School and Daycare
Communicable Disease
Reporting Handbook

How to Report
Student Illnesses

St. Clair County Health Department
3415 28th 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.

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

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

Collecting Timely and Accurate Information

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

- Designate one person at each school to collect accurate communicable disease data daily.
- Train an alternate person to collect and report communicable disease data in case the primary person is absent.
- Submit communicable disease reports online or by fax to the St. Clair County Health Department every Friday by 12 pm (including vacation weeks), even if there are no diseases to report.
- Notify St. Clair County Health Department immediately when report of an illness listed on the “List of Reportable Diseases” is received.
- Have a consistent manner of questioning parents about the child’s illness.
✓ Educate parents on the importance of reporting illnesses to schools.
✓ Consider including education on the importance of accurate parental reporting of child’s illness in a newsletter or on a website.
✓ Have a detailed school message requesting **specific information** regarding a child’s absence.
✓ In an effort to receive accurate and consistent information from each school, St. Clair County Health Department suggests schools include the following directions in their message and when questioning a parent about a child’s illness.
  1. **Describe the symptoms of the illness** (vomiting, diarrhea, fever, rash, etc.).
  2. **Report the type of illness** if known 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, name of the student, the type of illness you are reporting, and contact information for the student and their doctor, if known.

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

Instructions for Electronic Reporting

Web Address: www.scchealth.co

- Under Quick Links select School Reporting.
- Login for on-line reporting.
- Login: Using your assigned User ID and Password, enter the system. If you do not have a User ID and Password, choose “Register” and complete the required information. Send email to cczubachowski@stclaircounty.org with your User ID for the account to be activated.
- Select on-line reporting form.
- Select Week Ending Date from the drop down menu. This should always be a Friday even if school ends on a different day that week.
- Select school district and school name. Identify school, preschool or daycare.
- Key in the total numbers of “Flu-Like Illness” cases (according to the given definition-fever and any of the following symptoms: sore throat, cough, generalized aching in the back and limb muscles) that occurred during the week.
- Key in the total number of “Stomach Virus” cases (according to the definition-diarrhea and/or vomiting for 24 to 48 hours) that occurred during the week.
- Do not count the same child more than once.
- Enter “0” if no cases occurred in the previous week.
- Complete Individual Disease Reporting for all confirmed or suspected cases identified on the “List of Communicable Diseases.”
  - A student needs to be entered only once for the duration of his/her illness unless the student presents with a new illness.
- If there were no diseases to report, check the appropriate box.
- Complete “Submitted By” and phone number with the name of the individual completing the form and their contact number.
- Click “Submit Data”.

Instructions for Using the Fax Form for Reporting

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

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

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

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
Candidiasis
Carbapenemase resistant
Enterobacteriaceae
Campylobacteriosis
Chancroid (Haemophilus ducreyi)
Chickenpox / Varicella
Chlamydial infections
Cholera
Coccioidiomycosis
Cryptosporidiosis
Cyclosporiasis
Dengue Fever
Diphtheria (Corynebacterium diphtheriae)
Ehrlichiosis
Encephalitis, viral or unspecified
Escherichia coli, O157:H7 and all 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)
Pediculosis
Pediatric mortality, report individual cases
Novel influenza viruses, report individual cases
Kawasaki Disease
Legionellosis
Leptospirosis
Lyme disease (Borrelia burgdorferi)
Malaria
Measles (Measles/Rubeola virus)
Melioidosis
Meningitis: bacterial, viral, fungal, parasitic and amebic
Meningococcal Disease
Middle East Respiratory Syndrome (MERS-CoV)
Mumps
Orthopox viruses (including Smallpox, Monkeypox)
Pertussis
Plague
Polio
Prion disease (including CJD)
Psittacosis
Q fever
Rabies
Rabies potential exposure
Rubella
Salmonellosis
Severe Acute Respiratory Syndrome (SARS)
Shigellosis
Spotted Fever
Staphylococcus aureus (MRSA), outbreaks only
Staphylococcus aureus, vancomycin intermediate/resistant
Syphilis
Tetanus
Toxic Shock Syndrome
Trichinellosis (Trichinella spiralis)
Tuberculosis
Tularemia
Typhoid Fever
Vibriosis (Non-cholera species)
Yersiniosis

