If you become aware that the child has any of the following diseases, then clearance by the local health department is required before the child returns to school: diphtheria; measles; rubella (German measles); typhoid fever; E. coli O157 infection; shigellosis; hepatitis A; tuberculosis; pertussis (whooping cough). Call your local health department with questions.

Children with any of the following must be excluded from school until the condition is no longer present, or until the student is cleared to return by a licensed physician or by the school nurse; temperature of 100.5 or higher, diarrhea, vomiting, skin rash, serious persistent cough.

**Recommended School Action When a Person Exhibits Symptoms of a Communicable Disease or a Health Care Provider Has Diagnosed a Specific Communicable Disease**

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<tr>
<th>DISEASE/SYMPTOMS</th>
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<th>RECOMMENDED SCHOOL CONTROL MEASURES</th>
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<tbody>
<tr>
<td>ABSCESES – See BOILS</td>
<td>Exclude: NO</td>
<td>Spread by:</td>
<td>Strict adherence to standard precautions when handling body fluids.</td>
</tr>
<tr>
<td>AIDS (Acquired Immune Deficiency Syndrome)</td>
<td>Restriction: NO – See Communicable Disease Appendix IV, “Guidelines for Schools with Children who have bloodborne infections” for further information.</td>
<td>- Direct contact with potentially infectious blood to broken skin, mucous membranes or through puncture wounds.</td>
<td>- Report all accidental body fluid exposures to broken skin, mucous membranes or puncture wounds (i.e. bites, needle stick injury)</td>
</tr>
<tr>
<td>Swollen lymph nodes, loss of appetite, chronic diarrhea, weight loss, fever or fatigue, cancers and other infections.</td>
<td>Report: YES</td>
<td><strong>Communicable:</strong> Lifetime infection after initial infection with virus.</td>
<td></td>
</tr>
<tr>
<td>ATHLETE’S FOOT</td>
<td>Exclude: NO</td>
<td>Spread by:</td>
<td>- Prohibit walking barefoot, sharing towels, socks &amp; shoes</td>
</tr>
<tr>
<td>Dry scaling and/or cracking blisters and itching, especially between toes and bottoms of feet.</td>
<td>Restriction: NO</td>
<td>- Direct contact with infectious areas</td>
<td>- Encourage use of thongs in shower</td>
</tr>
<tr>
<td></td>
<td>Report: NO</td>
<td>- Indirect contact with infected articles</td>
<td>- Routine disinfection of showers with approved antifungal agents</td>
</tr>
</tbody>
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<tr>
<th>DISEASE/SYMPTOMS</th>
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</table>
| **BOILS** - (See Also STAPH SKIN INFECTION) Large pimple-like sore, swollen, red, tender, may be crusted or draining. Headache, fever may be present. | **Exclusive:** Exclude for medical diagnosis if symptoms listed in “Guidelines for Exclusion” (on page 7 in Procedures section above) are present.  
**Restriction:** May attend with Licensed Health Care Provider permission, or lesion is dry and crusted with no drainage.  
**Report:** NO | **Spread by:**  
- Direct contact with infectious body fluids (drainage from sores or nasal secretions from carrier)  
- Indirect contact with infected articles  
**Communicable:** As long as sores drain if untreated. | Practice effective hand washing  
- No cafeteria duty while lesions present  
- Good personal hygiene |
| **CHICKEN POX (Varicella)** Malaise, slight fever, blister-like rash, or red rash, usually beginning on trunk, blisters scab over | **Exclude:** Exclude for medical diagnosis if symptoms listed in “Guidelines for Exclusion” (on page 7 in Procedures section above) are present.  
**Restriction:** May attend when chicken pox lesions have crusted or dried with no further drainage (minimum of 5 days after rash appears).  
