exposure to wild-type virus. This is called breakthrough infection. Breakthrough infection is varicella to wild-type varicella zoster virus and usually results in mild illness. Nonetheless, breakthrough varicella is contagious and can lead to transmission of virus to those unvaccinated and at risk for complications, such as adults, immunocompromised individuals, and pregnant women. 1%-4% of vaccines may have a varicella-like illness, with fewer than 10 lesions post-vaccination.
CMV *Cytomegalovirus* *Caused by a human herpes virus. Most severe form of the disease affects perinatally infected infants, premature infants, and the immunocompromised.* ***AAP-Redbook 2006, p332***	***Exclude: NO*** ***Restriction: NO*** ***Report: NO***	Asymptomatic infections are common. A mononucleosis-like illness with fever may occur.	**Direct contact** with mucous membranes, saliva. **Vertical** from mother to fetus/infant. **Incubation** variable, 3 weeks to 3 months following blood transfusion, longer for saliva, household or vertical transmission. **Communicable** Virus secreted in saliva/urine for many months, and may persist for years.	Good handwashing, personal hygiene. Cover mouth and nose when coughing, or sneezing. No food sharing.	Standard Precautions when dealing with body fluids Women of childbearing age or immunocompromised individuals should consult with personal physician regarding risks while caring for children identified as carriers of CMV. Most children will be asymptomatic and undiagnosed.

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Cold Sores *Herpes Simplex* Oral HSV infections are common among children. Most are asymptomatic, with shedding of the virus in saliva in the absence of clinical disease.	***Exclude: NO*** ***Restriction: YES*** Limit PE activities that would involve physical contact if active lesions cannot be covered. ***Report: NO***	Blister-like sores erupting around mouth.	**Direct Contact** from sores to mucous membranes such as kissing, or to abraded skin such as contact sports such as wrestling. **Incubation** 2 – 12 days **Communicable** most infectious during blister phase, can be spread at other times.	Good Handwashing Avoid touching sores Avoid sharing lip balms, lipsticks, etc. Limit/restrict P.E. activities that would involve contact while blisters are present.	Avoid contact sports while blisters are present. E.g. wrestling, rugby. **DO NOT** share sports bottles. Appropriate cleaning of wrestling mats at least daily and preferably between matches. (Bleach ¼ cup to 1 gallon water) ***AAP Redbook***
Common Colds - RTI *Respiratory Tract Infection:* *Rhinoviruses* *Adenoviruses* *Coronaviruses*	***Exclude:*** if fever is present. May return when fever resolves. ***Restriction:*** Consider if number of cases in school exceeds expected. ***Report: NO***	Runny nose and watery eyes, cough, sneezing, possible sore throat, chills, general malaise Fever uncommon.	**Direct contact** with nose and throat secretions Airborne droplets. **Indirect contact** with contaminated articles. **Incubation** 12-72 hours, 48 hours common. **Communicable 1 day** before onset of symptoms until 5 days after.	Cover mouth and nose when coughing and sneezing. Good Handwashing. *Antibiotics NOT indicated*	Practice good personal hygiene. Cover mouth and nose when coughing, sneezing. Encourage good hand washing. Make tissues available to students.
Croup *Laryngotracheobronchitis* *Caused by viruses, Adenoviruses, RSV, Parainfluenzae,*	***Exclude: NO*** ***Restriction: NO*** ***Report: NO***	The classic sign of croup is a loud, harsh, barking cough — which often comes in bursts at night. Your child's breathing may be labored or noisy.	**Same as for colds, flu, and bronchitis** *Antibiotics NOT indicated.*	Cover mouth and nose when coughing and sneezing. Good Handwashing.	Practice good personal hygiene. Cover mouth and nose when coughing, sneezing. Encourage good hand washing. Make tissues available to students.
