School and Daycare Communicable Disease Reporting Handbook

2025-2026v2

How to Report Student Illnesses

St. Clair County Health Department

220 Fort Street

Port Huron, MI 48060

(810) 987-5300

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 within 24 hours.

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 trends, 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 inform epidemiological practice and research
- ✓ To evaluate the success of long-term control efforts
- ✓ 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 and who made the diagnosis (doctor, parent, etc.).**
    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, student demographic information including full name, date of birth, grade, classroom, street address along with zip code, name of parent/guardian and phone number(s), the type of illness you are reporting, and contact information for the student and their doctor, if known. COVID-19 and Influenza cases are excluded from the phone call requirement.

To guarantee accurate and timely data collection, electronic reporting is the **preferred method** of submitting the end of the week report.

Schools have an obligation to cooperate with public health investigations of cases and contacts identified within the student population:

An investigator who presents official identification of the local health department shall promptly be provided with medical, epidemiologic, and other information pertaining to any of the following:

- ✓ Individuals who have designated conditions or other conditions of public health significance.
- ✓ Individuals, whether ill or well, who are part of a group in which an unusual occurrence, outbreak, or epidemic has occurred.
- ✓ Individuals who are not known to have a designated condition but whose medical or epidemiological information is needed for investigation into the cause of the occurrence of the condition.
- ✓ Individuals who were potentially exposed to a designated condition.

Local health departments may require exclusion from school for individuals or groups of students suspected to have a communicable disease:

- ✓ When a school official reasonably suspects that a student has a communicable disease except for AIDS, HIV infection, and non-communicable diseases, the official may exclude the student for a period sufficient to obtain a determination by a physician or local health officer as to the presence of a communicable disease.
- ✓ The local health officer may initiate the exclusion from school or group programs of a student or individual who has a communicable disease. A student or individual may be returned to school or a group program when a physician or local health officer indicates that the excluded individual does not represent a risk to other individuals.
- ✓ When a local health officer confirms or reasonably suspects that a student or individual attending school or a group program has a communicable disease, the health officer may, as a disease control measure, exclude from attendance any individuals lacking documentation of immunity or otherwise considered susceptible to the disease until such time as the health officer deems there to be no likely further risk of disease spread.

COVID-19 Reporting: All schools must report, at a minimum, COVID-19 aggregate counts of cases in staff and students to the LHD weekly (R 325.173 part 9).

Please utilize the aggregate box via the online reporting form OR the faxable form to enter total counts of COVID-19 in staff and students.

Unique situations may arise where the LHD may request identifiable information; the school should be able to provide:

- Full name
- DOB
- Grade
- Class
- Street address
- Name of parent/guardian
- Phone number
- The date of first absence and who identified the disease (e.g., healthcare provider, parent/guardian)

It is recommended that schools keep their own record of individual-level, identifiable information on these cases.

Instructions for Electronic Reporting

Web Address: www.scchealth.co

- **Click on the hamburger icon (top left corner). This is the hamburger icon:**
- **A drop-down list will appear, choose "Quick Links"**
- **Select School Reporting from the left side of the screen.**
- **Choose "Click Here" for online reporting**
- **The reporting form will now be displayed and data can be entered by any chosen school staff member.**
- **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 either Preschools/Daycares or school district from drop-down box. Choose name of facility. Identify school, preschool, or daycare.**
- **Submitted by: Enter your name (person completing reporting) along with telephone number/extension, and email.**
- **Check "No diseases to report" only if there are no diseases, including Influenza, COVID-19, and GI cases. If there are cases to report, choose "next page".**
- **Key in the total numbers of "Flu-Like Illness"** cases (according to the given definition-fever and cough and/or sore throat without a known cause).
- **Key in the total number of "Stomach Virus"** cases (according to the definition-diarrhea and/or vomiting for at least 24 hours that occurred during the week.
- **Key in the total number of COVID-19 cases in students AND staff** by adding a note in the "comment box" at the bottom of the online reporting forum.
- Do not count the same child more than once.
- Enter "0" if no cases occurred in the previous week.
- **Choose yes/no if there are additional diseases to report. Complete Individual Disease Reporting for all confirmed or suspected cases** identified on the "List of Communicable Diseases." Provide all known information on student.
    - ❖ A student needs to be entered only once for the duration of his/her illness unless the student presents with a new illness.
- **Add additional comments, if applicable, to the comment box. Click "Next" to submit data. One report is received, final message states: "We thank you for your time spent taking this survey. Your response has been recorded."**