**Report:** NO | **Spread by:**  
- Direct contact with infectious body fluids (drainage from blisters or through nasal secretions)  
- Airborne droplets (cough/sneeze)  
- Indirect contact with infected articles  
**Communicable:** 5 days before to 5 days after rash appears. | Practice effective hand washing  
- Cover mouth and nose if coughing, sneezing  
- Contact school nurse or health consultant regarding possible earlier return to school if lesions are crusted/ dried before 5th day after rash appears  
- Immunocompromised persons should consult with physician if exposed by confirmed or suspected case  
- Vaccine required for students entering K & 8th grade. (Will be required K-12 by 2008) |
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<tbody>
<tr>
<td>CMV (Cytomegalovirus)</td>
<td>Exclude: NO</td>
<td>Spread by:</td>
<td>Practice effective hand washing</td>
</tr>
<tr>
<td></td>
<td>Restriction: NO</td>
<td>- Direct mucosal contact with infected tissues, secretions and excretions (urine, saliva, breast milk, cervical secretion, and semen)</td>
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<td></td>
<td>Report: NO</td>
<td>- Indirect contact with infected articles</td>
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<tr>
<td></td>
<td></td>
<td>Communicable: Virus is secreted in urine and saliva for many months and may persist or be episodic for several years after initial infection.</td>
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<td>- Take care when handling diapers or toileting children</td>
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<td></td>
<td></td>
<td>- Women of childbearing age or immunocompromised individuals should consult with physician regarding risks when caring for children identified as carriers of CMV</td>
</tr>
<tr>
<td>COMMON COLD (Upper Respiratory Infection)</td>
<td>Exclude: Exclude only if illness interferes with student’s school activities or meets criteria listed for exclusion in “Guidelines for Exclusion” (on page 7 in Procedures section above)</td>
<td>Spread by:</td>
<td>Practice effective hand washing</td>
</tr>
<tr>
<td></td>
<td>Restriction: NO</td>
<td>- Direct contact with infectious body fluids (nose and throat secretions)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Report: NO</td>
<td>- Airborne droplets (cough/sneeze)</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>- Indirect contact with infected articles</td>
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<tr>
<td></td>
<td></td>
<td>Communicable: 1 day before onset of symptoms until 5 days after.</td>
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<td></td>
<td></td>
<td></td>
<td>- Cover mouth, nose if coughing or sneezing</td>
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<td></td>
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<td></td>
<td>- Antibiotics not recommended.</td>
</tr>
<tr>
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| **DIARRHEAL DISEASES**   | **Exclude:** Exclude all children with acute illness characterized by vomiting or diarrhea unless cleared by the health department  
**Restriction:** No restrictions for attendance unless meets criteria listed for exclusion in “Guidelines for Exclusion” (on page 7 in Procedures section above)  
**Report:** Not usually; depends on diagnosis. Report cluster out breaks to local health department. | **Spread by:**  
- Direct contact with infectious body fluids (stool)  
- Indirect contact with fecal contaminated water or food.  
**Communicable:** Varies from hours to weeks. | **Practice effective hand washing, especially after using bathroom or diapering/toileting children.**  
- **No** food handling.  
- **No** cafeteria duty |
| **FIFTH DISEASE**        | **Restriction:** May attend with Licensed Health Care Provider. permission, or when no rash or signs of illness are present  
**Report:** NO | **Spread by:**  
- Airborne droplets (cough/sneeze)  
**Communicable:** Greatest before onset of rash when illness symptoms occur. No longer contagious after rash appears. | **Practice effective hand washing**  
- Encourage student to cover mouth/nose when coughing/sneezing  
- Contact local health dept. for latest recommendation for pregnant females exposed in school out break situations.  
- Contact school nurse for recommendations for pregnant females/ immunocompromised persons exposed by suspected/confirmed case. |
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</table>
| **HAND, FOOT, & MOUTH DISEASE**  
Sudden onset fever, sore throat, and lesions in mouth. Blistered lesions on palm, fingers, and soles. | **Exclude:** Exclude for medical diagnosis if symptoms listed in “Guidelines for Exclusion” (on page 7 in Procedures section above) are present  
**Restriction:** May attend with Licensed Health Care Provider permission, or when blisters are gone.  
**Report:** NO | **Spread by:**  
- Direct contact with infectious body fluids (nose and throat discharges and fecal matter)  
**Communicable:** During acute stage of illness and potentially for several weeks after in stool. | **Practice effective hand washing**  
- Good personal hygiene, especially following bathroom use.  