Diarrheal Diseases **Norovirus Outbreak** New onset of vomitting and/or diarrhea in numbers greater than expected.	***Exclude:*** Exclude all children with acute vomiting or diarrhea ***Restriction: YES*** NO foodservice work until diarrhea resolved for 72 hours. ***Report:*** Cluster illnesses. *In outbreak situations, duration of exclusion will be pathogen dependant.*	3 or more loose, watery stools within 24 hours. Cramps, chills, weakness, dizziness, and abdominal pain.	**Fecal-Oral.** Contaminated hand-to-mouth contact. Related to poor hygiene. Common source outbreaks have been related to infected foodservice workers, contaminated food or water. **Incubation** variable depending on organism **Communicable** variable depending on organism	Good handwashing especially after toileting. NO food handling. NO food sharing. NO cafeteria duties.	NO cafeteria duty / food handling Enforce handwashing routines in all foodservice areas. Handwashing after diapering or assisting with toileting of children. No home-prepared, unpackaged food from home shall be shared
Diphtheria *Corynebacterium diphtheriae* Diphtheria is rare in the United States. In 1993 and 1994, more than 50,000 cases were reported during a serious outbreak of diphtheria in countries of the former Soviet Union.	***Exclude: YES*** exclude from school or child care facilities until two cultures from both throat and nose taken ≥24 hours apart, and ≥24 hours after cessation of antimicrobial therapy are negative for diphtheria bacilli. ***Report: YES.*** Notify LHD immediately.	**Respiratory diphtheria** Presents as a sore throat with low-grade fever and an adherent membrane of the tonsils, pharynx, or nose. It is toxin-producing strains of *Corynebacterium diphtheriae* **Cutaneous Diphtheria** A wound infection may have patches of a sticky, gray material.	**Airborne droplet** direct or indirect contact with infected respiratory secretions **Incubation** 2-4 days with a range of 1 -10 days **Communicable** contagious for up to two weeks, but seldom more than four weeks. If the patient is treated with appropriate antibiotics, the contagious period can be limited to less than four days	Vaccine recommended to individuals at 2, 4, 6, 16-18 months and boosters. Part of the DTP and Td and Dt vaccines. Avoid touching sores. Cover mouth and nose when coughing, or sneezing.	**Diphtheria is vaccine preventable. All children should be vaccinated.** Notify local health department for assistance with investigation and protection of identified contacts. Attendance of students exempted from immunization because of medical or religious exemptions, should be discussed with local health department

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Fifth Disease *Parvovirus B19*	***Exclude: NO*** ***Restriction: none*** ***Report : Outbreaks***	Bright red cheeks, blotchy "lace-like" appearing rash on extremities that fades and recurs. Runny nose, loss of appetite, low-grade fever, and/or sore throat.	No longer contagious after rash appears. **Airborne droplet** direct or indirect contact with infected respiratory secretions **Incubation** 4 – 20 days. **Communicable** Greatest before onset of rash.	Good handwashing. Cover mouth and nose when coughing/sneezing.	Exposed pregnant women should consult with their physician. Exposed immunocompromised individuals should consult with their physician.
Flu *Influenza*	***Exclude:*** for fever over 101.5 F or persistent cough ***Restriction : NO*** ***Report:*** **YES** for Outbreak situations	Acute onset of fever, chills, headache, muscle aches, cough, and sore throat.	**Airborne droplet** direct or indirect contact with infected respiratory secretions. **Incubation** 24 – 72 hours **Communicable** 3 – 5 days before onset of symptoms, and up to 7 days following illness. **Control of Communicable Diseases**	Good handwashing. Cover mouth and nose when coughing/sneezing.	Encourage vaccine for high risk persons. Good personal hygiene.
Hand, Foot & Mouth *Coxsackieviruses*	***Exclude: NO*** ***Restriction: YES*** for open draining lesions or drooling in childcare or daycare settings. ***Report: NO***	Sudden onset of fever, sore throat, and lesions in mouth, blisters on palms, fingers, and feet.	**Direct contact** with infectious body fluids, (nose and throat discharges, feces). **Incubation** 3 – 6 days **Communicable** during acute stage of illness and viral shed for weeks in stool.	Good handwashing.	Standard Precautions Enteroviruses may survive on environmental surfaces for periods long enough to allow transmission from fomites*. ** (an object capable of transmitting infectious organisms from one individual to another)*
Head Lice *Pediculosis* *Adult head lice cannot survive for more than 48 hours apart from the human host.** ***The ABC's of Safe and Healthy Childcare - CDC***	***Exclude:*** **PER** local school district policy. ***Restriction:*** Readmit with statement from parent/guardian that recognized treatment has begun. Per school policy. ***Report: NO***	Itching of scalp, observations of lice, and or nits (small grayish-brown eggs) in the hair or hair shaft.	**Direct contact** with infested person. **Indirect contact** with infested articles. (hats, helmets, combs, brushes) **Incubation** 7-14 days **Communicable** as long as eggs and/or lice remains on the infested person.	Treat hair with medicated shampoo and remove all nits. Check household members for lice / nits Do not share headgear, combs, or brushes. Flea bombs are NOT recommended for	Refer to school head lice policy Screen siblings, friends, classmates Recommend washing clothes, hats, scarves, and bedding in very hot water, and vacuuming carpets. Wash combs and brushes in hot water or send through dishwasher cycle.
