



# School and Daycare Communicable Disease Reporting Handbook

How to Report  
Student Illnesses



**St. Clair County Health Department**

**3415 28<sup>th</sup> Street**

**Port Huron, MI 48060**

**(810) 987-5300**

**[www.scchealth.co](http://www.scchealth.co)**

## What is a Communicable Disease?

A communicable disease (CD) is an infectious illness which can result from either direct contact with an infected individual, an infected individual's discharge (such as mucous, saliva, feces, or body fluids), or by indirect contact (for example, through a mosquito bite).

## Why do Schools & Childcare Centers Have to Report Communicable Diseases?

Michigan Law requires schools and daycares to report the occurrence of any communicable disease to the local health department on a weekly basis.

**Act No. 368 of the Public Acts of 1978**  
**School and Communicable Disease Reporting**

Physicians, clinical laboratories, **primary and secondary schools, childcare centers, and camps** are required to report the occurrence or suspected occurrence of any disease, condition, or infection as identified in the Michigan Department of Health and Human Services (MDHHS) guidelines to the local health department on a weekly basis.

Communicable disease reports from all reporting entities are reviewed by staff at St. Clair County Health Department to look at trends of illnesses in the county. It is important for schools and daycares to report on a weekly basis for a number of reasons, including:

- ✓ To identify outbreaks and epidemics
- ✓ To enable preventive treatment and/or education
- ✓ To ensure the safety of the educational environment in schools
- ✓ To target prevention programs, identify care needs, and allocate resources efficiently
- ✓ To facilitate epidemiological research
- ✓ To assist with local, state, national, and international disease surveillance efforts

## Collecting Timely and Accurate Information

Timely and accurate disease reporting is essential to the health of St. Clair County and to local disease surveillance and prevention efforts. It is extremely important that all schools/daycares in St. Clair County comply with reporting requirements. In order to do this, the following steps should be implemented:

- ✓ Designate **one person at each school** to collect accurate communicable disease data daily.
- ✓ Train an alternate person to collect and report communicable disease data in case the primary person is absent.
- ✓ Submit communicable disease reports online or by fax to the St. Clair County Health Department **every Friday by 12 pm (including vacation weeks), *even if there are no diseases to report.***
- ✓ Notify St. Clair County Health Department **immediately** when report of an illness listed on the "List of Reportable Diseases" is received.
- ✓ Have a consistent manner of questioning parents about the child's illness.

- ✓ Educate parents on the importance of reporting illnesses to schools.
- ✓ Consider including education on the importance of accurate parental reporting of child's illness in a newsletter or on a website.
- ✓ Have a detailed school message requesting **specific information** regarding a child's absence.
- ✓ In an effort to receive accurate and consistent information from each school, St. Clair County Health Department suggests schools include the following directions in their message and when questioning a parent about a child's illness.
  1. **Describe the symptoms of the illness (vomiting, diarrhea, fever, rash, etc.).**
  2. **Report the type of illness if known.**
  3. **Leave a phone number where the parent/guardian can be reached or an address if there is no phone.**



If a case of any illness on the “List of Communicable Diseases” is reported, call the health department immediately at (810) 987-5300 and speak to a communicable disease nurse. If a communicable disease nurse is not available, leave a message with the name of the school, name of the student, the type of illness you are reporting, and contact information for the student and their doctor, if known.

To guarantee accurate and timely data collection electronic reporting is the **preferred method** of reporting.

