



**EDMOND PUBLIC SCHOOLS**  
**DISEASE AND ILLNESS**  
**HEALTH GUIDELINES**

*Revised March 2017*

**EDMOND PUBLIC SCHOOLS  
DISEASE AND ILLNESS HEALTH GUIDELINES**

DISEASE	COMMON SYMPTOMS	METHOD OF TRANSMISSION	HOW TO CONTROL	EXCLUSION
<p>AIDS  (ACQUIRED IMMUNE DEFICIENCY SYNDROME)</p>	<ul style="list-style-type: none"> <li>• Unexplained fevers.</li> <li>• Fatigue.</li> <li>• Enlarged lymph nodes.</li> <li>• Swollen salivary glands.</li> <li>• Frequent infections, including diarrhea, thrush, pneumonia.</li> </ul>	<p>Blood and body fluids, sexual intercourse, sharing needles.</p> <p>Not spread through typical classroom activities, such as contact with surfaces touched by infected individuals.</p>	<p>Practice Standard Universal Precautions.</p> <p>Wear gloves when handling any body fluids.</p>	<p>Individual case consideration.</p>
<p>BEDBUGS</p>	<ul style="list-style-type: none"> <li>• Itchy bites, often in a straight line, on areas that are exposed during the night.</li> <li>• Bites often have red dot in the middle of raised red bump.</li> <li>• Difficult to distinguish from other insect bites.</li> </ul>	<p><u>NOT</u> spread from person to person.</p> <p>During the daytime bedbugs do not remain on the affected person.</p> <p>May hide in belongings. Crawl at speed of ladybug.</p>	<p>Provide enough space between each child's belongings so they do not touch.</p>	<p><b><u>NO EXCLUSION.</u></b></p>
<p>CAT SCRATCH FEVER</p>	<ul style="list-style-type: none"> <li>• Small raised lesion at the site of the scratch.</li> <li>• Low grade fever, headache, muscle soreness, poor appetite, fatigue.</li> <li>• Within 2 weeks enlarged, painful lymph node in the area of bite or scratch.</li> </ul>	<p>Scratch or bite of an infected cat.</p>	<p>Protect from cat scratches and bites.</p> <p>Avoid contact of open wounds with cat saliva.</p>	<p><b><u>NO EXCLUSION.</u></b></p>
<p>CHICKEN POX  (VARICELLA)</p>	<ul style="list-style-type: none"> <li>• Slight fever, runny nose, cough.</li> <li>• Skin eruption of small blisters which scab.</li> <li>• May be in stages of pimple, blister, and scab at the same time.</li> <li>• Child does not feel well.</li> </ul>	<p>Readily communicable by airborne droplet, direct contact, or by articles freshly soiled by discharge from chickenpox blisters.</p>	<p>If high fever or severe illness, consult a physician.</p> <p>All eligible individuals should receive the vaccine series.</p>	<p><b><u>EXCLUDE 5 DAYS FROM APPEARANCE OF BLISTERS OR UNTIL ALL LESIONS ARE CRUSTED OVER OR DRY (SCAB).</u></b></p>