Instructions for Using the Fax Form for Reporting:

The faxable form can be found on page seven of this handbook or online at www.scchealth.co. **Click hamburger icon (top left corner), select Quick Links, then School Reporting, and 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.**

Acute flaccid myelitis
Anaplasmosis
Anthrax
Arboviral encephalitides, neuro- and non-neuroinvasive: Chikungunya, Eastern Equine, Jamestown Canyon, La Crosse, Powassan, St. Louis, West Nile, Western Equine, Zika
Babesiosis
Blastomycosis
Botulism
Brucellosis
Campylobacteriosis
Candidiasis
Carbapenemase resistant-Producing Organisms
Chancroid (Haemophilus ducreyi)
Chickenpox / Varicella
Chlamydial infections
Cholera
Coccidiomycosis
Coronaviruses, Novel (SARS, MERS-CoV, COVID-19*)
Cronobacter sakazakii (infants <1 year)
Cryptosporidiosis
Cyclosporiasis
Dengue Fever
Diphtheria (Corynebacterium diphtheriae)
Ehrlichiosis
Encephalitis, viral or unspecified
Escherichia coli, O157:H7 & other Shiga toxin positive serotypes
Giardiasis
Glanders
Gonorrhea
Guillain-Barre Syndrome
Haemophilus influenzae
Hantavirus
Hemolytic Uremic Syndrome
Hemorrhagic Fever Viruses
Hepatitis A virus
Hepatitis B virus
Hepatitis C virus
Histoplasmosis
HIV
Influenza virus (weekly aggregate counts)
Pediatric mortality, report individual cases
Novel influenza viruses, report individual cases
Kawasaki Disease
Legionellosis
Leprosy or Hansen's disease
Leptospirosis
Listeriosis
Lyme disease (Borrelia burgdorferi)
Malaria
Measles (Measles/Rubeola virus)
Melioidosis
Meningitis: bacterial, viral, fungal, parasitic and amebic
Meningococcal Disease
Multisystem Inflammatory Syndrome in children & adults
Mumps
Orthopox viruses (including Smallpox, Mpox)
Pertussis
Plague
Polio
Prion disease (including CJD)
Psittacosis
Q fever
Rabies
Rabies potential exposure
Rubella
Salmonellosis
Shigellosis
Spotted Fever
Staphylococcus aureus (MRSA), outbreaks only
Staphylococcus aureus, vancomycin intermediate/ resistant
Streptococcus pneumoniae
Streptococcus pyogenes, group A, sterile sites
Syphilis
Tetanus
Toxic Shock Syndrome
Trichinellosis (Trichinella spiralis)
Tuberculosis
Tularemia
Typhoid Fever and Paratyphoid Fever
Vibriosis (Non-cholera species)
Yellow Fever
Yersiniosis

***COVID-19 is a reportable disease. Students & teachers should be reported as an aggregate number weekly. Please see page 4 for additional information.**

Any unusual occurrence, outbreak or epidemic

Diseases That Usually DO NOT Need to Be Reported:

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

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: ____/____/____ **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 **810-987-3062**. Add additional sheets as necessary. Thank you.

AGGREGATE CASE COUNT REPORTING: Record total number of cases for flu-like illness, stomach virus, and COVID-19 below.

FLU LIKE ILLNESS (fever and cough and/or sore throat without a known cause)	Number of Cases:
STOMACH VIRUS (diarrhea and/or vomiting for at least 24 hours)	Number of Cases:
COVID-19 (reported cases in both students & staff)	Number of Cases:

INDIVIDUAL DISEASE REPORTING: List complete information for ALL CONFIRMED OR SUSPECTED CASES of communicable diseases below if identified on the "List of Reportable 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 1ST ABSENT	CHILD'S NAME FIRST	CHILD'S NAME LAST	GRADE	BIRTHDATE MM/DD/YYYY	CHILD'S ADDRESS/CITY/ZIP	PHONE NUMBER(S)	Race	DIAGNOSED BY (provide name if available of Dr., parent, teacher, etc.)