### Instructions for Electronic Reporting

Web Address: [www.scchealth.co](http://www.scchealth.co)

- Under Quick Links select **School Reporting**.
- **Login for on-line reporting.**
- **Login: Using your assigned User ID and Password, enter the system.** If you do not have a User ID and Password, choose “Register” and complete the required information. Send email to [cczubachowski@stclaircounty.org](mailto:cczubachowski@stclaircounty.org) with your User ID for the account to be activated.
- **Select on-line reporting form.**
- **Select Week Ending Date from the drop down menu.** This should always be a Friday even if school ends on a different day that week.
- **Select school district and school name. Identify school, preschool or daycare.**
- **Key the total numbers of “Flu-Like Illness” cases** (according to the given definition-fever and any of the following symptoms: sore throat, cough, generalized aching in the back and limb muscles) that occurred in the previous week.
- **Key the total number of “Stomach Virus” cases** (according to the definition-diarrhea and/or vomiting for 24 to 48 hours) that occurred in the previous week.
- Do not count the same child more than once.
- Enter “o” if no cases occurred in the previous week.
- **Complete Individual Disease Reporting for all confirmed or suspected cases** identified on the “List of Communicable Diseases.”
  - ❖ A student needs to be entered only once for the duration of his/her illness unless the student presents with a new illness.
- If there were no diseases to report, check the appropriate box.
- **Complete “Submitted By” and phone number** with the name of the individual completing the form and their contact number.
- **Click “Submit Data”.**

### Instructions for Using the Fax Form for Reporting

The fax form can be found on page six of this handbook or online at [www.scchealth.co](http://www.scchealth.co) under Quick Links select School Reporting, then Printable Reporting Form.

**Submit all reports to St. Clair County Health Department by 12:00 pm on Friday even if there are no diseases to report!**

## List of Reportable Diseases

The following is a list of conditions required to be reported by schools, child-care centers, and camps. School personnel are not expected to be familiar with every disease listed below. However, this list should be available for quick reference whenever there is doubt as to whether a disease should be reported. **Call St. Clair County Health Department at (810) 987-5300 if you have ANY questions about these diseases. Ask for a communicable disease nurse.**

Anaplasma phagocytophilum (Anaplasmosis)	Francisella tularensis (Tularemia)	Neisseria meningitidis (Meningococcal Disease)
Arboviral encephalitides, neuro- and non-neuroinvasive:	Giardia species	Orthopox viruses (including: Smallpox, Monkeypox)
California serogroup, Eastern Equine, Powassan	Guillain-Barre Syndrome	Plasmodium species (Malaria)
St. Louis, Western Equine, West Nile	Haemophilus ducreyi (Chancroid)	Poliovirus
Babesia microti (Babesiosis)	Haemophilus influenzae	Prion disease (Including: CJD)
Bacillus anthracis (Anthrax)	Hantavirus	Rabies virus
Blastomyces dermatitidis (Blastomycosis)	Hemolytic Uremic Syndrome (HUS)	Rheumatic fever
Bordetella pertussis (Pertussis)	Hepatitis, viral:	Rickettsia species (Spotted Fever and Typhus Group)
Borrelia burgdorferi (Lyme Disease)	Hepatitis A virus	Rubella virus
Brucella species	Hepatitis B virus	Salmonella species
Burkholderia mallei (Glanders)	Hepatitis C virus	Salmonella typhi (Typhoid Fever)
Burkholderia pseudomallei (Melioidosis)	Hepatitis D virus	Severe Acute Respiratory Syndrome (SARS)
Campylobacter species	Hepatitis E virus	Shigella species
Chlamydia trachomatis	Histoplasma capsulatum (Histoplasmosis)	Staphylococcus aureus, (MRSA), outbreaks only
Chlamydomyxa psittaci (Psittacosis)	HIV	Staphylococcus aureus, (VISA/VRSA)
Clostridium botulinum (Botulism)	Influenza virus (Weekly aggregate counts)	Streptococcus pneumoniae
Clostridium tetani (Tetanus)	Pediatric mortality, report individual cases	Streptococcus pyogenes, group A
Coccidioides immitis (Coccidioidomycosis)	Novel Influenza viruses, report individual cases	Streptococcal Toxic Shock Syndrome (STSS)
Corynebacterium diphtheriae (Diphtheria)	Kawasaki Disease	*Toxic Shock Syndrome (non-Streptococcal)
Coxiella burnetii (Q Fever)	Legionella species	Treponema pallidum (Syphilis)
Cryptosporidium species	Leptospira species	Trichinella spiralis (Trichinellosis)
Cyclospora species	Listeria monocytogenes	Varicella (Chickenpox)
Dengue virus	Measles virus (Measles/Rubeola)	Vibriosis (Cholera):
Ehrlichia species	Meningitis: bacterial, viral, fungal, and parasitic	Vibrio cholera
Encephalitis, viral or unspecified	Mumps virus	Viral Hemorrhagic Fever
Entamoeba histolytica (Amebiasis)	Mycobacterium leprae (Leprosy or Hansen's disease)	Yellow fever virus
Escherichia coli	‡ Mycobacterium tuberculosis complex (Tuberculosis)	Yersinia enterocolitica (Yersiniosis)
<b>Any unusual occurrence, outbreak or epidemic</b>	Neisseria gonorrhoeae (Gonorrhea)	Yersinia pestis (Plague)