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CMV (CYTOMEGALOVIRUS)	<ul style="list-style-type: none"> <li>• Most people with CMV do not become ill.</li> <li>• Fever, sore throat, swollen glands, and tiredness may be present.</li> </ul>	<p>Symptoms occur 3-12 weeks after infection. Virus may remain in the body throughout a person's life without symptoms.</p> <p>Virus may be found in urine or saliva of infected persons with or without symptoms.</p>	<p>Good hand washing is the best way to prevent infection.</p> <p>Wear disposable gloves when handling body fluids.</p> <p><i>Pregnant women should wash hands after handling wet diapers or contact with saliva or urine. They should notify their personal physician about CMV infection.</i></p>	<p><b><u>NO EXCLUSION FROM WORK OR SCHOOL, IF TEMPERATURE HAS BEEN LESS THAN 100° F FOR 24 HOURS WITHOUT FEVER-REDUCING MEDICATIONS.</u></b></p>
COMMON COLD	<ul style="list-style-type: none"> <li>• Runny or stuffy nose.</li> <li>• Sneezing.</li> <li>• Irritated throat.</li> <li>• Cough.</li> <li>• Watery eyes.</li> <li>• Fever.</li> <li>• Chills.</li> <li>• Headache.</li> <li>• Earache.</li> </ul>	<p>Close person-to-person contact, respiratory droplets, direct contact.</p>	<p>If high fever or severe symptoms, consult a physician.</p> <p>Good hand washing.</p>	<p><b><u>EXCLUDE IF TEMPERATURE 100° F OR ABOVE.</u></b></p>
DIARRHEA	<ul style="list-style-type: none"> <li>• Frequent loose, watery stools.</li> <li>• Abdominal pain and/or cramping.</li> <li>• Fever.</li> </ul>	<p>Varies with causative agent or disease.</p>	<p>GOOD PERSONAL HYGIENE AND HAND WASHING.</p>	<p><b><u>EXCLUDE UNTIL NO DIARRHEA AND/OR FEVER FOR 24 HOURS WITHOUT MEDICATION.</u></b></p>
FEVER	<ul style="list-style-type: none"> <li>• Oral temperature 100° F or above.</li> </ul>	<p>Varies with cause of fever.</p>	<p>Temperature below 100° F, children may stay in school.</p>	<p><b><u>EXCLUDE IF ORAL TEMPERATURE IS 100° F OR ABOVE. CHILD MAY RETURN TO SCHOOL WHEN HE/SHE HAS BEEN FEVER FREE FOR 24 HOURS WITHOUT MEDICATION.</u></b></p>

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FEVER BLISTER (HERPES SIMPLEX I VIRUS)	<ul style="list-style-type: none"> <li>• Fever.</li> <li>• Fatigue.</li> <li>• Irritability.</li> <li>• Tender, swollen lymph nodes.</li> <li>• Blisters on or inside the mouth and on the gums and lips.</li> <li>• Blisters weep clear fluid, bleed and are slow to scab over.</li> </ul>	Direct contact with contaminated saliva and open sores.	Good hand washing.	<u><b>NO EXCLUSION.</b></u>
FIFTH DISEASE (ERYTHEMA INFECTIOSUM) (SLAPPED CHEEK)	<ul style="list-style-type: none"> <li>• Fever.</li> <li>• Headache.</li> <li>• Tired, muscle aches.</li> <li>• Red "slapped cheek" appearance.</li> <li>• Lace-like rash which spreads to the rest of the body. The rash comes and goes with environmental changes. Sunlight or warmth can make rash worse for weeks or even months.</li> </ul>	Person to person through body fluids such as saliva or sputum.  Direct contact with airborne droplets.	Contagious a week before the rash appears. <b>NO LONGER CONTAGIOUS ONCE RASH <u>APPEARS.</u></b>  <i>Pregnant employees should check with their physician when an outbreak occurs at school.</i>	<u><b>ONLY EXCLUDE FOR FEVER 100° F OR ABOVE, COUGH OR SORE THROAT.</b></u>
FLU (INFLUENZA) (RESPIRATORY INFLUENZA)	<ul style="list-style-type: none"> <li>• Sudden onset of symptoms.</li> <li>• Fever.</li> <li>• Chills.</li> <li>• Headache.</li> <li>• Extreme tiredness.</li> <li>• Muscle or body aches.</li> <li>• Sore throat.</li> <li>• Nasal congestion.</li> <li>• Cough.</li> <li>• Croup/bronchiolitis/pneumonia.</li> <li>• Mild pink eye.</li> <li>• Abdominal pain.</li> <li>• Nausea, vomiting, and/or diarrhea.</li> </ul>	Same as the common cold.  Person to person by direct contact, airborne droplet, or by contact with articles contaminated by nasopharyngeal secretions.	Same as the common cold.  Vaccination recommended for most individuals over 6 months of age.	<u><b>EXCLUDE UNTIL FEVER FREE FOR 24 HOURS WITHOUT MEDICATION.</b></u>
HAND, FOOT & MOUTH DISEASE (COXSACKIE VIRUS)	<ul style="list-style-type: none"> <li>• Fever.</li> <li>• Small sores or blisters in mouth, on hands, and feet.</li> <li>• Looks like chicken pox at first.</li> </ul>	Spread by secretions in the throat or feces (stool).	Practice good hand washing.	<u><b>NO EXCLUSION.</b></u>