Hepatitis A *Hepatitis A Virus* *Schoolroom exposure generally does not pose an appreciable risk of infection and IG administration is not indicated when a single case occurs. However, IG may be considered if transmission within the school setting is documented.* ***AAP-Redbook 2006 p 335***	***Exclude:*** ***YES*** - for daycare and special settings and in general until one-week after onset of symptoms. May attend with LHD permission. ***Restriction: YES*** **NO Foodservice work** until cleared by Health Officer, may return with clearance by LHD ***Report: YES***	Acute onset of fever, malaise, anorexia, nausea, right upper quadrant pain and later jaundice (yellow color to skin and eyes), dark urine, or clay-colored stool. Depending on age child may be asymptomatic to mild symptoms.	**Fecal-Oral** Contaminated hand-to-mouth contact. Related to poor hygiene. Common source outbreaks have been related to infected foodservice workers, contaminated food or water. **Incubation** 28-30days range 15 – 50 days **Communicable** for 2 weeks before symptoms until 2 weeks after symptoms appear.	Hepatitis A vaccine and/or Immune globulin. Good handwashing. NO food service / cafeteria work until cleared. No sharing of food or drink.	Enforce handwashing protocols for ALL foodservice workers. Vaccine recommended for children living in US communities with consistently high hepatitis A rates. Notify local health department for assistance with investigation and protection of identified contacts. No home-prepared, unpackaged food from home shall be shared.

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Hepatitis B *Hepatitis B Virus* *Hepatitis B is an infection of the liver caused by the hepatitis B virus. The virus is completely different from hepatitis A and/or Hepatitis C.*	***Exclude: NO*** In general, unless in acute stage with restrictable symptoms i.e. jaundice, and may return when cleared by LHD. ***Restriction:*** See school guidelines for children with bloodborne infectons. ***Report: YES***	Only about 10% of children who become infected with HBV are symptomatic. Symptoms are similar to hepatitis A. Fever, malaise, anorexia, nausea, right upper quadrant pain and later jaundice (yellow color to skin and eyes), dark urine, or clay-colored stool.	**Bloodborne Pathogen** Exposure to blood, semen, vaginal secretion into bloodstream or under skin. Contact sports (football / wrestling) may pose a risk if exposed to blood or other potentially infectious body fluids. **Incubation** 45 –180 days **Communicable** Variable	Do not share personal items (toothbrushes, pierced earrings, etc.). Use caution in accident / blood situations. Vaccinate all children.	Hepatitis B is vaccine preventable. **All children should be vaccinated with 3 doses of hepatitis B vaccine.** Standard Precautions while dealing with blood or body fluids. Clean up blood spills immediately. Require parents to submit up-to-date immunization records. Report all exposures of body fluid contact to broken skin/ mucous membranes to Risk Management.
Hepatitis C *Hepatitis C Virus* *Hepatitis C is an infection of the liver caused by the hepatitis C virus. The virus is completely different from hepatitis A or hepatitis B*	***Exclude: NO*** ***Restriction:*** See school guidelines for children with bloodborne infections. ***Report: NO***	In an acute illness, symptoms are similar to hepatitis A. Fever, malaise, anorexia, nausea, right upper quadrant pain and later jaundice (yellow color to skin and eyes), dark urine, or clay-colored stool.	**Bloodborne Pathogen** *HCV is primarily parenterally transmitted. Sexual transmission has been documented to occur but is far less efficient or frequent than the parenteral route.* **Incubation** 7 – 9 weeks Range 2 – 24 weeks. **Communicable** from one or more weeks before symptoms and can be indefinite.	Do not share personal items (toothbrushes, pierced earrings, etc.). Use caution in accident or blood situations.	Clean up blood spills immediately. Standard Precautions while dealing with blood or body fluids. Report all exposures of body fluid contact to broken skin/ mucous membranes to Risk Management.