## Diseases That DO NOT Need to Be Reported

Conjunctivitis (Pink eye)	Scarlet fever	Hand, foot, and mouth disease
Roseola	Scabies	Impetigo
Mononucleosis (Mono)	Head lice	Ringworm
Strep throat	Fifth's disease	

**ST CLAIR COUNTY HEALTH DEPARTMENT  
MICHIGAN SCHOOL BUILDING WEEKLY REPORT OF COMMUNICABLE DISEASES TO LOCAL HEALTH DEPARTMENT**

According to Public Act 368, of 1978 as amended, the local health department shall be notified immediately of the occurrence of communicable disease (especially rash-like illness with fever). In addition to immediate notification by telephone, please include all occurrences on this form and submit to your local health department.

WEEK ENDING: \_\_\_\_ / \_\_\_\_ /20 SCHOOL NAME: \_\_\_\_\_  SCHOOL  PRE-SCHOOL  DAYCARE  
DISTRICT: \_\_\_\_\_

**REPORTING INSTRUCTIONS:** Please record all appropriate information and submit each **FRIDAY by 12PM** EVEN IF THERE ARE NO DISEASES TO REPORT: Fax completed forms to the health department at **810-985-4340**. Add additional sheets as necessary. Thank you.

**AGGREGATE CASE COUNT REPORTING:** Record total number of cases for flu-like illness and stomach virus below.

	NUMBER OF CASES	DEFINITION
FLU LIKE ILLNESS (APPARENT INFLUENZA*)		FLU LIKE ILLNESS is fever and any of the following symptoms: Sore throat, cough, generalized aching in the back or limb muscles. *Vomiting and diarrhea <u>alone</u> are <u>not</u> indications of influenza.
STOMACH VIRUS		STOMACH VIRUS is diarrhea and/or vomiting for 24 to 48 hours.

**INDIVIDUAL DISEASE REPORTING:** List complete information for ALL CONFIRMED OR SUSPECTED CASES of communicable diseases below if identified on the "List of Communicable Diseases." **In addition** to reporting on this form, call the health department at **(810) 987-5300 IMMEDIATELY** when the information becomes available regarding the student and give the information to a communicable disease nurse.

DISEASE	DATE 1 <sup>ST</sup> ABSENT	CHILD'S NAME		G R A D E	BIRTHDATE MM/DD/YYYY	CHILD'S ADDRESS/CITY/ZIP	PHONE NUMBER(S)	Race	DIAGNOSED BY (provide name if available of Dr., parent, teacher, etc.)
		FIRST	LAST						

PLEASE CHECK IF:  
 NO DISEASES TO REPORT THIS WEEK  
 SCHOOL CLOSED DUE TO ILLNESSES

SUBMITTED BY: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
TODAY'S DATE: \_\_\_\_\_

