

Montgomery County Schools

DISEASE/ILLNESS SUMMARY FOR TEACHERS AND PARENTS

ILLNESS	Transmission	EARLY SIGNS	EXCLUSION
<p>Chicken Pox—Varicella.</p> <p>Report After 5th case Report</p>	<p>Airborne or direct contact with drainage from blisters or nasal secretions.</p>	<p>Slight fever at the time of appearance of eruptions (look like small water blisters) found on all parts of the body.</p>	<ul style="list-style-type: none"> • Until all vesicles are crusted & dry. • During outbreak, exclude unimmunized students per public health protocol. • BREAKTHROUGH varicella, which occurs in vaccinated persons—exclude until 24 hours after appearance of last lesion.
<p>Diarrhea</p>	<p>Varies according to cause</p> <p>If severe and/or uncontrollable must be assessed by health care provider to determine cause.</p>	<p>3 or more loose or watery stools in a 24 hour period not associated with diet change.</p>	<p>Younger Students</p> <ul style="list-style-type: none"> • Exclude children in 6th grade or younger, with diarrhea until symptoms are resolved for at least 24 hours. <p>Older Students and Staff</p> <ul style="list-style-type: none"> • Exclusion is not mandatory unless the person with diarrhea is determined to be contributing to the spread of illness in the school setting. <p>Special Circumstances for Diarrhea</p> <ul style="list-style-type: none"> • Exclude students of any age and staff with uncontrolled diarrhea or stools that contain blood or mucus, unless symptoms are associated with a documented non-infectious condition (e.g., IBS or Crohn's Disease). • For diapered children or students of any age who require assistance with personal hygiene, exclude for diarrheal episodes if the frequency or nature of the diarrheal episodes challenges the ability of the caregiver(s) to maintain sanitary techniques and/or conditions (diaper spillage or accidents in toilet trained children).
<p>Fever</p>	<p>N/A</p>	<p>Axillary or Oral Temperature greater than 100.0F</p>	<p>Exclude for fever accompanied by signs and symptoms of illness (such as rash, vomiting, diarrhea, irritability, or confusion).</p> <p>Until fever has resolved for at least 24 hours without the use of fever reducing medications</p>

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Fifth's Disease (Human Parvovirus B19)	Respiratory droplets and infected objects.	<ul style="list-style-type: none"> • Fever, Upset stomach, Headache, Runny nose • Characteristic "slapped face appearance" followed in 1-4 days by lace-like rash on trunk and extremities. 	<p>Until no headache, fatigue or other signs of illness present</p> <p>Until fever has resolved for at least 24 hours without the use of fever reducing medications</p>
Hand Foot Mouth	Direct Contact with nasal discharge, oral/throat discharge, blisters or feces.	Low grade fever, blister-like rash on hands, feet and in mouth. May last for 7-10 days.	<p>Until fever has resolved for at least 24 hours without the use of fever reducing medications</p> <p>Until no fluid filled blisters remain.</p>
Head Lice (Pediculosis Capitis)	Live lice visible, eggs/nits hatch in a week	Excessive scratching of head. Lice crawling in hair. Nit/egg (nit) on hair that will not flick off.	Exclude until all lice are removed.
Impetigo (Streptococcal or Staphylococcal bacteria)	Infection of skin or by contact with skin sores of infected person.	Small blisters on the skin which later become crusted and contain pus.	<p>Exclude until 24 hours after antibiotic treatment has been initiated</p> <p>Exclude so long as lesion is draining and cannot be covered with a watertight dressing.</p>
Infectious Mononucleosis	Respiratory droplets/saliva and infected objects.	Fever, pharyngitis, lymphadenopathy, Fatigue	<p>Exclude if fever (>100.0F) or when fatigue, persistent cough and sore throat are present. Can be 30-50 days.</p> <p>Per Physician—may require homebound instruction d/t length and severity of symptoms.</p>
Influenza/Influenza like Illness	Airborne and respiratory droplets or contact with infected individuals or objects.	Rapid onset with fever, chills, headache, lack of energy, muscle aching sore throat, cough.	<p>Exclude until at least 24 hours after fever has resolved without the use of fever-reducing medications</p> <p>Until no chills, lethargy, sore throat or coughing</p> <p>Generally 3-5 days after confirmation of flu.</p>
Lyme Disease	3-32 days Transmitted by a deer tick	Raised red rash, similar to a bull's eye. Systemic symptoms.	Per Physician