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<p>HEPATITIS A (HAV)  (INFECTIOUS HEPATITIS)</p>	<ul style="list-style-type: none"> <li>• Fever.</li> <li>• Loss of appetite.</li> <li>• Nausea and/or vomiting.</li> <li>• Abdominal discomfort.</li> <li>• Tiredness.</li> <li>• Dark brown urine.</li> <li>• Jaundice (yellowing of the skin and white of eyes).</li> </ul>	<p>Person to person usually by fecal-oral route.</p> <p>Direct contact, diaper changing, or food prepared by infected food handlers.</p>	<p>Consult physician.</p> <p>Most contagious 1-2 weeks before onset of symptoms; risk of transmission is minimal 1 week after onset of jaundice.</p> <p><b>GOOD PERSONAL HYGIENE AND HAND WASHING BEFORE AND AFTER USING THE RESTROOM.</b></p> <p>Immunization is the most effective method for prevention.</p> <p><i>Report to Health Department.</i></p>	<p><b><u>PHYSICIAN'S RELEASE NECESSARY FOR RETURN TO SCHOOL.</u></b></p>
<p>HEPATITIS B (HBV)  (SERUM HEPATITIS)</p>	<ul style="list-style-type: none"> <li>• Jaundice.</li> <li>• Nausea/vomiting.</li> <li>• Muscle aches.</li> <li>• Anorexia (loss of appetite).</li> <li>• Fatigue.</li> <li>• Joint pain.</li> <li>• Rash.</li> <li>• Fever.</li> </ul>	<p>Contamination from blood or body fluids of an infected person.</p> <p>Sexual intercourse with an infected person.</p> <p>Often by contaminated needles and syringes.</p>	<p>Consult physician.</p> <p>Immunization is the most effective method for prevention.</p> <p><i>Report to Health Department.</i></p>	<p><b><u>NO EXCLUSION.</u></b></p>
<p>IMPETIGO</p>	<ul style="list-style-type: none"> <li>• Blister like sores that develop into yellow crusting skin lesions.</li> <li>• Usually around the mouth, nostrils, hands, elbows, and knees.</li> </ul>	<p>Direct or indirect contact with lesions.</p>	<p>Contagious until treated with antibiotics for over 24 hours or all lesions are gone.</p>	<p><b><u>EXCLUDE UNTIL UNDER MEDICAL TREATMENT FOR 24 HOURS. PHYSICIAN'S RELEASE NECESSARY FOR RETURN TO SCHOOL. LESIONS MUST BE COVERED.</u></b></p>