Any unusual occurrence, outbreak or epidemic

Diseases That DO NOT Need to Be Reported

Conjunctivitis (Pink eye)
Roseola
Mononucleosis (Mono)
Strep throat
Scabies
Head lice
Fifth’s disease
Hand, foot, and mouth disease
Scarlet fever
Impetigo
Ringworm
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: ______/____/2020 SCHOOL NAME: ____________________________ ☐SCHOOL ☐PRE-SCHOOL ☐DAYCARE

DISTRICT: ____________________________

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

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

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

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

<table>
<thead>
<tr>
<th>DISEASE</th>
<th>DATE 1ST ABSENT</th>
<th>CHILD’S NAME</th>
<th>GRADE</th>
<th>BIRTHDATE MM/DD/YYYY</th>
<th>CHILD’S ADDRESS/CITY/ZIP</th>
<th>PHONE NUMBER(S)</th>
<th>Race</th>
<th>DIAGNOSED BY (provide name if available of Dr., parent, teacher, etc.)</th>
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<tbody>
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<td>FIRST LAST</td>
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</tbody>
</table>

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

SUBMITTED BY: ____________________________
PHONE NUMBER: ____________________________
TODAY’S DATE: ____________________________
<table>
<thead>
<tr>
<th>Disease</th>
<th>Mode of Spread</th>
<th>Symptoms</th>
<th>Incubation Period</th>
<th>Contagious Period</th>
<th>Contacts</th>
<th>Exclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campylobacteriosis §</td>
<td>Ingestion of under-cooked meat, contaminated food or water, or raw milk</td>
<td>Diarrhea (may be bloody), abdominal pain, malaise, fever</td>
<td>Average 2-5 days (range 1-10 days)</td>
<td>Throughout illness (usually 1-2 weeks, but up to 7 weeks without treatment)</td>
<td>Exclude with first signs of illness; encourage good hand hygiene</td>
<td>Exclude until diarrhea has ceased for at least 2 days; additional restrictions may apply</td>
</tr>
<tr>
<td>Chickenpox (Varicella) ** §</td>
<td>Person-to-person by direct contact, droplet or airborne spread of vesicle fluid, or respiratory tract secretions</td>
<td>Fever, mild respiratory symptoms, body rash of itchy, blister-like lesions, usually concentrated on the face, scalp, trunk</td>
<td>Average 14-16 days (range 10-21 days)</td>
<td>As long as 5 days, but usually 1-2 days before onset of rash and until all lesions have crusted</td>
<td>Exclude contacts lacking documentation of immunity until 21 days after last case onset; consult LHD</td>
<td>Cases: Until lesions have crusted and no new lesions for 24 hours (for non-crusting lesions: until lesions are fading and no new lesions appear)</td>
</tr>
<tr>
<td>CMV (Cytomegalovirus)</td>
<td>Exposure to infectious tissues, secretions, or excretions</td>
<td>None or “mono-like”</td>
<td>1 month</td>
<td>Virus may be shed for 6 months to 2 years</td>
<td>If pregnant, consult OB; contacts should not be excluded</td>
<td>No exclusion necessary</td>
</tr>
<tr>
<td>Common Cold</td>
<td>Airborne or contact with respiratory secretions; person-to-person or by touching contaminated surfaces</td>
<td>Runny or stuffy nose, slight fever, watery eyes</td>
<td>Variable, usually 1-3 days</td>
<td>24hrs before onset to up to 5 days after onset</td>
<td>Encourage cough etiquette and good hand hygiene</td>
<td>No exclusion necessary</td>
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<tr>
<td>Croup</td>
<td>Airborne or contact with respiratory secretions</td>
<td>Barking cough, difficulty breathing</td>
<td>Variable based on causative organism</td>
<td>Variable based on causative organism</td>
<td>Encourage cough etiquette and good hand hygiene</td>
<td>No exclusion necessary</td>
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<tr>
<td>Diarrheal Illness (Unspecified)</td>
<td>Fecal-oral: person-to-person, ingesting contaminated food or liquid, contact with infected animals</td>
<td>Loose stools; potential for fever, gas, abdominal cramps, nausea, vomiting</td>
<td>Variable based on causative organism</td>
<td>Variable based on causative organism</td>
<td>Exclude with first signs of illness; encourage good hand hygiene</td>
<td>Exclude until diarrhea has ceased for 24h or until medically cleared</td>
</tr>
<tr>