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

All diseases in **bold** are to be reported to your local health department

No fever = no fever without the use of fever-reducing medication

Disease	Mode of Spread	Symptoms	Incubation Period	Contagious Period	Contacts	Exclusions (Subject to LHD approval)
Adenovirus	Droplet; contact with respiratory secretions, contaminated surfaces, or stool	Fever, cough, runny nose, sore throat, bronchitis, pneumonia, conjunctivitis, vomiting, diarrhea	Respiratory: 2-14 days Intestinal: 3-10 days	Most contagious during the first few days of symptoms; can be shed for weeks	Exclude with first signs of illness; encourage good hand hygiene	Exclude until 24hr with no fever **and** symptoms improving
Campylobacteriosis†	Ingesting raw milk, undercooked meat, contaminated food / water; animal contact	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
Chickenpox ** † (Varicella)** 	Person-to-person by direct contact, droplet or airborne spread of vesicle fluid, or respiratory 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 contacts lacking documentation of immunity until 21 days after last case onset	Until lesions crusted and no new lesions for 24hr (for non-crusting lesions: until lesions are fading and no new lesions appear)
CMV (Cytomegalovirus)	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
Common Cold	Person-to-person; droplet or airborne respiratory secretions; 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	Exclude until 24hr with no fever **and** symptoms improving
***COVID-19 ǂ** 	Airborne or contact with respiratory secretions; person-to-person or by touching contaminated surfaces	Fever, sore throat, shortness of breath, difficulty breathing, cough, runny nose, congestion, fatigue, vomiting, diarrhea	Average 5 days (Range 2-14 days)	2 days prior to symptom onset and potentially after symptom resolution	Monitor health; test if symptoms develop	Exclude until 24hr with no fever **and** symptoms have improved.
Croup	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	Exclude until 24hr with no fever **and** symptoms improving
Diarrheal Illness (Unspecified)	Fecal-oral: person-to-person, ingesting contaminated food or liquid, animal contact	Loose stools, nausea, vomiting, abdominal cramps, fever possible	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

Disease	Mode of Spread	Symptoms	Incubation Period	Contagious Period	Contacts	Exclusions (Subject to LHD approval)
E. coli ǂ (Shiga toxin-producing)	Fecal-oral: person-to-person, from contaminated food or liquid, animal contact	Abdominal cramps, diarrhea (may be bloody), 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; Exclude until diarrhea has ceased for at least 2 days
Fifth Disease (Erythema infectiosum) (Parvovirus B19)	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
Giardiasis ǂ**	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
Hand Foot and Mouth Disease** (Coxsackievirus) (Herpangina)	Contact with respiratory secretions or feces from an infected person	Sudden onset of fever, sore throat, cough, tiny blisters in 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
Head lice (Pediculosis)	Head-to-head contact with an infected person and/or their personal items such as clothing or bedding Head Lice Manual	Itching, especially nape of neck and behind ears; scalp can be pink and dry; patches may be rough and flake off	1-2 weeks	Until lice and viable eggs are destroyed, which generally requires 1-2 shampoo treatments and nit combing	Avoid head-to-head contact during play; do not share personal items, such as hats, combs; inspect close contacts frequently	Students with live lice may stay in school until end of day; immediate treatment at home is advised
Hepatitis A ǂ** 	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 LHD regarding evaluation and treatment of close contacts; encourage good hand hygiene	Exclude until 7 days after jaundice onset and medically cleared; exclude from food handling for 14 days
Herpes simplex I, II (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 hand hygiene and age-appropriate STD prevention; do not share personal items; avoid blister secretions	No exclusion necessary
Impetigo (Impetigo contagiosa)	Direct or indirect contact with lesions and their discharge	Lesions/blisters are generally found on the mouth and nostrils and occasionally near eyes	Variable, usually 4-10 days, but can be as short as 1-3 days	While sores are draining	Encourage good hand hygiene	Cover lesions; can delay treat until day's end; no exclusion if treatment started before next day