- Encourage staff in standard precautions |
| **HEAD LICE**  
Itching of scalp. Lice and/or nits (small grayish brown eggs) in the hair. | **Exclude:** Per local district policy  
**Restriction:** Readmit with statement from parent/guardian that recognized initial treatment has begun.  
**Report:** NO | **Spread by:**  
- Direct contact with infested person  
- Indirect contact with infected articles  
**Communicable:** Until treated and nits removed | - Check siblings/close contacts for symptoms  
- Avoid sharing/touching clothing, head gear, combs/brushes  
- Refer to head lice policy section.  
- Contact local health department/school nurse/local medical provider |
| **HEPATITIS A**  
Sudden onset with loss of appetite, fever, nausea, right upper abdominal discomfort. Later student may have jaundice (yellow color to skin and eyes), dark urine, or clay colored stools. May have mild or no symptoms. | **Exclude:** Exclude for medical diagnosis if symptoms listed in “Guidelines for Exclusion” (on page 7 in Procedures section above) are present.  
**Restricted:** May attend only with Local Health Department permission.  
**Report:** YES | **Spread by:**  
- Indirect contact with fecal contaminated water or food.  
**Communicable:** Two weeks before symptoms until two weeks after onset. | **Practice effective hand washing**  
- No food handling or sharing  
- School restrictions on home prepared foods for parties.  
- Vaccine available |
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<tbody>
<tr>
<td>HEPATITIS B &amp; C</td>
<td>Exclude: NO</td>
<td>Spread by: Direct blood-to-blood contact with infectious body fluids (blood, or body fluids that contain blood)</td>
<td>- Strict adherence to standard precautions when handling body fluids. - Report to the health consultant all body fluid contact with broken skin, mucous membranes or through puncture wounds (i.e. human bites, needle stick injuries or other sharp injuries) - Vaccine required for Hepatitis B in the K-9 grades (K-12 by 2005-6 school year)</td>
</tr>
<tr>
<td></td>
<td>Restriction: NO – See Communicable Disease Appendix IV, &quot;Guidelines for Schools with Children who have Bloodborne Infections&quot; for further information.</td>
<td>Communicable: One month prior to symptoms to 4 to 6 months or longer after jaundice. Some individuals have no symptoms but can transmit the disease.</td>
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<td></td>
<td>Report: YES</td>
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</tr>
<tr>
<td>HIV DISEASE (Human Immunodeficiency Virus Disease)</td>
<td>Exclude: NO</td>
<td>Spread by: Direct contact with infectious body fluids via blood or body fluids that contain blood. Some individuals have no symptoms but can spread the disease.</td>
<td>- Strict adherence to standard precautions when handling body fluids. - Report all body fluid contacts to broken skin, mucous membranes or through puncture wounds (i.e., human bites, needle stick injuries or other sharp injuries) to health consultant</td>
</tr>
<tr>
<td></td>
<td>Restriction: NO - See Communicable Disease Appendix IV, &quot;Guidelines for Schools with Children who have bloodborne infections&quot; for further information.</td>
<td>Communicable: Lifetime infectivity after initial infection with virus.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Report: YES</td>
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| IMPETIGO (see also Staph Skin Infections)  
Blister-like sores (often around the mouth and nose), crusted, draining, and "itching". | **Exclude:** Exclude for medical diagnosis if symptoms listed in "Guidelines for Exclusion" (on page 7 in Procedures section above) are present  