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<p>Measles/Rubeola (Immediately Reportable)</p>	<p>Airborne droplets</p>	<p>Fever, signs of a cold, cough, conjunctivitis. In 3-4 days a dull red blotchy rash appears</p> <p>Individuals without previous measles immunization may be readmitted to school immediately after receiving measles-containing vaccine (if received within 72 hours of exposure to case) or measles immunoglobulin (if received within 6 days of exposure).</p>	<p>At least 4 days after appearance of the rash & until cleared by physician to return.</p> <p>During OUTBREAKS as determined by the local department of Public Health:</p> <p>Exclude exposed students who have not been immunized against measles for 21 days after onset of rash in last case of measles in the affected school or community.</p> <p>Staff born in 1957 or later who cannot provide documentation of 2 doses of measles vaccine on or after their first birthday, or laboratory evidence of immunity should be excluded for 21 days after onset of rash in last case of measles in the affected school or community.</p> <p>Pregnant students and staff should not receive MMR immunization.</p>
<p>Meningitis (bacterial)</p> <p>Confirmed cases immediately reported.</p>	<p>Respiratory secretions or contact with contaminated objects.</p>	<p>Any combination of multiple symptoms of fever, headache, stiff neck, irritability, or photophobia.</p> <p>Special attention should be made to a rash that is non-blanching and has small red or purple spots on the skin caused by bleeding under the skin.</p>	<p>Until cleared by physician to return.</p> <p>Exclude close contacts to Neisseria meningococcal (meningococcal disease) cases until antimicrobial treatment has been initiated</p> <p>Local Public Health Department Infection Control must be consulted on length of exclusion and return.</p>
<p>Meningitis (viral)</p>	<p>Respiratory secretions or poor toileting habits. Shedding of virus in feces can continue for weeks.</p>	<p>Any combination of multiple symptoms of fever, headache, stiff neck, irritability, or photophobia. Special attention should be made to a rash that is non-blanching and has small red or purple spots on the skin caused by bleeding under the skin.</p>	<p>Until bacterial meningitis is ruled out by laboratory testing and confirmed by Local Public Health Infection Control.</p> <p>Until cleared by physician to return.</p>
<p>Mouth Sores</p>	<p>Exposure to infectious secretions directly or on infected objects.</p>	<p>Ulcers, blisters, canker sores</p>	<p>Lesions should not be touched—if student is unable to be redirected from touching, should be excluded.</p> <p>Children’s hand hygiene should be observed until sores resolve.</p>

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<p>Mumps (Immediately Reportable)</p>	<p>Respiratory droplets or contact with infected individuals or contaminated objects.</p>	<p>Fever, swelling and tenderness of the gland in front of and below the ears.</p> <p>Unimmunized persons receiving their first dose of mumps-containing vaccine as part of outbreak control may be readmitted immediately to the school or childcare facility.</p>	<p>Period of acute illness—at least 5 days after onset of parotid gland swelling</p> <p>Until released by physician.</p> <p>During mumps outbreaks, exclude exposed students who have not been immunized against mumps until they receive at least one dose of mumps-containing vaccine. If they have an immunization exemption, continue to exclude them until the health department determines that it is safe for them to return. This will typically be for 25 days after the onset of parotitis in the last person with mumps in the affected school.</p> <p>During mumps outbreaks, staff born in 1957 or later who cannot provide documentation of 2 doses of mumps vaccine on or after their first birthday, or laboratory evidence of immunity should be excluded for 25 days after the onset of parotitis in the last person with mumps in the affected school or facility.</p> <p>Pregnant students and staff should not receive MMR immunization.</p>
<p>Pink Eye - Conjunctivitis</p>	<p>Contact with discharge from eyes, nose or mouth of an infected individual or contaminated hands or shared objects.</p>	<p>Red eyes, colored discharge from eyes, crusted lids.</p> <p>Contagious: Bacterial: while symptoms are present or until treatment is started</p> <p>Viral: while signs & symptoms are present & for at least 2 days after the onset of signs & symptoms</p>	<p>ALL Suspected cases must consult physician—if determined contagious—24 hours of medication before returning.</p> <p>Exclude symptomatic students and staff who have fever, severe eye pain, continued purulent drainage or are too sick to participate in routine activities.</p>
<p>Rash --associated with fever, behavioral change or with possible communicable diseases or parasites</p>	<p>Varies depending on infectious agent as assessed by school nurse.</p>	<p>Varies depending on infectious agent</p>	<p>Exclude students/children until a health care provider has determined that the illness is not a communicable disease.</p>