Disease	Mode of Spread	Symptoms	Incubation Period	Contagious Period	Contacts	Exclusions (Subject to LHD approval)
***Influenza** (influenza-like illness)** 	Droplet; contact with respiratory secretions or contaminated surfaces)	High fever, fatigue, sore throat, cough, aches, runny nose, headache;	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 with no fever and cough has subsided
Measles** ǂ **(Rubeola)**  **(Hard/red measles)**	Contact with nasal or throat secretions; airborne via sneezing and coughing	High fever, runny nose, cough, red, watery eyes, followed by rash on face, then body	Average 10-12 days (range 7-21 days) from exposure to fever onset	4 days before to 4 days after rash onset	Exclude contacts lacking documentation of immunity until 21 days after last onset	Cases: Exclude until 4 days after rash onset
Meningitis** ǂ **(Aseptic/viral)**	Varies with causative agent: droplet or fecal oral route; may result from another illness	Severe headache, stiff neck or back, vomiting, fever, light intolerance, 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
Meningitis** ǂ **(Bacterial)** **(*N. meningitis*)** **(*H. influenzae*)** ***(S. pneumoniae)***	Contact with respiratory secretions; spread by sneezing, coughing, and sharing beverages or utensils	Severe headache, fever, stiff neck or back, vomiting, irritability, light sensitivity, rash, neurologic symptoms;	Average 2-4 days (range 1-10 days)	Generally considered no longer contagious after 24hrs of antibiotic treatment	Immediately notify LHD; encourage good hand hygiene; do not share personal items and eating utensils	Medical clearance required; exclude until 24hrs after antimicrobial treatment
Molloscum contagiosum	Transmitted by skin-to-skin contact and through handling contaminated objects	Smooth, firm, flesh-colored papules (bumps) with an indented center	Usually between 2 and 7 weeks	Unknown but likely as long as lesions persist	Do not share personal items	No exclusion necessary
Mpox virus (MPV) ǂ	Close contact (e.g., skin-to-skin); respiratory secretions or surfaces	Rash (several stages, with scabs), fever, chills, swollen lymph nodes, aches, sore throat	21 days	From onset until the rash has completely healed	Monitor for signs or symptoms and exclude with first signs of illness	Exclude until scabs have fallen off, and a fresh layer of skin has formed (~2-4 weeks)
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
MRSA** (Methicillin-resistant *Staphylococcus aureus)*	Transmitted by skin-to-skin contact and contact with surfaces that have contacted infection site drainage	Possibly fever; lesion may resemble a spider bite (swollen, draining, painful); asymptomatic carriage is possible	Varies	As long as lesions are draining; found in the environment; good hand hygiene is the best way to avoid infection	Encourage good hand hygiene; do not share personal items such as towels, washcloths, clothing, and uniforms	No exclusion if covered and drainage contained; No swim exclusion if covered by waterproof bandage
Mumps** ǂ 	Transmitted by respiratory droplets or direct contact with saliva	Salivary gland swelling (usually parotid); chills, fever, headache	Average 16-18 days (range 12-25 days)	7 days prior to and 8 days after parotitis onset	Exclude contacts lacking documentation of immunity until 25 days after last onset	Exclude until 5 days after onset of salivary gland swelling