## Disease-Specific Information and Exclusion Guidelines

Disease	Mode of Spread	Symptoms	Incubation Period	Contagious Period	Contacts	Exclusions (subject to LHD approval)
<b>Campylobacteriosis</b>	Ingestion of under-cooked meat, contaminated food or water, or raw milk	Diarrhea (may be bloody), abdominal pain, malaise, fever	Average 2-5 days (range 1-10 days)	Throughout illness (usually 1-2 weeks, but up to 7 weeks without treatment)	Exclude with first signs of illness; encourage good hand hygiene	Exclude until diarrhea has ceased for at least 2 days; additional restrictions may apply
<b>Chickenpox (Varicella)</b> 	Person-to-person by direct contact, droplet or airborne spread of vesicle fluid, or respiratory tract secretions	Fever, mild respiratory symptoms, body rash of itchy, blister-like lesions, usually concentrated on the face, scalp, trunk	Average 14-16 days (range 10-21 days)	As long as 5 days, but usually 1-2 days before onset of rash and until all lesions have crusted	Exclude with first signs of illness; potential exclusion for those without documentation of immunity	Until lesions have crusted (for cases with non-crusting lesions: until lesions are fading or until no new lesions occur)
<b>CMV (Cytomegalovirus)</b>	Exposure to infectious tissues, secretions, or excretions	None or “mono-like”	1 month	Virus may be shed for 6 months to 2 years	If pregnant, consult OB; contacts should not be excluded	No exclusion necessary
<b>Common Cold</b>	Airborne or contact with respiratory secretions; person-to-person or by touching contaminated surfaces	Runny or stuffy nose, slight fever, watery eyes	Variable, usually 1-3 days	24hrs before onset to up to 5 days after onset	Encourage cough etiquette and good hand hygiene	No exclusion necessary
<b>Croup</b>	Airborne or contact with respiratory secretions	Barking cough, difficulty breathing	Variable based on causative organism	Variable based on causative organism	Encourage cough etiquette and good hand hygiene	No exclusion necessary
<b>Diarrheal Illness* (Unspecified)</b>	Fecal-oral: person-to-person, ingesting contaminated food or liquid, contact with infected animals	Loose stools; potential for fever, gas, abdominal cramps, nausea, vomiting	Variable based on causative organism	Variable based on causative organism	Exclude with first signs of illness; encourage good hand hygiene	Exclude until diarrhea has ceased for 24h or until medically cleared
<b><i>E. coli</i> (Shiga toxin-producing)</b>	Fecal-oral: person-to-person, from contaminated food or liquids, contact with infected animals	Abdominal cramps, diarrhea (may be bloody), may include gas, nausea, fever or vomiting	Variable, usually 2-10 days	For duration of diarrhea until stool culture is negative	Exclude with first signs of illness; encourage good hand hygiene	Medical clearance required; also, exclude until diarrhea has ceased for at least 2 days; additional restrictions may apply
<b>Fifth Disease (Erythema infectiosum) (Parvovirus B19)</b>	Person-to-person; Contact with respiratory secretions	Fever, flushed, lacy rash (“slapped cheek”)	Variable, usually 4-20 days	Most infectious before 1-2 days prior to onset	If pregnant, consult OB; encourage good hand hygiene; do not share eating utensils	No exclusion if rash is diagnosed as Fifth disease by a healthcare provider