<td><em>E. coli</em> § (Shiga toxin-producing)</td>
<td>Fecal-oral: person-to-person, from contaminated food or liquids, contact with infected animals</td>
<td>Abdominal cramps, diarrhea (may be bloody), may include gas, nausea, fever or vomiting</td>
<td>Variable, usually 2-10 days</td>
<td>For duration of diarrhea until stool culture is negative</td>
<td>Exclude with first signs of illness; encourage good hand hygiene</td>
<td>Medical clearance required; also, exclude until diarrhea has ceased for at least 2 days; additional restrictions may apply</td>
</tr>
<tr>
<td>Fifth Disease</td>
<td>Person-to-person; Contact with respiratory secretions</td>
<td>Fever, flushed, lacy rash (“slapped cheek”)</td>
<td>Variable, usually 4-20 days</td>
<td>Most infectious before 1-2 days prior to onset</td>
<td>If pregnant, consult OB; encourage good hand hygiene; do not share eating utensils</td>
<td>No exclusion if rash is diagnosed as Fifth disease by a healthcare provider</td>
</tr>
<tr>
<td>Disease</td>
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<td>Exclusions (subject to LHD approval)</td>
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<td>Giardiasis ** §</td>
<td>Person-to-person transmission of cysts from infected feces; contaminated water</td>
<td>Diarrhea, abdominal cramps, bloating, fatigue, weight loss, pale, greasy stools; may be asymptomatic</td>
<td>Average 7-10 days (range 3-25+ days)</td>
<td>During active infection</td>
<td>Encourage good hand hygiene</td>
<td>Exclude until diarrhea has ceased for at least 2 days; may be relapsing; additional restrictions may apply</td>
</tr>
<tr>
<td>Hand Foot and Mouth Disease** (Coxsackievirus) (Herpangina)</td>
<td>Contact with respiratory secretions or by feces from infected person</td>
<td>Sudden onset of fever, sore throat, cough, tiny blisters inside mouth, throat and on extremities</td>
<td>Average 3-5 days (range 2-14 days)</td>
<td>From 2-3 days before onset and several days after onset; shed in feces for weeks</td>
<td>Exclude with first signs of illness; encourage cough etiquette and good hand hygiene</td>
<td>If secretions from blisters can be contained, no exclusion required</td>
</tr>
<tr>
<td>Head lice (Pediculosis)</td>
<td>Head-to-head contact with an infected person and/or their personal items such as clothing or bedding</td>
<td>Itching, especially nape of neck and behind ears; scalp can become pink and dry; patches may be rough and flake off</td>
<td>1-2 weeks</td>
<td>Until lice and viable eggs are destroyed, which generally requires 1-2 shampoo treatments and nit combing</td>
<td>Avoid head-to-head contact during play; do not share personal items, such as hats, combs; inspect close contacts frequently</td>
<td>Students with live lice may stay in school until end of day; immediate treatment at home is advised; see MDHHS Head Lice Manual</td>
</tr>
<tr>
<td>Hepatitis A **§</td>
<td>Fecal-oral; person-to-person or via contaminated food or water</td>
<td>Loss of appetite, nausea, fever, jaundice, abdominal discomfort, diarrhea, dark urine, fatigue</td>
<td>Average 25-30 days (range 15-50 days)</td>
<td>2 weeks before onset of symptoms to 1 to 2 weeks after onset</td>
<td>Immediately notify your LHD regarding evaluation and treatment of close contacts; encourage good hand hygiene</td>
<td>Exclude until at least 7 days after jaundice onset and medically cleared; exclude from food handling for 14 days after onset</td>
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<tr>
<td>Herpes simplex I, II (cold sores / fever blisters) (genital herpes)</td>
<td>Infected secretions HSV I – saliva HSV II – sexual</td>
<td>Tingling prior to fluid-filled blister(s) that recur in the same area (mouth, nose, genitals)</td>
<td>2-14 days</td>
<td>As long as lesions are present; may be intermittent shedding while asymptomatic</td>
<td>Encourage good hand hygiene and age-appropriate STD prevention; avoid blister secretions; do not share personal items</td>
<td>No exclusion necessary</td>
</tr>
<tr>
<td>Impetigo (Impetigo contagios)</td>
<td>Direct or indirect contact with lesions and their discharge</td>
<td>Lesions/blisters are generally found on the mouth and nostrils; occasionally near eyes</td>
<td>Variable, usually 4-10 days, but can be as short as 1-3 days</td>
<td>While sores are draining</td>