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<p>LICE (PEDICULOSIS)</p> <p>An Edmond Public Schools Nurse* will be available to verify absence of lice and issue the <u>required</u> signed statement for re-admission to school at the following time and location:</p> <p>*Special Services Center 53 E 12<sup>th</sup> Street Edmond, OK 73034 Every School Day 7:30A to 8:30A</p>	<ul style="list-style-type: none"> <li>• Adult lice found in hair.</li> <li>• Nits (eggs) closer than 1 cm. to the scalp.</li> <li>• Can affect scalp, body, pubic areas.</li> <li>• Intense itching, irritation, secondary infections may occur with scratching.</li> </ul>	<p>Direct contact with infected individuals (touching head to head) or indirectly by contact with infected articles of clothing, headgear, furniture, or bedding.</p>	<p><b><u>EXCLUDE UNTIL TREATED WITH A PEDICULOCIDE SHAMPOO AND DECLARED TO BE FREE OF LICE BY A HEALTH PROFESSIONAL* OR AUTHORIZED REPRESENTATIVE OF THE STATE DEPARTMENT OF HEALTH. RETREATMENT RECOMMENDED IN 7-10 DAYS FOR MOST SHAMPOOS TO PREVENT REINFESTATION.</u></b></p> <p>Louse life cycle is about 1 month. Incubation period of louse eggs is 6-10 days. Lice mature in 2 weeks. Head lice are a nuisance, not a health hazard.</p>	<p><b><u>FOR READMISSION TO SCHOOL, THE STUDENT MUST PRESENT A SIGNED STATEMENT FROM A HEALTH PROFESSIONAL* OR AUTHORIZED REPRESENTATIVE OF THE STATE DEPARTMENT OF HEALTH DECLARING THE STUDENT TO BE FREE OF LICE.</u></b></p> <p>*See availability of Edmond Public Schools Nurse in column one.</p>
<p>MENINGITIS (BACTERIAL AND VIRAL)</p>	<ul style="list-style-type: none"> <li>• Abrupt onset of fever.</li> <li>• Blood red rash.</li> <li>• Intense headache.</li> <li>• Nausea and/or vomiting.</li> <li>• Loss of appetite.</li> <li>• Sometimes a stiff neck.</li> <li>• Irritability/behavioral changes.</li> <li>• Sensitivity to bright light.</li> <li>• Confusion.</li> <li>• Drowsiness.</li> <li>• Seizures.</li> <li>• Coma.</li> </ul>	<p><b>BACTERIAL:</b> Person to person through droplets of respiratory secretions. This can occur through coughing, kissing, and sneezing.</p> <p><b>VIRAL:</b> Direct contact with an infected person's stool. Changing diapers of an infected person. Direct or indirect contact with respiratory secretions (saliva, sputum, or nasal mucus).</p>	<p>Consult physician immediately.</p> <p>Can develop over several hours or take 1-2 days.</p> <p>Immunization is the most effective method for prevention.</p> <p><b>GOOD PERSONAL HYGIENE AND HAND WASHING. CLEANING CONTAMINATED SURFACES, SUCH AS HANDLES AND DOORKNOBS.</b></p>	<p><b><u>EXCLUDE IMMEDIATELY. PHYSICIAN'S RELEASE NECESSARY FOR RETURN TO SCHOOL.</u></b></p>

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MOLLUSCUM CONTAGIOSUM	<ul style="list-style-type: none"> <li>• Small, flesh colored, dome shaped bumps on the skin.</li> <li>• Lesions are commonly located on the face, eyelids, neck, underarms, thighs, or genital areas.</li> </ul>	Direct or indirect contact with shared items, such as clothing, towels, and washcloths.	<p>Consult physician.</p> <p>Contagious period is unknown.</p> <p><b>GOOD PERSONAL HYGIENE AND HAND WASHING. DO NOT SHARE WASHCLOTHS, TOWELS OR CLOTHING.</b></p>	<p><b><u>NO EXCLUSION.</u></b></p> <p><b><u>MUST KEEP LESIONS COVERED.</u></b></p>
MONO (MONONUCLEOSIS)	<ul style="list-style-type: none"> <li>• Symptoms may be mild or not at all in younger children.</li> <li>• Fever.</li> <li>• Sore throat.</li> <li>• Swollen lymph glands.</li> <li>• Fatigue.</li> <li>• Occasional rash.</li> <li>• Jaundice.</li> </ul>	Close person to person contact via saliva, i.e. saliva on hands/toys, or kissing on the mouth.	<p>Consult Physician.</p> <p>Avoid transfer or contact with saliva.</p> <p>Practice good hand washing.</p>	<p><b><u>EXCLUDE IF SYMPTOMATICALLY ILL, FEVER, SORE THROAT, OR PHYSICIAN'S ADVICE.</u></b></p>
MUMPS	<ul style="list-style-type: none"> <li>• Most cases, swollen glands below and in front of ears, under jawline.</li> <li>• Fever.</li> <li>• Headache.</li> <li>• Earache.</li> <li>• Painful swelling of testicles may occur in teenage males.</li> <li>• Abdominal pain due to swelling of ovaries may occur in teenage females.</li> </ul>	Spread via respiratory route, contact with droplets formed when infected child coughs, sneezes or talks.	Immunization is the most effective method for prevention.	<p><b><u>EXCLUDE.</u></b></p> <p>Consultation with local public health authorities may be considered regarding excluding <u>unimmunized</u> individuals if case of mumps is documented in the school population.</p> <p><b><u>ENFORCE IMMUNIZATIONS.</u></b></p>