Disease	Mode of Spread	Symptoms	Incubation Period	Contagious Period	Contacts	Exclusions (Subject to LHD approval)
Norovirus* **(viral gastroenteritis)**	Food, water, 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 illness has ceased for at least 2 days; exclude from food handling for 3 days after recovery
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 redness Allergic: itchy eyes with watery discharge	Variable but often 1-3 days	During active infection (range: a few days to 2-3 weeks)	Encourage good hand hygiene	Exclude only if herpes simplex conjunctivitis and eye is watering; exclusion also may be necessary if 2 or more children have watery, red eyes; contact LHD
Poliomyelitis ǂ **(polio)** 	Contact with the feces of an infected person (or less often, from respiratory droplets)	Most asymptomatic; 25%: flu-like symptoms e.g., sore throat, fatigue fever, headache; rarely meningitis or paralysis	Nonparalytic: 3-6 days; Paralysis: usually 7-21 days	Most risk 7-10 days before / following onset; possible while virus is excreted; Asymptomatic transmission possible.	Exclude contacts lacking documentation of immunity	At least 14 days from onset and until 2 stool samples taken 7 days apart are negative.
Rash Illness (Unspecified)	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 if fever, change in behavior. May need clearance.
Respiratory Illness (Unspecified)	Contact with respiratory secretions	Fever, sore throat, cough, runny nose	Variable but often 1-3 days	Variable depending on causative agent	Promote cough etiquette and good hand hygiene	Exclude until fever free for 24hrs
Respiratory Syncytial Virus (RSV)	Droplet; contact with respiratory secretions or contaminated surfaces	Fever, sore throat, cough, wheezing, runny nose, sneezing, fever; may appear in stages; may cause bronchiolitis, pneumonia	Average 4-6 days (range: 2-8 days)	Usually 3-8 days, beginning ~ 1 day before onset; infants and immunocompromised people can spread the virus for 3-4 weeks	Promote hand hygiene and cough etiquette	Exclude until fever free for 24hrs. Note: cough often lasts as long as 3 weeks.
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	Can delay treatment until day's end; no exclusion if treatment started before next day; exclude from contact sports, swim until treatment start
Rubella** ǂ **(German Measles)** 	Direct contact; contact with respiratory secretions; airborne (e.g., sneeze)	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 contacts lacking documentation of immunity until 21 days after last onset	Exclude until 7 days after onset of rash

Disease	Mode of Spread	Symptoms	Incubation Period	Contagious Period	Contacts	Exclusions (Subject to LHD approval)
Salmonellosis ǂ	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 infected person or via infested clothing or bedding Scabies Prevention and Control Manual	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 killed by appropriate treatment; prescription skin and oral medications are generally effective after one treatment	Treat close contacts and infected persons at the same time; avoid skin-to-skin contact; do not share personal items; see exclusions	Treatment may be delayed until end of the day; if treatment started before next day's return, no exclusion necessary
Shigellosis** ǂ	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	Exclude until diarrhea has ceased for at least 2 days; Medical clearance required
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 12hrs after treatment; (10-21 days without treatment)	Exclude with signs of illness; encourage good hand hygiene	Exclude until 12hrs after antimicrobial therapy (2+ doses)
Streptococcus pneumoniae ǂ	Contact with respiratory secretions	Varies: ear infection, pneumonia, meningitis	Varies; as short as 1-3 days	Until 24hrs after antimicrobial therapy	Consult LHD to discuss any need for treatment	Exclude until 24hrs after antibiotics
Tuberculosis (TB) ǂ	Airborne; spread by coughing, sneezing, speaking, or singing	Fever, fatigue, weight loss, cough (3+ weeks), night sweats, anorexia	2-10 weeks	While actively infectious	Consult LHD to discuss need for evaluation and testing of contacts	Exclude until medically cleared
Typhoid fever (*Salmonella* typhi) ǂ	Fecal-oral: person-to-person, ingestion of contaminated food or water (cases are usually travel-related)	Fever, headache, rose spots, malaise, cough, anorexia, diarrhea, constipation, abd pain, mental status change	Average range: 8-14 days (3-60 days reported)	From first week of illness through convalescence	Consult LHD for evaluation of close contacts	Exclude until symptom free; Medical clearance required; Contact LHD about additional restrictions
Vomiting Illness (Unspecified)	Varies; See Norovirus	Vomiting, cramps, mild fever, diarrhea, nausea	Varies; See Norovirus	Varies; See Norovirus	Encourage good hand hygiene; See Norovirus	Exclude until 24hrs after last episode
Whooping Cough (Pertussis)** ǂ	Contact with respiratory secretions	Initially mild respiratory symptoms, cough; may have inspiratory whoop, post-tussive 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 LHD to discuss the potential need for treatment	Exclude until 21 days after onset or until 5 days after appropriate antibiotic treatment
West Nile Virus	Bite from an infected mosquito	High fever, nausea, headache, stiff neck	3-14 days	Not spread person-to-person	Avoid bites with EPA approved repellents	No exclusion necessary