Disease	Mode of Spread	Symptoms	Incubation Period	Contagious Period	Contacts	Exclusions (subject to LHD approval)
<b>Giardiasis</b>	Person-to-person transmission of cysts from infected feces; contaminated water	Diarrhea, abdominal cramps, bloating, fatigue, weight loss, pale, greasy stools; may be asymptomatic	Average 7-10 days (range 3-25+ days)	During active infection	Encourage good hand hygiene	Exclude until diarrhea has ceased for at least 2 days; may be relapsing; additional restrictions may apply
<b>Hand Foot and Mouth Disease</b> (Coxsackievirus) (Herpangina)	Contact with respiratory secretions or by feces from infected person	Sudden onset of fever, sore throat, cough, tiny blisters inside mouth, throat and on extremities	Average 3-5 days (range 2-14 days)	From 2-3 days before onset and several days after onset; shed in feces for weeks	Exclude with first signs of illness; encourage cough etiquette and good hand hygiene	If secretions from blisters can be contained, no exclusion required
<b>Head lice</b> (Pediculosis)	Head-to-head contact with an infected person and/or their personal items such as clothing or bedding	Itching, especially nape of neck and behind ears; scalp can become pink and dry; patches may be rough and <b>flake off</b>	1-2 weeks	Until lice and viable eggs are destroyed, which generally requires 1-2 shampoo treatments and nit <b>combing</b>	Avoid head-to-head contact during play; do not share personal items, such as hats, combs; inspect close <b>contacts frequently</b>	Students with live lice may stay in school until end of day; immediate treatment at home is advised; see <a href="#">Head Lice Manual</a>
<b>Hepatitis A</b> 	Fecal-oral; person-to-person or via contaminated food or water	Loss of appetite, nausea, fever, jaundice, abdominal discomfort, diarrhea, dark urine, fatigue	Average 25-30 days (range 15-50 days)	2 weeks before onset of symptoms to 1 to 2 weeks after onset	Immediately notify your LHD regarding evaluation and treatment of close contacts; encourage good hand hygiene	Exclude until at least 7 days after jaundice onset and medically cleared; exclude from food handling for 14 days after onset
<b>Herpes simplex I, II</b> (cold sores / fever blisters) (genital herpes)	Infected secretions HSV I – saliva HSV II – sexual	Tingling prior to fluid-filled blister(s) that recur in the same area (mouth, nose, genitals)	2-14 days	As long as lesions are present; may be intermittent shedding while asymptomatic	Encourage good hand hygiene and age-appropriate STD prevention; avoid blister secretions; do not share personal items	No exclusion necessary
<b>Impetigo</b> (Impetigo contagiosa)	Direct or indirect contact with lesions and their discharge	Lesions/blisters are generally found on the mouth and nostrils; occasionally near eyes	Variable, usually 4-10 days, but can be as short as 1-3 days	While sores are draining	Exclude with first signs of illness; encourage good hand hygiene	Exclude until under treatment for 24hrs and lesions are healing; cover lesions
<b>Influenza*</b> <b>(influenza-like illness)</b> 	Droplet or contact with respiratory secretions (sneeze and cough, touching contaminated surfaces)	High fever, fatigue, cough, muscle aches, sore throat, headache, runny / stuffy nose; vomiting and diarrhea infrequently reported	1-4 days	1 day prior to onset of symptoms to 1 week or more after onset	Exclude with first signs of illness; encourage cough etiquette and good hand hygiene	Exclude until 24hrs after fever has resolved (without fever-reducing medication) and cough has subsided