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PINK EYE (CONJUNCTIVITIS)	<ul style="list-style-type: none"> <li>• Red or pink, tearing, swelling, burning, itching of eye(s).</li> <li>• More than a tiny amount of thick yellow/green discharge from eye(s).</li> <li>• Affected eye(s) may be crusted shut in the morning.</li> <li>• Sensitivity to light.</li> <li>• May affect one or both eyes.</li> </ul>	Direct or indirect contact with eye drainage.	Consult Physician.  Readily communicable in the classroom.	<u><b>CHILD MAY RETURN TO SCHOOL 24 HOURS AFTER ANTIBIOTIC DROPS HAVE BEEN INITIATED.</b></u>
POISON IVY POISON OAK POISON SUMAC	<ul style="list-style-type: none"> <li>• Itching, burning followed by blisters and weepy skin.</li> </ul>	Usually direct contact with plants or resins. The oils can stay on contaminated objects for long periods of time.	Refer to physician if reaction is severe.  Reaction may begin in a few hours to 4 days after exposure.	<u><b>USUALLY, NO EXCLUSION.</b></u>  <u><b>MUST KEEP COVERED.</b></u>
RINGWORM (ATHLETE'S FOOT)	<ul style="list-style-type: none"> <li>• <u>Athlete's foot:</u> Peeling crackling, itching, and blistering of skin between and around toes.</li> <li>• <u>Body:</u> Ring like lesions usually on exposed skin; may be dry, scaling, or moist and crusted. Circular border becomes progressively larger. Lesions may itch, burn.</li> <li>• <u>Scalp:</u> Loss of luster of hair, scaling of infected areas, patchy baldness, and brittle hair shafts.</li> </ul>	<u>Athlete's foot:</u> Direct contact or from damp areas such as shower rooms, swimming pools, etc.  <u>Body:</u> Direct contact with infected humans or animals.  <u>Scalp:</u> Direct contact or from contact with infected hair, human, or animal.	Once medication prescribed by the doctor has been started, the student is no longer considered infectious.	<u>Athlete's foot:</u> Not excluded <i>except from activities where bare feet are exposed.</i>  <u>Body:</u> Not excluded <i>if under medical treatment.</i> Area must be covered. Consult physician if lesions are extensive.  <u><b>Scalp: EXCLUDE UNTIL PHYSICIAN RELEASE.</b></u>
ROCKY MOUNTAIN SPOTTED FEVER	<ul style="list-style-type: none"> <li>• Fever.</li> <li>• Severe headache.</li> <li>• Nausea/vomiting.</li> <li>• Muscle aches.</li> <li>• Characteristic rash which starts on wrists and ankles and spreads to trunk; palms and soles may be involved.</li> <li>• Rash is flat, frequently petechial (described as tiny purple blood blisters).</li> </ul>	Transmitted to humans by the bite of a tick.	Care should be used in tick removal. If possible, save tick.  <i>Report to Health Department.</i>	<u><b>EXCLUDE UNTIL FEVER FREE FOR 24 HOURS WITHOUT MEDICATION.</b></u>  <u><b>IF FEVER FREE, NO EXCLUSION, SINCE DISEASE IS TRANSMITTED BY TICK BITE.</b></u>