<td>Encourage good hand hygiene</td>
<td>Treatment may be delayed until the end of the day. If treatment is started before the next day’s return, no exclusion necessary; cover lesions</td>
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<tr>
<td><em>Influenza</em>* (influenza-like illness)</td>
<td>Droplet or contact with respiratory secretions or touching contaminated surfaces</td>
<td>High fever, fatigue, cough, muscle aches, sore throat, headache, runny nose; rarely vomiting and diarrhea</td>
<td>1-4 days</td>
<td>1 day prior to onset of symptoms to 1 week or more after onset</td>
<td>Exclude with first signs of illness; encourage cough etiquette and good hand hygiene</td>
<td>Exclude until 24hrs with no fever (without fever-reducing medication) and cough has subsided</td>
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<td>Disease</td>
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<td><strong>Measles (Rubeola)</strong> § (Hard/red measles)</td>
<td>Contact with nasal or throat secretions; airborne via sneezing and coughing</td>
<td>High fever, runny nose, cough, red, watery eyes, followed by rash on face, then spreading over body</td>
<td>Average 10-12 days (range 7-21 days) from exposure to fever onset</td>
<td>4 days before to 4 days after rash onset</td>
<td>Exclude contacts lacking documentation of immunity until 21 days after last case onset; consult LHD</td>
<td>Cases: Exclude until 4 days after rash onset</td>
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<tr>
<td>**Meningitis ** § (Aseptic/viral)</td>
<td>Varies with causative agent: droplet or fecal-oral route; may be complications of another illness</td>
<td>Severe headache, stiff neck and back, vomiting, fever, intolerance to light, neurologic symptoms</td>
<td>Varies with causative agent, but generally 2-14 days</td>
<td>Encourage cough etiquette and good hand hygiene</td>
<td>Exclude until medically cleared</td>
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<tr>
<td><strong>Meningitis</strong> § (Bacterial) (N. meningitidis) (H. influenzae) (S. pneumoniae)</td>
<td>Contact with saliva or nasal and throat secretions; spread by sneezing, coughing, and sharing beverages or utensils</td>
<td>Severe headache, stiff neck or back, vomiting, fever, irritability, intolerance of light, neurologic symptoms; rash</td>
<td>Average 2-4 days (range 1-10 days)</td>
<td>Generally considered no longer contagious after 24hrs of antibiotic treatment</td>
<td>Medical clearance required; exclude until 24 hrs after antimicrobial treatment</td>
<td></td>
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<tr>
<td>Mononucleosis</td>
<td>Person-to-person via saliva</td>
<td>Fever, sore throat, fatigue, swollen lymph nodes, enlarged spleen</td>
<td>30-50 days</td>
<td>Prolonged, possibly longer than 1 year</td>
<td>Do not share personal items</td>
<td>Exclude until able to tolerate activity; exclude from contact sports until recovered</td>
</tr>
<tr>
<td>MRSA** (Methicillin-resistant Staphylococcus aureus)</td>
<td>Transmitted by skin-to-skin contact and contact with surfaces that have contacted infection site drainage</td>
<td>Fever may be present; commonly a lesion; may resemble a spider bite and be swollen, painful with drainage; a non-symptomatic carrier state is possible</td>
<td>Varies</td>
<td>Encourage good hand hygiene; do not share personal items, including but not limited to towels, washcloths, clothing and uniforms</td>
<td>No exclusion if wound is covered and drainage contained; no exclusion from swimming if wound is covered with waterproof bandage</td>
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<td>**Mumps **§</td>
<td>Airborne or direct contact with saliva</td>
<td>Swelling of 1 or more salivary glands (usually parotid); chills, fever, headache are possible</td>
<td>Average 16-18 days (range 12-25 days)</td>
<td>Up to 7 days prior to and 8 days after parotitis onset</td>
<td>Exclude contacts lacking documentation of immunity until 25 days after last case onset; consult LHD</td>
<td>Cases: Exclude until 5 days after onset of salivary gland swelling</td>
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<tr>
<td><em>Norovirus</em>* (viral gastroenteritis)</td>
<td>Food, water or surfaces contaminated with vomit or feces, person-to-person, aerosolized vomit</td>