**Restriction:** May attend with Licensed Health Care Provider permission, or when lesions are dry and crusted with no drainage  
**Report:** NO | **Spread by:**  
- Direct contact with infectious body fluids (drainage from sores)  
**Communicable:** As long as sore drains if untreated | Practice effective hand washing  
- No cafeteria duty while sores present  
- Avoid scratching or touching sores  
- Cover sores if draining  
- No sharing personal items when lesions are present  
- No contact sports (as wrestling) |
| INFLUENZA (flu)  
Abrupt onset, fever, chills, headache, muscle aches, cough. | **Exclude:** Exclude if illness interferes with student's school activities or meets the criteria listed for exclusion in "Guidelines for Exclusion" (on page 7 in Procedures section above)  
**Restriction:** NO  
**Report:** NO | **Spread by:**  
- Direct contact with infectious body fluids  
- Airborne droplets (cough/sneeze)  
**Communicable:** 1-2 days before onset of symptoms, up to 5 days or more following the onset of illness. | Practice effective hand washing  
- Discarding soiled tissues  
- Cover mouth/nose when coughing/sneezing  
- Vaccine available (recommended for children with chronic illness, pregnant staff/students during 2nd trimester, during flu season.) |
| MEASLES:  
Fever, eye redness, runny nose, a very harsh cough; 3-7 days later dusky red rash (starts at hairline and spreads down); white spots in mouth. | **Exclude:** Exclude for medical diagnosis if symptoms listed in "Guidelines for Exclusion" (on page 7 in Procedures section above) are present  
**Restriction:** May attend with Local Health Department permission | **Spread by:**  
- Direct contact with infectious body fluids (nose and throat secretions)  
- Airborne droplets (cough/sneeze)  
**Communicable:** 4 days before rash until 4 days after rash begins. Most contagious 4 days before rash appears. | - Contact school nurse or health department nurse immediately for direction. School nurse or health department will identify population at risk and assist with parent notification.  
- Immunization compliance |
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</table>
| MENINGOCOCCAL DISEASE | Exclude: Exclude for medical diagnosis if symptoms listed in “Guidelines for Exclusion” (on page 7 in Procedures section above) are present  
Restriction: May attend only with Local Health Department permission.  
Report: YES | Spread by:  
- Direct contact with infectious body fluids (nose and throat secretions)  
- Airborne droplets (cough/sneeze)  
Communicable: Until bacteria are no longer present in discharges from nose and mouth. Cases and contacts usually no longer infectious after 24 hours on antibiotics. | Practice effective hand washing.  
- Cover mouth/nose when coughing/sneezing  
- No sharing food, drink or eating utensils.  
- Vaccine available for certain strains and recommended for certain populations.  
- Antimicrobials given in certain high-risk situations. |
| MONONUCLEOSIS | Exclude: Exclude for medical diagnosis if symptoms listed in “Guidelines for Exclusion” (on page 7 in Procedures section above) are present  
Restrictions: NO - Bed rest for a time and withdrawal from PE/Athletic activities are encouraged until student has recovered fully or with Licensed Health Care Provider permission.  
Report: NO | Spread by:  
- Direct contact with infectious body fluids (saliva)  
Communicable: May be infectious for several months | - Wash and disinfect shared items/toys which may be mouthed or in settings with children who drool.  
- No sharing food, drink, or eating utensils. |
| MUMPS | Exclude: Exclude for medical diagnosis if symptoms listed in “Guidelines for Exclusion” (on page 7 in Procedures section above) are present  
Restriction: May attend with Licensed Health Care Provider permission.  