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ROSEOLA	<ul style="list-style-type: none"> <li>• High fever (above 103° F) which lasts 3-7 days, followed by rash lasting from hours to days.</li> <li>• Seizure may occur due to fever.</li> </ul>	Unknown, probably via respiratory secretions.	Rare after age 4 years.	<b><u>NO EXCLUSION, BUT CHILD SHOULD NOT BE AT SCHOOL DURING ACUTE PHASE: HIGH FEVER AND RASH.</u></b>
RUBELLA <i>Note: not same as Rubeola.</i>  (THREE DAY MEASLES)	<ul style="list-style-type: none"> <li>• Slight fever.</li> <li>• Faint pink rash.</li> <li>• Joint aches.</li> <li>• Headache.</li> <li>• Discomfort.</li> <li>• Runny nose.</li> <li>• Reddened eyes.</li> <li>• Swollen lymph nodes.</li> </ul>	Direct or droplet contact with nasopharyngeal secretions.	Consult physician.  <i>Report to Health Department.</i>	<b><u>EXCLUDE 7 DAYS AFTER APPEARANCE OF RASH.</u></b>
RUBEOLA <i>Note: not same as Rubella.</i>  (HARD MEASLES) (RED MEASLES) (SEVEN DAY MEASLES) (OLD FASHIONED MEASLES)	<ul style="list-style-type: none"> <li>• Fever.</li> <li>• Cough.</li> <li>• Runny nose and eyes.</li> <li>• Bluish-white spots inside the mouth/inner cheek area (Koplik spots).</li> <li>• Fatigue.</li> <li>• Body aches. Red raised rash beginning at hairline, spreading down over the body on the third day.</li> </ul>	Person to person or droplet contact with nasopharyngeal secretions through coughing or sneezing.	Consult physician.  Immunization is the most effective method for prevention.  Children are contagious 4 days before the rash starts until 4 days after the appearance of the rash.  <i>Report to Health Department.</i>	<b><u>EXCLUDE AT LEAST 4 DAYS FROM ONSET OF THE RASH.</u></b>  <b><u>ENFORCE IMMUNIZATIONS.</u></b>
SCABIES	<ul style="list-style-type: none"> <li>• Intense itching, especially at night.</li> <li>• Rash: raised bumps or small blisters, tiny burrow-like lines under the skin.</li> <li>• Commonly found between the fingers, around wrists, belt line, under arms, underneath bra line.</li> </ul>	Close personal contact.	Consult physician.  Contagious until treated by doctor.  Treated with lotion or cream containing a scabicide.	<b><u>EXCLUDE UNTIL PHYSICIAN'S RELEASE.</u></b>

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SEXUALLY TRANSMITTED DISEASES:  GONORRHEA  SYPHILIS  HERPES SIMPLEX II	<ul style="list-style-type: none"> <li>• Often asymptomatic in both males and females.</li> <li>• <u>GONORRHEA</u>: May have burning on urination, yellowish discharge.</li> <li>• <u>SYPHILIS</u>: May include painless sore at site where organism entered body.</li> <li>• <u>HERPES SIMPLEX II</u>: Very painful sores on or around genitalia.</li> </ul>	All forms by direct personal contact.  Sexual intercourse.	Consult physician or Health Department.  Communicable for weeks to years if untreated.	<u><b>NO EXCLUSION UNLESS MEDICALLY RECOMMENDED.</b></u>
SHIGELLA	<ul style="list-style-type: none"> <li>• Loose, watery stools with blood or mucus.</li> <li>• Fever.</li> <li>• Headache.</li> <li>• Convulsions.</li> <li>• Abdominal pain.</li> </ul>	Fecal-Oral route.	Good hand washing.  <i>Report to Health Department.</i>	<u><b>EXCLUDE UNTIL RELEASED BY PHYSICIAN.</b></u>
SHINGLES	<ul style="list-style-type: none"> <li>• Rash of red bumps and blisters which may be painful or itchy.</li> <li>• Typically in a narrow area along one side of the body.</li> </ul>	Direct by person to person contact.	Contagious until blisters are crusted over.	<u><b>NO EXCLUSION.</b></u>  Keep rash covered while at school.
STAPH INFECTION (STAPHYLOCOCCUS AUREUS)  MRSA (METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS)	<ul style="list-style-type: none"> <li>• Skin infection that appears as a bump.</li> <li>• May be red, swollen, painful, warm to touch, full of pus or drainage, accompanied by a fever.</li> </ul>	Skin to skin contact and contact with surfaces that have come into contact with someone else's infection.	Practice strict hand washing at all times.	<u><b>EXCLUDE IF WOUND DRAINAGE (PUS) CANNOT BE COVERED WITH A CLEAN DRY BANDAGE OR FOR THOSE WHO CANNOT MAINTAIN GOOD PERSONAL HYGIENE.</b></u>