Impetigo *Staph or Strep skin infection*	***Exclude: YES,*** All open wounds must be covered by a bandage until dry and no longer draining. *May return after 24 hours of appropriate antibiotics.* ***AAP Redbook 2006 p. 612*** ***Restriction: YES,*** NO sport activities until lesions healed. ***Report: Outbreaks***	Skin lesions, (often around the mouth and nose) honey-colored crusts, itchy, sometimes purulent. Usually not painful, but spread may be rapid.	**Direct contact** with infectious drainage from wounds. Skin to skin. **Indirect contact** with articles contaminated with drainage. **Incubation** Variable, usually 4 – 10 days. **Communicable** as long as sores are open and draining, or until 24 hours of appropriate antibiotic treatment.	Cover wounds. Proper handwashing. Avoid touching lesions. No sharing personal items when lesions present. No contact sports (wrestling) with open lesions.	No foodservice duties while lesions are present. Good personal hygiene. Proper handwashing.

DISEASE / CONDITION COMMON NAME *MEDICAL TERMINOLOGY*	EXCLUDE RESTRICTION REPORT	SYMPTOMS	TRANSMISSION INCUBATION COMMUNICABILITY	PREVENTION PRECAUTIONARY MEASURES	RECOMMENDED SCHOOL CONTROL MEASURES
MEASLES *RUBEOLA* *"Hard Measles", "10-day measles"* HIGHLY CONTAGIOUIS	***EXCLUDE: YES***, may return 5 days after rash. ***REPORT: YES.*** Notify LHD immediately. ***EXCLUSION –*** **Contacts: *YES, IF INDEX CASE IS LAB CONFIRMED*** Any unimmunized child or adult should be offered immunization within 72 hours or excluded from facility until 21 days after the last case of measles occurs in facility.	Acute onset of fever, runny nose, reddened, light-sensitive eyes a very harsh cough, followed by a red-brown blotchy rash. (Starts at hairline and spread down). The hallmarks of Measles are: • *Cough* • *Coryza* • *Conjunctivitis* • *Koplik spots* - White spots in mouth.	**Airborne / Droplet** spread, direct contact with nasal or throat secretions of infected person, and direct contact with contaminated articles. **Incubation** 10 –14 days with range of 7 – 18 days. Usually 14 days until rash develops. **Communicable** 1 day before the prodrome period (about 4 days before rash onset) until 4 days after appearance of rash.	Vaccine recommended to individuals 12 months and older. Good Handwashing. Avoid touching sores. Cover mouth and nose when coughing, or sneezing.	Measles is vaccine preventable. **All children should be vaccinated.** Unimmunized students exempted from immunization because of medical or religious exemptions, if not immunized within 72 hours of exposure, should be excluded until at least 21 days after the onset of rash in the last case of measles. **Oregon Health Division, 10/2007. Measles guidelines.** Notify local health department for assistance with investigation and protection of identified contacts.
MENINGITIS, BACTERIAL *NEISSERIA MENINGITIDIS* *Meningococcal Disease*	***EXCLUDE: YES***, until cleared by local health department. ***RESTRICTION: NO*** ***REPORT: YES***	Acute bacterial disease of sudden onset of fever, intense headache, nausea often with vomiting, stiff neck and frequently a (tiny bruise-like) petechial rash.	**Airborne / Droplet** spread, with nasal or throat secretions of infected person. **Incubation** 3 – 4 days with range of 2 – 10 days. **Communicable** In general until 24 hours of appropriate antibiotic therapy.	Vaccine available for certain strains, (A,C,Y, and W-135) and **not** effective for the B-strain. Recommended for certain populations. Good Handwashing Cover mouth and nose when coughing, sneezing.	Notify local health department for assistance with investigation and protection of identified contacts. No sharing food, drink or eating utensils. Assist LHD with investigation and assessment of contacts. Antibiotics given to contacts **after** investigation by the LHD. Letters to parents as defined by LHD.