<td>Nausea, vomiting, diarrhea, abdominal pain for 12-72hrs; possibly low-grade fever, chills, headache</td>
<td>Average 24-48hrs (range: 12-72hrs)</td>
<td>Usually from onset until 2-3 days after recovery; typically, virus is no longer shed after 10 days</td>
<td>Encourage good hand hygiene; contact LHD for environmental cleaning recommendations</td>
<td>Exclude until illness has ceased for at least 2 days; exclude from food handling for 3 days after recovery</td>
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<tr>
<td>Disease</td>
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<td>Symptoms</td>
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<td>Pink Eye (conjunctivitis)</td>
<td>Discharge from eyes, respiratory secretions; from contaminated fingers, shared eye make-up applicators</td>
<td>Bacterial: Often yellow discharge in both eyes Viral: Often one eye with watery/clear discharge and redness Allergic: itchy eyes with watery discharge</td>
<td>Variable but often 1-3 days</td>
<td>During active infection (range: a few days to 2-3 weeks)</td>
<td>Encourage good hand hygiene</td>
<td>Exclude only if herpes simples conjunctivitis and eye is watering; exclusion also may be necessary if 2 or more children have watery, red eyes; contact LHD</td>
</tr>
<tr>
<td>Rash Illness (Unspecified)</td>
<td>Variable depending on causative agent</td>
<td>Skin rash with or without fever</td>
<td>Variable depending on causative agent</td>
<td>Variable depending on causative agent</td>
<td></td>
<td>Exclude if also behavior changes or fever; may need to be medically cleared</td>
</tr>
<tr>
<td>Respiratory Illness (Unspecified)</td>
<td>Contact with respiratory secretions</td>
<td>Slight fever, sore throat, cough, runny or stuffy nose</td>
<td>Variable but often 1-3 days</td>
<td>Variable depending on causative agent</td>
<td></td>
<td>Exclude if also fever until fever free for 24hrs without fever-reducing medication</td>
</tr>
<tr>
<td>Ringworm (Tinea)</td>
<td>Direct contact with an infected animal, person, or contaminated surface</td>
<td>Round patch of red, dry skin with red raised ring; temporary baldness</td>
<td>Usually 4-14 days</td>
<td>As long as lesions are present and fungal spores exist on materials</td>
<td>Inspect skin for infection; do not share personal items; seek veterinary care for pets with signs of skin disease</td>
<td>Treatment may be delayed until end of day; if treatment started before next day’s return, no exclusion necessary; exclude from contact sports, swimming until start of treatment</td>
</tr>
<tr>
<td>Rubella ** § (German Measles)</td>
<td>Direct contact; contact with respiratory secretions; airborne via sneeze and cough</td>
<td>Red, raised rash for ~3 days; possibly fever, headache, fatigue, red eyes</td>
<td>Average 16-18 days (range: 14-21 days)</td>
<td>7 days before to 7 days after rash onset</td>
<td>If pregnant, consult OB; Exclude contacts lacking documentation of immunity until 21 days after last case onset; consult LHD</td>
<td>Exclude until 7 days after onset of rash</td>
</tr>
<tr>
<td>Salmonellosis §</td>
<td>Fecal-oral: person-to-person, contact with infected animals or via contaminated food</td>
<td>Abdominal pain, diarrhea (possibly bloody), fever, nausea, vomiting, dehydration</td>
<td>Average 12-36hrs (range: 6hrs-7 days)</td>
<td>During active illness and until organism is no longer detected in feces</td>
<td>Exclude with first signs of illness; encourage good hand hygiene</td>
<td>Exclude until diarrhea has ceased for at least 2 days; additional restrictions may apply</td>
</tr>
<tr>
<td>Scabies</td>
<td>Close, skin-to-skin contact with an infected person or via infested clothing or bedding</td>
<td>Extreme itching (may be worse at night); mites burrowing in skin cause rash / bumps</td>
<td>2-6 weeks for first exposure; 1-4 days for re-exposure</td>
<td>Until mites are destroyed by chemical treatment; prescription skin and oral medications are generally effective after one treatment</td>
<td>Treat close contacts and infected persons at the same time; exclude with signs of illness; avoid skin-to-skin contact; do not share personal items</td>
<td>Treatment may be delayed until end of the day; if treatment started before next day’s return, no exclusion necessary; see MDHHS Scabies Prevention and Control Manual</td>