Disease	Mode of Spread	Symptoms	Incubation Period	Contagious Period	Contacts	Exclusions (subject to LHD approval)
<b>Measles (Rubeola)</b> <b>(Hard/red measles)</b> 	Contact with nasal or throat secretions; airborne via sneezing and coughing	High fever, runny nose, cough, red, watery eyes, followed by rash first on face, then spreading over body	Average 10-12 days (range 7-21 days) from exposure to fever onset	4 days before to 4 days after rash onset	Exclude those without documentation of immunity	Exclude until 4 days after rash onset
<b>Meningitis (Aseptic/viral)</b>	Varies with causative agent: droplet or fecal-oral route; may be complications of another illness	Severe headache, stiff neck and back, vomiting, fever, intolerance to light, neurologic symptoms	Varies with causative agent	Varies with causative agent, but generally 2-14 days	Encourage cough etiquette and good hand hygiene	Exclude until medically cleared
<b>Meningitis (Bacterial)</b> <b>(<i>N. meningitidis</i>)</b> <b>(<i>H. influenzae</i>)</b> <b>(<i>S. pneumoniae</i>)</b> 	Contact with saliva or nasal and throat secretions; spread by sneezing, coughing, and sharing beverages or utensils	Severe headache, stiff neck and back, vomiting, fever, irritability, intolerance of light, neurologic symptoms; rash is possible	Average 2-4 days (range 1-10 days)	Generally considered no longer contagious after 24hrs of antibiotic treatment	Immediately notify your LHD; encourage good hand hygiene; do not share personal items and eating utensils	Medical clearance required; exclude until 24hrs after antimicrobial treatment
Mononucleosis	Person-to-person via saliva	Fever, sore throat, fatigue, swollen lymph nodes, enlarged spleen	30-50 days	Prolonged, possibly longer than 1 year	Do not share personal items	Exclude until able to tolerate activity; exclude from contact sports until recovered
<b>MRSA (Methicillin-resistant <i>Staphylococcus aureus</i>)</b>	Transmitted by skin-to-skin contact and contact with surfaces that have contacted infection site drainage	Fever may be present; commonly a lesion; may resemble a spider bite and be swollen, painful with drainage; a non-symptomatic carrier state is possible	Varies	As long as lesions are draining; MRSA is frequently found in many environments; handwashing is the best way to avoid infection	Encourage good hand hygiene; do not share personal items, including but not limited to towels, washcloths, clothing and uniforms	No exclusion if wound is covered and drainage contained; exclusion from contact sports / swim until medical clearance
<b>Mumps</b> 	Airborne or direct contact with saliva	Swelling of 1 or more salivary glands (usually parotid); chills, fever, headache are possible	Average 16-18 days (range 12-25 days)	Up to 7 days prior to and 8 days after parotitis onset	Exclude those without documentation of immunity	Exclude until 5 days after onset of salivary gland swelling
<b>Norovirus*</b> <b>(viral gastroenteritis)</b>	Food, water or surfaces contaminated with vomit or feces, person-to-person, aerosolized vomit	Nausea, vomiting, diarrhea, abdominal pain for 12-72hrs; possibly low-grade fever, chills, headache	Average 24-48hrs (range: 12-72hrs)	Usually from onset until 2-3 days after recovery; typically, virus is no longer shed after 10 days	Encourage good hand hygiene; contact LHD for environmental cleaning recommendations	Exclude until diarrhea has ceased for at least 2 days; exclude from food handling for 3 days after recovery

Disease	Mode of Spread	Symptoms	Incubation Period	Contagious Period	Contacts	Exclusions (subject to LHD approval)
Pink Eye (conjunctivitis)	Discharge from eyes, respiratory secretions; from contaminated fingers, shared eye make-up applicators	Bacterial: Often yellow discharge in both eyes Viral: Often one eye with watery/clear discharge and significant redness Allergic: itchy eyes with watery discharge	Variable but often 1-3 days	During active infection (range: a few days to 2-3 weeks)	Exclude with first signs of illness; encourage good hand hygiene	Bacterial: exclude until 24hrs after microbial therapy  Viral or allergic: no exclusion necessary
<b>Rash Illness (Unspecified)</b>	Variable depending on causative agent	Skin rash with or without fever	Variable depending on causative agent	Variable depending on causative agent	Variable depending on causative agent	Exclude until rash has subsided or until medically cleared
Respiratory Illness (Unspecified)	Contact with respiratory secretions	Slight fever, sore throat, cough, runny or stuffy nose	Variable but often 1-3 days	Variable depending on causative agent	Encourage cough etiquette and good hand hygiene	Exclude if child has fever over 100 F until fever free for 24hrs without fever-reducing medication
Ringworm (Tinea)	Direct contact with an infected animal, person, or contaminated surface	Round patch of red, dry skin with red raised ring; temporary baldness	Usually 4-14 days	As long as lesions are present and fungal spores exist on materials	Inspect skin for infection; do not share personal items; seek veterinary care for pets with signs of skin disease	Exclude until 24hrs of treatment; exclude from contact sports / swimming until treatment has been initiated
<b>Rubella (German Measles)</b> 	Direct contact; contact with respiratory secretions; airborne via sneeze and cough	Red, raised rash for ~3 days; possibly fever, headache, fatigue, red eyes	Average 16-18 days (range: 14-21 days)	7 days before to 7 days after rash onset	If pregnant, consult OB; exclude those without documentation of immunity	Exclude until 7 days after onset of rash
<b>Salmonellosis</b>	Fecal-oral: person-to-person, contact with infected animals or via contaminated food	Abdominal pain, diarrhea (possibly bloody), fever, nausea, vomiting, dehydration	Average 12-36hrs (range: 6hrs-7 days)	During active illness and until organism is no longer detected in feces	Exclude with first signs of illness; encourage good hand hygiene	Exclude until diarrhea has ceased for at least 2 days; additional restrictions may apply
Scabies	Close, skin-to-skin contact with an infected person or via infested clothing or bedding	Extreme itching (may be worse at night); mites burrowing in skin cause rash / bumps	2-6 weeks for first exposure; 1-4 days for re-exposure	Until mites are destroyed by chemical treatment; prescription skin and oral medications are generally effective after one treatment	Treat close contacts and infected persons at the same time; exclude with first signs of illness; avoid skin-to-skin contact; do not share personal items	Until treatment is completed; see <a href="#">MDCH Scabies Prevention and Control Manual</a>