Report: NO | Spread by:  
- Direct contact with infectious body fluids (saliva)  
- Airborne droplets (cough/sneeze)  
Communicable: 6-7 days before onset until 9 days after symptoms began. | Practice effective hand washing  
- Report to school nurse  
- No sharing of personal items  
- Immunization compliance. |
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</table>
| PINK EYE (Conjunctivitis)  
Eyes tearing, irritated and red, sensitive to light. Eye lids puffy, may have yellow discharge. | **Excludes:** Exclude only if illness interferes with student’s school activities or meets the criteria listed for exclusion in “Guidelines for Exclusion” (on page 7 in Procedures section above)  
**Restriction:** May attend with Licensed Health Care Provider/ School Nurse permission or symptoms are gone  
**Report:** NO | **Spread by:**  
- Direct contact with infectious body fluids (eye secretions)  
- Indirect contact with infected articles  
**Communicable:** As long as infection present. | Practice effective hand washing  
- No sharing of personal items, especially eye make-up, towels  
- Consult with school nurse or licensed medical provider. |
| PINWORMS  
Nervousness, irritability, itching of anus, abdominal pain. Sometimes no symptoms present. | **Exclude:** NO  
**Restriction:** NO (Possibly in day care settings or in situations where children have inability to control bowel functions)  
**Report:** NO | **Spread by:**  
- Direct contact with infectious eggs by hand from anus to mouth of infected person  
- Indirect contact with infected articles  
**Communicable:** As long as pregnant female worms are discharging eggs in the anal area. Eggs remain ineffective in an outdoor area for about two weeks. | Practice effective hand washing  
- Good personal hygiene  
- Consult with school nurse or licensed medical provider. |
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</table>
| **RINGWORM – SCALP**  
Patchy areas of scaling with mild to extensive hair loss.  
May have round areas of "stubs" of broken hair.  

**Exclude:** Exclude for medical diagnosis if symptoms listed in "Guidelines for Exclusion" (on page 7 in Procedures section above) are present  
**Restriction:** May attend with Licensed Health Care Provider /School Nurse permission or when symptoms are gone.  
**Report:** NO |  
**Spread by:**  
- Direct contact with infectious areas  
- Indirect contact with infectious areas  
**Communicable:** Until treated |  
- Practice effective hand washing  
- No sharing of personal items, especially combs, brushes, etc.  
- Shaving head/wearing cap NOT REQUIRED |
| **RINGWORM – SKIN**  
Ring-shaped red sores with blistered or scaly border.  
"Itching" common.  

**Exclude:** Exclude for medical diagnosis if symptoms listed in "Guidelines for Exclusion" (on page 7 in Procedures section above) are present  
**Restriction:** May attend with Licensed Health Care Provider /School Nurse permission or when symptoms are gone.  
**Report:** NO |  
**Spread by:**  
- Direct contact with infectious areas  
- Indirect contact with infectious areas  
**Communicable:** Until treated |  
- Practice effective hand washing  
- No sharing of personal items  
- Special attention to cleaning and disinfecting, with approved anti fungal agent, gym/locker areas.  
- No sport activity until lesions disappear. |
| **RUBELLA (German Measles, 3 day measles)**  
Slight fever, aches, red eyes, runny nose, headache, lethargy and a pinkish rash that starts at face and spreads rapidly to trunk and limbs. Swollen glands back of head and neck.  

**Exclude:** Exclude for medical diagnosis if symptoms listed in "Guidelines for Exclusion" (on page 7 in Procedures section above) are present  
**Restriction:** May attend only with Local Health Department permission.  
**Report:** YES |  
**Spread by:**  
- Direct contact with infectious body fluids (nose and throat secretions)  
- Airborne droplets (cough/sneeze)  
**Communicable:** One week before until 4 days after onset of rash. Very communicable. |  
- Immunization compliance  
- Report to school nurse if available or to Health Department  
- Notify parents of at risk students as directed by health officials.  
- Refer all pregnant students and staff to primary health care provider. |
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</tr>
</thead>
</table>
| SCABIES                  | **Exclude**: Exclude for medical diagnosis  
**Restriction**: May attend with Licensed Health Care Provider/School Nurse permission.  
**Report**: NO                                                                                       | **Spread by**:  
- Direct skin contact  
- Indirect contact with infective articles  
**Communicable**: Until treated                                                                 | - Practice effective hand washing  
- Screen close contacts/ siblings for symptoms  
- No sharing of personal items                                                                                                                                                                                                                     |
| SHINGLES (Herpes Zoster) | **Exclude**: Exclude for medical diagnosis if symptoms listed in "Guidelines for Exclusion" (on page 7 in Procedures section above) are present  
**Restriction**: May attend with Licensed Health Care Provider permission and if lesions can be covered with dressing, or when lesions are scabbed/dried.  