*Report only aggregate number of cases for these diseases

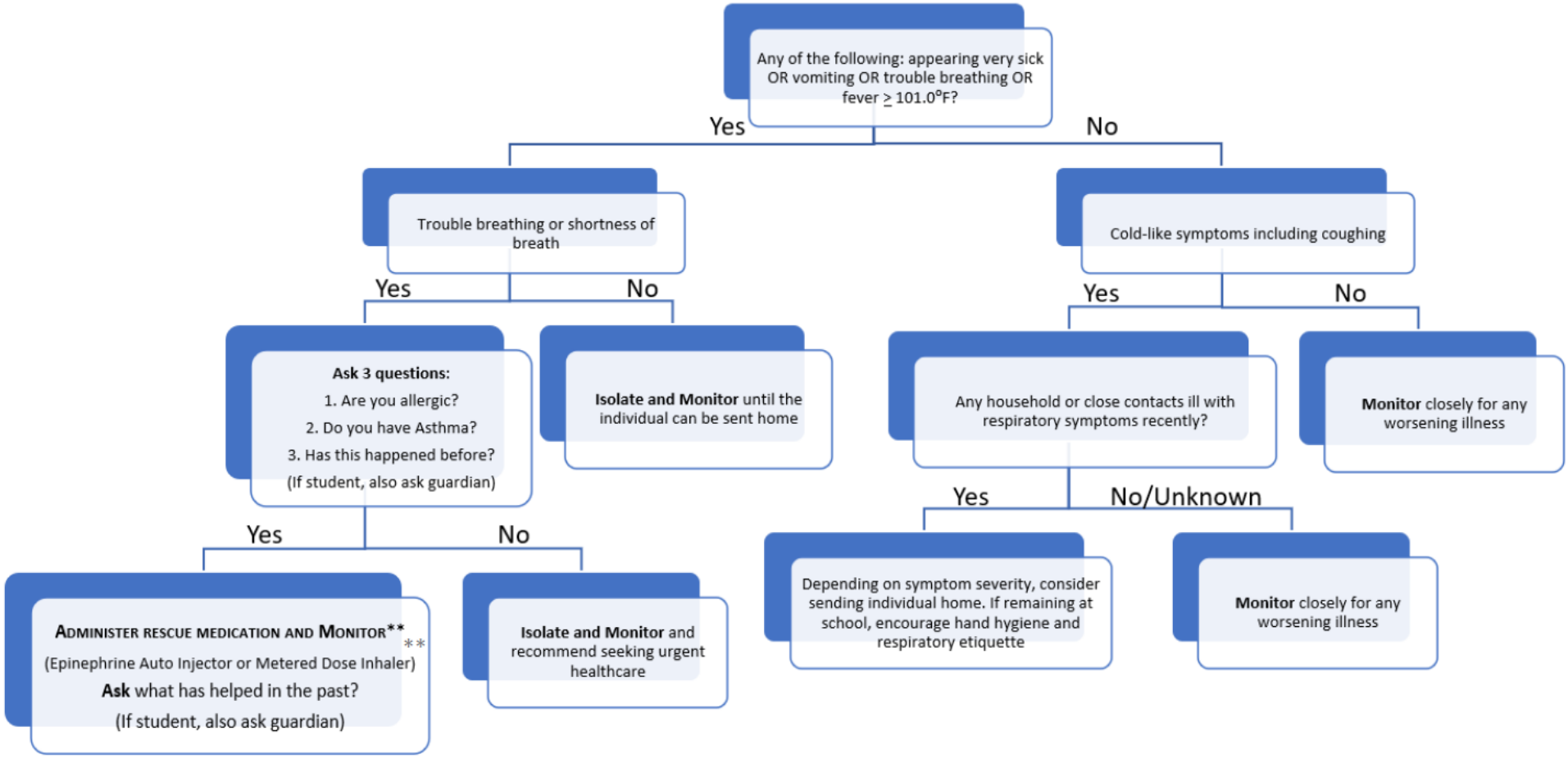
** Contact your local health department for a "letter to parents"

ǂConsult with local health department on case-by-case basis

Vaccination is highly encouraged to prevent or mitigate disease

When to Send a Person Home due to Illness*

When a student or staff member starts to feel unwell, attempt to take their temperature using a no-touch method.



*This interim guidance may change as additional recommendations from the Centers for Disease Control and Prevention (CDC) are made available.

** Urgent healthcare may be necessary; call 911 if an epinephrine auto injector (EpiPen) was administered.