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Ringworm of the Body	Contact with infected individuals, animals or contact with contaminated objects.	Flat, spreading, scaly, ring-shaped spots. The margins are usually reddish and elevated. Infectious as long as fungus is in the skin lesion	Exclude until under treatment Ensure area (“rings”) are completely covered.
Ringworm of the Scalp	Contact with infected individuals, animals or contact with contaminated objects	Flat, spreading, ring-shaped, bald spots on hairy parts of head. Infectious as long as fungus is in the skin lesion	Exclude until under treatment Ensure area (“rings”) are completely covered.
Scabies	Close person to person contact, or contact with infected objects.	Small, raised, reddened areas or blisters with connecting grayish- white lines. Marked itching. Most commonly found in folds of the skin.	Exclude until 24 hours after first treatment.
Shingles (Varicella Herpes Zoster)	Contact with fluid from vesicles, contagious until blisters are scabbed over.	Vesicular rash resulting from reactivation of latent varicella zoster virus usually restricted to skin areas supplied by sensory nerves of a single or associated group of dorsal root ganglia	Until under treatment—must be localized. Exclude if disseminated or if lesions cannot be completely covered until vesicles are dried and crusted.
Skin lesions/Open Wounds	Contact with infected Fluid from lesions, the infected person or contaminated objects.	Soft tissue infections (including MRSA) Appearance varies depending on causative agent	Exclude if skin lesions cannot be covered Exclude if the covering cannot be maintained because drainage is soaking through the coverage. Carrier Status: Having a MRSA infection or harboring MRSA bacteria (being a carrier) is not a reason for exclusion.
TB (Tuberculosis)	Airborne/Respiratory	Varies with progression and severity	Per Local Public Health Department Infection Control
Streptococcal Infections (Streptococcal Pharyngitis)	Respiratory droplets, or contact with contaminated objects	Sudden onset. Headache, fever, sore throat. In Scarlet Fever a fine red rash appears within 24 hours.	Until 24 hours on Rx medication At least 24 hours fever free with fever reducing medications.

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<p>Viral Hepatitis (A) Infectious (Reportable)</p>	<p>Fecal-oral route through direct person-to-person contact or contaminated fomites, by ingestion of contaminated food or water.</p> <p>Most infectious in the 2 weeks before onset of signs or symptoms, the risk is minimal after the onset of jaundice</p>	<p>Nausea, vomiting, extreme fatigue, often pain in upper abdomen followed by jaundice. Mild cases occur without jaundice in children.</p>	<p>Until released by physician.</p> <p>Refer contacts to their health care providers for consideration of immunoglobulin or vaccine in consultation with the health department.</p> <p>Local Public Health Department Infection Control must be consulted on length of exclusion and return</p>
<p>Vomiting</p>	<p>Varies with cause</p>	<p>Varies :</p> <ul style="list-style-type: none"> • Vomiting due to overeating, drinking too much, or other similar causes, then the color of their vomit will tend to be determined by whatever food they have eaten recently. There is typically no reason to be concerned about this type of emesis, regardless of vomit color, unless it persists or is radically inconsistent with the most recent food that was eaten. • Bright red vomit typically indicates that there is some type of active bleeding in the esophagus. Darker red colors of vomit tend to indicate GI bleed. Minor stomach bleeding will tend to produce dark vomit with the consistency of coffee grounds • Yellow is usually bile vomit • Clear mucous like vomit is usually from drainage, secretions from the digestive tract wall, water from the gut wall, digestive enzymes 	<p>Exclude children for Vomiting</p> <ul style="list-style-type: none"> • 2 or more times during the previous 24 hours, • For vomiting and fever (100 or higher) <p>Special Circumstances for Vomiting:</p> <ul style="list-style-type: none"> • Exclude and refer for medical attention anyone with vomit that appears green and bloody, vomiting after recent head injury, vomiting and no urine output for 8 hours, or who appears very ill during vomiting episodes for prompt medical evaluation. <p><u>No exclusion is required</u> for a brief, nonrepeating episode of vomiting with no other signs of severe illness.</p> <p>The health unit will follow the Montgomery County Protocols for vomiting.</p>

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<p>Whooping Cough (Pertussis)</p> <p>Immediately Reported</p>	<p>Respiratory Droplet</p>	<p>Symptoms may start as runny nose, congestion, red, watery eyes, fever and mild cough.</p> <p>Cough gets progressively severe and prolonged causing vomiting, may result in a red or blue face, cause extreme fatigue, and cough episode may end with a high pitched whoop sound.</p> <p>Is contagious from beginning of symptoms and two weeks following.</p>	<ul style="list-style-type: none"> • Exclude until completion of 5 days of macrolide antimicrobial therapy, such as azithromycin or erythromycin. • No exclusion is required if the person is initially diagnosed with pertussis past the infectious period (21 days or more after cough onset, or 6 weeks after cough onset for infants.) • Contacts of confirmed Whooping Cough with cough illness are excluded as suspect cases: <ul style="list-style-type: none"> a) until after 5 days of appropriate antimicrobial therapy, or b) if no antibiotics are given, until 21 days after last contact with an infected person, or c) until after a negative pertussis test result, or d) until a health care provider clears the child or employee to return to school.
<p>OTHER NOT PREVIOUSLY IDENTIFIED ILLNESS OR POTENTIALLY CONTAGIOUS DISEASE/ILLNESS</p>	<p>VARIABLES</p>	<p>Assessed by school health nurse to require further next-level medical assessment.</p>	<p>Until Health Care Provider has provided a statement indicating the student/staff is not contagious/infectious and is able to participate fully at school without restrictions.</p>