**Report**: NO                                                                                       | **Spread by**:  
- Direct contact with infectious body fluids (nose and throat secretions)  
- Airborne droplets  
**Communicable**: As long as lesions are draining.                                                                                           | - Keep lesions covered with dressings. If lesions are on area of body where dressing cannot be secured (e.g. face, hands), consult with school nurse if available or local Health Department  
- Contact school nurse or local Health Department for recommendations for pregnant females/ immunocompromised person if exposure occurs at school                                                                 |
| STAPH SKIN INFECTIONS    | **Exclude**: Exclude for medical diagnosis if symptoms listed in "Guidelines for Exclusion" (on page 7 in Procedures section above) are present  
**Restriction**: May attend with Licensed Health Care Provider permission or when lesions are dry/crusted or gone  
**Report**: NO                                                                                       | **Spread by**:  
- Direct contact with infectious body fluids (drainage from sores)  
- Indirect contact with infected articles  
**Communicable**: As long as sores are draining.                                                                                       | - Practice effective hand washing  
- Good personal hygiene  
- No sharing towels, clothing or personal items  
- No food handling  
- No contact sports until lesions are gone.                                                                                                                                                    |
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| STREP THROAT – SCARLET FEVER (streptococcal infections)  
Strep throat: Sore throat, fever, swollen, red tonsils, tender neck glands, headache, bad breath, abdominal pain, or nausea  
Scarlet Fever: Same as strep throat with a red blotchy, sandpapery rash on trunk and a “strawberry” tongue. | **Exclude:** Exclude for medical diagnosis if symptoms listed in “Guidelines for Exclusion” (on page 7 in Procedures section above) are present  
**Restriction:** May attend with Licensed Health Care Provider /School Nurse permission.  
**Report:** NO | **Spread by:**  
- Direct contact with infectious body fluids (nose and throat secretions)  
- Airborne droplets  
**Communicable:** Greatest during symptoms of illness. Some individuals are carriers without symptoms and may be infectious for weeks or month. Treated cases are no longer infectious after 24 hours on antibiotics unless fever persists. | ![Practice effective hand washing]  
- Encourage covering mouth & nose when coughing & sneezing  
- Take antibiotics as directed |
| TUBERCULOSIS (infectious / active)  
Fatigue, weight loss, fever, night sweats, cough, chest pain, hoarseness & coughing up blood in later stages of disease. | **Exclude:** Exclude for medical diagnosis if symptoms listed in “Guidelines for Exclusion” (on page 7 in Procedures section above) are present  
**Restriction:** May attend only with Local Health Department permission.  
**Report:** YES | **Spread by:**  
- Primarily by airborne droplets from infected person through coughing, sneezing or singing  
**Communicable:** As long as living bacteria are discharged through bronchi. Specific drug therapy usually diminishes communicability within weeks | - Observe TB rule compliance  
- Report to school nurse or consult with County Health Department |
| WHOOPING COUGH (Pertussis)  
 Begins with mild “cold” symptoms and progresses to violent spasms of coughing spells that end in a whooping sound (infants & toddlers) and/or vomiting (older children & adults). Slight or no fever | **Exclude:** Exclude for medical diagnosis if symptoms listed in “Guidelines for Exclusion” (on page 7 in Procedures section above) are present  
**Restriction:** May attend only with Local Health Department permission.  
**Report:** YES | **Spread by:**  
- Direct contact with infectious body fluids (respiratory discharges)  
- Airborne droplets  
**Communicable:** Greatest just before and during “cold” symptoms to about 3 weeks without treatment. If treated with antibiotics, infected person is communicable 5 days. | - Immunization required  
- Report to school nurse or consult with health department |

September 2005 – Reviewed by the Conference of Local Health Officials Epidemiology Committee; and by the Department of Human Services, Acute and Communicable Disease Prevention Program, Paul Cieslak, M.D., Manager

Revised January 2007