<b>Disease</b>	<b>Mode of Spread</b>	<b>Symptoms</b>	<b>Incubation Period</b>	<b>Contagious Period</b>	<b>Contacts</b>	<b>Exclusions</b> (subject to LHD approval)
<b>Shigellosis</b>	Fecal-oral: frequently person-to-person; also via contaminated food or water	Abdominal pain, diarrhea (possibly bloody), fever, nausea, vomiting, dehydration	Average 1-3 days (range 12-96hrs)	During active illness and until no longer detected; treatment can shorten duration	Exclude with first signs of illness; encourage good hand hygiene	Medical clearance required; also, exclude until diarrhea has ceased for at least 2 days; additional restrictions may apply
Strep throat / Scarlet Fever	Respiratory droplet or direct contact; via contaminated food	Sore throat, fever; Scarlet Fever: body rash and red tongue	Average 2-5 days (range 1-7 days)	Until 24hrs after treatment; (10-21 days without treatment)	Exclude with signs of illness; encourage good hand hygiene	Exclude until 24hrs after antimicrobial therapy
<b>Streptococcus pneumoniae</b> 	Contact with respiratory secretions	Variable: ear infection, sinusitis, pneumonia or meningitis	Varies; as short as 1-3 days	Until 24hrs after antimicrobial therapy	Consult your LHD to discuss the potential need for treatment	Exclude until 24hrs after antimicrobial therapy
<b>Tuberculosis (TB)</b>	Airborne; spread by coughing, sneezing, speaking or singing	Fever, fatigue, weight loss, cough (lasting 3+ weeks), night sweats, loss of appetite	2-10 weeks	While actively infectious	Consult your LHD to discuss for evaluation and potential testing of contacts	Exclude until medically cleared
<b>Typhoid fever (Salmonella typhi)</b>	Fecal-oral: person-to-person, ingestion of contaminated food or water (cases are usually travel-related)	Gradual onset of fever, headache, malaise, anorexia, cough, abdominal pain, rose spots, diarrhea or constipation, change in mental status	Average range: 8-14 days (3-60 days reported)	From first week of illness through convalescence	Consult your LHD for evaluation of close contacts	Medical clearance required; also, exclude until symptom free; additional restrictions will apply
<b>Whooping Cough (Pertussis)</b> 	Contact with respiratory secretions	Initially cold-like symptoms, later cough; may have inspiratory whoop, posttussive vomiting	Average 7-10 days (range 5-21 days)	With onset of cold-like symptoms until 21 days from onset (or until 5 days of treatment)	Consult your LHD to discuss the potential need for treatment	Exclude until 21 days after onset or until 5 days of appropriate treatment
<b>West Nile Virus</b>	Bite from an infected mosquito	High fever, nausea, headache, stiff neck	3-14 days	Not spread person-to-person	Protect against bites using EPA approved insect repellents	No exclusion necessary

All diseases in **bold** are to be reported to St. Clair County Health Department

\*Report only aggregate number of cases for these diseases  
 Vaccination is highly encouraged to prevent or mitigate disease