MENINGITIS, VIRAL *ASEPTIC MENINGITIS* *Meningitides are illnesses in which there is inflammation of the tissues that cover the brain and spinal cord. Viral (aseptic) meningitis, which is the most common type, is caused by an infection with one of several types of viruses.* ***CDC website*** *Often these occur seasonally in the late summer and early fall.*	***EXCLUDE:*** only for health reasons, not typically spread person to person. ***RESTRICTION: NO*** ***REPORT:*** Not required, but recommended for assistance with rumor control or education assistance.	Acute onset of fever, severe headache, stiff neck, bright lights hurt the eyes, drowsiness or confusion, and nausea and vomiting. ***Often the symptoms of bacterial and viral meningitis are the same. For this reason, if you think a child has meningitis, seek medical attention immediately.***	"The viruses that cause viral meningitis are contagious. However, most infected persons either have no symptoms or develop only a cold or rash with low-grade fever. Typically less than 1 out of every 1000 persons infected [*with viruses*] actually develop meningitis. Therefore, if you are around someone who has viral meningitis, you have a moderate chance of becoming infected, [*with the virus*] but a very small chance of developing meningitis." ***CDC website***	No specific treatment for viral meningitis. Most persons will recover completely. Doctors prescribe medicine to relieve fever and headache. Good handwashing and personal hygiene. Cover mouth and nose when coughing and sneezing.	Encourage good handwashing and personal hygiene. Cover mouth when coughing and sneezing. Careful disposal of used tissues.

DISEASE / CONDITION COMMON NAME MEDICAL TERMINOLOGY	EXCLUDE RESTRICTION REPORT	SYMPTOMS	TRANSMISSION INCUBATION COMMUNICABILITY	PREVENTION PRECAUTIONARY MEASURES	RECOMMENDED SCHOOL CONTROL MEASURES
MOLLUSCUM CONTAGIOSUM *"DIMPLE WARTS"* *Molluscum contagiosum is caused by a virus and usually causes a mild skin disease. The virus affects only the outer (epithelial) layer of skin and does not circulate throughout the body in healthy people.*	***EXCLUDE: NO*** ***RESTRICTION: NO*** ***REPORT: NO*** ***NOTIFY OTHERS: NO***	Small white, pink, or flesh-colored raised bumps or growths with a dimple or pit in the center. The bumps may appear anywhere on the body, alone or in groups. They are usually painless, although they may be itchy, red, swollen and/or sore.	**Direct Contact:** The virus that causes Molluscum is spread from person to person by touching the affected skin. **Indirect Contact:** The virus may also be spread by touching a surface with the virus on it, such as a towel, clothing, or toys. Molluscum usually disappears within 6 to 12 months without treatment and without leaving scars. Some growths may remain for up to 4 years.	Once someone has the virus, the bumps can spread to other parts of their body by touching or scratching a bump and then touching another part of the body. Molluscum can be spread from one person to another by sexual contact.	Molluscum contagiosum is not harmful and should not prevent a child from attending day care or school. Bumps not covered by clothing should be covered with a watertight bandage. Change the bandage daily or when obviously soiled. Although the virus might be spread by sharing swimming pools, baths, saunas, or other wet and warm environments, this has not been proven. Researchers who have investigated this idea think it is more likely the virus is spread by sharing towels and other items around a pool or sauna than through water.
MONONUCLEOSIS *EPSTEIN-BARR VIRUS*	***EXCLUDE: NO*** ***RESTRICTION:*** Contact sports should be avoided until fully recovered. ***REPORT: NO***	Fever, sore throat, swollen neck glands, fatigue, abdominal pain, headache, occasionally jaundice.	**Direct contact** with infectious body fluid (saliva). *The virus is viable outside the body for several hours, but the role of fomites in transmission is unknown.* **AAP Redbook 2006 p.286** **Incubation:** 30 – 50 days **Communicable** – May be weeks to months.	Rest and restriction of athletic activities are strongly advised.	No sharing of eating or drinking utensils. Good handwashing and personal hygiene. Contact sports should be avoided until fully recovered.