</tr>
<tr>
<td>Disease</td>
<td>Mode of Spread</td>
<td>Symptoms</td>
<td>Incubation Period</td>
<td>Contagious Period</td>
<td>Contacts</td>
<td>Exclusions (subject to LHD approval)</td>
</tr>
<tr>
<td>-------------------------</td>
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<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Shigellosis</strong> <strong>§</strong></td>
<td>Fecal-oral: frequently person-to-person; also via contaminated food or water</td>
<td>Abdominal pain, diarrhea (possibly bloody), fever, nausea, vomiting, dehydration</td>
<td>Average 1-3 days (range 12-96hrs)</td>
<td>During active illness and until no longer detected; treatment can shorten duration</td>
<td>Exclude with first signs of illness; encourage good hand hygiene</td>
<td>Medical clearance required; also, exclude until diarrhea has ceased for at least 2 days</td>
</tr>
<tr>
<td><strong>Strep throat / Scarlet Fever</strong></td>
<td>Respiratory droplet or direct contact; via contaminated food</td>
<td>Sore throat, fever; Scarlet Fever: body rash and red tongue</td>
<td>Average 2-5 days (range 1-7 days)</td>
<td>Until 12hrs after treatment; (10-21 days without treatment)</td>
<td>Exclude with signs of illness; encourage good hand hygiene</td>
<td>Exclude until 12hrs after antimicrobial therapy (at least 2 doses)</td>
</tr>
<tr>
<td><strong>Streptococcus pneumoniae</strong></td>
<td>Contact with respiratory secretions</td>
<td>Variable: ear infection, sinusitis, pneumonia or meningitis</td>
<td>Varies; as short as 1-3 days</td>
<td>Until 24hrs after antimicrobial therapy</td>
<td>Consult your LHD to discuss the potential need for treatment</td>
<td>Exclude until 24hrs after antimicrobial therapy</td>
</tr>
<tr>
<td><strong>Tuberculosis (TB)</strong></td>
<td>Airborne; spread by coughing, sneezing, speaking or singing</td>
<td>Fever, fatigue, weight loss, cough (lasting 3+ weeks), night sweats, loss of appetite</td>
<td>2-10 weeks</td>
<td>While actively infectious</td>
<td>Consult your LHD to discuss for evaluation and potential testing of contacts</td>
<td>Exclude until medically cleared</td>
</tr>
<tr>
<td><strong>Typhoid fever</strong> <em>(Salmonella typhi)</em> <strong>§</strong></td>
<td>Fecal-oral: person-to-person, ingestion of contaminated food or water (cases are usually travel-related)</td>
<td>Gradual onset of fever, headache, malaise, anorexia, cough, abdominal pain, rose spots, diarrhea or constipation, change in mental status</td>
<td>Average range: 8-14 days (3-60 days reported)</td>
<td>From first week of illness through convalescence</td>
<td>Consult your LHD for evaluation of close contacts</td>
<td>Medical clearance required; also, exclude until symptom free; contact LHD about additional restrictions</td>
</tr>
<tr>
<td><strong>Vomiting Illness</strong> <em>(unspecified)</em></td>
<td>Varies; see Norovirus</td>
<td>Vomiting, potential fever, nausea, cramps, diarrhea</td>
<td>Varies; see Norovirus</td>
<td>Varies; see Norovirus</td>
<td>Encourage good hand hygiene; see Norovirus</td>
<td>Exclude until 24 hours after the last vomiting episode</td>
</tr>
<tr>
<td><strong>Whooping Cough</strong> *(Pertussis) <strong>§</strong></td>
<td>Contact with respiratory secretions</td>
<td>Initially cold-like symptoms, later cough; may have inspiratory whoop, posttussive vomiting</td>
<td>Average 7-10 days (range 5-21 days)</td>
<td>With onset of cold-like symptoms until 21 days from onset (or until 5 days of treatment)</td>
<td>Consult your LHD to discuss the potential need for treatment</td>
<td>Cases: Exclude until 21 days after onset or until 5 days after start of appropriate antibiotic treatment</td>
</tr>
<tr>
<td><strong>West Nile Virus</strong></td>
<td>Bite from an infected mosquito</td>
<td>High fever, nausea, headache, stiff neck</td>
<td>3-14 days</td>
<td>Not spread person-to-person</td>
<td>Protect against bites using EPA approved insect repellents</td>
<td>No exclusion necessary</td>
</tr>
</tbody>
</table>

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

*Report only aggregate number of cases for these diseases
** Contact your local health department for a “letter to parents”
§ Consult with local health department on case-by-case basis
* Vaccination is highly encouraged to prevent or mitigate disease