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STREP THROAT (SCARLET FEVER) (SCARLETINA)	Symptoms include some or all of the following: <ul style="list-style-type: none"> <li>• Fever.</li> <li>• Headache.</li> <li>• Sore throat.</li> <li>• Stomachache.</li> <li>• Swollen lymph nodes in neck.</li> <li>• Decreased appetite.</li> </ul> Diagnosis of strep throat is less likely if the following occur: <ul style="list-style-type: none"> <li>• Runny nose.</li> <li>• Cough.</li> <li>• Congestion.</li> </ul>	Contact with respiratory secretions.  Close contact can facilitate transmission.	Consult physician.	<u><b>EXCLUDE UNTIL ON ANTIBIOTICS FOR 24 HOURS.</b></u>
TB (TUBERCULOSIS)	<ul style="list-style-type: none"> <li>• Fatigue.</li> <li>• Weight loss.</li> <li>• Fever.</li> <li>• Night sweats.</li> <li>• Chronic cough.</li> <li>• Chest pain, and/or coughing up blood.</li> <li>• Growth delay.</li> </ul>	Spread by inhalation of airborne droplet from one person to another.	Treatment consists of antibiotics taken for 6-12 months.  <i>Report to Health Department.</i>	<u><b>EXCLUDE UNTIL RELEASED BY PHYSICIAN.</b></u>
VOMITING	<ul style="list-style-type: none"> <li>• Nausea.</li> <li>• Abdominal pain.</li> <li>• Diarrhea.</li> <li>• Fever.</li> </ul>	Varies with causative agent or disease.	GOOD PERSONAL HYGIENE AND HAND WASHING.	<u><b>EXCLUDE UNTIL NO VOMITING FOR 24 HOURS WITHOUT MEDICATION.</b></u>

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<p>WHOOPING COUGH (PERTUSSIS)</p>	<ul style="list-style-type: none"> <li>• Cold like symptoms.</li> <li>• Severe coughing leading to:               <ul style="list-style-type: none"> <li>✓ Vomiting while coughing.</li> <li>✓ Loss of breath, difficulty catching breath.</li> <li>✓ Cyanosis (bluish color).</li> <li>✓ Develops into violent coughing fits within 1-2 weeks.</li> </ul> </li> <li>• High pitched crowing/whooping sound when breathing in after coughing episode.</li> <li>• Coughing episodes last for weeks to months.</li> <li>• Usually low grade fever, if a fever occurs at all.</li> </ul>	<p>Close contact via respiratory secretions after an infected person coughs or sneezes.</p>	<p>Consult physician.</p> <p>Immunization is the most effective method for prevention.</p> <p><i>Report to Health Department.</i></p>	<p><b><u>EXCLUDE</u></b> <b><u>UNTIL STUDENT ON</u></b> <b><u>ANTIBIOTICS FOR 5 DAYS OR</u></b> <b><u>21 DAYS FROM ONSET IF NO</u></b> <b><u>ANTIBIOTICS.</u></b></p> <p><b><u>ENFORCE IMMUNIZATIONS.</u></b></p>
<p>Revised: 3/2017</p>				

Source: Aronson, S. S., & Shope, T. R. (Eds.). (2013). *Managing infectious diseases in child care and schools: A quick reference guide* (4<sup>th</sup> ed.). Elk Grove Village, IL: American Academy of Pediatrics.