MUMPS	***EXCLUDE: YES,*** until 9 days after swelling. ***RESTRICTION: NO*** ***REPORT: YES***	Swelling of one or more of the salivary glands, usually the parotid glands. *Orchitis, swelling of the testicles, is a common complication after puberty, but sterility rarely occurs.* **AAP Redbook 2006 p 465**	**Direct contact** with infectious saliva and respiratory tract secretions. **Airborne droplets.** **Incubation:** 16-18 days range 12-25 **Communicable:** 6-7 days before onset; until 9 days after symptoms.	Vaccine preventable. Good handwashing and personal hygiene. Cover mouth and nose when coughing and sneezing.	During outbreak, students without vaccine history shall be excluded, and can be readmitted after immunization. Students exempted from immunization because of medical or religious exemptions, should be excluded until at least 26 days after the onset of mumps in the last person with mumps in the affected school. AAP Redbook 2006 p 468
MRSA AND STAPH SKIN INFECTIONS: *SEE SKIN INFECTIONS OR IMPETIGO*	**Clinically Staph and MRSA skin infections are indistinguishable. Use the following infection control precautions for staph skin infections:** • Wear gloves and practice Universal Precautions if examining lesions. Gloves should be removed after use, and handwashing performed before touching non-contaminated items and environmental surfaces and before tending to another student. • Follow routine procedures for cleaning the environment. In general, use routine procedures with a freshly prepared solution of commercially available cleaner such as detergent, disinfectant-detergent or chemical germicide. • Students and staff with a MRSA infection can attend school regularly as long as the wound is covered and they are receiving proper treatment. • Any open wounds should be covered with a clean, dry dressing **http://www.cdc.gov/Features/MRSainSchools/**				

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PERTUSSIS *WHOOPING COUGH* **www.pertussis.com** A good primer on pertussis sounds and coughing. *Audio file.*	***EXCLUDE: YES:*** Students and/or staff with pertussis should be excluded until either: 5 days of appropriate antibiotic treatment *or* for 21 days after onset of cough if not treated with antibiotics. ***RESTRICTION: NO*** ***REPORT: YES***	Cold-like symptoms with persistent irritating chronic cough. Whooping cough gets its name from the whooping sound the child makes when trying to breath after a coughing spell.	**Airborne:** Directly or indirectly by droplet spread. **Direct:** By contact with contaminated items. **Incubation:** 7-10 days with range of 5 –20 days. **Communicable:** Just before the cold-like state until 3 weeks after the paroxysmal state in untreated cases.	Vaccine preventable. Good handwashing and personal hygiene. Cover mouth and nose when coughing and sneezing. **Preventative antibiotics will be considered based upon epidemiological investigation of close contacts.**	Following exposure to pertussis, students and teachers should be observed for 21days for any new cough lasting greater than 7 days, or presenting with a paroxysmal (sudden, spasmodic) cough. Persons with above respiratory symptoms should be referred to physician pending evaluation and treatment.
PINK EYE *CONJUNCTIVITIS* Can be bacterial, viral or allergic reaction as causation.	***EXCLUDE: NO*** ***RESTRICTION: NO*** ***REPORT: NO***	Red, tearing, irritated eyes. Light sensitivity, eyelids puffy. Thick discharge.	**Direct or indirect contact** with eye discharge, or with contaminated articles. **Incubation: 24 – 72 hours** **Communicable:** 6 days before onset until 9 days after symptoms begun.	Avoid sharing personal articles (makeup) Discard eye makeup following illness Avoid rubbing eyes.	
PINWORMS *PARASITIC WORMS*	***EXCLUDE:*** In daycare settings, until 24 hours after treatment and seen by physician. ***RESTRICTION: NO*** ***REPORT: NO***	Intense rectal itching, Increases at night. Irritation from scratching. Irritability.	**Fecal-oral** direct transfer of eggs by hand to mouth. **Contact** with contaminated clothing and bedding. Eggs can survive up to 2 weeks away from human host. **Incubation:** 2 –6 weeks **Communicable:** 2 – 8 weeks unless reinfected.	Daily bathing and clean undergarments. Good handwashing and hygiene. Clean undergarments and bedding. Wash under fingernails, and keep nails trimmed short.	In settings with young children, wash toys in sanitizing cleaner. No home-prepared, unpackaged food from home shall be shared.
POISON OAK, IVY *CONTACT DERMATITIS* Poison Oak/ivy/sumac rash is not contagious. It is a localized allergic reaction to the plant oils. Plants, such as poison ivy, oak, or sumac, all produce a colorless, odorless sap, called *urushiol*. The skin rash is a reaction to this sap producing a burning, blistering rash.	***EXCLUDE: NO*** ***RESTRICTION: NO*** ***REPORT: NO***	Localized irritation, skin lesions, and burning, watery blisters. Prompt removal of irritating sap/oil off of clothing and skin is important.	Itchy rash caused by either touching the plant's shiny (oily) leaves, or by touching something the urushiol sap has touched. **Itching can be immediate or take up to several days to develop.**	Avoid poison ivy plants. Careful washing of affected area with soap and water to remove all irritant sap. Minimize scratching the rash, which can lead to secondary skin infections.	DO NOT burn the offending plant. The smoke can cause inhalation reactions.